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Self-Concept of Hard of Hearing Young Adults: A Grounded Theory

by

PATRICIA ANNE HUGHES ©

A dissertation submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

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Pat Hughes

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Date: April 20, 2001

"If you are looking for Home and find instead a sand-pit, try looking for a sand-pit. Then you'd be sure not to find it, which would be a Good Thing, because you might find something that you **weren't** *looking for, which might be just what you* **were** *looking for."*

~Pooh's Little Instruction Book (Powers, 1995)

These pearls of wisdom provide a light-hearted analogy
for my perspective on conducting a Grounded Theory study
~Pat Hughes, 2001

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a dissertation entitled SELF-CONCEPT OF HARD OF HEARING YOUNG ADULTS: A GROUNDED THEORY submitted by PATRICIA ANNE HUGHES© in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY in SPECIAL EDUCATION.

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Date: 17th. April 2001

This dissertation is dedicated to the memory of

Sue Cuthbert:

friend, colleague, and hard of hearing role model,

whose life was tragically cut short in a 1990 car accident.

Gone too soon.

Abstract

This qualitative investigation generated a substantive theory regarding the self-concept of hard of hearing young adults, grounded in the data collected from 5 male and 4 female participants in 17 open-ended, semi-structured interviews. The study investigated their cognitive beliefs, images, and self-perceptions. A Communications Access Real-Time (CART) reporter recorded and transcribed each interview. Analyzing the transcriptions followed a constant comparative approach. Open, Axial, Selective, and Theoretical coding procedures identified the core category and its relationships with the other conceptual categories (context, conditions, critical junctures, consequences, and management strategies) and their properties, to establish a theoretical framework. The result is a causal-consequence model, with the core category of *being different* theoretically coded as a cause of a Basic Social Process (BSP): the global self-concept of hard of hearing young adults. The theory considers the identified BSP, as it has developed over time in relation to the identified factors, a definition by exclusion: the internalized self-perceptions of hard of hearing young adults are based more upon what they are *not* than on what they *are.* Discussion of this substantive theory places it in relation to other theories and existing literature, targeting the significance of the core category, specifically. The discussion also identifies implications for further research regarding persons who are hard of hearing as well as those with other types of disabilities.

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Mike, Taz, Lorena, Donald Duck,
Kasey, Brandon, Tiger, Kashmir, and Styles.

This is *your* story.

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CHAPTER I—INTRODUCTION

> *Much work remains in studying the actual development of the self throughout the life span. As this information is accumulated, the likelihood of identifying those factors in the [hearing-impaired] person's experience which affect his or her conception of self may be enhanced. (Garrison & Tesch, 1978, p. 465)*

This qualitative study used grounded theory methods to investigate the global self-concept of a group of hard of hearing young adults to develop a substantive theory. As will be shown, there are many difficulties in defining hearing loss terms and constructs of the *self*. Because of this, brief definitions are provided herein, following the overview of contents and a discussion of the study's purpose.

Overview of Contents

This introductory chapter begins with a discussion of the study's purpose, followed by a summary of definitions of terms related to the study. More extensive information regarding terms used in this study and as found in other literature, are contained in Appendices A and B.

Chapter II contains a preliminary review of existing literature related to the self-concept of persons with hearing loss and other disabilities for the primary purposes of developing the research questions and justification for the study, which conclude the chapter.

The third chapter presents the procedures for the study, including discussions of the design, selection criteria and recruitment of participants, data collection, data analysis, and methods for maintaining rigor. This chapter concludes with discussions of ethical considerations and specificity of the findings.

Chapter IV contains the findings of this study, incorporated into a substantive theory, reflective of the participants' experiences of the phenomenon. To frame the theory, I argue that the phenomenon of interest is a Basic Social Process. This stance results from the theory fitting into a causal-consequence model, framed within five conceptual categories around the core category.

This dissertation concludes with Chapter V, a discussion of the results in relation to existing literature, along with implications for further research in the area. Specifically, the discussion revolves around the significance of the core category described in Chapter IV. Other studies also report that persons with disabilities define themselves by *being different*. It is the premise of the discussion regarding the theory generated in this study, though, that the significance and implications of this finding have been minimized in previous research.

The appendices contain: definitions and a diagrammatic hierarchy of terms related to the *self*; hearing loss terminology; printed documentation used during recruitment of participants, including the consent form; a list of the initial guided interview questions; and my curriculum vitae.

Purpose of the Study

> *The audiological literature provides extensive descriptions of the physiological and functional status of impaired hearing, but much less of the consequences of impaired hearing in everyday life. (Getty & Hetu, 1994, p. 268)*

The purpose of this study was to develop a substantive theory of the self-concept of young hard of hearing adults, grounded in the data collected from interviews with a purposeful sample group of participants. To develop such a substantive theory, this qualitative research explored the participants' understandings and experiences of: their self-concept or beliefs about themselves; contributing factors to the development of their self-concept; and the effects of their self-concept. The final two points, contributing factors and effects, are studies of the cause and consequence of the phenomenon, with the process of cause critical to grounded theory.

The present study provides an additional perspective to understanding the self-concept of hard of hearing individuals. Seventeen personal interviews with nine participants provided the data to generate a substantive grounded theory of the phenomenon to identify and explain the self-concept of the target group.

This basic research will contribute to and enhance the knowledge base regarding the phenomenon, in a number of ways. In general, it will enrich the knowledge base of educators, counsellors/therapists, and parents, thereby enhancing their effectiveness in interacting with hard of hearing individuals. More specifically, it will be shown that a review of the literature revealed a paucity of research related to the self-concept of hard of hearing individuals, particularly of young adults. This review also identified a number of limitations in previous research, with more in-depth discussion provided in Chapter II. In brief, limitations of both quantitative and qualitative studies of the self-concept of hard of hearing individuals include:

- a primary focus on the evaluative component of self-concept, the self-esteem;
- predominant use of Deaf participants in terms of their identified hearing loss and communication style;
- samples comprised mostly of preschoolers, adolescents, or older adults;
- preference for significant adults (parents/teachers) and/or peers as the primary informants of studies with children, and/or implementation of specific measurement instruments, such as self- and informant-report scales;
- modest amounts of research incorporating direct perspectives of hard of hearing individuals, themselves; and
- research with hard of hearing participants has used comparison groups other than hard of hearing individuals.

In sum, previous research presents vicarious, behaviourally-operationalized, and objective methods and findings of a subjective construct. Nonetheless, the consensus of previous research is that the self-concept of individuals with less than normal hearing is vulnerable.

Definition of Self-Concept Overview

Self-concept is an elusive construct with many existing theories attempting to operationalize its definition. These theories, essentially, consider the construct from one of two perspectives, global versus multi-dimensional comprised of various domains. Regardless of the preferred extent to which an analysis may be investigated and/or analyzed, the consensus among all theories is that self-concept is cognitively-based, as opposed to being an emotional judgment, which defines self-esteem.

For the purposes of this research, the *self* is the subjectively perceived, overriding personality construct, which subsumes *identity, self-concept, self-image,* and *self-esteem* in hierarchical fashion. The *self* has physical, social, emotional, and intellectual attributes. One's *identity* is a socially defined concept of who the person is and what the person is like in terms of the various socially- and interactively-bound roles and relationships created for and superimposed on the *self.* For example, one identity could be as a daughter and another as a student, each reflecting different social roles and responsibilities. Personal aspects of identity such as abilities, beliefs, and goals, all components of one's self-concept, complicate the definition of identity. Nonetheless, *self-concept* is defined as a subjective, personal awareness of one's identity: how the individual sees her/himself or who s/he is. *Self-esteem* refers to one's sense of worthiness, that is, the evaluative assessment of one's *self-concept*, or, how well we like what we see. *Self-concept* is the construct of focus for this research. Appendix A presents fuller discussions of terms related to the *self,* including a diagrammatic schema of such terminology. For the purposes of this study, the following definition is used:

Self-concept: A sub-construct of the overall *self,* the term *self-concept* refers to the private mental images we have of ourselves: "a collection of beliefs about the kind of person we are" (Hamachek, 1988, p. 354). Extending this definition, Epstein (1973) defines self-concept as an "individual's cognitions, conscious and unconscious, that relate to his abilities, traits, wishes, fears, and other motivational and emotional dispositions" (p. 412).

Hearing Loss Terminology Summary

The primary terms related to hearing loss (Hearing Impaired, d/Deaf, and hard of hearing) also tend to overlap in the literature. Consequently, there are occasions where it is difficult to ascertain study participants' communication mode and preference, the distinguishing definitional characteristic. A brief overview of terms, as used in this study, follows, while Appendix B contains information that is more detailed.

Until recently, the umbrella term "Hearing Impaired" referred to persons with any degree of hearing loss, regardless of communication preference. Those who identify themselves as being capital "d" Deaf, on the other hand, have a distinct culture. Members of this distinct community use American Sign Language (ASL) to communicate. However, with the increase in the number of persons with less than profound hearing loss who utilize a variety of hearing supports and prefer oral/aural communication, another label has increased in popularity to identify this group: Hard of Hearing. Nonetheless, the term Hearing Impaired remains in use, particularly in the United States and among many professionals. It is more often used in reference to persons that are the focus of this study: the hard of hearing. This term is used in reference to persons: with a hearing loss of any degree, type, aetiology, or age of onset, and whose primary and preferred mode of communication is oral/aural (i.e., uses a spoken language), with or without assistive listening supports.

Chapter I Summary

This opening chapter introduced the study and relevant issues. This included an overview of the contents of the dissertation, followed by summative terminology definitions related to the *self* and to hearing loss. The next chapter contains a focussed review of relevant literature. Reading of Appendices A and B in conjunction with the summaries contained within Chapter I will enhance the reader's understanding of Chapter II.

CHAPTER II—LITERATURE REVIEW

While previous research indicates a likelihood of self-concept difficulties in profoundly hearing impaired children, little information is available on children with varying levels of hearing impairment. (Loeb & Sarigiani, 1986, p. 90)

Review of the literature in grounded theory investigations can be used to stimulate theoretical sensitivity and question development for data collection and may be ongoing throughout data collection and data analysis (Strauss & Corbin, 1990). By alternating review of the literature with data collection and analysis, areas emerging during the course of the investigation may be reviewed as well as those areas deemed initially to be directly related to the area of study. The focussed review contained within this chapter considers the latter. Chapters IV and V incorporate results of the former use of the literature. This chapter begins with a discussion regarding limitations of previous studies regarding self-concept and hearing loss: hearing loss terminology and samples used; constructs; and methods. The next section focuses on literature specific to self-concept, moving from the broad perspective of the importance of self-concept to considering the effects of disability, in general, and ending with an explicit focus on findings related to persons with hearing loss.

In particular, previous research enunciates the implications of hearing loss on language development and interactions with others, considering the consequent negative effects on self-concept development. Other findings tie in with this, particularly those related to implications for social/emotional and social skills development as well as socialization. The general consensus in the recent literature is that the self-concept of individuals with hearing loss is at risk (Antia & Kreimeyer, 1996; Cartledge & Cochran, 1996; Clymer, 1995; Harris, VanZandt, & Rees, 1997; Hindley, 1997; Hughes, 1996; Loeb & Sarigiani, 1986; Stinson, Whitmire, & Kluwin, 1996;), with some opposing research results (Coyner, 1993; Yee, Watkins, & Crawford, 1997). Considering such consensus with minimal opposition while recognizing the value of a healthy self-concept, it is important to be aware of the vulnerability of the self-concept of individuals with hearing loss. Nonetheless, Henwood and Pope-Davis (1994) keep the concerns in perspective in their statements:

> Although individuals who are hearing impaired experience many psychological factors because of their disability, they are not more prone to mental illness. ... Most researchers agree that hearing impairments do not lead to unhealthy personalities or to personality patterns that are pathological in nature. (p. 490)

In fact, one could extrapolate that such persons may be emotionally upset, not emotionally disturbed.

Limitations of Previous Research

> *With few exceptions, self-concept* per se *has not been the primary emphasis of many ... studies. (Garrison & Tesch, 1978, p. 462)*

As would be expected from the discussion of terminology in Chapter I and Appendixes A and B, one of the greatest difficulties in researching material in the areas of hearing loss and the *self*, is definition of terms and constructs. This section begins with a discussion of limitations of previous research related to terminology, constructs, and samples used in previous research. This includes a summary of issues identified in the literature related to methodology and instruments used to assess the self-concept of persons with hearing loss. As stated by Gibson-Harman and Austin (1985), "self-concept research has been carried out using various research designs, statistical methods, and psychometric instruments" (p. 218) and previous studies have methodological flaws (Garrison & Tesch, 1978). Oblowitz, Green, and Heyns (1991) also state:

> research findings of the self-concept of hearing impaired individuals tend to be inconclusive and difficult to interpret, [which may be] partly due to the use of measures designed for normally hearing persons. A reliable and valid measure may establish whether previous low self-concept findings are accurate, or merely artifacts of the assessment process. (p. 19)

Hearing Loss Terminology and Samples Used

As identified earlier, the term *hearing impaired* encompasses all degrees of hearing loss. Yet, there are significant differences – communicative, linguistic, social, and educational, to name but four–between individuals who are hard of hearing and those with greater degrees of hearing loss and/or subscribers of Deaf culture. Nonetheless, researchers and other writers frequently fail to make a distinction. Or, as what often occurs, and as expanded upon in Hughes (1996), the terms *deaf* and *hard of hearing* are listed in titles and abstracts, but are really treated in the study as one long hyphenated word: deaf-and-hard-of-hearing, with no distinction between the terms. In these cases, the term *hearing impaired* might be a better choice (for example, Gibson-Harman & Austin, 1985; Harris et al., 1997). Besides making it difficult to identify the population in question, this is also a semantic issue. Individuals cannot be both deaf *and* hard of hearing at the same time; they are one *or* the other. Antia and Kreimeyer (1996), however, distinguish this difference in their title (Deaf *or* Hard-of-Hearing), without correlating of results with degree of hearing loss.

Referring to the literature of self-concept and hard of hearing, in particular, very few studies actually consider hard of hearing individuals specifically or analyze data based upon degree of hearing loss. Nonetheless, seven recent studies do, indeed, address degree of hearing loss in the data analysis or use hard of hearing individuals as the sample (Blood, 1997; Cappelli, Daniels, Durieux-Smith, McGrath, & Neuss, 1995; Coyner, 1993; Culross, 1985; Farrugia & Austin, 1980; Henwood & Pope-Davis, 1994; Hindley, 1997). Although data may be analyzed according to degree of hearing loss, the focus of the discussion of findings may be somewhat skewed. For example, in a study by Farrugia and Austin (1980), which used teacher ratings, the discussion section included a full-page write-up of the findings related to the deaf students but only two paragraphs about the hard of hearing students. Part of the neglect of this population may be extrapolated from Luetke-Stahlman's (1994) article. From a review of the literature, she agrees that there is a difference in the needs of deaf students and those of hard of hearing students. However, the latter's needs are glossed over with a brief statement that not as much accommodation needs to be made for this group: "if a child is hard-of-hearing and does not use sign, it is highly likely that only slight modifications to … activities will be necessary" (p. 475). Of note, though, results of the study by Cappelli et al. (1995) showed that "degree of hearing loss does appear to be strongly associated with psychosocial problems" (p. 198).

The study by Yee et al. (1997) is another example of the difficulties in identifying the sample group. Based upon the sample's degree of hearing loss as defined by the researchers, the focus of interest is a group of hard of hearing individuals. However, no description of communication mode is given so it remains difficult to determine how the individuals function and, therefore, into which category they belong.

Unfortunately, there are also some studies that suggest a distinction will be drawn between degrees of hearing loss, yet the data analysis does not confirm this (Gibson-Harman & Austin, 1985; Loeb & Sarigiani, 1986; Strong & Shaver, 1991). In the Strong and Shaver study, for example, degree of hearing loss is not considered in any way in the analysis, yet the authors arranged their discussion of research "into three groups for which investigators were trying to improve attitudes: hearing impaired children, deaf persons, and elderly hearing-impaired persons" (p. 253). An interesting deviation from this is seen in Weinberg and Sterritt's writing (1986). These researchers very deliberately include students with less than severe hearing loss in the category of *deaf,* although it is also implicit that the subjects use a sign system to communicate. This exemplifies the earlier discussion of the importance of identifying how an individual "functions" for the purpose of classification as well as the difficulties in identifying sample groups.

Specific to the discussion of sample groups used, many of the investigations into issues related to the self, utilized adolescents with hearing loss and educated in mainstream settings (Cartledge & Cochran, 1996; Coyner, 1993; Gibson-Harman & Austin, 1985; Leigh & Stinson, 1991; Loeb & Sarigiani, 1986; Oblowitz et al., 1991; Rodda, 1969; Stinson et al., 1996; Weinberg & Sterritt, 1986; Yee et al., 1997). Garrison and Tesch (1978) also found a preponderance of samples of adolescents. Conversely, Coyner (1993) states: "there has been limited research conducted with hard of hearing and deaf children, specifically adolescents, in mainstream settings" (p. 14). Garrison and

Tesch (1978), however, criticize the use of this age group as “adolescence has been noted for its instability, particularly in self-identification” (p. 462).

Constructs

Adding to the challenge of identifying research specific to individuals who are hard of hearing, the issue of definitions becomes relevant, again, in reviewing literature related to self-concept for very similar reasons, and as discussed in Appendixes A and B. Because of the even greater overlap of terms related to the self, researchers use a variety of ways to compensate for problems in defining constructs. Part of the difficulty in clear definitions lies in what Oblowitz et al. (1991) enunciate: “dimensions of the self-concept cannot easily be isolated and construct validity is hard to establish” (p. 20).

One method to overcome difficulties in isolating constructs appears in Yee et al. (1997), who use the terms *self-esteem, self-concept,* and *self-image* interchangeably, with no definition given for any. Alternatively, some researchers state that *self-concept* is the construct of study, yet actually investigate *self-esteem* (Herth, 1998; Mullis & Otwell, 1998), the evaluative component of self-concept (Luckner, 1989). What most frequently occurs is that the research does not address the single construct of *self-concept* (Cappelli et al., 1995; Farrugia & Austin, 1980; Harris et al., 1997; Herth, 1998; Hindley, 1997; Leigh & Stinson, 1991; Luckner, 1989), or that reference is made to *self-perceptions* (Leigh & Stinson, 1991; Loeb & Sarigiani, 1986; Stinson et al., 1996) or to *self-image* (Clymer, 1995; Luey, Glass, & Elliott, 1995). In fact, most studies in this area do not have self-concept as the primary focus, which echoes earlier findings (Garrison & Tesch, 1978). This is unfortunate, particularly when considering that this concern was enunciated more than 20 years ago (Garrison & Tesch, 1978).

In addition to the previously identified terms used in studies of self-concept, there are other issues specific to persons with hearing loss. For instance, much of the research in this area with this population focuses on social development and socialization issues, with implications for self-concept (Antia & Kreimeyer, 1996; Cappelli et al., 1995; Cartledge & Cochran, 1996; Coyner, 1993; Leigh & Stinson, 1991; Luetke-Stahlman, 1994; Stinson et al., 1996). However, there is also some research, such as by Clymer (1995), focussed specifically on the self-concept of individuals with hearing loss, although this particular study considers children who are deaf.

Methods

Much research in the area of the *self* with persons with hearing loss has considered instrumentation issues because of: (1) the inherent difficulties in isolating the single construct of *self-concept* as well as its evaluative component, *self-esteem*; and (2) concerns related to the language competencies of this population. One reason for needing to address instrumentation issues with this group is the existence of inconclusive and difficult-to-interpret research findings of the self-concept of this population (Oblowitz et al., 1991). In addition, others have found research containing methodological and conceptual shortcomings due to small sample sizes, or no control groups (Cappelli et al., 1995). To deal with some of these problems, some studies aimed specifically to devise new assessment tools (Oblowitz et al., 1991; Weinberg & Sterritt, 1986) as well as to revise familiar ones to develop norms for persons with hearing loss

(Culross, 1985; Gibson-Harman & Austin, 1985). Devising new or revising existing instruments responds to the linguistic competencies of the population in question. The validity of a self-concept assessment tool is critical when evaluating children with hearing loss because their linguistic difficulties can mask their actual self-perceptions (Garrison & Tesch, 1978). Specifically, there is concern related to the reading level of self-concept measures, but also on the need for a high degree of verbal skill of the client for projective assessments such as the Rorschach, Draw-a-Person, and House-Tree-Person (Culross, 1985). Not only do these concerns illustrate issues with the language levels of these individuals but this also implicates the type of instrument used to assess the self-concept of this population.

Consistent with the observations of other researchers, the variety of methods used also challenged my interpretation of the findings related to the issue of self-concept and persons with hearing loss. Gibson-Harman and Austin (1985), for instance, suggest that the primary measurement procedures used to investigate aspects of the self can be divided into four main categories: (1) checklists and observation methods; (2) projective techniques and self-description; (3) sociograph techniques; and (4) self-report techniques. On the other hand, Cappelli et al. (1995) suggest that there are only three types of studies: "self-report, sociometric, and behavioral observation" (p. 198). Further, only three studies in my review of the literature utilized qualitative procedures (Herth, 1998; Luey et al., 1995; Orlans, 1988). Although the majority of studies incorporated a variety of self-report techniques (Cartledge & Cochran, 1996; Coyner, 1993; Loeb & Sarigiani, 1986; Luckner, 1989; Stinson et al., 1996; Weinberg & Sterritt, 1986; Yee et al., 1997), many relied upon or included checklists or observational input from teachers, and/or parents, and/or peers (Antia & Kreimeyer, 1996; Cappelli et al., 1995; Coyner, 1993; Farrugia & Austin, 1980; Loeb & Sarigiani, 1986).

In addition to issues related to literacy levels, there are also concerns regarding comparison groups available in current assessment tools (Culross, 1985). Much of the research related to the self-concept of persons with hearing loss primarily used comparison groups with normal, and/or impaired hearing on occasion without always specifying communicative functioning of the reference group (Antia & Kreimeyer, 1996; Cappelli et al., 1995; Coyner, 1993; Farrugia & Austin, 1980; Loeb & Sarigiani, 1986; Rodda, 1969; Yee et al., 1997).

Summary of Previous Research Limitations

> *Recent criticisms of self concept theory have centered on ill-defined terms, uncertain relationships between self-concept and various behaviours, confusion between self-concept and self-esteem, reification of self-concept, questionable validity of measures of self-concepts, and a host of misconceptions about the nature of self-concept change. (Gorrell, 1990, p. 76)*

To conclude this section, a summary of the findings related to limitations of previous investigations into the self-concept of persons who are hard of hearing is in order. Considering the construct and population of interest to the present study, the focussed review of current literature contained within this chapter revealed three primary areas of concern: hearing loss terminology and subsequent study samples; constructs defined and assessed; and methods, including instrumentation, study design, and comparison group.

The following sections include the findings from my review of previous research specific to the self-concept of individuals with hearing loss, despite challenges with terminology. The summaries begin with a discussion of the importance of self-concept, in general, gradually narrowing the focus from the effects of disability on one's self-concept to the findings related to the self-concept of persons with hearing loss. In particular, the following issues emerged in relation to the phenomenon and target group of the present study: identity; the somatic self; gender differences; academic performance; peer popularity and acceptance; the influences of language and communication abilities on social interaction; and social skills and socialization concerns.

Importance of Self-Concept

> *A substantial, and growing, body of empirical evidence suggests the significance of a positive self-concept to personal development. Belief in the importance of a positive self-concept is incorporated into diverse strands of educational, psychological, and sociological theory, all of which have emphasized the influence of subjective personal perceptions as sources of individual behavior. ... Researchers and educators working with hearing impaired people have expressed concern about the difficulties that [such] individuals ... have in establishing a positive self-concept. These concerns have been substantiated by investigations that indicate that [these] individuals have lower self-concepts than their hearing peers. (Luckner, 1989, p. 45)*
>
> *The way hearing impaired [individuals] perceive themselves and define their identities has ramifications for the way they live their lives. Their sense of self-worth and confidence in dealing with personal environments in the realms of family life, school, work, and socialization emanate from their identities, perceptions, and interpretations of the various activities of their lives. These, in turn, impact subsequent life events in a rather circular fashion. Hence, these are crucial components in the process of individual adjustments. (Leigh & Stinson, 1991, p. 7)*

As identified in Appendix A, research shows that the self-concept, generally accepted to be multi-dimensional and positively correlated with a number of personal domains (Gorrell, 1990) and behaviours:

- academic performance (Gibson-Harman & Austin, 1985; Gorrell, 1990);
- self-efficacy (Bandura, 1977a; Gorrell, 1990);
- self-esteem (Street & Isaacs, 1998);
- occupational choices and successes (Baumgardner, Kaufman, & Cranford, 1990; Lamphere & Leary, 1990);
- personal and public behaviours (Baumgardner et al., 1990); and

- identity (Baumeister, 1997; Baumgardner et al., 1990; Hamachek, 1988; Lamphere & Leary, 1990; Waterman, 1988).

Thus, "the fact remains that self-concept is an important variable in academic achievement and in acquisition of coping behaviors that might enable a person to thrive in both school and social environments" (Gibson-Harman & Austin, 1985, p. 219).

The Effect of Disability on Self-Concept

The process of developing self-concept is the same for all persons, whether disabled or not (Alexander, 1996), with the exception of those with mental retardation, who "display a unique profile of identity" (Levy-Shiff, Kedem, & Sevillia, 1990). Most research, though, indicates that there is a negative effect of a disability on one's self-concept (Garrison & Tesch, 1978; Szivos & Griffiths, 1990; Uttermohlen, 1997).

Additional Influences of a Disability

Despite self-concept development being a basic social process, in that most people process it in similar ways addressing similar developmental issues, having a disability seems to be an intervening or mitigating variable in this process. To elaborate, persons with disabilities face the same issues regarding their self-concept as their nondisabled peers (Alexander, 1996; Beaty, 1992; Raviv & Stone, 1991). In addition, though, they are also dealing with issues specific to their disability, including such things as:

- coming to terms with their "differentness", which may include psychological distress;
- dealing with societal stigma; and

- assessing their own strengths and weaknesses within the confines of their disability (Beaty, 1991, 1992; Cosden & McNamara, 1997; Jarvis & Justice, 1992; Levy-Shiff et al., 1990; Uttermohlen, 1997; Zetlin & Turner, 1988).

Moreover, intensification of these issues during adolescence makes this a particularly difficult stage for persons with a disability (Beaty, 1991, 1992; Cosden & McNamara, 1997; Harter, 1990; Jarvis & Justice, 1992; Levy-Shiff et al., 1990; Uttermohlen, 1997).

Negative Consequences of Having a Disability

The negative effect of a disability is of concern because the literature also reveals that individuals with disabilities tend to internalize the negative connotations, or stigmas that society attributes to their disability (Garrison & Tesch, 1978; Levy-Shiff et al., 1990; Szivos & Griffiths, 1990; Uttermohlen, 1997; Zetlin & Turner, 1988). Subsequently, such negative self-perceptions can result in:

- assuming that role (Garrison & Tesch, 1978);
- developing maladaptive behaviours to resist or deny the stigma and/or that one has the disability (Kloomok & Cosden, 1994; Raviv & Stone, 1991; Szivos & Griffiths, 1990), such as trying to "pass" for "normal" (Szivos & Griffiths, 1990; Uttermohlen, 1997);
- taking unnecessary risks in denial of one's disability restrictions (Uttermohlen, 1997); and
- derogating others with the same disability (Gibbons, 1985; Szivos & Griffiths, 1990; Uttermohlen, 1997).

Inconclusive or Contradictory Research Findings

Literature regarding the effects of disabilities on self-concept focuses primarily on learning disabilities, mental retardation, and vision loss. Regardless of the disability targeted in the study, though, there is a general consensus that these individuals will have more negative self-concepts than their nondisabled peers (Beaty, 1992; Obiakor & Stile, 1989), although many findings are inconclusive or contradictory (Alexander, 1996; Kloomok & Cosden, 1994; Obiakor & Stile, 1989; Zetlin & Turner, 1988).

Considering visual disabilities, specifically, for example, no consensus has emerged from the research regarding a relationship between having a disability and one's self-concept (Beaty, 1992; Obiakor & Stile, 1989). Nonetheless, most research in this area reports that the self-concept of this population is indeed lower than their nondisabled peers (Alexander, 1996; Beaty, 1992; Obiakor & Stile, 1989).

Significance of Age

There are a number of reasons for inconsistent results. First, findings indicate that students with LD, in particular, display lower academic self-perceptions as they age (Cosden & McNamara, 1997). This would likely be true for all students with disabilities because the longer time in contact with nondisabled peers provides more opportunities for comparisons, which increase awareness of differences (Beaty, 1992; Levy-Shiff et al., 1990; Raviv & Stone, 1991; Uttermohlen, 1997), and society-imposed stigmas attached to these differences (Alexander, 1996; Szivos, & Griffiths, 1990). This comparison compromises one's self-concept (Beaty, 1992). In fact, interactions and comparison with others are considered the most influential factors on one's self-concept (Kloomok & Cosden, 1994; Leondari, 1993).

Considering that the self-concept of persons with disabilities tends to become increasingly negative with age makes sense, particularly in light of two points: greater, or longer exposure allows more opportunity for comparison, and "self-concept is unrealistically positive until about grade 4" (Heath, 1996, p. 63). Consequently, when assessing conclusions drawn from investigations into the self-concept of disabled persons, it is critical to consider the age of the study participants. It has already been explained that children of early elementary school age tend to have overly positive self-concepts, while adolescence is a time during which exaggerated negativity may prevail.

Methodological Concerns

Another reason explaining inconsistent findings regarding the self-concept of persons with disabilities relates to the findings noted earlier in this chapter, in terms of methodological concerns, regardless of the target population. Specifically, these concerns include: definitional issues in terms of the construct of study and the targeted disability; the domain being investigated; sample selection and description; study design, including the method of data collection; and the appropriateness of the measurement instrument (Heath, 1996; Kloomok & Cosden, 1994; Obiakor & Stile, 1989; Zetlin & Turner, 1988).

Theoretical Stance

Some researchers place theoretical concerns related to definitions of self-concept in highest priority (Heath; 1996; Montgomery, 1994). As discussed in Appendix A, investigations of self-concept may be conducted from one of two primary theoretical stances: considering the self-concept to be multi-dimensional—a multi-faceted, domain-specific construct, as opposed to perceiving self-concept as an all-encompassing state of being. A clearly stated disclosure of the theory to which the researcher subscribes would facilitate comparison with results of other studies.

Learning Disabilities. Theoretical stance is of particular interest to the field of learning disabilities because studies using domain-specific measurement tools show results that are more consistent. Specifically, compared with their non-LD peers, students with LD tend to have more negative self-concepts in the academic domain (Ayres, Cooley, & Dunn, 1990; Jarvis, & Justice, 1992: Leondari, 1993; Montgomery, 1994), but there is little difference between the comparison groups in all other non-academic domains (Heath, 1996; Kloomok & Cosden, 1994; Montgomery, 1994; Vaughn, Hogan, Haager, & Kouzekanani, 1992), such as social, physical, affect, and home/family (Montgomery, 1994). However, specific differences in domain-specific self-perceptions between LD and non-LD are still unclear (Heath, 1996), and conflicting results remain, despite one's theoretical stance. For instance, some studies report generalization of learning disabled students' negative academic self-concept to their global self-appraisal (Bender & Golden, 1990; Leondari, 1993).

Teachers' Responses

Despite contradictory and inconclusive research findings, particularly related to learning disabilities, Montgomery (1994) found: "most ... teachers have an overly negative view of [their LD students'] self-concepts" (p. 260), as the teachers consistently underrated academic competence, and social self-concepts of their students with LD. These findings cause concern, considering that school is the most influential arena, next to the home, for developing self-concept (Alexander, 1996; Hughes, 1996), and that research indicates the importance of perceived teacher feedback in maintaining a positive self-concept (Bear & Minke, 1996). Montgomery (1994) consequently concludes that teachers may not be the best choices for respondents when investigating disabled students' self-concept.

Summary of Findings Regarding the Effects of Disability on Self-Concept

In sum, despite methodological concerns as well as inconsistencies and contradictions in findings, there seems to be consensus in the literature that having a disability negatively affects one's self-concept. Part of the challenge in making a definitive statement in this regard, though, relates to theoretical definitions and assessment instruments used in studies. The primary difficulty in identifying consensus in the literature is that some researchers consider the construct of self-concept globally, while others address it from a multi-faceted, domain-specific perspective. Nonetheless, there is consensus that developing self-concept is a basic social process that all people experience, following similar developmental stages. Logical arguments, combined with minimal empirical research, present a strong case that persons with disabilities have unique issues to resolve while their self-concept develops, in addition to the issues related to each developmental stage. The period of adolescence, in particular, is especially difficult to navigate for the teen with a disability.

Self-Concepts of Persons with Hearing Loss

> *Learning to accept and trust themselves is vital if ... children [with hearing loss] are to be successful. Through this acceptance and trust comes confidence to take necessary risks. [These] children need to know that if they make mistakes, those mistakes do not devalue them as individuals. Children need to see a relationship between their efforts and the consequences if they are to continue to learn, grow, and achieve. They will also need to learn to deal with frustration and defeat. This, again, requires confidence and determination. If students perceive that success is possible and that failure is okay, they will be more open to learning and growth while building a support structure of confidence for themselves. (Clymer, 1995, p. 119)*

Consensus Among Researchers

Although there are methodological problems in previous research, as discussed earlier, most literature still reports self-confidence, self-esteem, academic, social, and family problems for persons with hearing loss (Loeb & Sarigiani, 1986). In one study, for example, teachers used a social emotional assessment inventory to rate their students on the four scales of maturity, self-esteem, social adjustment, and emotional adjustment (Farrugia & Austin, 1980). Findings showed that hard of hearing students' self-esteem was more at risk than deaf students'. Results also indicated no significant differences between hearing and hard of hearing students on the maturity, social adjustment, and emotional adjustment scales, although hard of hearing students were ranked lower than hearing students on the self-esteem dimension. Hughes (1996) also concluded that hearing loss has significant negative implications for social/emotional development and status of the affected students. Some researchers, however, recommend caution in accepting such conclusions because of the widespread methodological shortcomings in studies of the self-concept of persons with hearing loss (Garrison & Tesch, 1978). This stance supports opinions of other researchers, as discussed earlier.

Internalization of Negative Societal Attitudes

One concern regarding the self-concept of individuals who are hard of hearing is the potential for internalization of societal attitudes (Garrison & Tesch, 1978; Strong & Shaver, 1991). Research about the "hearing aid effect" (Blood, 1997; Blood, Blood, & Danhauer, 1977, 1978; Danhauer, Blood, Blood, & Gomez, 1980), for example, reported unequivocally and consistently over 20 years, on the societal stigmas and negative stereotypes attached to hearing aids by the general public. As also affecting members of other disability groups, negative stigmas directed toward and internalized by persons with hearing loss have negative effects on one's opportunities and self-concept (Strong & Shaver, 1991).

Identity

A study, very relevant to the present one, addressed the identity patterns of adolescents with hearing loss (Weinberg & Sterritt, 1986). Specifically, the research considered whether the student's identity was predominantly hearing (able-bodied), d/Deaf (disabled), or dual (identify with both groups). Results indicated that poorer outcomes regarding "academic placement, social relationships, personal adjustment, and perceived family acceptance" (Weinberg & Sterritt, 1986, p. 101) were consistently associated with an able-bodied identity while better outcomes were associated with a dual identity. With a dual identity, one has the opportunity to enjoy and participate in the best of both worlds.

In this particular study (Weinberg & Sterritt, 1986), there was no significant difference found between identity choice and degree of hearing loss, using a sample of adolescents with hearing loss ranging from mild to profound. These results support Hughes (1996) who discussed the reluctance by hard of hearing adolescents, in particular, to wear visible hearing aids for fear of appearing different.

Like Weinberg and Sterritt (1986), Leigh and Stinson (1991) consider the emergence of identity. Both these studies suggest that students with hearing loss, regardless of the degree, search for self-definition as either hearing or deaf. No mention is made of being hard of hearing. Leigh and Stinson (1991) point out, though:

> research shows that the marginal hearing impaired adolescent cannot find a niche within the hearing community or relate to the [Deaf] community. For this adolescent, there is no true sense of belongingness or identity, and feelings of ambivalence and isolation become prominent. (p. 19)

The issue of identity for persons who are hard of hearing is controversial in the literature. For instance, Ross (No Date), in an article published online by the International Federation of Hard of Hearing People, emphasizes that hard of hearing people: "need to define ourselves not as a common identity, but as a common interest group...doing what democracies generally do: groups form themselves into constituencies that represent their interest" (pp. 7-8). Alternatively, Sorkin (1996) supports the need for an identity of this population, if only to help reduce the invisibility and stigma often attached to being hard of hearing.

Somatic Self

> *Embodiment is central to being a person. The body is the vehicle for the exercise of skills, for communicating and relating to others. It is on the body that our very existence as persons depends. The way it functions (or fails to function) can change the basic ground of our experience. (Stevens, 1996, p. 17)*

The theory of the somatic self may provide some insight into the issue of self-concept of hard of hearing persons. Tloczynski (1993) indicates that the initial "knowing" of self occurs somatically and that, developmentally, "the somatic self is synthesized with the symbolic self-identity" (p.726), which is also produced through interactions with others. Therefore, one's somatic experience provides another context for self-knowledge (Tloczynski, 1993).

Accepting the premise that one's self-concept develops through interaction with others, then, as discussed in Hughes (1996), the presence of visible hearing aids exacerbates the fear of "being different", common to many adolescents, in particular. Support for this is evident in research findings of differences in body image and self-perceptions between the children with hearing loss and the normally hearing group (Garrison & Tesch, 1978). Research into the hearing aid effect has shown empirically that persons with normal hearing perceive and interact negatively with hearing aid wearers (Blood, 1997; Blood et al., 1977, 1978; Danhauer et al., 1980). Perhaps the hearing aid, itself, because of its near constant pressure, becomes an extension of one's body: the somatic self. How does one resolve the inner dissonance of having incorporated society's negative sanctions with the need to wear hearing aids to improve communication with society members who are likely to interact negatively simply because of visible hearing aids? How does one escape from a "self" with which one keeps constant company? In such circumstances, perhaps the argument could be made that one's self-concept is in constant jeopardy. One cannot escape one's own body, or somatic self, yet how comfortable can one be, after incorporating the negative responses shared by the rest of society? It is little wonder the data of the present study revealed excessive energy being used to deny the need for hearing aids and in trying to pass for normal, which will be discussed in Chapter IV.

Other people construct our sense of self, in that we "are influenced by how others seem to regard and respond to us" (Stevens, 1996, p. 22). Consequently, extension of research regarding the hearing aid effect may implicate how the reactions of others influence the development of the self-concept, particularly the somatic self, of hard of hearing people. This supports the social constructionist view that people develop in context and shows the social aspect of our embodiment as persons (Wetherell & Maybin, 1996). People usually respond to what they see. How we perceive ourselves as acceptable or not acceptable "is as much a function of the way others relate to us as it is of the style and character of our physical being" (Stevens, 1996, p. 18). Thus, research into the somatic self has significant implications for persons who are hard of hearing.

Gender Differences

Research reports differences in self-concepts between genders. For instance, Loeb and Sarigiani (1986) found that girls with hearing loss have lower self-esteem and are more anxious than boys with hearing loss. Coyner (1993) identified a significant interaction between gender, hearing status, and social acceptance, in that, female students with hearing loss "received the highest rating from hard of hearing and deaf peers" (p. 18). The results of a study by Cartledge and Cochran (1996) also showed that female adolescents consistently gave themselves higher self-evaluations on social skills than the males in the study. Gender differences in self-concept and acceptance by peers of hearing impaired individuals also fit with existing research of sense of belonging among the general population (Hagerty, Williams, Coyne, & Early, 1996). This research found that "for women, fitting in and feeling valued are important components of self and that failure to connect with others is more apt to result in loneliness" (Hagerty et al., p. 243). Thus, the gender differences in constructs of the self for persons with hearing loss may be reflecting gender differences found in the general population. However, the research using persons with hearing loss does not identify this potential generality.

Academic Performance

Research suggests that students with hearing loss have a "realistic recognition that academics are a greater challenge for them due to their hearing loss" (Loeb & Sarigiani, 1986, p. 96). More positively:

> it appears that most of the children do not perceive this [challenge with academics] as a reflection of their inherent abilities. Rather, they acknowledge weaknesses that are more directly linked to the obstacles they face by being hearing impaired; [for example,] most hearing impaired did not say they were not smart (a global self-deprecation), while many did say they could not give a good report in front of the class or they were not good readers (a reflection of their linguistic deprivation). (Loeb & Sarigiani, 1986, p. 96)

This recognition of academic weakness can result in lack of confidence in their abilities, although such reports reinforce the utility of assessing multiple domains of self-concept. In fact, teachers' reports describe students with hearing loss as lacking confidence (Loeb & Sarigiani, 1986). However, as noted, other researchers question the wisdom of using teachers as informants (Montgomery, 1994). Appendix A contains a useful exploration of the implications of hearing loss on one's self-efficacy.

Part of the impact on the academic self-concept of students with hearing loss is that there is a "general consensus that the [individual with hearing loss] must perform up to par with hearing peers in school and in conforming to society's norms" (Leigh & Stinson, 1991, p. 16). Supporting this view, Clymer (1995) states that, for persons with hearing loss:

> self-concept is sometimes measured by their impressions of the feelings and attitudes of the hearing people around them. They may not feel good about their speech or lack of it and in general, hearing people lay the burden of communication onto the [hearing impaired] person. They are *expected* to use their voices, use proper spoken English, or fluent written English to communicate in spite of that fact that communication implies interacting. (p. 116)

As discussed elsewhere in this text, interaction with others is a critical factor in the development of self-concept. The school's microcosmic society provides the greatest opportunity for social interaction in students' lives. However, when continually exposed to a reference group (one's peers) who frequently surpass one's own skills, hard of hearing students are vulnerable to internalizing a negative academic self-concept, which influences their self-efficacy, reducing their motivation to persist and lowering their academic performance, ultimately reinforcing a negative self-concept.

Influence of Language on Social Interaction: Consequences for Self-Concept

Research suggests that one's experience and interaction with others forms one's self-concept (Garrison & Tesch, 1978; Leigh & Stinson, 1991; Leondari, 1993). There is also consensus that language and communication difficulties accompanying hearing loss can have a significant and negative influence on self-concept development (Garrison & Tesch, 1978; Loeb & Sarigiani, 1986). This is based upon the interactionist approach to self-definition (Garrison & Tesch, 1978). This approach indicates that the development of self-concept relies on interactions with others, providing information in the form of feedback and expectations (Bandura, 1977a; Garrison & Tesch, 1978; Leigh & Stinson, 1991; Leondari, 1993). An essential element in this symbolic interaction process is language. As such, hearing loss can affect one's self-concept because of its ability to limit "interaction and linguistic feedback from the social environment" (Garrison & Tesch, p. 458). In other words, it is likely that individuals with hearing loss will have less information than their hearing peers upon which to base their self-image (Garrison & Tesch, 1978). In essence, these individuals experience reduced auditory contact with their environment while also being exposed to societal and peer negativity, resulting in a different set of experiences for the child with hearing loss compared to his/her hearing peers (Loeb & Sarigiani, 1986). Consequently, communication barriers can reduce one's self-confidence and interpersonal skills (Loeb & Sarigiani, 1986). In sum, psychological logic identifies a cyclical and interactive relationship between hearing loss and self-concept:

> Impaired acoustic environments lead to impaired psychological environments, and impaired psychological environments lead to disturbed human behavior. Therefore, the healthy formation of self-concept—so integral to maximum social, mental, and academic development—appears vulnerable to disruption in the hearing impaired child. (Loeb & Sarigiani, p. 89)

Moreover, the symbolic interactionist perspective purports: "as a result of learning to communicate symbolically, through language, a person develops in the sharing of meanings with others and adopts a common understanding of the world" (Tloczynski, 1993, p. 726).

In addition to the importance for developing positive social relationships, language proficiency is also essential for developing the necessary vocabulary for "self analysis" of internal events. This necessary vocabulary includes "cognitive words such as 'thinking,' 'knowing,' and 'guessing' and feeling words such as 'sad,' 'happy,' 'excited,' and 'frustrated' " (Leigh & Stinson, 1991, p. 12).

Clymer (1995) focuses solely on the impact of language on the self-concept of students with hearing loss. Both Clymer (1995) and Leigh and Stinson (1991) emphasize the important role played by language and communication in the development of self-concept. Potentially significant sequelae to hearing loss can be identified logically in Leigh and Stinson's (1991) statements: "hearing loss isolates people from other people and from knowledge, generates a severe form of cognitive deprivation, and greatly alters interpersonal relationships" (p. 112). The statements by Mullis and Otwell (1998) highlight this point:

> hearing loss is often a barrier between people. Barriers create feelings of isolation and lessen feelings of belonging that are essential to positive growth and development. While the inability to hear is a nuisance, the inability to communicate is a tragedy. (p. 233)

Communication

> *The most damaging thing about hearing loss is that it interferes with communication. (Luey et al., 1995, p. 178)*

Considering the relationship between communication and self-concept, Loeb and Sarigiani's (1986) study of the self-concept of students with impaired hearing identified a number of issues related to the construct that were negatively affected by hearing loss. One of these issues was peer popularity. They state:

> An important issue integrally related to peer popularity is shyness. Reported by teachers, experimenters, and children themselves, shyness is certainly an obstacle to successful interpersonal relations. Communication problems resulting from hearing impairment likely magnify the impact of shyness. ... Communication deficits pave the way for social isolation, and

> this consequent isolation likely fosters shyness, often creating a vicious cycle for the children. (Loeb & Sarigiani, 1986, p. 96)

Loeb and Sarigiani (1986) conclude, unfortunately, that the students in their study "seem to be acknowledging the communication barrier and accepting it as an unbreachable gap" (p. 96). Furthermore, as Leigh and Stinson (1991) identify: "Sequelae to problems in communication can easily lead to feelings of failure, isolation, and low self esteem. It takes a strong ego or inner self confidence to bounce back and work towards being perceived as equal or accepted" (p. 16). Yee et al. (1997) also targeted shyness as an issue for hard of hearing students and as an implication for social interaction. Specifically, their results showed:

> shyness, due to ... a [poor] self-image and magnified by communication difficulties, may well lead to problems making friends at school. ... Such problems are likely to lower self-esteem [and affect self-concept, causing] further social withdrawal leading to a vicious circle which is difficult to break. (Yee et al., 1997, p. 368)

A general observation about the impact of communication is made by Luetke-Stahlman (1994), who noted that the language delay of individuals with hearing loss has "the potential to render ineffective both adult and peer conversation" (p. 472). As mentioned earlier, it was also found that the more significant communication problems associated with early onset hearing loss negatively impact on peer acceptance (Leigh & Stinson, 1991; Loeb & Sarigiani, 1986). It is reported repeatedly in the literature that communication is an obvious barrier to relationships between hearing and hearing disabled individuals (Hughes, 1996; Loeb & Sarigiani, 1986; Luetke-Stahlman, 1994; Stinson et al., 1996).

Peer Popularity and Acceptance

Current development theory recognizes peer relationships, specifically peer popularity and acceptance, as important contributors to cognitive and social development (Stinson et al., 1996). This supports other research identifying interactions with others as critical to the development of self-concept (Leondari, 1993; Kloomok & Cosden, 1994). Such contributions of peer relationships to development include: (1) acquisition of attitudes, values, and information for mature functioning in society, (2) promotion of future psychological health, and (3) development of social skills that reduce the likelihood of social isolation (Stinson et al., 1996). Keeping in mind these important influences of peer relationships, Stinson et al. (1996) state: "positive peer relationships are as critical for the development of disabled children as for the nondisabled" (p. 132).

Specifically considering previous research regarding the status of this issue for individuals with hearing loss, findings of the study by Coyner (1993) indicate that a sample of these students, "overall, received high social acceptance ratings from their same hearing status peers" (p. 18). However, there was an inverse relationship between the self-concepts of these students and their acceptance by their peers with hearing loss. Moreover, the hard of hearing students in the sample "received significantly lower mean scores [on peer acceptance] from their hearing peers" (Coyner, 1993, p. 18). This suggests that students with hearing loss may not be included in the social groups of hearing students. Analysis of results in this study also seem to indicate that there may be a relationship between academic success of students with hearing loss and their hearing peers' acceptance ratings. In other words, it is possible that "hearing students are more likely to seek out friendships with hard of hearing and deaf students they believe are good students" (Coyner, 1993, p. 18). More specifically related to degree of hearing loss, Rodda (1969) found that hard of hearing students tend to be less accepted than deaf students by their hearing peers.

Another study found that children with hearing loss received significantly lower social preference and likeability ratings from their peers than those received by their normally hearing classmates (Cappelli et al., 1995). In other words, hearing impaired students are more likely to be rejected by their agemates than children with normal hearing. Of specific interest to my research, 30% of the hard of hearing students in the study, compared to 5% of the hearing children, were rejected by their peers (Cappelli et al., 1995).

Another finding of the study by Cappelli et al. (1995) relates to developmental differences between children with impaired hearing and those with normal hearing. Older children with hearing loss placed greater emphasis on relationship goals compared to younger children, yet this developmental difference was not found among normally hearing children. Results also showed a greater vulnerability to peer rejection among the students with hearing loss, particularly among the younger students. Such significant peer problems often predicts poor long-term outcome (Cappelli et al., 1995).

Results of the study by Cartledge and Cochran (1996) echo developmental differences. In this case, the study focussed on self-perceptions of social skills. The researchers found that older students with hearing loss generally gave themselves higher self-evaluations of their social skills than did younger students.

Loeb and Sarigiani (1986) also found that early onset of hearing loss is associated with lower self-reported peer popularity. They suggest: "normal-hearing children likely respond negatively to the communication deficiencies of the prelinguistically hearing impaired, which contributes to lowered peer popularity" (p. 98). This could be part of the reason for the developmental differences in acceptance of children with hearing loss found in Cappelli et al. (1995). Results found by Loeb and Sarigiani (1986) also indicate: "children with late onset hearing loss were less satisfied with themselves than were children with early onset" (p. 95). This finding suggests that one of the factors influencing the self-concepts of hard of hearing persons may be the age of onset of their hearing loss.

Stinson et al. (1996) summarize the importance of self-perceptions of their social relationships to persons with hearing loss. Specifically, the researchers suggest that students are "likely to experience loneliness and social anxiety [if they] have a low opinion of their social competence and view themselves as being without friends" (p. 132). They also discuss the importance of a sense of belonging, or relatedness. However, results of their study show less positive social adjustment of students with hearing loss in mainstream classes.

Antia and Kreimeyer (1996) also examined social interaction and acceptance of students with hearing loss by their hearing peers. They, too, found that students with impaired hearing had minimal interaction with their hearing peers. These results remained despite the introduction of two interventions.

Research also indicates that the family and its reaction to the child's hearing loss is an important variable to the development of self-concept (Loeb & Sarigiani, 1986). "[The] children claim that within their families they cause trouble, are unimportant, and bring about disappointment . . . [Therefore,] a greater familial acceptance of the hearing impaired [child] and his or her impairment is integral to the child's self-concept" (Loeb & Sarigiani, 1986, p. 97). Thus, the importance of acceptance or sense of belonging extends beyond peers.

Connected with the previous section of the importance of acceptance, the following discussion considers the disabling effects of hearing loss on socialization issues.

Social Skills and Socialization Issues

In addition to isolating feelings of acceptance and sense of belonging, some of the research related to the self-concept of individuals with hearing loss focuses directly on issues of social skills and socialization (Antia, 1982, 1985; Antia & Kreimeyer, 1987, 1988, 1996; Aplin, 1987; Cartledge & Cochran, 1996; Leigh & Stinson, 1991). Leigh and Stinson (1991), for instance, state that "self-perceptions are one way of assessing the quality of social relationships" (p. 9) and present a model of self perceptions of social relationships and influencing factors. Figure 1 is a modification of this model to reflect the hard of hearing perspective. This model organizes: sets of perceptions or dimensions regarding social relationships; interrelations between dimensions, including intervening variables; and family characteristics, personal characteristics, and program factors influencing self-perceptions (Leigh & Stinson, 1991).

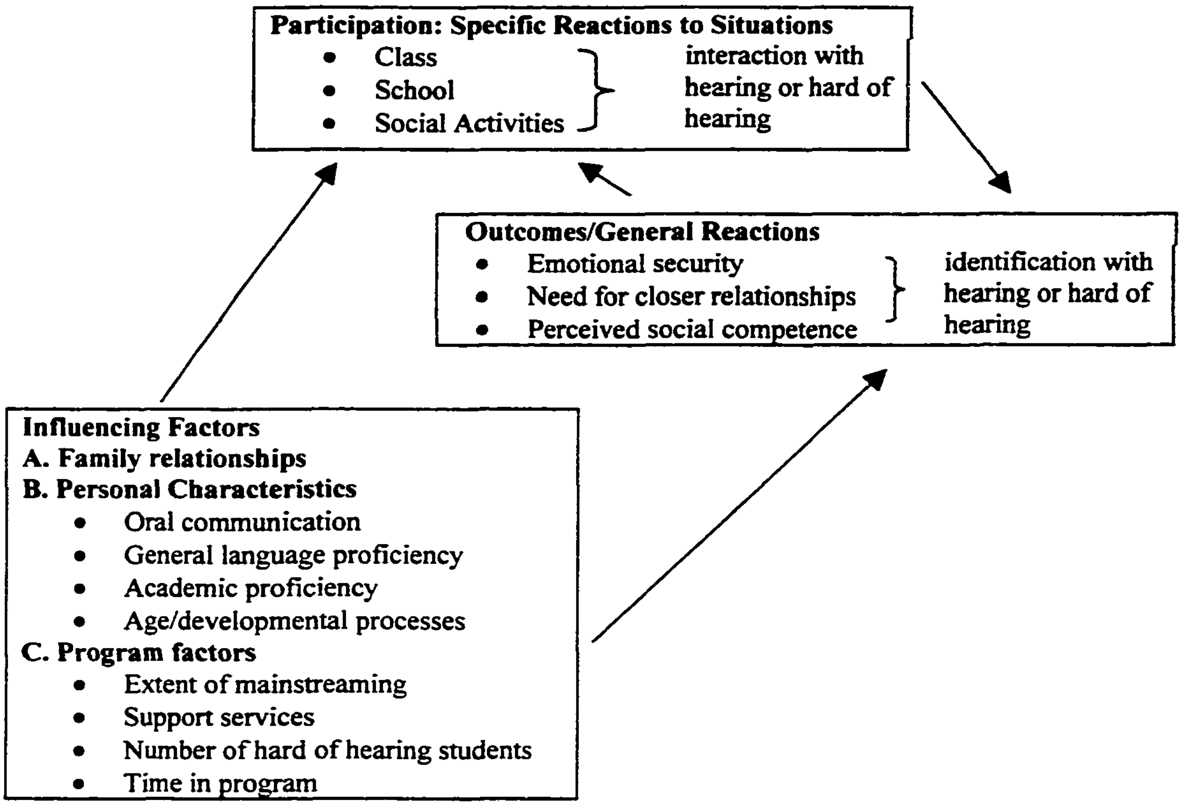


Figure 1 **Model of Self Perceptions of Social Relationships and Influencing Factors** (adapted from Leigh & Stinson, 1991)

The importance of considering social issues and social skills along with the self-perceptions of these areas for students with hearing loss is summarized in the words of Cartledge and Cochran (1996), who state: "at present, schools are feeling pressure to stress academics, which results in a decrease in social skill instruction and related socializing activities such as sports and extracurricular activities" (p. 36). Hughes (1996) reported a similar conclusion.

Summary of Literature Review

This section discussed research findings related to the self-concept of persons with hearing loss, with a focus on those who are hard of hearing. Because of the inherent difficulties in hearing loss terminology, such as overlap of definitions, I reviewed literature considering all degrees of hearing loss, as well as relevant research pertaining to disabilities in general.

Although the majority of researchers agree that the self-concept of persons with hearing loss is at risk, the construct has been assessed only in broad areas related to academics and social issues. Of primary importance to the development of self-concept is the development of language, effective communication, and interaction with others. Relatedness, or sense of belonging, is a basic human need, yet hearing loss often places a barrier between people because of frequent communication problems. Research suggests that hearing loss can negatively affect all these dimensions. However, previous studies also show that effects of hearing loss on self-concept depend on many variables, including age of onset and gender. Interaction with others, though, is the fundamental source of the development of self-concept. Yet, interaction with others is grounded in language development, effective communication, and the perceptions of others. Self-concept development also includes internalization of others' perceptions. Thus, self-concepts of hard of hearing individuals are likely to be vulnerable because of potential problems with language development, difficulties with effective communication, and the negative perceptions of hearing aids by others. Most previous research supports this hypothesis, with few exceptions, although there has been much criticism of the methodological and conceptual shortcomings.

Research findings also indicate that self-concept has implications for the academic performance of students with hearing loss. Not only does literacy competency affect one's academic performance, but self-perceptions of one's academic capabilities and feelings of self-efficacy also implicate performance.

Despite shortcomings of methods and construct clarification, the majority of research in this area has used empirical assessment tools in self-report formats, and/or parents, and/or teachers, and/or peers as informants to study the self-concept of persons with hearing loss. Few studies have used a naturalistic approach to study the perceptions of individuals with hearing loss, themselves.

This review of the literature also included a discussion related to the effect of other disabilities on self-concept. This literature, focussed on learning disabilities, vision loss, and mental retardation, revealed findings and methodological concerns similar to studies in hearing loss. Concisely, the majority of research indicates that having a disability negatively affects self-concept. Inconsistencies and contradictions of findings within this literature regarding specific effects, have resulted from definitional issues related to the disability and the construct of study. Nonetheless, self-concept development is a basic social process experienced by everyone, whether disabled or not. For persons with a disability, though, especially adolescents, additional factors accompanying the disability complicate navigating the usual developmental stages of self-concept development. Maladaptive behaviours may result, as attempts to resolve these additional challenges.

Thus, a review of literature considering the self-concept of persons with disabilities other than hearing loss revealed similar methodological shortcomings and conclusions regarding self-concept development.

Research Questions

As identified, the phenomenon of self-concept of hard of hearing individuals has received little attention in previous research although it is an area of consensual concern. In particular, very few studies within the qualitative paradigm have been conducted. Consequently, this qualitative study, using grounded theory methods, was designed to explore the experiences of a purposeful sample of hard of hearing young adults regarding their self-concept. Consistent with the study's design, the following questions guided the exploration of the phenomenon. Rather than being rigidly set to direct the investigation, these questions provided some structure to the interview process and facilitated theoretical inquiry of the data:

(1) How do hard of hearing young adults describe their self-concept?

(2) What things, people, or events, from their own experience, do the participants identify as having contributed to the development of their self-concept? and

(3) How does their self-concept affect their lives (e.g., goals, values, work, personal interactions, etc.)?

Regardless of a grounded theorist's preconceived research questions, the findings must reflect the data and the theoretical concepts identified within the data, particularly when generating a substantive theory because of its inherent limitations for generalizability. Thus, the research questions, identified above, helped retain focus on the phenomenon of inquiry while designing the study, collecting data, focusing the literature review, and reporting the findings. At the same time, the questions provided sufficient flexibility for analytical conceptualizations to remain grounded in the data.

Justification of the Study

> *Much work remains in studying the actual development of the self throughout the life span. As this information is accumulated, the likelihood of identifying those factors in the [hearing impaired] person's experience which affect his or her conception of self may be enhanced. (Garrison & Tesch, 1978, p. 465)*

For individuals with hearing loss, research indicates that a hearing disability of any degree may negatively influence: academic achievement; components of the *self,* including self-image, self-esteem, and self-concept; emotional stability; attention; and behaviour (Berry, 1992; Bess & Humes, 1995; Harvey, 1989; Hughes, 1996; Rodda & Grove, 1987). The self-concept, one component of the self, is defined as a collection of self-representations (Hamachek, 1998), developed through interaction with others and one's preferred views, beliefs, and concepts about oneself (Baumeister, 1997; Eder & Mangelsdorf, 1997; Gottfredson, 1985; Street & Isaacs, 1998; Tloczynski, 1993). It includes the perceptions we have of who we are, including our physical and psychological traits, our strengths and weaknesses (Street & Isaacs), and influences behaviours in all major areas of one's life (Gorrell, 1990). Our self-concept guides us to reach for certain goals based upon our ideals of what type of person to become or not to become (Baumeister, 1997; Gorrell). Previous research emphasizes the importance of social interactions (Gorrell, 1990; Pratkanis & Greenwald, 1985; Tloczynski, 1993), also showing that persons with disabilities may internalize negative views held by society or significant persons in their lives (Garrison & Tesch, 1978; Levy-Shiff et al., 1990; Szivos & Griffiths, 1990; Uttermohlen, 1997; Zetlin & Turner, 1988) with negative consequences to their self-concept (Garrison & Tesch, 1978; Gibbons, 1985; Kloomok & Cosden, 1994; Raviv & Stone, 1991; Szivos & Griffiths, 1990; Uttermohlen, 1997).

Relevant to the present study, researchers agree that individuals who are hard of hearing are likely at risk for social/emotional difficulties. The results and conclusions of this grounded theory study extend previous research to enhance the knowledge base regarding the self-concept of hard of hearing individuals.

Within the social/emotional realm, Baumeister (1997) stated: "the construction of self is one of the major life tasks to confront the modern individual" (p. 703). It is also proposed that a considerable proportion of life is spent "talking: [in] conversations, dialogues, monologues, communal exchanges of view, arguing and gossiping" (Wetherell & Maybin, 1996, p. 228). In fact, it has also been argued that "conversation and social interaction [constitute the] fundamental or most basic social psychological activity" (Wetherell & Maybin, 1996, p. 228). In particular, research suggests that language, talk, and discourse form the foundation for construction of one's self (Wetherell & Maybin, 1996) and that we are essentially *discursive* products: "the ways in which we talk and are talked about help make different kinds of self possible" (Wetherell & Maybin, 1996, p. 228). However, hearing loss is a sensory disability causing barriers to communication, which interrupt the oral/aural interaction with others. At the same time, being able to relate to other people is a basic human need or, as Leary and Downs (1995) conceptualize it: "people have an innate 'need to belong' " (p. 128). Thus, the importance of language and effective communication to connection with others and the subsequent development of *self* cannot be dismissed because of the interrelated nature of: "learning a language, learning through language and becoming a particular person" (Wetherell & Maybin, 1996, p. 264). Although other factors are also involved, the potential interferences to normal language development and effective communication imply that self-concept development of persons who are hard of hearing is at risk for negative consequences with multi-faceted ramifications for the individual.

Self-concept is the combination and "totality of [ideas and] inferences that a person has made about himself or herself" (Baumeister, 1997, p. 681). Internal thoughts make these inferences. The American social philosopher, George Herbert Mead (1863-1931), and the Russian psychologist, Lev Vygotsky (1902-1936), both believed that internalized social dialogues constitute thought (Wetherell & Maybin, 1996). This suggests that "the way we remember events, or struggle with particular dilemmas, and plan future encounters, involves the internal running through of actual or imagined dialogues" (Wetherell & Maybin, 1996, pp. 248-249). All of these activities lead to the development of self-concept and can be compromised by hearing loss.

The initial review of relevant research findings, summarized in this chapter, revealed some of the reasons for undertaking this qualitative study of the self-concept of hard of hearing persons. The following summary incorporates my findings from reviewing relevant literature to justify this study.

First, research considers the construction of self to be one of life's major tasks. Considering the element of self proposed for the present study, the self-concept, the majority of research of persons with hearing loss has focussed on self-esteem, if a construct has been clearly identified. My review of previous research revealed a paucity of information regarding the self-concept of persons with hearing loss but particularly of those who are hard of hearing.

As well, the majority of the research in this area has been of quantitative design, using people other than hard of hearing persons as informants, and has been plagued with methodological concerns. The stated conviction by Zetlin and Turner (1988) further supports the design choice of this study:

> It is time to abandon our reliance on standardized measures of global self-esteem. The advantages of such instruments in terms of efficiency and ready quantification remain largely unjustified by the results obtained, and there is much to be learned by refraining from prematurely restricting the responses of the people whom we study. (p. 221)

Agreeing with these researchers, I believe we cannot seek answers regarding a phenomenon without knowing the relevant issues and without seeking direct input from the population in question. Thus, I believe it is crucial to have direct interaction with informed respondents who are living the phenomenon under investigation as they are best-placed to describe their own inner experiences and processes. Also, face to face dialogue with hard of hearing people is a courteous and effective way to reduce or respond immediately to literacy and any other intervening variables that may reduce the credibility and dependability of the study and its results. I located only three previous studies using a qualitative design (Herth, 1998; Luey et al., 1995; Orlans, 1988).

I was also unable to locate any research using participants in the age group selected for this study. Preschoolers, adolescents, and older adults are the participants of choice in previous investigations.

Further supporting the need to investigate the self-concept of hard of hearing individuals, research suggests that the self-concept develops through interaction with others, a basic human need. However, there are potential barriers to communication with others because of hearing loss. People are embedded in conversation and it is through discourse that we make sense of the world and eventually internalize concepts of our *self*. Further, people have an innate "need to belong". In fact, it has been suggested that "a great deal of human behavior can be conceptualized as attempts to foster social ties and to minimize the possibility of falling into disfavor with others who are psychologically important" (Leary & Downs, 1995, p. 128). The self-concept of this segment of the population is very likely at risk for these reasons, alone, although there are many other sequelae to hearing loss revealed in the literature.

In summary, this study was undertaken because research has shown that:

- the state of one's self-concept has far-reaching implications for one's sense of well-being;
- the self-concept of persons who are hard of hearing is vulnerable, for a number of reasons, for; and
- there has been limited research in this area, especially within the qualitative paradigm, with none in the studied age group.

Chapter II Summary

This second chapter contains the results of a review of literature related to the study of self-concept. The findings reveal concerns with previous literature purporting to investigate the construct of self-concept, particularly of people who are hard of hearing.

The review also revealed the most influential factors for self-concept development. These factors, centred on communication and language, combined with results of other research, make a strong case that the self-concept of hard of hearing young adults is vulnerable. There are long-term psychological, occupational, physical, and other ramifications of being at such risk. Following a summary of the results of reviewing the literature, this chapter concluded with discussions regarding the study's justification and the research questions. The next chapter presents the design and methods used to conduct this qualitative investigation.

CHAPTER III—PROCEDURES

> *Research on the effects of deafness on the development of the self-concept has progressed rather slowly since Brunschwig's (1936) pioneer study of the general adjustment of deaf children. Doubtless, this slow rate of progress is related to the complexities surrounding trait measurement. However, the discovery of fire was not dependent upon a sophisticated instrument. Language and communication also were first learned through observation, as was the concept of time. Observation is a powerful tool, and its application to the problems confronting researchers in the field of deafness deserves reemphasis. (Garrison & Tesch, 1978, p. 464)*

I undertook this study to investigate the self-concept of hard of hearing young adults. Specifically, it is a phenomenological inquiry using grounded theory methods to generate a substantive theory.

There are several reasons to support and explain the choices of paradigm, design, and methods for this study and these are presented first. Following this rationale is the section pertaining to participants, which includes: selection criteria; recruitment procedures; and descriptions of the participants, which are summarized in Table 2. This segment precedes information regarding data collection, coding, and analysis procedures. The next part details the analysis methods, including analytic memos in Tables 3 and 4 showing data excerpts, preceding the elaboration of theoretical sensitivity. This chapter concludes with a discussion of ethical considerations in the conduct of the study, followed by an explanation of its specificity and methodological limitation.

Design

Information from previous parts of this dissertation, the introductory quotation (Garrison & Tesch, 1978), and the astute observation that, "if you want to know what someone is thinking, ask them" (Waterman, 1988, p. 196), all support the choice of qualitative design for this study and its methods. Phenomenological research is a descriptive science whereas natural science is an explanatory science. Patton (1990) summarizes the different approaches: "Statisticians try to measure IT; Experimentalists try to control IT; Evaluators value IT; Interviewers ask questions about IT; Observers watch IT; Participant observers do IT" (p. 7). For this study, I used open-ended, semi-structured interview questions to answer the research questions regarding the phenomenon of self-concept of hard of hearing young adults.

As the phenomenon of self-concept is, by definition, a subjective construct and is comprised of one's perceptions and interpretations, the qualitative paradigm fits with this study. Transcribed interviews form the basic source of data. Appropriate to the design, this data contains participants' descriptions of their perceptions, emotions, and thoughts about common, everyday experiences (Colaizzi, 1978; Patton, 1990) related to being hard of hearing. Phenomenological inquiry seeks to identify and understand the structure and essence of a sample group's experience of a phenomenon (Patton, 1990).

To develop an inductively derived grounded theory about a phenomenon, the researcher uses a systematic set of coding procedures (Strauss & Corbin, 1990), which are described shortly. Such methods take the researcher into and close to the real world so that the results and findings are "grounded" in the empirical world (Patton, 1990). Use of such methods results in a grounded theory, generated from the data, and reflective of the study participants' experiences. The development of a substantive theory was the intent of this study.

Participants

Information related specifically to the participants in this study is contained in this next section. Selection criteria and recruitment procedures precede the detailed descriptions of the participants in this study.

Selection Criteria

Eligible participants were hard of hearing males and females 22 to 30 years of age, educated primarily in mainstream settings, who were willing to verbalize about their self-perceptions. For the purposes of this study, participants with hearing loss were selected upon the basis of their functioning as "hard of hearing", as defined in the introductory chapter. Individuals with other disabling conditions, with the exception of corrected vision, were excluded.

Construction of self is considered a major life task commonly experienced by all of us (Baumeister, 1997): a Basic Social Process (Glaser, 1978). Thus, ordinary people, selected on the basis of having experienced the phenomenon of study, appropriately form the purposive sample group in a qualitative study (Bogdan & Biklen, 1992).

Representativeness

It was originally hypothesized that the diversity of hearing loss characteristics among hard of hearing people should be represented by the participants, partly representing the meaning behind "purposeful sample". Such diversity includes age of onset, degree, and cause of hearing loss, etc. During the recruitment and selection process, there were initial plans to recruit more than one representative of each degree of hearing loss (mild, moderate, severe, and profound) and perhaps with different ages of onset, with both genders evenly-represented. As will be shown in the Findings Chapter, however, this type of representation was unnecessary. Moreover, participant selection for qualitative studies differs from quantitative research, for which sampling is based upon selecting a portion of a population to represent the whole population to which the researcher wishes to generalize (Patton, 1990). Representativeness of the sample (that is, resemblance to the larger population in terms of specified characteristics) is the primary consideration of quantitative sampling. Qualitative research, conversely, seeks representativeness of concepts, seeking verification of their significant presence or absence within the data (Glaser, 1978; Strauss & Corbin, 1990). As such, the intent is to seek multiple indicators of the phenomenon rather than a specified number of individuals or sites. Thus, a purposeful sample of information rich cases is the aim of qualitative research (Patton, 1990). Nonetheless, "the more interviews, observations, and documents obtained, then the more evidence will accumulate, the more variations will be found, and the greater density will be achieved. Thus there will be wider applicability of the theory" (Strauss & Corbin, 1990, p. 190). At the same time, a grounded theorist seeks specificity rather than generalizability (Strauss & Corbin, 1990). This will be discussed further in the final section of this chapter.

Recruitment of Participants

To obtain a purposeful sample of hard of hearing young adults, I contacted hearing aid practitioners and agencies working primarily with this population, following appropriate ethical approval. I provided a description of the study and selection criteria to these professionals, and asked them to nominate clients. To do so, I provided the three involved contacts with multiple copies of the information contained within Appendixes C and D. The professionals, in turn, mailed this information to clients who they felt fit the selection criteria. Upon receiving the notice by post, interested individuals had the appropriate information to make contact directly and voluntarily with me. Appendix E is the letter forwarded to individuals who had contacted me, expressed interest in participating in the study, and who seemed to fit the selection criteria. I explained informed consent at the beginning of the first interview and told the participants that they could withdraw at any time without consequence. Appendix F contains the consent form.

Potential Barriers to Recruitment

There were some factors potentially limiting the number of participants for this study. Although the number of persons functioning as hard of hearing represents one of the largest disability groups in North America (Hearing Alliance of America [HAA], 1997), it is generally considered an invisible disability (Stone, 1993), but not only to others (Sorkin, 1996). Persons who are hard of hearing, themselves, tend to be less willing to disclose their hearing loss (Sorkin, 1996; Trychin, 1995, 1997) and there may have been a reluctance to volunteer for the present study. The issue of hearing loss disclosure is also presented as part of the substantive theory, as discussed in the next chapter.

Secondly, there may have been a perception by potential volunteers that the study pertained only to those with difficulties. Consequently, the sample group may have been comprised of only those who had concerns regarding their hearing loss. Hard of hearing young adults with more positive perspectives may have felt they had no contribution to make and, consequently, did not volunteer.

Another point possibly restricting participant recruitment has to do with the targeted age range. Because the incidence of hearing loss increases with age, with the majority of hard of hearing people being over the age of 65 years, there are fewer people between the ages of 22 and 30 years from which a sample group could be selected.

Descriptions of the Participants

Nine people, five males and four females, participated in this study. They ranged in age from 24 to 30 years and their highest education levels varied from high school graduate through post-secondary and University graduate level studies. All participants were educated primarily in mainstream settings.

During elementary school, one participant attended a cluster class for students with hearing loss in the morning, and attended mainstream classes in the afternoon. Another participant spent one high school year at a school for the Deaf. The remaining participants were educated full-time in mainstream classes throughout their schooling history. Five of the participants received all of their schooling in Alberta while three others were educated in Ontario, with the exception of post-secondary education. The other participant was educated in three different locations: overseas (primary school); in the United States (elementary); and in Ontario (Junior High and High School). At the time of the study, two participants were full-time post-secondary students, while all the others were employed in full-time jobs.

Three of the participants lived alone, while the others were either living at home with their parents or with a significant partner. Of the two still living at home, one was involved in a serious relationship. Of the four living with a partner, one participant already had a child while another was in a relationship where a first child was expected within a few months of the interview date for this study. The other two had no children.

Although the severity of their hearing loss varied from moderate through to profound, all participants used voice and residual hearing (oral/aural) as their primary mode of communication. None had other disabling conditions, to the best of their knowledge.

As expected with this population, though, the participants were a diverse group, exemplifying the variety of characteristics of persons who are hard of hearing. This diversity is shown in the: aetiology and age of onset of their hearing loss; age at diagnosis and hearing aid fitting; degree and stability of hearing loss; as well as type, number, and consistency of hearing aids worn. Their preferred oral/aural mode of communication and their age range provided the homogeneity among participants. Surprisingly, though, and as will be discussed in the Findings Chapter, none of these conditions had any impact on the core category or on their self-concepts, as concluded in previous studies.

As noted, the cause and age of onset of hearing loss varied among the participants. All participants had experienced hearing loss from birth, with the exception of one, whose hearing loss, due to a hereditary systemic syndrome, began after graduating from high school. Although the hearing loss for the other eight participants was congenital and identified during early childhood, one participant, whilst aware of significant hearing problems all her life, was not formally diagnosed and fitted with a hearing aid until her late 20s. The hearing loss for three of the participants resulted from maternal rubella during pregnancy, while one participant was born 3 months premature and experienced oxygen deprivation during a traumatic birth. Two participants' hearing loss was hereditary, and the two remaining did not know the cause of their hearing loss. Except for the individual with late onset hearing loss, all participants wore hearing aids. Table 1 is a summary of the participants' descriptions.

Table 1
Participant Descriptions

Participant Pseudonym[1]	Gender	Age at time of study	Onset of HL	Cause of HL	Age[2] at diagnosis	Age at first hearing aid fitting	Degree of HL	Current use of hearing aids (0, 1, 2)
Styles	M	25	Congenital	Heredity	3	4	Moderate to severe	1 BTE[3], right ear
Mike	M	24	Late teens	Neurofibromatosis Type II[4]	24	N/A	Severe to profound	0
Kashmir	F	27	Congenital	Born 3 months premature	3	3	Severe to profound	1 ITE[5]
Brandon	M	24	Congenital	Maternal rubella	1	1	Severe to profound	2 BTE
Taz	M	28	Congenital	Unknown	7	7	Severe	2 BTE
Lorena	F	30	Congenital	Heredity	29	29	Moderate	1 ITE right ear
Tiger	F	24	Congenital	Maternal rubella	3	3	Severe	2 BTE
Donald Duck	M	30	Congenital	Maternal rubella	5	5	Mild to moderate	2 ITE
Kasey	F	26	Congenital	Unknown	3	3	Moderate to severe	1 BTE left ear

Note: [1] Listed in the order in which their initial interview was conducted
[2] All ages are in years
[3] Behind The Ear
[4] Caused Acoustic Neuroma
[5] In The Ear

Data Collection

Phenomenological analysis entails "the direct study of people's subjective experience ... to analyze the nature and form of conscious experience" (Stevens, 1996, p. 29).

Individual, in-person, open-ended, semi-structured interviews provided the structure through which data were collected for this study. During these interviews, each of approximately 1 to 2 hours, initial questions were designed to elicit demographic information, as shown in Appendix G. Each participant was interviewed twice, with the exception of one, for whom scheduling of a second interview became impossible. The purpose of the second interview was to allow participants the opportunity to read over the transcript of their first interview, and to add any further information and/or to clarify any of their statements.

With the exception of the interviews of one participant who lived out of province, each interview was conducted in the presence of a Communication Access Real Time (CART) reporter, who abides by a code of confidentiality. The CART reporter faithfully recorded and transcribed each interview. A short time later, the reporter sent the transcription to me via electronic mail for my editing and later analyses. For the out-of-province participant, I used my laptop computer to transcribe the exact words, as faithfully as possible, while the participant spoke. This was not a viable procedure for all interviews, though, because my own hearing loss, fatigue, and inability to capture each word as accurately as could a CART reporter, frequently slowed down the process.

The primary purpose of interviewing is to understand another's perspective (Patton, 1990), during which participants are invited to reflect upon and share their experiences in their own words (Bogdan & Biklen, 1992). The three basic approaches for collecting qualitative data through open-ended interviews are: informal conversation; general interview guide approach; and standardized (Patton, 1990). I selected the interview guide approach for the purposes of this study.

An interview guide is a list of questions or issues to be explored during the interview. By advance delimiting of issues to be explored, the interview guide helps make the interviewing of several people more systematic and comprehensive (Patton, 1990). However, there is still flexibility for the interviewer to explore, probe, and ask other questions to gain greater understanding. This allows for a more conversational style and spontaneous wording of questions, while retaining focus on the predetermined topic. Although participants are not all asked exactly the same interview questions, the data yielded through such a collection process are comparable because they are sampled theoretically, by representativeness of concepts (Strauss & Corbin, 1990).

In developing an interview guide, I considered the words of Funder and Colvin (1997), who warned: "the precise way [a] question [about one's *self*] is asked reveals much about the interests of the investigator, and has important consequences for interpreting the answers that will be obtained" (p. 619). As a result, I returned to the literature and considered other studies. My investigation revealed that an informative way to ask someone to describe him/herself is simply to ask, 'What are you like?' (Funder & Colvin, 1997). Other research into the "spontaneous self-concept" used the open-ended probe, "Tell us about yourself" (Pratkanis & Greenwald, 1985, p. 313). This technique was successful and the researchers found that "the most frequently mentioned categories were activities, significant others, and attitudes, followed by demographic characteristics, self-evaluation, and physical features" (Pratkanis & Greenwald, 1985, p. 313).

Considering the importance of question wording, as noted above, it was heartening to read of the breadth and depth of information elicited from being asked to tell about oneself. Relevant to this study, the research by Pratkanis and Greenwald (1985) also discovered "a variety of evidence for a distinctiveness principle–the spontaneous self-concept is especially likely to include characteristics that distinguish self from others" (pp. 313-314).

Based upon this previous research, my initial interview question involved asking participants simply to tell about themselves, followed by the further question, "What are you like?" as needed. As expected, responses to these two initial questions provided rich and extensive data as the participants considered how to respond, knowing that my interest lay in their experiences being hard of hearing. Appendix H contains examples of interview questions. Each interview was geared towards collecting enough data to reach saturation.

Further questions and comments were generated and framed within the context of the interaction with the participants and directed toward eliciting:

(a) descriptions of themselves and experiences related to their sense of self (self-concept);
(b) the factors they perceive that have contributed to their self-concept, such as descriptions of experiences of/with events/persons in their lives that/who have contributed to their present sense of self (self-concept);
(c) in what way(s) their self-concept affects their way of being (e.g., interactions with others, job choices, academic performance);
(d) the term(s) they use to identify themselves and/or describe their hearing loss; and

(e) their perceptions of how they may/may not be different from others and how this has/has not affected their self-concept.

Another source also assisted in the development and ongoing revision of my interview questions. Lalljee (1996) discusses 3 levels of analysis and the concept of self: (1) *intrapersonal*, which focuses on what goes on within the person and includes cognitive processes such as memory, categorization, thinking and feeling, and motivational processes such as the need for control and for self-esteem; (2) *interpersonal*, which considers interactions between people, including the importance of self-presentation, as well as the nature of relationships and social interaction; and (3) *societal*, which looks to understand cultural processes and their implications for the first two levels. According to the author, most previous research has focussed on intrapersonal, primarily cognitive, factors (Lalljee, 1996). It was my intent for the present study to consider both intra- and inter-personal levels of analysis to generate a substantive grounded theory, although the data also revealed societal conditions that influence the identified core category. These points are discussed in greater depth in the following chapter. Formal theory generation would more fully consider the third level of societal processes. These levels of analyses coincide with the "Conditional Matrix" as presented and discussed by Strauss and Corbin (1990). However, these latter researchers elaborate on the overlap of levels, stating that, "regardless of the level within which a phenomenon is located, that phenomenon will stand in conditional relationship to levels above and below it, as well as within the level itself" (Strauss & Corbin, 1990, p. 162).

Data Analysis: Grounded Theory Coding Procedures

> *Qualitative researchers ... do not search out data or evidence to prove or disprove hypotheses [held] before entering the study; rather, the abstractions are built and the particulars that have been gathered are grouped together. (Bogdan & Biklen, 1992, p. 32)*

> *The intent of grounded theory is to develop categories [inductively] that proceed from the specific to the general, eventually determining one or more core categories that uniquely capture some important feature(s) of the phenomenon of interest. (Miller & Fredericks, 1999, p. 545)*

A theory, grounded in the data, is generated from the bottom up in the present type of study. The central process for theory building is data coding. Coding involves breaking down, conceptualizing, and putting data back together in new ways (Strauss & Corbin, 1990). The purposes of coding in grounded theory "are broader than enabling the researcher to pull out a few themes, or to develop a descriptive theoretical framework of loosely interwoven concepts" (Strauss & Corbin, 1990, p. 57). The coding procedures of grounded theory: allow the analyst to build rather than only test theory; enhance the rigor of the research process; and help the analyst to bypass biases and assumptions brought to and developed during the research process. Coding also "provides the grounding, builds the density, and develops the sensitivity and integration needed to generate a rich, tightly woven, explanatory theory that closely approximates the reality it represents" (Strauss & Corbin, 1990, p. 57).

Analysis Guidelines

Before more specific and detailed descriptions of coding procedures, a summary of general guidelines for grounded theory analysis is in order. The guidelines followed throughout the research process of this study included: ongoing analysis; flexible procedural guidelines and their order, alternating data collection and analysis as one directs the other in turn; asking questions of the data and of myself; and making constant comparisons within and between data. These latter two procedures of questioning and comparing were the reason Glaser and Strauss (1967) referred to this approach as "the constant comparative method of qualitative analysis" (p.105-113) in their seminal work, *The Discovery of Grounded Theory*. To summarize qualitative analysis, Coffey and Atkinson (1996) investigated the perspectives of a variety of qualitative researchers. They summarize their findings to mean:

> analysis is not about adhering to any one correct approach or set of right techniques; it is imaginative, artful, flexible, and reflexive. It should also be methodical, scholarly, and intellectually rigorous. (p. 11)

Coding Processes Overview

Analysis of data collected involved systematic coding and categorization procedures of the grounded theory method, although there are different perceptions of these procedures. Charmaz (1983), for example, streamlines the procedures to initial (labelling) and focused (thematic connection) coding. Nonetheless, I implemented the three types of coding processes as discussed by Strauss and Corbin (1990): open, axial, and selective coding which follow Glaser's (1978) descriptions of open and selective coding. In addition, I integrated theoretical coding as a guide throughout the coding process, while implementing theoretical sampling at later stages of analysis.

I used the 18 theoretical codes presented by Glaser (1978) to conceptualize relationships between categories and properties arising from open, axial, and selective coding as hypotheses for integration into a theory. According to Glaser (1978), theoretical codes enhance a theory's grounded integration by providing "integrative scope, broad pictures and a new perspective" (p. 72). The theoretically coded categories generated from this data are: context; conditions; critical junctures; consequences; and strategies. These conceptual categories and their properties specify the conceptual framework of the resulting substantive theory, as detailed in Chapter IV.

Open, axial, and theoretical coding procedures facilitated appraisal of relationships among categories. Identification of relationships followed the concept-indicator model, upon which grounded theory is based, and as described by Glaser (1978). In this model, comparison of indicators to indicators continues until the analyst identifies a conceptual code, at which point comparing indicators to the emerging concept occurs. This constant comparison of further indicators to the conceptual codes sharpens the code/concept to achieve its best fit with the data while generating further properties to verify and saturate the core category. Identification, selection, and verification of a core category depend upon its relevance, saturation, workability, and integratability to most or all of the other categories.

Open coding is a systematic process involving line-by-line analysis of the data in search of indicators/meaningful units/discrete ideas relevant to the phenomenon. This initial analysis also involves assigning a tag/label to each discrete idea or indicator, representative of its content meaning. Repeated readings of the data facilitated the development of broader conceptual titles as the data were broken down, examined, compared, conceptualized, and categorized (Strauss & Corbin, 1990). This occurs through questioning: "What is this?" "What concept or category does this represent?" Consistent with the concept-indicator model, repeated questioning and constant comparison facilitate identification of concepts from within the data. Assignment of conceptual titles continued until no new categories were generated, indicating that a point of theoretical saturation had been reached.

Axial coding is the process of putting data back together in new ways. At this "second order" level of coding, connections are made between categories and subcategories. To do so, the meaningful units or indicators, similarly labelled during the process of open coding, are labelled further and grouped to form categories (Strauss & Corbin, 1990). It is not necessary, nor expected, that these coding methods occur independently of each other nor in a linear fashion. The grounded theory researcher constantly alternates between them, gradually moving from open and axial coding into selective coding and theoretical sampling.

Selective coding involves the researcher's selection of a core category, systematically relating it to other categories, and verifying those relationships while further refining and developing other categories (Glaser, 1978; Strauss & Corbin, 1990). Essentially, the entire coding process involves continual refining of the labels and categories of Open and Axial Coding into broader themes or concepts, until a core category is identified. This results in the reduction of large amounts of data, through selective and theoretical coding, into a parsimonious and coherent substantive theory.

Adhering to these procedures, I ultimately selected the concept of *being different*, verified by theoretical coding and theoretical sampling of the data, as the core category of this substantive theory. Within the context of being hard of hearing, this theory is presented in the following chapter as a causal-consequence model to explain the process of developing self-concept of hard of hearing young adults. Within the identified context, I conceptualized and specified this theory around four additional components, the theoretically coded categories of: *societal and personal conditions*; *critical junctures*; *consequences*; and *management strategies*. It is important to keep in mind, though, that:

> *conceptual specification* is the focus of grounded theory, *not conceptual definition*. This is because the operational meaning of the concept derives from the use of its earned distinctions in the theory. ... In this way, the meaning of a concept can be modified or added to – as indicators change – thereby changing the applicable distinctions thus, the concept's meaning. (Glaser, 1978, italics in original)

Methods Specific to this Study

Although the methods used in this study are presented in a linear fashion, coding phases identified in points 3 through 9 did not occur in this fashion. Such overlap, though, is consistent with the constant comparative approach.

1. A Communication Access Real Time (CART) reporter transcribed, verbatim, each interview in real time, with the exception of the out-of-province participant, as explained earlier. Each participant's text was mailed electronically to me shortly thereafter and was deleted from the CART reporter's computer. Using a CART reporter to record the proceedings also reduced the risk of researcher error as it eliminated any need for me to transcribe audiotape recordings.
2. Each participant, with the exception of one whose schedule prohibited it, returned for a second interview to read the transcript of his or her first interview and to clarify or elaborate upon any of the content. The CART reporter transcribed all additional comments and discussions. I have retained the transcripts of both interviews in their

original narrative or text form. The participant's pseudonym, the date of the interview, and whether it is the first or second interview, all identify each transcript. All lines are numbered.

3. Repeated readings of each transcript and line-by-line analyses, to extract meaningful units/indicators, occurred at all levels of coding. I used Microsoft Word word-processing computer software to develop tables for each participant's text to facilitate data management. Identified by each participant's pseudonym, each table consisted of cells breaking up the text to facilitate extraction and grouping by indicator, or meaningful unit. Table 2 is an analytic memo showing an excerpt of one such table and exemplifies the tables used at the open and axial coding stages. The resulting nine tables each had the same component parts displayed in column headings: each discrete unit/indicator was identified by the participant's pseudonym and transcript number; the original transcript's line numbers to facilitate later verification and location, should the unit of meaning require greater context for clarity; labels generated during open coding; and the conceptual codes generated during Axial Coding in preparation for later sorting by category.
4. Memos written during coding stimulated questions to be created, edited, or deleted for subsequent interviews, thus allowing modification of the general interview guide throughout data collection, although there was little deviation from the original questions. Memos also guided the comparison process in determining appropriate conceptual categorization during the ongoing analysis, thus interchanging open and

selective coding. Coding notes and memos were read repeatedly in conjunction with data examples that precipitated the codes.

Table 2
Analytic Memo: Excerpt of Participant Data Table for Open and Axial Coding

'STYLES' Analysis (Open & Axial Coding) – Line by Line

Original Transcript Line #	**Participant [transcript #]**	**Quote/Meaningful Unit/Indicator**	**Tag/Concept (Open code)**	**Category (Axial code)**
23-24	STYLES [1]:	*The best time of my life was being with hard of hearing students [during elementary school in the mornings] and who understood what I was going through.*	Elementary school: cluster; Feelings toward	Schooling background; identification
3	STYLES [2]:	*In terms of my strengths, I describe myself as very motivated and persistent*	personal strengths	Personality attributes
17-18	STYLES [2]:	*I've always thought of my hearing loss as something that has worked as a disadvantage for me.*	self-perception; negative	Attitude toward hearing loss

5. As per the different coding procedures, continual comparison occurred of each indicator with previous concepts, seeking similarities and differences, and coded accordingly. Emerging concepts provided guidance for areas to explore in subsequent interviews within and between participants.
6. Upon completion of open coding, categories assigned to the data were compared with each other across participants, resulting in an ordering of all conceptual categories and relevant data indicators. Once again, word processing computer software facilitated data management. Table 3 shows another analytic memo generated from a table I developed to manage the data sorted by category, subsequent to the completion of axial coding.

7. Use of the 18 coding families, presented by Glaser (1978), guided the process of conceptually categorizing the data. Review of the conceptual categories focused on their relevance to the core category. Additional memos, as well as theoretical coding and sampling, helped to identify possible relationships between categories and with the core category. Theoretical coding of the data sorted through Axial coding, refined and ordered all data into theoretical categories showing the relationships between sub-categories, theoretical categories, the core category, and the phenomenon. As expected, though, the coding families' flexibility was evident during the generation of this theory (Glaser, 1978). Although the five conceptual codes were selected to specify the theory, there remains considerable overlap among the theoretical categories. As mentioned, theory generation is not a linear process, yet must be written in that format, with apparent temporal properties. However, theoretically

Table 3

Analytic Memo: Excerpt Showing Data sorted by Category following Axial Coding

Grouped Analysis: Category–PERSONAL QUALITIES/CONTEXT CONDITION: HEARING LOSS BACKGROUND

Original Transcript Line #	**Participant [transcript #]**	**Quote/Unit of Meaning**	**Tag/Concept (Open code)**	**Category (Axial code)**
140-143	KASEY [1]:	*I would think [I was about 3 or 4 when they first identified that I had a hearing loss], yeah, about that age because I remember going to kindergarten having a hearing aid so it had to be around that age.*	HL* background	Personal Quality: HL
213-215	DONALD DUCK [1]:	*The bones [in my inner ear], yeah. A couple of them are destroyed or something. My mom had German measles when she was pregnant*	HL background	Personal Quality: HL
171-172	LORENA [1]:	*[I have tinnitus in both ears], but it's more severe in the right. They didn't feel it was necessary for me to have two [hearing aids]*	HL background	Personal Quality: HL

* Hearing Loss

coded categories are not mutually exclusive, although writing restrictions may make them appear so (Glaser, 1978). The theoretical memo shown in Figure 3 in the Findings Chapter, is an attempt at removing the temporal linear boundaries of writing by presenting the relationships of the theory's conceptual categories in a visual model. Diagramming is included frequently in memos of a grounded theory study (Strauss & Corbin, 1990), as also occurred with the present research.

8. Comparisons were also be made between the core category, theoretical categories, and relevant literature. I reviewed the literature before, during, and following data collection and analysis. Comparison with existing literature enhanced the analysis processes by facilitating generation of conceptual and theoretical codes. Ongoing review of current literature also generated memos for incorporation into the final chapter of this dissertation, which is a discussion of the findings.
9. To enhance the dependability of the coding, member checks were done with hard of hearing people who were not participants in the study, and with experts in qualitative analysis, to discuss my methods and findings.
10. Chapter IV contains the findings of this study. Through elaborations of the core category and its relationships with the theoretically coded categories, this next chapter presents the substantive theory. The grounded theorist writes analytically about concepts, and not people (Glaser, 1978). Direct quotations from the data are, therefore, interspersed throughout the discussion, where appropriate, to exemplify the concept or category, not to prove it (Glaser, 1978).

Rigor

Strategies to ensure trustworthiness of the data and findings were established using the framework described by Lincoln and Guba (1985) and elaborated upon by Sandelowski (1986). The four standards for assessing rigor in qualitative research are credibility, transferability, dependability, and confirmability. Table 4 briefly defines these criteria and describes the strategies used to establish trustworthiness in this study.

Trustworthiness of a qualitative study also depends, in part, on the researcher's credibility. Credibility is the criterion against which the truth value of qualitative research is evaluated (Guba, 1981, 1990; Lincoln & Guba, 1985; Patton, 1990; Sandelowski, 1986). The following sections discuss the theoretical base of this element for establishing rigor and the bracketing for this study.

Table 4
Strategies to Ensure the Trustworthiness of Data and Findings

Qualitative Paradigm Criterion	Definition	Analogous Quantitative Paradigm Criterion	Specific Strategies Used
Credibility	The "truth value" of a study	Internal Validity	Verifying participants' statements. Seeking clarification through follow-up interviews with participants. Member checks of developing categories and the core category.
Dependability	Consistency	Reliability	More than one expert in qualitative analysis reviewed my coding methods.
Transferability	Applicability of research findings from one qualitative study to another context	External Validity	Describing the methodology and findings in sufficient detail to allow the reader to make judgments concerning applicability to other populations.
Confirmability	Interpretational objectivity and neutrality	Objectivity	As much as possible, I set aside assumptions about the phenomenon and used repeated readings, comparisons, and coding of the data to verify my findings.

Theoretical Sensitivity

Theoretical sensitivity is defined as "the ability to recognize what is important and to give it meaning" (Strauss & Corbin, 1990, p. 46), and is a personal quality of the researcher. There are four main areas of theoretical sensitivity, the first three of which are brought to the study as they are derived from the analyst's background. The fourth area develops during the process of completing the study. The following four sources of theoretical sensitivity are derived from Strauss and Corbin (1990).

1. The researcher's familiarity with material, such as research publications, regarding the area of question, provides a background of information that sensitizes him or her "to what is going on with the phenomenon [under study]" (p. 42).
2. Professional experience or practice in the field under study enhances the researcher's "knowledge base and insight available to draw upon in the research" (p. 42).
3. Personal experience is another source of theoretical sensitivity. Empathy for the participants' experiences or personal identification with the data provide "a basis for making comparisons that in turn stimulate the generation of potentially relevant concepts and their relationships" pertaining to the phenomenon under study (p. 43).
4. Theoretical sensitivity is also acquired during the analytic process itself. Insight and understanding about a phenomenon increase as the researcher interacts with the data.

Bracketing

> *Credibility is enhanced when investigators describe and interpret their own behavior and experiences as researchers in relation to the behavior and experiences of subjects. (Sandelowski, 1986, p. 30)*

Bracketing is a qualitative research term referring to the researcher's process of identifying and bringing to conscious awareness what experiences, expectations, and understandings are brought to the research: the researcher's subjectivity (Patton, 1990). Bracketing includes enunciation of the influences, biases, presuppositions, issues, and thoughts of the researcher (Patton, 1990). These considerations arise from the sources of theoretical sensitivity. The reader who has an understanding and awareness of the researcher's background and personal experiences may thus, judge a study's credibility more effectively and efficiently. The following sections include the bracketing of my theoretical sensitivity.

Personal Background. I have a severe, progressive, sensorineural, bilateral hearing loss. My hearing loss was initially diagnosed during my elementary school years, but there was no intervention beyond suggesting that I "listen harder". Although I was educated as, and perceived to be, a hearing person, I recognized some differences in my abilities to communicate as compared to my peers. I received my first hearing aid after high school graduation, in preparation for undergraduate University education. I became particularly sensitive to social, emotional, and communication differences after attaining a hearing aid, and subsequent use of various assistive listening systems, Real Time captioning, and sign language interpreters. My sense of self and self-concept have been revisited and revised over the years as I have changed along with the progression of my hearing loss. In fact, I am currently in the process of pursuing my second or third career (classroom teacher, full-time graduate student, chartered psychologist). In recent years, I have become actively involved in advocacy for persons who are hard of hearing. As a researcher, I bring these personal experiences to my study.

Present Knowledge. I have attained a Masters degree in Deafness Studies (Education) and have completed graduate level course work in personality and other areas of counselling. Consequently, I have had the opportunity to investigate both the construct of self and the population from which participants were drawn for this study. I have done considerable reading on issues related to hearing loss and other disabilities, have written papers, made numerous presentations on the subject, and have taught hard of hearing students in different capacities. I also have professional experience with hard of hearing persons: as the Senior Clinical Research Associate to the director of the *Western Canadian Centre for Studies in Deafness* (WCCSD); as co-facilitator of *Hard of Hearing Resource Services*; and through related volunteer work on numerous boards and committees addressing issues relevant to individuals with hearing loss as well as other disabilities. Through these professional experiences and as a member of the national board of directors (Vice-President) of the Canadian Hard of Hearing Association (CHHA/AMEC) and President of the local branch (CHHA-Edmonton), I have interacted with a large number of hard of hearing people in various roles.

Genesis of the Study. As a hard of hearing person, I have a personal interest in the experiences of similar others. As a professional working with this population, I also have a professional interest in their experiences. Through my professional and advocacy associations, I came to recognize that a frequently recurring theme expressed by hard of hearing people relates to their sense of self. "Who am I?" "Where do I fit?" "What can I/should I do?" "What are my options/capabilities?" are examples of questions often asked by clients and group members. In recognizing that sense of self seemed to be an issue, and after having completed an extensive literature review on the social-emotional development and status of hard of hearing students for my Masters thesis, I returned to the literature. Therein, I was able to confirm that self-concept was one of the constructs of concern to many hard of hearing individuals. It also became clear, after reviewing previous research, that this is an area of limited study and that few researchers have used a qualitative approach to talk to participants.

Ethical Considerations

Before proceeding with any formal research with participants, my research proposal was submitted to my supervisory committee for review in preparation for a candidacy exam, which was completed successfully in June of 1999. The proposal was submitted to, and approved by, the Department of Educational Psychology's Ethical Review Board at the University of Alberta. An informed consent form described participants' rights to confidentiality and their right to withdraw at any time from the study (See Appendix F). Each participant was required to read and sign this form before proceeding with the individual interviews. This form was also read aloud to each participant. To maintain confidentiality, each participant provided a pseudonym by which s/he would then be referred as the data was analyzed and the study's findings were written. The transcripts and any other correspondence with the participants were encoded with their pseudonym. None of the extracts of the interview transcripts contains any information by which the participants may be identified. My hearing loss was disclosed to identify the necessity of having a CART reporter present during the interviews.

The transcripts, signed consent forms, and all written documentation related to the study have been maintained in a safe and secure place accessible only to me. Participants were told that the original transcripts, showing only their pseudonym, would be seen only by me, my supervisor, and another one or two qualitative researchers who would be verifying my analyses. In addition, the original transcripts, by necessity, were shared with the CART reporter. Participants were also told that all materials related to the study would be kept until the study was completed, with time frames approximated. When my research is completed, all original data will be destroyed.

A final ethical consideration involves the personal nature of the study. Because the interview questions could have precipitated some distress in some of the participants, they were told, at the time of the informed consent discussion, that I would provide them with a list of counselling resources. No one expressed an interest in this option nor took a list.

Specificity and Limitations

The purpose of this study was to develop a substantive theory of the self-concept of hard of hearing young adults. It is common to qualitative studies to have a small sample size as these researchers seek to understand the depth of the participants' experiences. Also, development of a formal theory would require more extensive study in a variety of situations, such as across a greater geographical region and/or a wider age range, for example. As explained in the earlier section regarding participant recruitment, the researcher formulating a substantive theory seeks specificity rather than generalizability (Strauss & Corbin, 1990). In fact, in qualitative research, generalizability is more likely to be done by the reader, someone who judges the applicability of the findings to his/her own situation (Coffey & Atkinson, 1996). As will be presented in Chapter IV and discussed in Chapter V, the theoretical formulation generated in this study specifies: under what context and conditions this phenomenon occurs; the critical junctures influencing it; the consequences resulting from it; and the strategies employed to manage it, all reflective of the data yielded from the participants. Generalizability beyond these specifications is neither expected nor intended (Strauss & Corbin, 1990).

In particular, there are two specifications of the results of this study. First, participants in this study were from primarily urban areas in Ontario and Alberta, whose experiences may not be reflective of individuals living in other areas. Secondly, the findings relate only to persons within the circumscribed age range of 22-30 years. These points stipulate the parameters of this study's findings by clearly enunciating its substantive qualities. Furthermore, despite potential limitations of using volunteer participants rather than random selection, each participant was selected upon the basis of being able to provide sufficient and purposeful examples of the phenomenon.

Notwithstanding the fact that grounded theorists seek specificity rather than generalizability, the results of this research are limited by the method of data collection. For this study, individual interviews provided the only data source, rather than incorporation of other possibilities such as focus group interviews and field observations. In addition to limiting the findings of this study, this point should be considered for future studies as there may be a discrepancy between what people say they do and what they actually do. Nonetheless, the goal of a grounded theory study is to specify, not to generalize. Specifically, the grounded theorist specifies the conditions and context under which the phenomenon of study exists, as well as associated outcomes or consequences, and any other theoretical categories that may be identified in the process of generating a theory grounded in the data. Consequently, there is an understanding and expectation that the generated theoretical formulation applies only to the study's situation or circumstances, but to no others (Strauss & Corbin, 1990).

Chapter III Summary

This chapter identified and explained the procedures used to complete this study. I used Grounded theory methods to code and interpret data gathered in 17 individual interviews with nine participants. Constant comparative analysis of the data followed the systematic methods of open, axial, selective, and theoretical coding, and incorporated theoretical sampling at later stages of the analysis. Despite potential barriers to obtaining a large sample of people fitting the selection criteria, theoretical sampling suggested that data saturation was reached with the selected group of nine participants in the 17 completed interviews. This means that the developed categories were considered valid constructs in that "additional information [from the data did] not alter the meanings of the categories or [their] associated properties" (Miller & Fredericks, 1999, p. 545).

In this chapter, I described my methods from selection criteria and recruitment of participants, through data collection, coding, and analysis procedures leading to the generation of a substantive theory, which is presented in the following chapter. Chapter III also contained descriptions of the strategies employed to ensure trustworthiness of the data and findings. It concluded with discussions of ethical considerations and detailing of the specificity of the resulting theory and the limitation of the data collection method.

Chapter IV contains analytic and conceptual descriptions of the substantive theory generated to explain the phenomenon of the self-concept of hard of hearing young adults.

CHAPTER IV—FINDINGS

Cathy Charmaz defines a theory as something which 'explicates phenomena, specifies concepts which categorise the relevant phenomena, explains relationships between the concepts, and provides a framework for making predictions' (1990, p. 1164). (as cited by Pidgeon & Henwood,1997, p. 268)

The purpose of this study was to generate a substantive theory of the self-concept of hard of hearing young adults reflective of the data collected in 17 individual interviews with nine participants. These young adults described their life experiences, thoughts, and feelings related to being hard of hearing.

As described in Chapter III, grounded theory methods directed the analysis throughout several stages of data coding (open, axial, selective, and theoretical). This constant comparative approach resulted in identification of the core category as *being different.* Specifically, theoretical coding and theoretical sampling of the data verified the core category for its centrality, frequent reoccurrence, explanatory power, and integratability to most or all of the other categories.

From the 18 theoretical code families into which Glaser (1978) indicates most, or all conceptual categories and their properties would fit, five conceptual codes related to the core category were identified to comprise the parsimonious theory generated from the data: (1) *context;(2) influencing conditions*; (3) *critical junctures*; (4) *consequences*; and (5) *management strategies*. Table 5 summarizes the emergent categories and subcategories, which are underlined throughout the text. In addition, the theory is presented as a causal-consequence model because the core category was theoretically coded as a *cause* of the phenomenon of study.

Table 5
Summary of Emergent Categories

<table>
<tr><th colspan="2">Core Category: BEING DIFFERENT (Cause)</th></tr>
<tr><td colspan="2">1. Context of the Core Category</td></tr>
<tr><td colspan="2">❖ Being hard of hearing</td></tr>
<tr><td colspan="2">2. Conditions Influencing the Core Category</td></tr>
<tr><td><i>Societal</i></td><td><i>Personal</i></td></tr>
<tr><td>❖ Family background including history of hearing loss
❖ Others' Reactions
❖ Schooling: Type and Level
❖ Supports availability
➢ Emotional: family and friends
➢ Hearing related: school and employment
❖ Change</td><td>❖ Personality Attributes
❖ Values
➢ independence, communication
❖ Comparison with others
➢ Speech, voice implications
➢ Language delays and difficulties
➢ Values
❖ Age/maturity
❖ Self-perceptions
❖ Attitude toward hearing loss and supports</td></tr>
<tr><td colspan="2">3. Critical Junctures in the Core Category</td></tr>
<tr><td colspan="2">❖ Significant Incidents/People ❖ Acquiring hearing aid ❖ Adolescence ❖ Adulthood</td></tr>
<tr><td colspan="2">4. Consequences of the Core Category</td></tr>
<tr><td>❖ Emotional/Psychological
➢ Needing to belong
➢ Internal disharmony
➢ insecurity, fears
➢ increased motivation
➢ Labels
• Preferred choices for self-description
• reactions to labels used by others
➢ Use of Metaphors
• "falling through the cracks"
• "caught/stuck in the middle"
• "fighting my way through"
• "on the outside looking in"
• "trying to break down the door"
• "living in a land of grey"</td><td>❖ Future plans and Goals
➢ Employment
➢ Post-secondary Education
➢ Family
❖ Social
➢ increased advocacy role
➢ impact on family and other relationships
❖ Environmental
➢ Need for Communication Supports
❖ Personal Behaviours
➢ Disclosure
➢ Communication
➢ Reactions to others
➢ Hiding hearing aids and hearing supports</td></tr>
<tr><td colspan="2">5. Strategies to Manage the Core Category</td></tr>
<tr><td colspan="2">❖ Suggestions</td></tr>
</table>

This chapter begins with an explanation of the premise that, as a causal-consequence model, this study resulted in a substantive theory of a Basic Social Process: self-concept development of hard of hearing young adults. A description follows of the core category, highlighting its relationship to emergent categories and sub-categories, all of which were generated by following the systematic techniques elaborated upon in the previous chapter. The remainder of the chapter contains detailed descriptions of the core category and its relationships with the other theoretical categories and their properties.

I wrote this dissertation in a style consistent with qualitative procedures that use direct quotations from the data to enhance the credibility of the research. Their presence, as mentioned in the previous chapter, however, is not to prove, but to verify the findings only as examples of the data (Glaser, 1978). This writing style is consistent with the teachings of Glaser (1978), one of the two pioneers of grounded theory methods who specified that grounded theorists write analytically about concepts, not people. As discussed in the following section, the purpose of this particular qualitative research was to generate a substantive theory, grounded in the data, using the systematic and rigorous grounded theory coding methods to interpret the data theoretically. Some aspects of the theory lend themselves well to illustrations from the data, which are readily identifiable in the text by their consistent formatting, generally separated from the theoretical text. Conversely, I present other components only through conceptual summaries of the data to enhance readability.

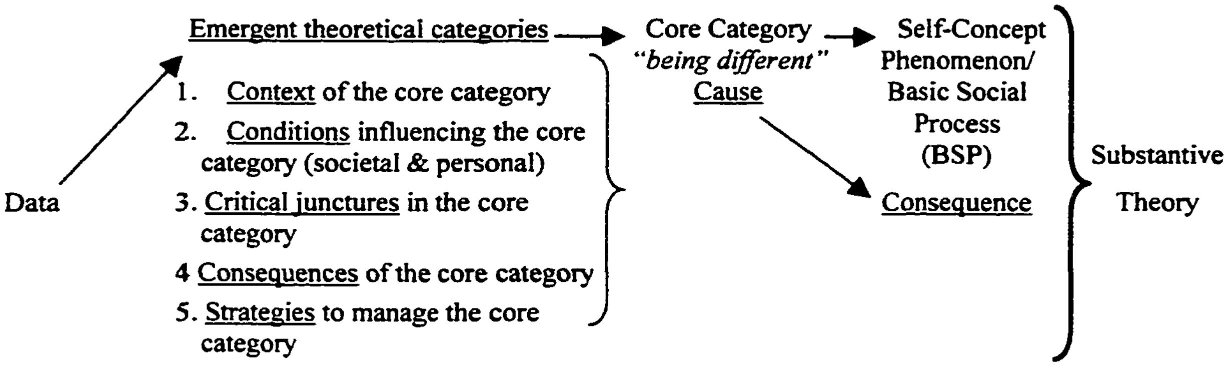
Causal-Consequence Model of a Basic Social Process

By virtue of being a causal-consequence model, the findings are presented as a substantive theory of a Basic Social Process (BSP): the self-concept of hard of hearing young adults. As Glaser (1978) states: "Processing refers to getting something done which takes time or something happening over time. ... A causal-consequence model is a process" whether or not the problems are resolved (pp. 74-75).

As verified by this study's data and discussed in the review of literature, one's self-concept is constantly developing and changing over time. It will be shown that the phenomenon of self-concept, as described in the data, undergoes a number of stages, and that there are at least four critical junctures in its development. Self-concept is therefore considered a BSP, a generic, theoretical construct, because of the phenomenon's pervasiveness, regardless of the conditional variation of place, and its stability with variability as it continues to occur over time regardless of how it may be varied by the current situation (Glaser, 1978).

Considering the phenomenon of self-concept as a BSP is an extension of Glaser's (1978) discussion of BSP, which he states is always a core category. On the other hand, Strauss and Corbin (1990), who do not discuss the concept of BSP, do, however, reinforce the criticality of process being central to a grounded theory. They also move beyond Glaser's (1978) focus on the core category and its relevance to the other categories and their properties, to a reminder that a study using grounded theory methods is usually undertaken to gain understanding of some phenomenon. As a substantive theory is a conceptualization of the phenomenon under study, Strauss and Corbin (1990) encourage grounded theorists to show the relationships of the emergent categories to the phenomenon under study. In this case, the core category of *being different* is theoretically coded as a cause of the BSP (self- concept), which, in turn, is considered a consequence of the core category. Hence, this theory is based on a causal-consequence model. Figure 2 illustrates the pathway of developing the theory based on the categories generated from the data.

Figure 2 Conceptual Steps in Developing the Substantive Theory as a Causal-Consequence Model



The substantive theory, described herein, seeks to explain why being hard of hearing has the potential to affect one's self-concept and what factors, or properties, are involved. The remainder of this chapter focuses on the substantive theory, a hypothesis that hard of hearing young adults define their self-concept by what they are *not*, rather than what they *are*. In other words, it is a "definition by exclusion", based upon the pervasive theme of *being different*. Each of the theory's components is addressed from within the over-riding context of being hard of hearing.

Core Category: Being Different

> *[I'm angry] mostly because my brothers came out normal. Me, I believe... sometimes I feel like I've been singled out. That ... it was maybe punishment or something [like] that. (Donald Duck, lines 324-327)*[1]
>
> *I was the only one out of the whole family who was hard of hearing, the only one; kind of separate from anybody else. More like the white sheep and black sheep. I was the only black sheep, and I was hard of hearing and they told me, "You can't do nothing." (Taz, lines 429-431)*
>
> *I've been told that I'm out of place. (Kashmir, line 566)*
>
> *Instead of being in the same room but away from the group [like it was before I got my hearing aid], I'd be outside the room looking through the window because I had this hearing aid....I'd be trying to knock the door down...and I'd have to fight my way back through everything. I see it as a complete wall built around me because I had this thing in my ear. (Lorena, lines 517-521)*
>
> *I live in a land of grey, I don't live in a land of black and white. (Mike, Transcript 2, lines 172-173)*
>
> *I would rather be accepted as Styles than as a hard of hearing person. (Styles, lines 74-75)*
>
> *It's a challenge [knowing where I fit]. (Tiger, line 623)*
>
> *I grew up with everyone else hearing around me. I had to fight my way through. (Taz, transcript 2, lines 175-176)*
>
> *To be honest with you, I wish I had, like, the perfect hearing, you know. (Kasey, line 392)*
>
> *When people see me, I hope they don't see the hearing aids. (Styles, lines 114-115)*
>
> *It's almost flattering that ...I can make them forget that I'm hard of hearing, that I wear hearing aids (Tiger, lines 1068-1069). ... I feel complimented. They said, "We never had a clue, the way you talk, the way you're able to hear in a bar with all these noises and stuff...." It's kind of cool. (lines 1075-1077)*

The most pervasive theme in the data, as exemplified in the data excerpts above, revolves around *being different*. Regardless of one's gender, age, and hearing loss attributes, the data revealed repeated concern about *being different* and not liking it, as shown in this example:

> *I want to be the same. I want to be treated the same as everyone else, not different just because I'm hard of hearing. (Taz, transcript 2, lines 31-32)*

---

[1] All direct quotes from the data are from the named participant's first transcript unless otherwise specified.

This *difference* described by the participants is in relation to the two "worlds" of the Hearing and of the Deaf, which the participants describe as being "opposing". Persons who are hard of hearing are different by virtue of having communication needs different from both groups, and their hearing acuity generally precludes membership in either group. Metaphors, such as being *caught in the middle* or *not fitting* with either the hearing world or the Deaf world and *falling through the cracks* typify this difference. For example:

> *In a Deaf community, I've [run] into some people, and they're like, "Oh, you can hear." So I'm recognized [as being] in the hearing world to them. And in the hearing world, I'm recognized as [being] part of a deaf world. I'm pretty much right in the middle. (Tiger, lines 610-612)*
>
> *I still believe that those of us in the middle who are neither hearing or deaf will always fall through the cracks. ... I don't have enough hearing to belong in the hearing world and I don't have enough deafness to fit in the Deaf world and that will always be an ongoing struggle. (Styles, lines 332-336)*

Despite repetitive emphasis on not being a part of either world, there is a clear desire to be hearing, which will be discussed in the section on consequences of the core category.

Following are descriptions of the subcategories of the emergent theoretical components that influence the core category.

Context

Within the over-riding context of being hard of hearing, it is particularly noteworthy that hearing loss characteristics (age of onset, aetiology, age of diagnosis, etc.), as well as gender and age, showed no influence on the core category as conditions or contexts. On the contrary, regardless of these factors, the other emergent categories and their relationships with the phenomenon and the core category, are consistent throughout the data. This observation refutes commonly held beliefs and previous findings that age of hearing loss onset (Cappelli et al., 1995; Loeb & Sarigiani, 1986), and gender (Cartledge & Cochran, 1996; Coyner, 1993; Loeb & Sarigiani, 1986) have differential effects on one's self-concept.

The only differences in self-concept development found in the data related to time of hearing loss onset was in the timing and degree of the grieving process. In other words, the data showed consistent grieving processes regarding one's hearing loss, across participants, but it was experienced differently depending upon the age of onset.

Participants with acquired hearing loss in adulthood were more acutely aware of their differences resulting from the change in their hearing status because they had a personal model retained in memory. Those with congenital hearing loss, on the other hand, recognized their differences through regular interaction with individuals with different hearing statuses. So, according to this study, the self-concept of those with acquired hearing loss is based, in part, on their acknowledged difference within themselves, whereas the self-concept of those with pre-lingual hearing loss develops upon the basis of being different from others. The recognition of these differences, whether inter- or intra-personal, both result in a self-concept based on being different, regardless of when this recognition occurs. In all instances, the data show negative self-judgement: as being "less than", regardless of age of onset and degree of hearing loss. Thus, results of this study refute previous research (Cappelli et al., 1995; Loeb & Sarigiani, 1986) and subsequent commonly-held beliefs regarding differential influences of hearing loss degree and age of onset on self-concept. As expected, the aetiology of hearing loss had no influence, as there were also no other disabling conditions among the participants.

In brief, findings of this study indicate that the development of self-concept for hard of hearing persons parallels that of the hearing population, albeit within the parameters of the emergent subcategories of each theoretical category. For example, it is well known that adolescence and entering adulthood are significant junctures in the development of self-concept in the general population (Leondari, 1993). Differences for those who are hard of hearing are found in the conditions and consequences of these life stages, and their self-concept is based on the core category of *being different*.

Conditions

Several conditional factors emerged as influences of the core category. These are categorized as personal and societal conditions.

Personal

Conditional factors, applicable at the individual level, include the personality attributes of: being assertive; willingness to take risks despite communication challenges; persistence in face of challenges; and sensitivity to others' behaviours and comments relative to being hard of hearing.

A second personal factor influencing the core category involves values held for oneself and for others. The degree of value placed upon independence and communication, for instance, influences the degree to which, and manner in which the core category is perceived.

Comparison with others, as a personal condition, is an enunciation of ways in which persons who are hard of hearing are different from others. Generally, some aspects of self-concept develop through comparison between oneself and others with whom one has contact, either directly, or vicariously (Bandura, 1977 a/b; Bandura & Walters, 1963). Differences identified in the data as a result of comparing oneself with others who are not hard of hearing, that influence the core category, include: speech and voice implications; language delays and other difficulties; and discrepancies between values personally held and those held by others regarding communication and independence.

Age, or maturity level, also emerged as a personal condition influencing the core category. In this case, individuals have more opportunity for exposure to new values and role models by virtue of becoming older. They also have more life experience to learn coping behaviours. Being older and more mature makes it easier to know how to respond to others' inappropriate comments, for instance, and how to secure needed communication supports. In particular, this personal condition implicates two critical junctures in the core category, adolescence and entering adulthood, and is a factor in consequential personal behaviours.

In addition to the personality attributes mentioned earlier, self-perceptions also influence the core category, specifically whether one's sense of self is positive or negative. Finally, one's attitude toward hearing loss and hearing supports influences the degree and manner in which one perceives him/herself as being different. These latter two personal conditions centre on one's self-judgments. The data repeatedly reveal internalized negative attitudes towards being hard of hearing and to hearing aids, discussed at length in the consequences section. In many respects, these judgments reflect attitudes held by the general population (Blood, 1997; Blood et al., 1977, 1978; Danhauer et al., 1980; Hughes, 1996). The significance of this finding in relation to self-concept will be addressed in the final chapter.

Societal

Conditions influencing the core category also go beyond the individual. Emergent social factors consist of: family background, including history of hearing loss; schooling background type (mainstream or cluster) and level (elementary, junior high, senior high, or post-secondary); others' reactions; the availability of supports, both emotional and hearing related; and environmental changes, such as moving from one residence to another.

Family background encompasses such things as other family members having a hearing loss and to what degree, as well as providing an environment in which values and behaviours are learned and developed. The following statement illustrates the family's influence:

> *My mom was a major influence on my life in that "you can do it" attitude. (Tiger, line 1186)*

The influence of a combination of people can also make a significant difference in one's self-concept. The following data illuminates the process of how societal conditions influence personal conditions, both of which influence the core category:

> *My dad. My mom, a combination of mom, dad [helped me become comfortable with myself]. College instructor ... that teaches the program [that I took]. A combination of the wisdoms they say. Just putting a lot of two and two together, the pieces of my life and seeing everybody, comparing, contrasting, observing, analyzing. Just attitudes. My attitude. My perception in life and how I am, who I am. That attitude is, if I'm going to dwell on not being accepted, then you'll go down that path or accept who I am because I*

> *am who I am, not as a person but as a hearing impaired as well, and so be it, there's a reason, okay, fine. If I dwell and get mad and get angry, it's a dead end. It's, you know, like there's the positive for every negative can turn into a positive. (Kashmir, lines 1344-1357)*

Of course, such influences are found beyond the family, as well:

> *My coach played the role of kind of like my father because my father was absent [from my sports activities]. [My coach] was there for me and disregarded my hearing disability. He pretty much respected me for the abilities I had and also gave me the "you can do it" attitude. So those two [my mom and my coach had] a very positive impact on my life in motivating myself to be something I want to be. Nobody can tell me I can't do it. I can do it. So, those were the two major influences in my life. (Tiger, lines 1186-1192)*
>
> *I actually have somebody who helps me more with understanding my hearing impairment [than anyone else has] (Brandon, transcript 2, lines 113-114). [My girlfriend] has been one of my biggest influences. Seeing how strong she is in making choices and helping me make the right choices. (lines 1204-1205). ... She's helped me become independent. ... I wasn't that independent [before] (lines 1000-1000). I [became more independent] pretty much with most of her help because she made me realize what I have been doing, but I'm happy that she did help me for that. I appreciate that. I just never realized. And she made me come to my senses. (Brandon, lines 1007-1010)*

When a parent has a similar hearing loss, there is an opportunity to perform as an additional role model beyond that of parent. For instance, the following quote highlights an interaction between a young woman and her father, who is also hard of hearing. Because of his own hearing loss, the father, in this instance, was well placed to support his daughter through the stages of diagnosis and hearing aid acquisition.

> *My dad kicked my mom out of the office and sat down and talked to me [about getting a hearing aid]. [He] basically explained the advantages and how it changed his life: he could hear me talk. And he goes, "Hearing the sound of your kid's voice is like hearing angels sing." So I was like, "Okay, all right, you convinced me. I'll take it, ..., I'll just do it for you." And then he's like, "No, you don't do it for me. You have to do it for yourself." (Lorena, lines 460-465)*

However, having a family member with a different degree of hearing loss can also be less than helpful as the potential for ongoing comparison and divergent expectations is much more frequent. In this study, one participant had a Deaf sibling, and the two were constantly compared in terms of their communication needs as seen in this data excerpt:

> *When I was ...finishing high school, ... my [Deaf] sister chose to leave the Deaf school ... to go to mainstream. When she got there, because she has a significantly worse*

> *hearing loss and very deaf voice, the school board bent over backward to help: professional interpreter, resource teachers. She was very successful and people praised her for her success. That was significant for me because when I saw the supports available for her, I was very angry. I was a person who fell through the cracks. No one thought that I would need the same degree of supports. ... Teachers saw me as a slacker who just didn't have the smarts to do it and here was [my sister] who was being praised left, right and centre-- how much courage she had and how wonderfully she was doing. When people ask me if I feel more fortunate because I have more hearing than [my sister]: no, I don't, because I am still that person who falls through the cracks (Styles, lines 220-230) ... I maintain to this day, that when it comes to a hearing impairment, the severity of the disability can't be measured in decibel loss. (Styles, lines 324-325)*

As can be seen in the descriptions and examples listed above, others' reactions and accommodations to hearing loss are primary factors related to conditions influencing the core category. Others' reactions are significant, and overlap with other theoretical categories. For instance, a critical juncture in the core category relates to significant events or people, which include others' reactions. Strategies for managing the core category are also based primarily upon anticipation of and reaction to behaviours, statements, and attitudes of others. Accommodation to hearing loss as a condition, refers to the availability of supports, which include emotional support from family and friends as well as hearing related supports in school and employment settings. All of these societal and personal conditions influence the core category and direct interactions with others and the environment.

Critical Junctures in the Core Category

The definition of a Basic Social Process includes having evident stages (Glaser, 1978). These stages, also called critical junctures in the core category, are very important in theory generation. This is because they show where changes occur, and following each stage, one may be able to identify the trajectory taken in the core category (Glaser). Specific to this theory, depending upon the personal and social conditions of each stage, the intensity of one's perception of the core category changes, resulting in a more positive or more negative self-concept, as well as other consequences, as will be discussed.

Presented in no particular order, four critical junctures emerged from this data that support the premise that this is a substantive theory of a Basic Social Process: (1) significant incidents or people; (2) acquiring hearing aid(s); (3) adolescence; and (4) adulthood. These categories are differentiated from the category "societal conditions", because critical junctures are seen as stages of the core concept and have their own conditions, although there is considerable overlap between the categories.

Basic Social Processes and grounded theory, more specifically, consider process, movement, and change. All stages have a time dimension, in that they have "a perceivable beginning and end, [although] the length of time between these points may or may not be fixed" (Glaser, 1978, p. 99). The first two stages listed above, may occur at any time and are more relevant to actions and specific incidents, whereas adolescence and adulthood are socially recognized junctures based, generally, on one's age. In other words, the latter two junctures are "stages of a social process which many persons go through" (Glaser, p.98). They are categorized as significant junctures in the core category of this theory because the data show differences in the qualities and degree of the conditions relevant to this category: others' reactions; supports (availability, types, and attitudes towards); comparison with others; maturity level; and personal attitudes.

Significant People/Events

The data revealed incidents or people that had significant influence in instigating change in one's self-perception, either positively or negatively. The following excerpts illustrate the significant influence of interactions with other people. The first example highlights an interaction with a significant person. In this case, the critical incident resulted in an increased motivation to succeed, a consequence of this category. In the second excerpt, there is a noticeable, conscious, and positive change in self-perceptions.

> *Clear as day, [the most significant person that changed my perspective, was] my guidance counsellor at high school, who said, "I hope you're not considering going on to university because you don't have what it takes," and that's my drive still today. When things are difficult, I am reminded of him and am determined to prove him wrong. [I'd love to] go to my high school reunion and say, "You can call me 'Doctor' now." (Styles, lines 188-191)*
>
> *She's like, "Wow! That is so cool [that you wear a hearing aid]!" And I just sat there and I'm like, "I am **cool**. **I** am cool. Finally, **I'm cool**. Like this is great. I'm a cool person with a hearing aid." I was just completely amazed. (Lorena, lines 1032-1034)*

Sometimes a chance interaction with a stranger can have a profound influence on the trajectory of one's self-perception. This is shown most clearly in the following extensive example from the data, which, because of its story-like quality, I have entitled, *The Kindness of Strangers*, illustrating a positive outcome:

> *The first person to ever make a comment [about my hearing aids] was this old man at one of the functions. And he had two hearing aids. And I was serving him and he looked at me. He goes, "Isn't it nice to hear?" I'm like, "I gotta go. I gotta go to the bathroom. I have to get out of here." And I left. And my supervisor came to find me and said, "What's going on?" I'm going, "Nothing, nothing's going on. Just leave me alone and I'll be okay. I just need to be left alone for a few minutes."*
>
> *So I'm sitting in this little corner of the hallway and who comes back, but the same old man. And he sits down beside me and ... he goes, "Are you okay?" And I'm just sitting there, and said, "I just can't believe that I've been around a hundred people tonight and you're the first one to notice my hearing aid. My hair is up. It's as plain as day, and I was so self-conscious about it that I was ready to cut off my hair to hide it," and this old man says, "Don't cut off your hair. It's so beautiful." He says, "Don't worry about it."*
>
> *He goes, "The guys in the old age home," and he was making fun about it, "when I got my 'ears', how jealous they were because I could afford them." And then I was sitting there and I'm [thinking], "That was really silly of me to even think that way ...; to think that it's this invasion of my body. ...Other people are killing each other to get these things, you know, like as this guy put it, he was one of the lucky ones to be able to afford to get a hearing aid."*
>
> *So he sat with me in the hallway. And he goes, "So what that you're young?" He goes, "Just think of it instead of being just a Mustang, you're going to be a Mustang GT now. [Your hearing aid] is just an improvement of you. You're going to be just overall better.*

> *And it can only help you." And I sat there and he was just the kindest old man. I was just completely amazed that some stranger would actually take the time and do this for me.*
>
> *And he asked me how long I had it and it was probably about a month at that time, and he goes, "Oh. ... You've wasted a whole month of feeling sorry for yourself." He goes, "Don't." And you know, when he said that, that I was feeling sorry for myself, that made me mad. I didn't feel sorry for myself. I was mad. And then he goes, "You're feeling sorry for yourself because you knew you were deaf; you just didn't want to admit it." And I'm like, "All right, so what do I do now? Okay, so I'm deaf. What happens now?" He's like, "You live your life. You just live. Everything. You just go back and you just do it. That's what I'm doing."*
>
> *And, you know, this old man came to visit me regularly. He ... came to see me on Sunday brunch because he knew I worked [then], and he would come and see me and check up on me once or twice a month. [It was amazing to me] that I could identify with somebody that age. He must have been at least 70 or 80 at least. And he would come and [say], "I feel like a young man. I can hear things. And I can look at a beautiful young woman and hear her voice."*
>
> *He would just say these things to me. And it just ...I don't know, it just snapped inside of me. I was going, "I have to do what he's doing. Like if he can start over again and he's that old, then what is stopping me from doing everything I want to do?" So, the next week I ... applied to go to school. And it's been a whole new life. ... Like I'm here and I can do all these things. And nothing's stopping me. This thing in my ear? It's nothing. It's not that big boulder that I thought existed in the side of my head." To me it's the inside of my ear just coming out because ... it's not shy anymore. It wants to see and it wants to know what's going on. So, instead of making it look like a bad thing, it's a good thing. ...*
>
> *And that was just ...that old man was ... it was very pivotal in getting me to accept [my hearing loss]. ... The old man and his confidence, it was just unbelievable. And I was just like ...he was an angel. To me he was an angel. He was sent to me. I truly believe that to this day. He was sent to me to get over myself and get on with my life. And I'm thankful every day. (lines 537-597) ...*
>
> *I know I mentioned to him before I left, that it was thanks to him and telling me to get over myself, that was, you know, that was the nicest thing. Like, the meanest at that time when I was sitting there, but looking back on it, it was the nicest thing anybody could ever have said. Because when he said, "Guys at the old age home are so jealous of me because I can hear and they can't," you know, I'm sitting there, "Oh, my God, some people just really want these things. And here I am, I have one, gifted to me from my parents because they love me and ... here I am, like he said, feeling sorry for myself." And that was ... just the turning point. It was like, "I have to do something with myself, you know, like, I've got to do something for me. I've always done everything for everyone else. Now it's my time." And that was it. (lines 660-669) (Lorena)*

As noted earlier, the personal condition of willingness to take risks in the face of a challenging context also influences the core category. The following quote is an example of taking such a risk. This exemplifies the type of significant event coded as a critical juncture in one's sense of being different. In these instances, part of the importance of this juncture relates to proving that one can be like everyone else.

> *This summer, I did two activities that I had a blast in. The first one was white water rafting. Anybody can do that–[Well,] anyone who wants to, and can: who has the willingness to do it and capability, meaning [they] haven't had bypass [surgery], you know, a week before white water rafting, you know. For me, that was a fun experience. Even though all the people that I went on the boat with were hearing, it didn't limit me to my funness even though I couldn't hear what they heard. I heard some and that was enough (lines 1150-1158). ... [The other was] jumping out of a plane and having the fear of losing the hearing, the possibility, because who knows what could happen? Ear popping with the pressure [for example]. (lines 1163-1166) (Kashmir)*

By definition and highlighted in all the preceding excerpts, for an interaction to be considered a significant event or critical incident, it must make a differentiating change in the core category and phenomenon. However, just as the generation of a substantive grounded theory is based on the experiences of ordinary people, so, too, may a critical juncture occur in response to ordinary happenings. Unlike the other three critical junctures in the core category, critical incidents can neither be planned nor anticipated. Nonetheless, potentially significant people, such as school counsellors, teachers, and hearing consultants, would be well advised to take note of the potentially far-reaching impact they have on the development of self-concept of those who are hard of hearing. In the preceding examples, the data revealed very positive trajectories influencing the core category.

Acquiring a Hearing Aid

The data revealed that the process of obtaining one's first or second hearing aid is a critical juncture in one's perception of being different. Although age at the time of hearing aid fitting varies, the acquisition of a hearing aid demarcates a significant point of change in self-perceptions, regardless of one's age. For instance, initial perceptions may be of awe and delight, and/or recognition of what has been missed, as shown in this excerpt:

> *When I first got my hearing aid [at age 7 years], we have an old road that goes across in front of our house and on the other side there's a big old tree. When I first got my hearing aids, I was inside and I heard that bird singing in the tree, which kind of made me happy. I was crying. (Taz, lines 327-330)*

Although the previous example illustrates a joyous response, there can be a variety of reactions in this stage:

> *And it took a couple of weeks until I could actually, ..., resign myself to the fact that I had to wear [a hearing aid]. And then I'd say about a month or two later, because at first I wouldn't wear it and then my roommate forced me to wear it. (Lorena, lines 212-213)*
>
> *When I first started wearing ... the one hearing aid, I don't really recall anything about, "Oh, I don't want to wear it." I don't recall anything like that. I do recall for my second one, though, I really do. It was kind of, like, I think it more broke my heart. I remember bawling when they told me I had to wear two now. Here I am trying to get adjusted to the first one, you know, and they tell me, "Okay, you have to wear two now." I'm like, "Oh my God." I'm sure ... I was maybe like 6 or 7 and it's like a big dramatic thing in my life for that age. ... I couldn't stand it. I was still trying to cope with wearing the first one because I only had the first one for maybe like a year and a half, two years or something, you know, and I'm still trying to cope with that and here I am with another one. (Kasey, lines 921-941)*

In general, the data does show a positive correlation between age at initial fitting and degree of resistance and negative reactions to a hearing aid: the younger one is, the less trauma. Correspondingly, acquiring a hearing aid later in life can be more traumatic. Regardless of one's age at the time of hearing aid fitting, though, the actual acquisition is still most often perceived as a significant juncture in the core category, as noted in these excerpts:

> *It was a pride issue mostly [about getting my hearing tested]. My mom got mad and brought me in forcibly. I didn't want to go in. ... Because it would mean that...it was a very emotional thing. [crying softly] It still is. Just to admit that I'm not full or completely capable of doing certain things because of my hearing. (Lorena, lines 201-205)*
>
> *The reality set in when she put the foam in my ear [to make the ear mold]. I couldn't look at anybody. It was just like something had been taken from me (Lorena, lines 476-478).... And that was a big shock. I cried for hour. Hours and hours. (lines 431-434)*

Although the data never reveal a total acceptance of being different for this age group, the stage of acquiring a hearing aid is a process, occurring over time, with differential consequences. It does not simply begin and end once the hearing aid has been fitted, and reactions vary. Theoretical coding of "acquiring/wearing a hearing device" primarily as a critical juncture in the core category, results from the evident impact on the phenomenon and the potentially differentiating trajectories. The data revealed that most significant impact of acquiring and wearing a hearing device was the conscious and negative awareness of being different, regardless of the age of onset or diagnosis of hearing loss and fitting of the aid. The hearing device becomes the visible acknowledgement that one is different from others.

The next two critical junctures, adolescence and entering adulthood occur during socially prescribed time periods. In terms of influencing the core category, these two time periods emerged as significant benchmarks. Again, others' reactions and availability of supports, both emotional and hearing related, are prime factors in the degree to which, and manner in which the core category is affected.

Adolescence

The data refer to adolescence as the time spent in junior high and high school. At these times, the personal conditions related to comparison with others, self-perceptions, and attitude toward hearing loss and supports, gain in importance as revealed in the following comments:

> *In high school, I never had any [classroom supports]. ...I don't need it. ... All they ever do is frustrate me. ... And I don't want to be frustrated anymore. I feel I can do this myself and I'm going to do this myself and I did (Tiger, lines 266-269) ... self concept is an issue, very important issue [regarding the wearing of an FM in High School]. Self-*

> *esteem is a very important issue (lines 360-361). ... I tried [the FM here and there] just to get the consultants to leave me alone. Then I kind of put it away when they [were] gone. (lines 473-474)*

As discussed in Hughes (1996), adolescence is a time of angst for many, and *being different* is felt very keenly. During these few years, most young people struggle with their identity and self-concept, basic social processes. For the hard of hearing adolescent, however, this angst may be magnified because of additional issues, as clearly seen in the data:

> *There were friends that I knew in elementary that were in high school, but I would not associate myself with [them] because I was trying to identify myself as a person, as a teenager, learn—get through my insecurities and accept, the type of acceptance of myself as a whole. This is who I am, this is what I have, hearing impaired, I've got a hearing aid: this will be it (Kashmir, lines 528-533).... Those three years [of high school] really were the time of myself, looking into who I was and how to deal with my hearing impairment and insecurities. (lines 552-554)*

During the years in junior high and high school, others' behaviours have particular import. However, when the adolescent has already begun to internalize a self-concept as *being different* from others in ways over which they have no control, there is increased sensitivity to others' reactions. Adolescents seem particularly sensitized to identifying characteristics that make their peers different, as noted in the following comments:

> *You know, not only with that pressure [to wear an FM when I didn't want to], there was also that self concept issue. In junior high, hey, I know I'm different, right? But I'm just realizing it at this point. And [hearing consultants are] coming in, pulling me out of class and all my classmates are going, "What's wrong with her? Why is she different?" You know? (Tiger, lines 272-275)*
>
> *In High School, students went out of their way to not talk to me when they saw the hearing aids. (Styles, lines 75-76)*
>
> *When I look back after High School, I was lonely in school. ... [but I] don't feel sad [about the loneliness]. My source of sadness came from not experiencing any kind of success (Styles, lines 79-82). ... Teachers saw me as a slacker who just didn't have the smarts to do it. (line 227)*
>
> *I was afraid to get in the hearing group of friends, [because of] the rejection and [them] not taking the time to get to know me, and I was afraid of falling into the hearing impaired/deaf group because I figured if I wasn't comfortable with either one, I was not comfortable with myself. Therefore, I had to choose not to be in either group or groups*

> *and rather focus on myself, accept myself first, find out my strong points and weak points as a hearing impaired and how I can use my hearing as an advantage to help me and not worry about what other people would think or say. (Kashmir, lines 601-609)*

Regardless of whether one's hearing loss is recognized/diagnosed, or not, the data reveal very similar experiences among adolescents who are hard of hearing. Reduced hearing acuity results in often missing what others say: the "unwritten curriculum" (Hughes, 1996):

> *When I was in high school, I mostly kept to myself. I hated high school. I never enjoyed it. To me it was torturous. I would much rather have a root canal than go through high school again. I thought people to be very cold and unforgiving. ... I think it was [due to my hearing loss]. ...I truly think it was partially [due] to that (Lorena, lines, 784-790) ... I couldn't hear their stupid comments. Yeah, oh, I hated high school. It was not a good experience (lines 838-840). ... Because I didn't hear most of the stuff that was being said to me, I was kind of pushed aside. The people that didn't understand me or bothered to get to know me or just didn't like me because I seemed so independent but mostly because I didn't hear what they would say to me. (lines 1105-1108)*

Adulthood

The next critical stage, as exemplified in the comments below, occurs as one moves beyond high school into adult education or the work world. The following examples highlight the impact of the condition of maturity, of both self and others, on the core category, as one moves out of the critical juncture stage of adolescence into the adult world:

> *College, on the other hand, was much better [than high school]. Everybody was accepted for what they were and that was it. ... I felt I fit in a lot better in college than I did in high school. And that's where I think I sort of gained more confidence. (Lorena, lines 840-844)*
>
> *But right now, after high school, going to ... college, learning, eventually became confident in myself, accepting of my hearing impairment. And that's the way life is for me. There's a reason why I am who I am, and there's a reason why I'm hearing impaired, but I don't dwell on it like I did in high school. (Kashmir, lines 559-563)*

The critical juncture of moving into adulthood, indicated by employment or adult education is a time, once again, for re-evaluation of one's self.

In the stages of adolescence and adulthood, as in the other critical junctures, one's definition of *self* as *being different* is dependent upon others' reactions and available communication supports. The quality of these two conditions varies, however, in these latter two stages. During adolescence, as pointed out earlier, comments and behaviours of others related to being hard of hearing, tend to be more negative and more keenly felt. Personal responses and attitudes towards others and to the need for communication supports also tend to be more negative, resulting in harsher self-perceptions, intensely focused on *being different.* However, as one moves beyond the world of adolescence into adulthood, qualities of the conditions alter as oneself and peers gain in maturity with greater life experiences. These changes result in less harsh reactions by all, along with greater tolerance for, and acceptance of differences. So, although adolescence and movement into adulthood tend to be expected junctures in the development of self-concept for most people, the quality of the conditions of these stages is different for hard of hearing individuals than for the general population.

Consequences of the Core Category

The data revealed five major consequences of the core category, listed in no particular hierarchy:

- Emotional/Psychological, which include: the need to belong; internal disharmony; insecurity and fears; increased motivation; labels; and the use of metaphors to describe the sense of self;
- Future Plans/Goals, which include issues related to employment, post-secondary education, and raising a family;
- Social consequences of increased advocacy, as well as the impact on family and other relationships;

- Environmental consequences of needing communication supports; and
- Personal Behaviours as a result of the core category include behaviours related to disclosure, communication, reactions to others, plus hiding hearing aids and other hearing supports.

Emotional/Psychological

Need to Belong. A major emotional or psychological consequence of the core concept of being different, was that of needing to belong. One aspect of being different centres around not belonging to either hearing or Deaf worlds, as mentioned earlier in the discussion of the core category. However, in conjunction with expressing sense of self as something one is not, the consequence of needing to belong focuses on a preference to be hearing, which is perceived to be "normal": there is a need to belong to the hearing world. The following excerpts from the data illustrate this concern:

> *It was and is important to be more like people with normal hearing. (Donald Duck, lines, 882-883)*
>
> *I've had friends in college that accepted me as one of the normal students. (Tiger, lines 1217-1218)*
>
> *I wanted to fit more with the majority. (Kashmir, line 657-658)*
>
> *If I were to be hearing again, I'd be happier. (Tiger, line 984)*
>
> *I want to be the same. I want to be treated the same as everyone else, not different just because I'm hard of hearing. (Taz, transcript 2, lines 31-32)*

Part of the desire to being hearing is very pragmatic, though, and the sense of being different focuses on the practicalities of needing to wear hearing aids:

> *It's just certain things that other people don't have to worry about but you do. ... If it wasn't for worrying about repairs, hearing aid batteries dying, feeling [un]comfortable lying down and all that stuff, if it wasn't for any [of] that stuff, boy I would be a lot happier without [hearing aids]. (Tiger, lines 994-996)*

With the exception of one participant who feels she is "improved" now that she has a hearing aid, dislike, dissatisfaction, and even hatred of one's hearing loss dominate the data, as illustrated in the following emphatic example:

> *Everybody else [in my family] is okay except for me. It happens. That's all I can say, even though I hate it [my hearing loss]. (Donald Duck, lines 312-313)*

Although there were minimal examples of *wanting* to belong to a "hard of hearing world", there was no indication of actually feeling a part of such a world at this time. In fact, only one participant expressed enjoyment about associating with other hard of hearing people:

> *The best time of my life was [in elementary school] being with hard of hearing students and who understood what I was going through. (Styles, lines 23-24)*
>
> *For the first time [while visiting Gallaudet University last year] I really felt like I could let my guard down and, ... it wasn't something I realized that I needed - to be around other hard of hearing students. Even with the communication barrier in that I didn't know much American Sign Language at the time, I still felt an instant connection with the people. I felt that they accepted me "because" of my hearing loss instead of "despite" my hearing loss. (Styles, lines 237-243)*
>
> *In this past year, I very much want to be around other hard of hearing people. I saw a woman [recently], who was pretty enough, but I probably wouldn't have given her a second look, but I saw her hearing aid and was drawn to her. (Styles, lines 171-174)*

This consequence of *needing to belong* also emerged from statements about needing not to be treated any differently than hearing people, as mentioned earlier. This begs the question, "Is it necessary to defend something that does not exist?" By this I mean, if the individuals did not feel they were different in the first place, why would they express a need not to be different? John Dewey is attributed for having said, "a difference that makes no difference is not a difference" Therefore, despite protests to the contrary, this "need to belong" reinforces the supposition that the internalized sense of self is based upon being different. A more positive example from the data supporting this hypothesis and that being different is not necessarily a bad thing, appears in the following statement:

> *[My hearing loss] taught me how being different's okay, being unique's okay, be who you are and you're accepted for who you are. I learned that with my hearing disability. (Tiger, lines 993-995)*

A paradox also appears in the data, though. There is recognition that the sense of self centres around being hard of hearing (context of the theory) and that this state is the most influencing factor of self-concept:

> *My hearing disability made me who I am today. (Tiger, line 993)*

At the same time, a conflicting belief is also revealed:

> *I don't think I would be different [if I could hear normally]. I think I would possibly still be the person I am. Although my disability also made me who I am, at the same time. (Tiger, lines 991-992)*

This paradoxical thinking is further evidence of psychological discomfort resulting from the core category, as will be discussed in the next subsection. The data contain numerous instances that demonstrate the opposing views of recognizing the significant influence of hearing loss on one's self-concept versus cognitive explanations that there would be no difference if one was hearing.

Internal Disharmony. Psychological conflict, or dissonance, arises when a discrepancy exists between one's self-image and reality (Brehm, Kassin, & Fein, 1999). Internal harmony is critical to a healthy self-concept. Therefore, if a hard of hearing individual is convinced of being the same as everyone else (hearing), then s/he becomes very uncomfortable when reminded that s/he really is different. The data contain numerous examples of statements typifying this internal struggle. For example:

> *[Because I'm hard of hearing, I think] that I'm a little different than other people but I try and not...I want to be treated the same as everybody else; like there's no difference.*

> *... I am different because I'm hard of hearing, but I don't like to be treated that way. (Taz, lines 605-608)*

This substantive theory is a conceptualization that the self-concept of hard of hearing young adults is based upon being different. This sense of "differentness", however, produces internal disharmony and discomfort, as there is a human desire to have one's self-concept based upon what one is. From this data, though, the desired self-concept is what one would prefer to be: hearing, which is unrealistic and virtually unattainable.

"Convincing" the self that one is actually hearing, is one way to achieve internal harmony, at least until such time as an external incident, statement, other person, etc., reminds one that external reality suggests otherwise. This results in an unconscious internal state that fluctuates continually between comfort and discomfort, harmony and disharmony.

Another way to resolve the discomfort of not wanting to be different, yet recognizing or accepting that one is, indeed, different from others, is to acknowledge the value of the hearing aid as a source of support and help. Such acknowledgement may result in a variety of consequences, such as increased confidence and feeling less vulnerable:

> *Until I realized the advantages [of wearing a hearing aid], ...I never completely could understand how much my hearing was important to me. (Lorena, lines 218-219)*
>
> *"[Wearing a hearing aid makes] a big difference. It's a whole new life for me and I'm much more confident." (Lorena, lines 225-226)*

There are three physiological levels of hearing: (1) primitive; (2) warning; and (3) symbolic (Unknown source). The data showed no evidence of concern with losing the first level, in which one responds unconsciously to background noise, likely because all participants had sufficient hearing acuity. Without access to the primitive level of hearing, one would feel no connection with the real world as it feels dead.

Although there was no evidence of concern with the primitive level of hearing, concern with the second and third levels emerged repeatedly. Without the warning level of hearing, for example, which includes sounds requiring a response, such as the doorbell, phone, footsteps, and sirens, one may feel very insecure or vulnerable. Concerns regarding the symbolic level, use of the spoken word for communication, are predominant, though, and overlap with every category in the generated theory, which is consistent with other research findings (Loeb & Sarigiani, 1986; Luey et al., 1995). This makes sense considering the consensus among social psychologists regarding the importance of interpersonal connection: we are people in relation. It is little wonder, then, that hard of hearing persons may be emotionally upset, but not emotionally disturbed, as a result of interference with the physiological levels of hearing.

There are some hearing supports to assist with the symbolic level of hearing and with some aspects of the warning level, but the data reveal benefits of wearing hearing aids in regard only to the latter. Although the fatigue accompanying difficulties engaging in verbal communication may cause one to become isolated, withdrawn, and lonely, reduced ability to hear the world's warning signals can result in insecurity, fear, and vulnerability. The same personal conditions affecting the core category of this study emerge as the greatest factors in one's ability to resolve communication factors. Hearing aids and other devices are seen as more influential in resolving concerns with the warning level of hearing.

Identifying advantages of something perceived negatively, while also an essential part of one's life, such as hearing aids, is an example of rationalizations that may be generated to resolve one's inner conflict (Brehm et al., 1999). One benefit of wearing hearing aids, for example, is being able to hear people behind:

> *People used to always walk up behind me and scare me, which made me very nervous because I never heard them sneaking up [before getting a hearing aid] (Lorena, lines 216-217). Hearing sounds from behind me was something I had never ever had before and I could hear somebody's shoes squeaking on the floor coming up behind me to scare me and a lot of times I'd turn around and scare them first [after I got my hearing aid]. So that was the best part: ... I could scare everybody back. That was just the ultimate revenge with getting to hear sounds from the back. (lines 393-397)*
>
> *In the grocery store, I hear carts coming up behind me [now], which is a good thing. I don't get stepped on my ankles anymore. That was a big plus for getting the hearing aid. (Lorena, lines 338-340)*

Other advantages include not being so exhausted from straining to hear and increased willingness to join groups and group discussions. A description of the ultimate advantage of wearing hearing aids, however, was almost poetic in its eloquence:

> *This hearing thing is an amazing concept. I just never... You know, I went for a walk in the river valley with my dad after I got [my hearing aid]. And I heard some sounds. My dad could hear them because he's got this great big fancy hearing aid. He was hearing the sounds and he was telling me...I was just saying, "What's this sound?" There's kind of like a hush sound and I'm going, "What is that sound?" My dad says, "That's the sound of the night." I've never heard it, ever, ever before. And it was so calming, and it was just so beautiful because with the sunset and the trees and just walking along and hearing the birds. I was just like, "Wow, like this is amazing. I can't believe I've let myself miss out on things." (Lorena, lines 327-334)*

Insecurity/Fears. The insecurity and fears revealed in the data are both pragmatic and related directly to how one perceives oneself. Pragmatic consequences refer back to the earlier discussion regarding the warning level of hearing. For example, there are safety fears and insecurities related to environmental factors that would reduce a hard of hearing person's ability to speechread:

> *I have problems going to movies and nightclubs when it's dark and loud and I feel very insecure because of my hearing loss. (Styles, lines 154-155)*

Insecurities and fears of having to deal with others' reactions and being reminded, yet again, that one is different, arise because of the visibility of communication supports. As noted earlier in the discussion of the critical juncture of adolescence, sensitivity to visible FMs and hearing aids is most evident at that time. Regardless of one's age, though, this sensitivity also has the consequence of producing emotional fear in the user:

> *I didn't use [an FM] in high school because ...at that time I was a loner, trying to find myself. I wasn't confident with myself. I didn't want to use it. I wasn't comfortable with it because I was afraid [of others' reactions and comments]. (Kashmir, lines 1229-1233)*

Increased Motivation. A more positive consequence of the core category is increased motivation to do well and to overcome any perceived limitations imposed by one's environment. Sometimes this is a direct consequence of a critical juncture, such as a significant incident or interaction with another person. Sometimes it is a result of the core category's conditions of personality attributes, values, or family background. Regardless of the precipitating factor, the data revealed frequent examples whereby the core category resulted in increased motivation to:

- appear more normal (i.e., hearing);
- achieve academically, despite being different from other learners;
- prove one's worth to others and one's ability to secure gainful employment despite others' fears and concerns; and
- resolve communication challenges experienced in adulthood as a result of environmental acoustic conditions and others' reactions.

Labels. Another emotional/psychological consequence of the core category involves preferred label choices for self-description and reactions specific to labels used by others. The data reveal that the use of labels is of major concern, as the choices made directly affect one's self-concept. Extreme emotional responses to how one identifies oneself and to terms others use, appear frequently in the data. The choice of label intrinsically entwines with one's self-image and how one perceives one's self and is generally bipolar: perceived either positively or negatively by the hard of hearing individual. Others' reactions also temper personal label choice. For example,

> *I am now trying to incorporate the words hard of hearing because it has a less negative stigma that is more for the reaction of others than for myself. (Styles, lines 55-57)*

Although there was an even distribution in the data between use of the terms "Hearing Impaired" and "Hard of Hearing", there are reasons for the choices made. Two main reasons emerged. A primary reason behind a chosen label is to be clear about one's identity. The second reason relates to the positive or negative judgment one places on a particular term.

The core category of this theory is that the phenomenon of study is based on a sense of being different. The labels used to identify oneself are also grounded in the core category. The data also yielded strong negative reactions to the perception of being different and a preference to be hearing, with internal conflict resulting. However, one's preference for label is meant primarily to clarify one's difference and to specify what one is not. Specifically, the data show evidence of great effort to ensure that others recognize that the individual is not deaf.

> *[The term "hearing impaired"] was the only thing that people understood clearly. "Why do you have a hearing aid?" And then I'd be like, "Because I'm hearing impaired." And then they're like, "Oh, so you're deaf?" "Well, obviously I'm not deaf because I can hear you, you know. That's why I have the hearing aid. I'm not deaf. If I took out the hearing aid, yes, then I'd be deaf but I'm not deaf, I'm hearing impaired." And then a lot of people go, "Well, what's the difference?" "Deaf is you can't hear," and then I'd explain the whole spiel. (Lorena, lines 915-920)*
>
> *[If someone called me 'deaf'], they were [obviously] uneducated. (Tiger, lines 796-797)*
>
> *And I always had to constantly remind [people at school], "I'm hard of hearing, not deaf. Deaf means you can't hear at all. I can hear you just fine, so stop using that word." (Tiger, lines 606-608)*

> *Anybody that labels me deaf makes me mad, very mad because the word "deaf" is used so loosely that people say, "Well, deaf is you can't hear, whatever." Well, yeah, that's right, you can't hear at all. You know, I can hear ... with hearing aids, so I prefer hard of hearing. (Tiger, lines 773-776)*

There is also a need to be clear that one's hearing loss is not interpreted as something else:

> *I'm hard of hearing, I'm not stupid. (Taz, transcript 2, line 41)*

A second reason behind one's preference for label relates to the positive or negative judgment placed on a particular term, as enunciated in the following example:

> *The only reason why I would use hard of hearing is because it strikes me as something that...a necessity is needed for me to be able to hear using hearing aids. Hearing impaired, "impaired" is a negative word to me. It's not necessarily impaired or damaged for ever and ever [which] is what ["hearing impaired"] sounds like to me. So 'hard of hearing' sounds more on the able side, you know. Without hearing aids, I wouldn't be able to hear at all, so that's hard of hearing ... "Hearing impaired", well, I can live with that, but "impaired" is a negative word to me and I hate anything negative. ... 'Deaf' to me is a negative word because I'm not deaf. If you're deaf, well, that's not negative either, but a person who can't hear at all, is deaf. If she's happy to be called deaf, then she's happy to be called [that]. (Tiger, lines 766- 780)*

Use of Metaphors. Metaphorical language permeates the data regarding consequences of the core category. Specifically, these metaphors effectively translate perceptions of being different.

The first group of metaphors exemplify how one is different from both the hearing and the Deaf worlds: "falling through the cracks"; "caught, or stuck, in the middle"; and "living in a land of grey". The final three metaphors typify the struggles experienced as a consequence of not wanting to be different, but rather, hearing: "fighting my way through"; "on the outside looking in"; and "trying to break down the door".

Comparing the two families of metaphors, those used to describe a desire to be hearing are more active, in that they would require more conscious energy to perform than would the more passive metaphors used to describe the difference between the Deaf and hearing worlds. In other words, there is a passive quality to an acknowledgment of being different, suggesting limited involvement and choice. Conversely, a great deal of mental energy is expended to avoid being different. In this sense, emotional or psychological consequences of the core category include passive acceptance, but dislike, of seeing oneself as being different, or deployment of extra mental energy to not be different. Neither reflects a healthy, nor positive, self-concept.

Future Plans/Goals

Many of the reported future plans or goals reflect what would normally be expected of a group of young adults who did not have a hearing loss, making this category of consequences another element of a basic social process. Plans are being made, for example, to: travel; marry and have a family; secure gainful employment; and/or return to or continue with post-secondary education. However, issues related to future plans or goals emerged as consequences particular to the core category. This is an area shown in other research to be influenced by one's self-concept, again reinforcing its vital role in one's sense of well-being. For example, Luckner (1989) mentions the importance of self-concept "for filtering perceptions, providing meaning to experiences and shaping future expectations" (p. 47).

Specifically, consequences of *being different* result primarily in pragmatic issues for employment, schooling, and raising a family. These concerns revolve around: choices for employment, including environmental limitations affecting choice, as well as considering options as a direct result of being hard of hearing; and need for communication supports in the home such as a visual baby monitor, at the workplace, and in school. Nonetheless, potential challenges to future plans are also perceived in a very matter-of-fact light while still acknowledging the need to consider one's hearing loss, as noted here:

> *My hearing loss would affect my future goals if I let it or if the outside world does not accommodate. ...I don't think that my hearing will affect my future goals because there are ways to go around. There are ways to find out, to achieve. (Kashmir, transcript 2, lines 87-90)*

Choices for employment are seen to be limited, though, because being hard of hearing makes one different from the norm. For instance, working as an EMT, paramedic, or police officer were reported as having been eliminated as viable employment choices. This is because wearing hearing aids precludes use of the radio for communication, for example, as well as understanding co-workers and other persons while out in the field. Considerations are also given to the recipients of one's employment service. For example:

> *The only thing that stopped me [from getting an education degree and actually teaching, was] my hearing, my hearing loss. I figured that it wouldn't be fair to the kids to have [me] going, "Huh?" "Excuse me?" "What?" every five minutes. (Mike, lines 358-388)*

More positively, the data also revealed strategic employment options and parenting issues based specifically upon being hard of hearing. Such career choices include working directly with hard of hearing students and clients, as noted in the following examples from the data:

> *I have a good understanding of what my clients may or may not be going through, being hard of hearing themselves. (Styles, lines 20-21)*
>
> *I became a teacher assistant because I like to help children who were of my kind, whether it was hearing impaired, learning disability, dyslexic, mentally handicapped. ... Because to me, my kind would be "special needs", as the higher education labels it. ... I understand, because I went through the frustrations, the confusions and rewards, the ups and downs, and I want to help students and children in need because I was once there and I now know what I can do to help better the learning process, learning experience. (Kashmir, lines 1110-1119)*

The idea of having greater empathy for similar others was also noted in relation to parenting. For instance:

> *Because I am hard of hearing, there is a greater chance of having deaf or hard of hearing children and that isn't a problem, having gone through my life as hard of hearing. If my children are, I will give them the support and give them what they need, having gone through it myself, but I wouldn't love them any less. (Styles, lines 108-112)*

Social Consequences

One's sense of being different also has consequences at the social level, where its effects are noted to go beyond the individual. Specifically, there is evidence that one's advocacy role for other hard of hearing persons increases. Although not all hard of hearing individuals wish to work in an occupation directly with similar others, the data show an increase in one's desire to help. There is a recognition that one's empathy, resulting from being different, may be used as an advantage at a social level, and is reflected in the following comments:

> *I speak up for everyone that is pretty well hearing impaired. I like to help them out if I can. Like if they, like, fight back to say something if they can't, I'll step in for them to help them out so they can feel good about having somebody around instead of [feeling] deserted (Brandon, lines 408-412). ... I speak out knowing that I know what to say. Maybe it's because I've had the experience of being in that situation. (lines 442-445)*

Secondly, there are consequences to one's family and other relationships. These tend to relate more to the practicalities of dealing with communication differences. For instance, the data reveal that the chances of having a successful relationship with a hard of hearing person require sensitivity and awareness of: the hard of hearing person's preferred labels; effective communication methods, such as facing the person while speaking clearly; patience when asked to repeat what was just said; optimal and preferred acoustic settings; and the increased fatigue resulting from speechreading, using more visual skills, and the strain of listening.

There can also be extra responsibility placed on the hearing partner. For instance, there may be reliance on a hearing person to awaken the hard of hearing person if his/her alarm system is ineffective. There may also be a need to alert the person with a hearing loss to an unheard emergency, such as a fast approaching vehicle that was not seen. Some also rely on hearing persons to make and receive phone calls on their behalf, if they are unable to hear adequately on a regular, or, possibly, amplified phone, and do not have access to a TTY. There are times where a hearing person will accompany the person with a hearing loss to a meeting or other appointment, as an extra set of ears. In sum, the data revealed situations in which a consequence of the core category is dependence on others, usually those with whom one has a close relationship.

Environmental

The core category of being different also has pragmatic physical consequences related to one's environment, within the context of being hard of hearing. These refer to the needs for communication supports. To access verbal information appropriately, hard of hearing persons generally require some extra assistance. This assistance includes choices and/or combinations of peripherals:

- assistive listening equipment such as an FM, infra-red, or free-field sound system;
- classroom notetakers;
- Communication Access Real Time (CART) reporting;
- frequenting only quiet and well-lit establishments;
- seeking alternatives to reduce background noise in a work environment or establishing alternate communication methods;
- requesting optimal seating, with the option to move if the environment changes;
- ensuring the speaker is in the same room and is facing the hard of hearing person; and
- visual alarms or alerts for out-of-sight sounds, such as flashing lights on a baby monitor, or a vibrating pager system.

Personal Behaviours

Personal actions and reactions as consequences of the core category include: denial of any need for communication support; and developing ways to disclose hearing loss and to have communication needs met. The data show that others' behaviours reinforce the core category. Others' actions include: providing communication support; teasing, taunting, and other inappropriate responses, particularly during school years; and job discrimination. Personal actions and reactions to the core category as direct consequences of others' actions include: concealing hearing aids; and identifying positive aspects of wearing hearing aids or being hard of hearing.

Disclosure. As can be seen from the previous discussions, it is extremely difficult to resolve being different. This difficulty results from one's perception of being different striking deep into one's core. The outcome of a self-concept based upon something it is not, while also struggling to belong in a world that precludes membership to those with hearing loss, is psychological discomfort. It makes sense, then, that having to disclose to others that one is different is also a difficult task. The cognitive dissonance arising from one's attitude of not wanting to be different, and one's behaviour of having to disclose this very difference can give rise to further discomfort, as described in the data:

> *It bothers me now [to identify my hearing loss] because I didn't have to do it before and, you know, it's a hard thing to do sometimes to admit that I have a hearing problem to other people. (Mike, lines 560-562)*

An excellent grounded theory study of adult students with invisible disabilities investigated the issue of disclosing one's disability (Rocco, 1997). The findings of the present study echo and confirm the earlier study's results.

Despite discomfort with sharing one's difference with others, it remains necessary for effective communication. The basic human need to connect and communicate with others usually supersedes one's reticence to expose limitations, as noted:

> *Since starting University, I feel the need to identify myself as having a hearing loss. There is no sense of embarrassment; it's a necessity. When someone behind me in class wants to talk to me and I can't hear them, it's important that they know it is only because I didn't hear them and not because I don't want to talk to them. I feel a sense of relief now about being more open about it. (Styles, lines 254-258)*

Supporting the hypothesis that the need for communicative connection with others overshadows one's discomfort with disclosure, the data also include various methods used to inform others. Such techniques tend to be very direct and informative, often incorporating specific communication needs. With minor variations, the following examples typify the manner in which disclosure is described in the data:

> *I did it on my own when I was in school mostly. Just walk up to the teacher and say, "I'm hearing impaired. I will be sitting in the front of the class facing you. If you turn your back on me, I'm just going to sit there, raise my hand, do something. If it annoys you, then you know what's wrong. ... So whatever you do, talk when you're facing me and don't turn your back against me." (Brandon, lines 737-742)*
>
> *[As soon as I start a new job], right off the bat, I let them know who I am: "Kashmir. I'm hearing impaired and this is what I need when ...you're speaking to me: face me and if we're in a room and there's a whole bunch of people, face me and just talk to me and I'll be able to hear you." (Kashmir, lines 817-821)*

There are times, though, where a decision may be made not to disclose, usually due to fear of the other's reactions. For instance,

> *The reason why I don't [tell some people that I'm hard of hearing, is] because [in] some places ... [where] I've been looking for a job, they kind of run me down because I'm hard of hearing: "We don't want to hire you because you're hard of hearing." (Taz, lines 674-676)*

Although fear of others' reactions may prevent disclosure, there are also negative consequences associated with this decision. For instance, the data contain descriptions of situations in which disclosure was withheld. In one example, not being hired for a job resulted from an interviewer noticing hearing aids and assuming the applicant would be unable to function in that particular setting. In another scenario, a decision was made not to disclose to new teammates. This resulted in the overheard remark that this person was obviously "deaf and dumb". This incorrect assumption was a result of visible hearing aids and not for any other reason. Therefore, although non-disclosure may be protection against inappropriate remarks and reactions of others because of one's hearing loss, there is also a danger that incorrect assumptions will be made about one's true abilities.

Communication. From the discussion to this point, it can be noted that the importance of effective communication, so as not to appear different, underlie reasons for certain personal behaviours. Specifically, ways to enhance communication tend to be straightforward, done without excuse, and seen as necessary. Descriptions in the data indicate that identifying communication needs, such as speaking clearly, facing the listener, and so on, usually occurs in conjunction with disclosing one's hearing loss.

Another paradox appears, though, regarding this category. While one may recognize the need to disclose one's hearing loss, this may be accompanied by denial of needing anything different.

> *Then there was a new vice principal in Grade 10 who wanted me in with the rest of the kids and moved me so I had an FM in Grade 10 but I kept breaking it and saying it dropped or someone dropped it or bumped into me. ... I said, "If I have a problem, I'll put up my hand or stay after school. I don't want [the FM]" (Taz, transcript 2, lines 12-17) ... I used to take the [FM] cord [that was attached to my hearing aids] and smash [it against a brick wall] or take [the FM], ... outside, [and when] no one's looking, turn around and throw it against the wall. [I did this] because I didn't want to wear it. Or I'd be walking down the stairway, [and when] no one's looking: "Oh, [it] slipped. Oh, it broke." (transcript 2, lines 195-200)*

As seen in this last example, feeling pressured to use communication supports, particularly FM systems during schooling years, often results only in frustration. Part of the refusal to use additional hearing supports relates to the visible reminder of one's difference.

As mentioned earlier, practical and logical reasons for resisting an FM also appear in the data. In particular, there are increased feelings of isolation, exclusion, and being different when one can hear only the teacher and not one's classmates. This scenario prohibits access to the unwritten curriculum (Hughes, 1996). Professionals (usually hearing) emphasize the importance for hard of hearing students to wear FM systems to hear the teacher. This study's data, however, indicates that a more significant compromise may be necessary, as there is repetitive evidence of an FM's negative impact on self-concept and increased sense of being different. Although there are recognized consequences of not being able to hear the teacher, this study's data verifies the greater importance of feeling part of a group and knowing what is happening in one's surroundings. In addition to being an external manifestation of one's differences from others, the FM can actually increase the user's isolation, reinforcing a negative self-concept, rather than helping to foster a positive one.

Despite denial of needing communication supports, the data revealed environmental conditions having the potential to reduce effective verbal interaction. These include:

- obstruction of the speaker's mouth by such things as facial hair, hands in front of the mouth, movement from chewing gum or food, or sucking a candy;
- being spoken to from behind;
- insufficient volume enhancement on publicly available telephones;
- crowded situations;
- gatherings/meetings where more than one person speaks at a time;
- excessive background sound;

- too much distance from the speaker; and
- insufficient or inappropriate lighting to facilitate speechreading.

Reactions to Others. The data also revealed consequential personal behaviours in response to others' inappropriate or inquisitive behaviours. Verbal rebuffs tend to be attempts at normalizing one's difference, or presenting it in a more advantageous light. One reaction may be of "one-upmanship", so to speak, as illustrated in the following comments:

> *[When people bug me about my hearing], like [when] they make little comments, just joking around, ... I turn around and joke back to them. I tell them, "With your girlfriend or fiancée, you yell and scream and fight, [and] you have to listen to them. I don't. I just pull out my hearing aid" (Taz, lines 712-717). ... [Or as someone once said to me,] "I have a credit card. I've got a brand new car." I said, "What's [the most] expensive thing that you ever wore in your life?" "That was my suit and that was about $1,000." "Well, I've got hearing aids that are worth a little bit more than that. And I had them when I was about 7. So, that was pretty expensive back then. I [also] get more miles [out of my hearing aids] than you get out of that [suit]. You had to throw it out, right? Well, I don't. I go take them back and get them fixed or I get new ones." (lines 843-849)*
>
> *I've had a few guests [where I work] make a couple of comments [about my hearing aid] and then...they start complaining and I just usually tell them, "You know, I can just turn this thing off and I don't hear you anymore". Then they usually stop their complaining and they're nice to me. So that's one of the advantages of being hearing impaired that if you don't want to hear it, you just turn it off and that's it. (Lorena, lines 308-312)*

Emphasizing the benefits for the other person is another positive way to respond to others. The following examples illustrate the effectiveness of this type of behaviour:

> *She goes, "You have a hearing aid." ... I go, "But of course I do." She's like, "But,why?" "So I can hear you." She's like, "Well, what happens when you don't wear it?" "Well, I hear you but not as well. Now I hear how lovely your voice is." (Lorena, lines 1054-1059)*
>
> *I've had tons of comments at [college] about [my hearing aid]. And it's mostly guys that notice it. And then they make comments about it and I sit there and I'm, well, like, "It's just to hear you when you whisper sweet nothings in my ear." And then they'll blush and usually walk away. (Lorena, lines 570-572)*

Hiding Hearing Aids and Other Communication Supports. Even when individuals perceive themselves as being different because of a hearing loss, there is still significant resistance to having to openly acknowledge this difference in the form of wearing a hearing aid. In fact, one participant described this as being "like stepping off a cliff" (Lorena, line 243). Other research supports this finding:

> To pass as able-bodied, children may be encouraged to eliminate as much as possible the visible effects of their disability, even if this leads to poorer functioning. ... [using] effort to hide the disability or even to deny that it exists. The goal is *not* improved functioning, but instead functioning in the most able-bodied way possible. ...Yet achieving full able-bodied status is inherently impossible, so children with disabilities may be condemned always to feel inferior, always to work to cover up their deficiencies, and always to be on guard lest their disabilities show. They can rarely be at ease with who they are. (Weinberg & Sterritt, 1986, p. 96)

Denial of hearing loss and refusal to use communication supports appear repeatedly in the data of the present study, complementing previous findings and conclusions (Hughes, 1996; Weinberg & Sterritt, 1986). Part of the problem of wearing hearing aids is that they provide visible, tangible evidence of being hard of hearing. Hearing aids may be perceived as extensions of the somatic self (Tloczynski, 1993), as discussed in Chapter II and as revealed in the following data:

> *The biggest thing is just [that a hearing aid is] such a visible thing to me. ... I just was so self-conscious before because I wasn't able to hear [and] now I'm going to have this thing in my ear and people are going to point and laugh. (Lorena, lines, 237-240)*
>
> *[I went to the smaller hearing aids because] I thought, well, ...for appearance. That way people don't really see it, that you've got hearing aids. When you look directly at them, you don't really see them, only if you turn or something, you know. Plus I thought, well, it's more inside the ear, so ... it looks more normal. (Donald Duck, lines 201-205)*
>
> *[When] the hearing aid came in about a week [after my hearing test], I looked at it and it was like this evil thing that I had to give in to. And I didn't wear it at first. For the first hour I had it, I [held] it in my hand. And then I put it in my ear and it just felt like this great big bugle was in there and ... like a big invasion of my body. ... Somehow I thought my ear would just shoot it straight out once it went in and it wouldn't stay in and I wouldn't have to wear it ever again because my ear wouldn't accept it. I just thought it was like a transplant of some kind and I could just reject it and it wouldn't stay in (Lorena, lines, 478-485). ... It was like my body was failing me at such a young age. (line 501)*
>
> *Just the feeling and knowing that [the hearing aid] was there and people would be able to see it. (Lorena, line 526)*

The data also reveal that fear and anticipation of others' reactions to one's hearing aids are particularly potent because of the impact on one's self-perceptions:

> *[If my hearing aid wasn't accepted by others,] then I wouldn't be [accepted]. ... (Lorena, line 516). ...... I looked at myself ...with this thing [hearing aid]. It was just this thing in my ear and so help me God, you know, this is gonna be the death of me. (Lorena, lines 533-534)*
>
> *The one time I put my hair up [for class] and [this girl was] sitting next to me and she starts talking and I'm answering, and she's like, "Oh, my God!" And she's screaming out loud in class. I'm going, "What is your problem?" She goes, "You have a hearing aid." I was frozen. Everybody's eyes in the class were on me and I'm just sitting there. I wanted to melt in my seat. (Lorena, lines 1024-1028)*
>
> *I would be embarrassed if my friends joked around about me having a hearing aid. (Kasey, lines 880-881)*

Hearing aids and other communication supports are also constant reminders that one is hard of hearing and subsequently different, something the data revealed as undesirable, as noted in the earlier discussion of the core category. The following excerpts illustrate this vehemently negative reaction to needing hearing support, reflecting deep-seated emotional responses to being different:

> *There were times [mostly in high school] that I didn't want to wear [hearing aids] because people [were] running me down, telling me, "You can't do that. You can't do this." (Taz, lines 813-814)*
>
> *I often sit ... and think about, "Gee, could miracles happen? Could one day I wake up and not have to wear hearing aids?" (Tiger, lines 956-957)*
>
> *It would be nice to get rid of [my hearing aids] altogether (Donald Duck, line 242). ... I hate [being hard of hearing] (line 313). ... Actually, if I had something to change right now, I'd probably say hearing aids (line 771). ... [Being hard of hearing is] not entirely [okay], no. ...If there's something I could do about it, yes, I would do [it]. (line 790)*
>
> *Sometimes I just feel like throwing the hearing aids against the wall or something, ... because it's hard to -- it sometimes does get to you, you know. How would you say? Okay, I feel sorry for myself. There. (Donald Duck, lines 320-322)*
>
> *I wish I didn't have to worry about putting [hearing aids] on and off each day. It's a constant reminder. Every time you lay down, every time your head hits the pillow, every time you cuddle up with someone, that kind of stuff, you know. You have to take your hearing aid off. (Tiger, lines 986-989)*
>
> *Sometimes [I consider myself to not be normal]. ... You're always going to be consciously aware of your hearing aids because you're taking them in and out every day: when you're asleep, when you wake up [and I can't ever get away from that]. (Donald Duck, lines 899-900)*

As can be seen in the above examples, there is a prevalent and passionate dislike of hearing aids. There are situations, though, where wearing a hearing aid, specifically, is not the focus of concern regarding the core category. Without exception, if hearing aids are not of concern, then wearing an FM system is the problem. In either case, the data show that the sense of being different intensifies in the presence of a visible reminder, be it hearing aids, FM systems, or hearing consultants. Visible communication supports, of any kind, interfere with attempts to hide one's hearing loss and from passing as hearing, which this theory interprets as attempts to resolve internal disharmony resulting from the cognitive and emotional conflict of wanting to be something one is not.

Because there is a strong psychological preference to fit in or belong, which generally results in emotional homeostasis (Brehm et al., 1999), it is little wonder that reinforcement of one's difference could cause internal disharmony. Specifically, "many social psychologists believe that people are motivated by a desire for cognitive consistency—a state of mind in which one's beliefs, attitudes, and behaviors are all compatible with each other" (Brehm et al., p. 199). Additionally, there is a basic human need for communication with others. A paraphrase of the words commonly attributed to Helen Keller, summarizes the impact of hearing loss on this latter need: "Vision loss separates us from things, whereas hearing loss separates us from people." Thus, reminder of one's difference, be it the visible presence of required communication supports, or a recognition that one cannot communicate as easily as others, can produce internal conflict as noted in the data:

> *I wish I didn't have to bother asking [my boyfriend] to repeat, ...it's almost like a constant reminder that I have a hearing disability and I don't like being reminded of it ...*

> *because [there's] a part of me [that] doesn't want to accept the fact that I can't hear perfectly. ... My confidence drops a bit. And I don't like it when that happens. So I get frustrated knowing that I have this hearing disability, [and] being reminded of it when I have to ... ask somebody to repeat. (Tiger, lines 917-931)*
>
> *[Even though it's normal for hearing people to repeat themselves, I still get frustrated when I don't understand someone] because it reminds me of my hearing disability. It's just a little nerve that just hits you, you know, that, like, oh, I hate being reminded. It annoys me and I don't want to be reminded. I want to live my life without being conscious of it (Tiger, lines 1253-1256). ... It just hits me that, "Oh, I hate being reminded." It's just one of those sensitive areas of a disability that I have. (line 1267)*

Despite preferring otherwise, wearing hearing aids is a common experience for many hard of hearing people. However, hearing aids can become the external manifestations of being different. A conceptualization derived from the data, is that one's internal response to this negative self-concept is projected outwards on to the hearing aids in an attempt to resolve one's internal discomfort. In attempts to resolve one's internal discomfort, there is often an external projection of dislike placed on the visible reminders. Cognitive dissonance theory states that irrational and sometimes maladaptive behaviours, such as discussed here, may result from our powerful motivation to maintain cognitive consistency (Brehm et al., 1999). As discussed in Chapter II, other studies related to persons with disabilities, in general, also found that maladaptive behaviours can emerge as consequences of attempts to resist or deny one's disability (Kloomok & Cosden, 1994; Raviv & Stone, 1991; Szivos & Griffiths, 1990), including trying to pass for normal (Szivos & Griffiths; Uttermohlen, 1997). Such experiences or behaviours are coded as consequences of the core category and are included in this substantive theory. The following summative comments illustrate the significance of this consequence and place this issue in perspective with an analogy:

> *[The difference between a broken wrist and wearing hearing aids is that, although both are annoying,] the cast is going to go away. ... my disability is a lifetime. (Tiger, line 1282)*

As already discussed, being different and having to wear hearing aids are perceived negatively. Nonetheless, there is also a recognition that being hard of hearing and being different are life-long attributes; there is little, if anything, that can change one's statuses. However, cognitive recognition that one's hearing loss will not disappear, as if by magic, combined with a deep-seated, and conscious, dislike of being different result in internal conflict, discomfort, and disharmony. One's self-concept is in jeopardy. To deal with such attitudinal dissonance, people often develop rationalizations to convince themselves "that it isn't really that bad". Self-affirmation theory suggests that these rationalizations are "designed to revalidate the integrity of the self-concept" (Brehm et al., 1999, p. 207). The following statement is an example of such a rationalization:

> *There's times that I thought to myself that I wish I could hear, but then I like the other part. To listen to all that noise all the time is a pain in the butt. (Taz, lines 816-817)*

Another rationalization is to perceive hearing aids as positive necessities:

> *I don't believe I have a hearing problem. I wear hearing aids so I can hear. It's not a problem. Without hearing aids, it would be a problem. I wouldn't be able to hear at all. Simple as that. (Tiger, lines 678-680)*
>
> *"Would I be wearing it if it did affect the guest service?" I said, "It's called a hearing* ***aid****, not a hearing* ***hindrance****." (Lorena, lines 605-607)*

In addition to rationalization, other ways to deal with the internal dissonance of not wanting to be different, while recognizing that this is unlikely to change, include denial: denial that one even has a hearing loss or, at best, does not require any type of communication support or special treatment. Hiding one's hearing aids is another form of denial. Many hard of hearing persons maintain an infantile, albeit unconscious belief that "out of sight means out of mind"; if no one can see the hearing aids, then there is no difference between the other person and myself. The following excerpts illustrate one's need to hide:

> *The sense of being different was ...with the social embarrassment, the shame, ... Consequently, I would always hide my hearing loss. (Styles, lines 253-254)*
>
> *In high school, I always had my hair to cover my ears because I didn't want to be different from anyone else. (Taz, transcript 2, line 30-31)*
>
> *...a habit of hiding your hearing aids is that, I've had this a couple times where, being a young little thing, when you're in lust and you like this guy but then you're afraid he's not going to like you because you wear a hearing aid. (Kasey, transcript 2, lines 215-218)*

Visible hearing aids leave the wearer open to ridicule, questioning, and reminding that one is different. Consequently, self-imposed hairstyle choices, for example, are often consciously limited to lengths and styles that cover one's ears and hearing aids. Although one's hearing loss is never forgotten completely, times of peace and tranquility are described as those times when one feels normal, or is able to pass for hearing. These times provide respites from the conscious awareness of being different.

Strategies

According to Glaser (1978), the difference between a strategy and a consequence is that the former involves "a conscious act to maneuvre people" (p. 76). In the hard of hearing world, we generally refer to techniques for coping with a hearing loss as including disclosure and communication strategies. In this study, however, to remain consistent with Glaser, I coded these as consequences of the core category, as they are behaviours that occur in response to it. Conversely, the data also provide suggestions to improve one's self-concept and perception of being different, and are coded herein as strategies because of their intent to manage others. In all cases, the strategies are positive in tone, intended to ameliorate the negative sequelae to being hard of hearing as identified in the data.

Diverging somewhat from the format of previous sections, I include only brief summative comments in this final category, providing more opportunity for the data to "speak". Descriptions from the data provide the power behind the strategies, whereas too much academic commentary would dilute their potency.

The vast majority of suggestions in the data are presented as strategies for teachers and other professionals working with hard of hearing persons. There are also practical strategies to manage the hearing environment as well as to provide more psychological or emotional support.

The data reveal strategies for providing psychological and emotional support that are seen as more important than practicalities of the acoustic environment. In this regard, strategies to support hard of hearing persons' self-concept include:

- teachers having faith in the student's abilities;
- a professional as advocate;
- reinforcing the "can do" attitude; encouraging effective socialization and independence; being patient, an effective listener, and accepting of all emotions;
- letting hard of hearing children know that it is okay to be different and to ask for help, such as the following:

> *First and foremost, teachers need to have faith in the student. Students need to know they have the support and faith and that the teachers will do everything they can to bring them up to speed. "How?" is a difficult question. First, the teacher needs to separate that student from the rest of the class and if they are not meeting their potential, to sit down and say, "I know you are not doing as well as you could." Students need to know they have that support from their teachers. Students need to be reminded that even with moderate marks, ... they are ... exceptional ... to get even that, because they will never be on the level playing field; they will have problems with language, formal thoughts, articulating. So, the student needs to be made aware that they are pretty smart to be even average. (Styles, lines 285-293)*

I also think that every student needs a professional who can be an advocate. They may need an extra push to step in when there is a confrontation between student and teacher, or student and special needs office. Because there is that power imbalance, it's not easy for the student to stand up to the teacher, so they need someone to stand up for them. I think that, in itself, will enhance a person's self-image, not only because they will have someone who will always intervene and help them through any crisis. I think even only one person is enough to have faith and support that he or she will do well the rest in their life. (Styles, lines 298-304)

Make them stand up for themselves, like they can do it. ... If you want to do something, just put your mind to it and you can do it. Who cares what anybody else says? As long as you believe in yourself and you know you can do it, you can do it. It may not be the best but as long as you try. (Taz, lines 900-904)

Advise [parents and teachers] to teach [hard of hearing students] to be independent, to be true to themselves and try to be very strong about who they are and [they] shouldn't think about what others think of who he is or that person is. (Brandon, lines 1245-1247)

Communicate. Communicate, communicate, communicate. Make the time to get to know if you're interested. If you're not interested, find the time to get to know. (Kashmir, lines 1381-1383)

Don't run their life down. They can do it just like everybody else. You can be blind but you'll see some things that a ...not blind person can't.... Same with people who are deaf [or hard of hearing]. They can do something different than people who can hear. Everybody has something different, know more in a different way than others. See, like for example, my fiancée. She can read and write better than I can. But when it comes to cooking, she realized that I can cook better than she can. (Taz, lines 775-780)

[Help hard of hearing people] think better about themselves, so that they don't ... feel like they're stupid, because, I mean, if you had to ask someone, you know, four times what they just said and they just kind of like get all mad at you and all that, then it makes you feel... stupid in that way. ... But it ... also hurts you too, because it's almost like you look at that person [and think], "Well fine, if you don't have time for me, to really sit there and explain what you just said, then what kind of... Well, why am I wasting my time on you, in the first place?" As long as ... people can have that total understanding what it's like... Just be patient and, you know, just go with the flow. (Kasey, lines 1042-1051)

Let them know it's okay to ask for help in any sort of way that they think they might need. Listen to them. Talk to them. Don't ignore them. (Mike, lines 1061-1062)

You've got to be more understanding and to listen to the truth, like, look for it. Look for the truth. Don't assume [what the hard of hearing person's hearing or communication needs are]. ... Look for the truth [of what my hearing needs are]. Understand me in that sense. Don't ignore me. (Tiger, lines 1313-1322)

[Hearing consultants] said, "No, no, your daughter needs this [FM]." [My mom] believed them because they're the professionals. I'm not [considered to be] the professional, which is wrong. I'm the professional because I'm the one wearing the hearing aids, you're not. I know what it sounds like. I know what I'm hearing and I'm telling you what I'm hearing and you're not listening to what I'm telling you (Tiger, lines 311-314). ...[I believe that someone else should not make the decisions about my hearing]. [Persons with hearing loss are] the only ones that know what they hear. They're the only ones that are experiencing. I can't assume for that child, that with hearing aids they can hear like me or better than me or worse than me. Everybody's hearing is different, just like everybody's ways of thoughts are different, everybody's

> *opinions are different. Everybody's attitudes are different. Everybody's different in their own sense so you can't sit there and say, "Well, because I know what it's like, you should do this." "No, you don't. You don't know what it's like for me to be able to hear with hearing aids and tell me that I'm not hearing the way you think I am. You don't know. No. This is the way I hear and I'm telling you." (Tiger, lines 1335-1343)*
>
> *Just support and let ... the anger work itself through. (Lorena, line 1124)*
>
> *Praise. Never criticize. (Kashmir, line 774)*
>
> *Don't let your kids become isolated. Make sure they stay involved in things. Make sure they get what they need to stay involved with other people, to stay connected, to maintain connections. (Mike, lines 1057-1059)*

There are also practical strategies noted in the data to enhance the hard of hearing person's experience at a more personal level. These include:

- having patience when asked to repeat;
- speaking clearly while facing the individual;
- providing sign language instruction to enhance communication skills;
- being aware that, "in the classroom, hard of hearing students are taking random bits and threading [them] together" (Styles, lines 282-283); and
- having one professional responsible for tracking the hard of hearing student's academic performance throughout his/her academic career.

A reason given for the latter point is:

> *It is too easy to quickly fall behind and it can easily snowball into thinking there is no way out except dropping out. [A professional monitoring one's school career] can see it before you do and can stop it and say that something needs to be changed. (Styles, lines 296-298)*

The data also specified practical strategies regarding hearing tests:

> *[For a child's first hearing test, it would be better] to make the environment [more child centred, and scaled to children's size] and maybe educate the parents first so then they can talk to the child not in the setting of the doctor's office. Maybe in a play room or in a more comfortable setting or get them to draw pictures of what they hear. Just something that the child can identify with. You know something's wrong with you and you're scared. Then you don't understand what's going on so you don't answer the questions the way they should be. I just think if the parents are educated in the first place, then they can ask the kids the questions and then the kids can communicate better that way because they're with somebody they trust. (Lorena, lines 1164-1173)*
>
> *I think that education and preparation is a huge thing. You know, like getting [your] hearing tested. I'm, like, the poster child for hearing tests. I'm telling everybody, "Go get your hearing tested. It's just like getting your teeth checked every six months or every*

> *year. It's important. You need to do it. It's one of those things that's ...just part of life." (Lorena, lines 1131-1135)*

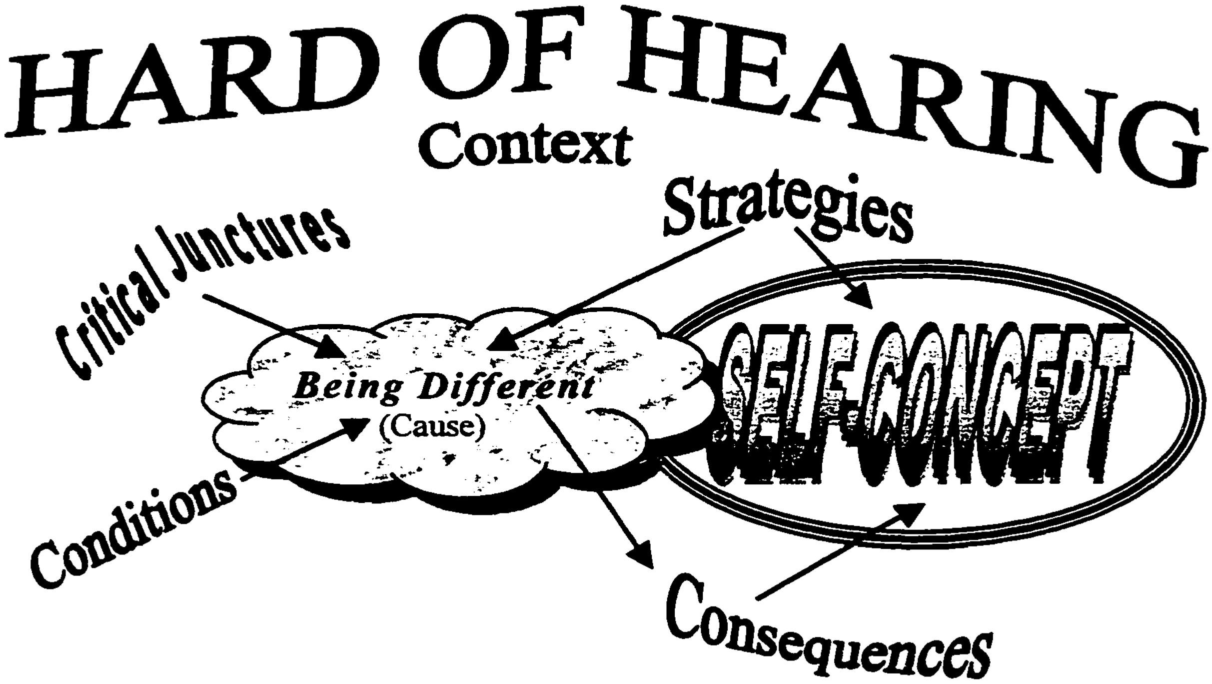
An effective strategy for dealing with the practicalities of communication supports, such as an FM, is providing choices:

> *If I were to approach someone in junior high or high school that doesn't want to wear an FM because of that issue of self concept, I'd give them a choice: ... "You wear the FM, you can see your friends next year, pass classes. Or you don't wear the FM, you fall behind and you don't graduate with your friends and you keep falling behind if you choose to keep not wearing your FM." They're going to be in a position where they have to decide and they're not being forced upon. ... Chances are you could give them a trial. If they choose not to wear it, okay. "If you don't wear it for, let's say, a month, we'll see how your grades go and then we'll talk about it." You know, there are ways to work around that kind of issue, is what I believe in. I believe in working together to find a way. ... Give them some responsibility, to a point, even if it means learning from their mistakes. (Tiger, lines 371-431)*

Chapter IV Summary

A constant comparative approach, using grounded theory coding methods, directed the development of a theory representative of the data collected in 17 interviews with nine hard of hearing young adults. This substantive theory was the focus of this chapter, including discussions of the core category and its relationships with the emergent sub-categories and their properties. Figure 3 is a pictorial representation of the theory, showing the relationships between the categories and the phenomenon.

Figure 3 **Substantive Theory of Hard of Hearing Young Adult's Self-Concept**



The next chapter completes this dissertation, and contains a discussion of the findings including the theory's implications with respect to current literature and further research.

CHAPTER V—DISCUSSION

Chapter IV presented the results of this investigation of the phenomenon of the self-concept of hard of hearing young adults, based on the data collected in 17 interviews with nine participants. The end-product was a substantive grounded theory, presented as a causal-consequence model based on the *core category* of *being different* with the conceptual component categories of *conditions, critical junctures, consequences,* and *strategies*. This theory is placed within the *context* of being functionally hard of hearing. To explain this theory, generated through the constant-comparative approach using grounded theory coding procedures, I have shown how each theoretical category and its properties related to the core category.

In her keynote address on October 5th, 2000, Dr. Janice Morse encouraged qualitative researchers to see what everyone else sees, but to see it and think about it differently. In this final chapter, I discuss selected concepts from the theory presented in Chapter IV. Topics included in this discussion were considered significant and consequently selected on the basis of their:

- agreement with the findings of other researchers;
- refutation of other studies' results;
- potential influence on the self-concept of hard of hearing young adults;
- prevalence in the data; and
- relationship strength with the core category.

This discussion frames the findings around the significance of defining one's self-concept by what it is not, using the basic tenet "nature abhors a vacuum" as an analogy. This analogy is integrated with Cognitive Dissonance Theory to explain the findings, as a possible rationale for the identified consequences of the core category. The chapter concludes with a summative presentation of the implications of these findings for future research, professionals, and hard of hearing persons, following a summary of this study's findings in relation to other research.

Implications of Being Different

> *Research shows that the marginal hearing impaired [individual] cannot find a niche within the hearing community or relate to the deaf community. For this [individual], there is no true sense of belongingness or identity, and feelings of ambivalence and isolation become prominent. (Leigh & Stinson, 1991, p. 19)*

It is no great surprise that the data of this study reveal that hard of hearing people believe they are different from others. We *are* different, by virtue of being hard of hearing and needing communication supports and techniques different from those who are d/Deaf and those who are hearing. However, the significance of these findings lies in what was missing from the data: there was no enunciation of an identity and no sense of belonging. As Strauss and Corbin (1990) maintain, theoretical relevance is indicated when certain concepts are designated significant because of their repeated presence or notable absence.

Similar to findings of other studies, the self-concept of persons with disabilities, in general, is built upon being different from one's nondisabled peers. This makes sense, as self-concept develops through relationships and comparisons with one's reference group. Defining something by its difference implies comparison: it must be different *from* something. Paradoxically, a definition can also be the *same as* something else, at the same time. However, the data for this study consistently verified the theory that the self-concept of the target group is defined only by what it is different *from*: the hearing and Deaf worlds. Although previous studies reveal that having a disability has a negative effect on one's self-concept, such as academic and social consequences, they lack deeper explanations of the significance, beyond reiterating the necessary component parts of a positive self-concept. Consequently, this chapter focuses on the deeper layers of the significance of this study's findings.

Definitional Issues

> *[I don't want people saying I'm deaf] because I'm not deaf. I can still hear. Just because ... I didn't hear at that time, doesn't mean I can't hear [at another] time. (Taz, transcript 2, lines 91-92)*

Before addressing data content, this section considers the significance of the core category and its implications for self-concept from a semantic perspective.

Definition of "Definition"

> *The Canadian Edition of the Standard College Dictionary (Funk & Wagnalls, 1963) defines the word 'definition' as: "1. The act of stating what a word, phrase, set of terms, etc., means or signifies. ... and 3. The determining of the outline or limits of anything." (p. 350)*

The substantive theory generated from the data of this study indicates that hard of hearing young adults define their self-concept by what it is not. That is, the self-concept of this group is founded upon *being different,* and is strongly disliked, even hated, in some instances. Although the judgment attached to this self-perception is beyond the scope of this study, the core category of *being different* has significant implications.

First, to illustrate the importance of defining something in the positive (by its attributes), consider the meaning of "cleanness". As discussed by Harris (2000), an absence of qualities defines cleanness, such as an absence of dirt, stains, and odour. However, defining a concept by what is absent (a definition in the negative), the list could continue *ad infinitum*: cleanness is also the absence of cat hair, soot, dog hair, stickiness, and so on. This defies the Funk & Wagnalls (1963) meaning of definition which is a determination of something's limits. A definition, therefore, must be finite and identify existing qualities (limited and stated in the positive).

This example is raised to clarify an initial aspect of the core category's significance. This study's findings indicate that the self-concept is defined by its difference, which is a definition of absence, or exclusion, as it lacks identification of existing (positive) qualities or attributes. Following this argument, one might say that the self-concept, as revealed in this data, defies definition because the definition is limitless. If a concept or construct cannot be defined, does it still exist? Considering the Leigh and Stinson (1991) quote at the onset of this section, there is agreement among researchers that hard of hearing persons, individually and collectively, lack an identity and connection with a recognized group. Despite my rhetorical question, above, of course, the construct of self-concept exists for this group, although it is not based on belonging or on an identity.

Although the previous section may have seemed whimsical or tangential, its purpose resides in the significance and pervasiveness of the core category throughout the data and the concept's appearance in other research. As buzz words and catch phrases enter a profession's lexicon, they may be used liberally and often without conscious deliberations of the various layers of meaning. As noted in the discussion of metaphor use in Chapter IV, assessment of semantics can deepen one's understanding of a phenomenon, concept, and/or construct. Considering the degree of difficulty researchers have with defining more widespread constructs related to the self such as self-concept, there is an inherent danger that a word as common as "different" will be dismissed with expectations that readers adhere to similar connotations.

Specifically related to the discussion of defining one's identity, which evolves from the cognitive perspectives of one's self-concept, the concept of differentness also appears in the literature regarding persons with varying disabilities, such as mental retardation (Zetlin & Turner, 1988). In their study, for example, Zetlin and Turner reported that their participants also depict themselves in terms of what they are *not*. A concern arising from this study, though, is the researchers' statement that this type of identification "is prognostic of problematic behavior and general difficulty in specific domains of personal adjustment" (Zetlin & Turner, p. 221). Such observations reinforce the significance of the present study's findings.

Regardless of seemingly semantic maundering in search of elusive definitions of concepts, it is clear that the core category in this study supports previous research findings. Despite a dearth of empirical research specific to persons who are hard of hearing, results of investigations in the wider field of disabilities will likely reveal findings applicable to various populations. This expectation also provides others, interested in self-concepts of persons with disabilities, with a broader research base from which to draw information. These implications suggest a more widespread concern regarding the self-concept of persons with disabilities in general, not only of those who are hard of hearing. At the same time, such findings in other areas reinforce the need to attend to the self-concept and its development among hard of hearing persons.

Replacing a Void

A basic law states: "nature abhors a vacuum", meaning that an absence or void must be, and will be replaced to maintain the natural order of things. Most dieters or ex-smokers will identify with this basic principle: subsequent to taking something away, returning to an inner state of harmony requires replacement of the void. I am proposing this basic principle as an analogy, combined with Cognitive Dissonance Theory, to help explain the significance of the substantive theory presented in Chapter IV.

The data for this study revealed vehement denials of being d/Deaf and intense energy expended in wanting to be part of the hearing world. To *be different,* according to this data, is to not belong. It causes psychological and cognitive dissonance. It causes confusion and inappropriate assumptions among the general population. It results in internalization of negative attitudes, stereotypes, and stigmas prevalent in the general population to which one is continually exposed, even within one's family. In other words, within the context of *being hard of hearing,* the core category of this substantive theory has conditions that influence it, consequences resulting from it, stages that change it, and strategies to manage it. Within the framework of these theoretical components, though, the core category defines the self-concept of hard of hearing young adults by what it is *not*, and by what it *wants* to be, yet is not: a definition by exclusion or absence. Despite the core category's relationship with other theoretical categories, which provide structure to the theory, there was insufficient evidence in the data to clearly define components to clarify what the phenomenon *is*.

The basic natural law analogy, introduced earlier, may help to interpret the consequences of the core category. From this perspective, because the core category of this particular theory lacks specificity to define self-concept, the consequences are interpreted as existing to fill the psychological void in the core category. The tenets of Cognitive Dissonance Theory, as explained in the previous chapter, are also useful to explain the consequences. Combining both perspectives broadens the explanation: the void left in the core category, due to its definition based on what it is not, causes psychological disharmony, an uncomfortable state that all persons are strongly motivated to resolve. To return to a more comfortable homeostasis, people react in a variety of ways. The consequences of the core category are, therefore, presented as necessary to the goal of psychological well-being, and are interpreted as psychological components used to fill the void left in the wake of defining oneself by what one is not.

Although the four theoretical categories comprising this theory are all critical to framing an explanation of the self-concept of hard of hearing young adults, the purpose of this discussion is not to reiterate statements and observations made in Chapter IV. Rather, this discussion highlights the more significant components while addressing overlap between components, showing the significance of this overlap to the theory and the phenomenon. The next section places the discussion into perspective.

Importance of Positive Self-Concept

Positive self-concept is a jewel of many facets–pride, acceptance, identity, achievement, success, responsibility, and independence. (Clymer, 1995, p. 119)

The mental health literature and the rationale behind previous studies investigating the self-concept of hard of hearing individuals, in particular, indicate the importance of a healthy self-concept, in which "healthy" is synonymous with "positive". The findings of the present study support the results of previous studies in showing that the self-concept of this sample group is negative and vulnerable (Farrugia & Austin, 1980; Loeb & Sarigiani, 1986), implying significant consequences to overall mental health and sense of self.

In considering the component parts attributed to developing a positive self-concept, the data reveal evidence to claim that the self-concept of hard of hearing individuals is at risk. The findings of this study echo results of other research and, sadly, are almost analogous to a fictitious title: *How to Ensure a Poor Self-Concept*. I suggest this because the data contains repeated evidence of negative perceptions resulting in a negative self-concept, agreeing with the predictors of global self-concept, which include: "(a) perceptions of competence about one's physical appearance, (b) perceptions of competence about one's social acceptability, and (c) perceived support from parents" (Kloomok & Cosden, 1994, p. 151).

The data of the present study named the importance of a positive self-concept in regard to academic performance. This echoes the results of other research that stated:

> the implication of holding relatively negative self-concepts will seem to be a perpetuation of failure experiences for children who hold them by investing progressively less amount of effort in future tasks. This spiraling

> relationship between self-cognitions and academic performance may become at some time difficult to reverse. (Leondari, 1993, p. 369)

This closely parallels a strategy suggested in the data to have one professional track a hard of hearing student throughout his or her school career to intervene before academic problems become overwhelming.

It is clear from this discussion that the self-concept of hard of hearing young adults is at risk. The literature suggests that efforts need to be made to address the mitigating factors. The results of the present study provide further information to help researchers and professionals meet that goal.

Need to Belong

> *Just because I'm hard of hearing, I'm not stupid, no stupider than you are. (Taz, lines 679-380)*
>
> *[When people from my home town told me,] "You're hard of hearing. You can't do it. You'll never get an education. You'll never have this, never have a full time job" (Taz, lines 405-407]. ... [I just told them,] "No, I'm not a dummy. No, I'm not lazy. I know I can do it." [lines 420-421]*

> *To pass as able-bodied, children may be encouraged to eliminate as much as possible the visible effects of their disability, even if this leads to poorer functioning. ... [using] effort to hide the disability or even to deny that it exists. The goal is not improved functioning, but instead functioning in the most able-bodied way possible. ...Yet achieving full able-bodied status is inherently impossible, so children with disabilities may be condemned always to feel inferior, always to work to cover up their deficiencies, and always to be on guard lest their disabilities show. They can rarely be at ease with who they are. (Weinberg & Sterritt, 1986, p. 96)*

Emphatic statements pervade the data of wanting to belong to the hearing world, in reaction to being caught in the middle because one's communication needs preclude acceptance by either the Deaf or hearing worlds. Combined with the findings of the present study, the results of a previous study that investigated identity patterns of adolescents with hearing loss (Weinberg & Sterritt, 1986), support this desire to be hearing as being of concern. Specifically, results showed poorer outcomes regarding "academic placement, social relationships, personal adjustments, and perceived family acceptance" for participants displaying an able-bodied (hearing) identity (Weinberg & Sterritt, p. 101).

Other research also identified the lack of a true sense of belongingness or identity for hard of hearing individuals (Leigh & Stinson, 1991). These researchers also report that such a lack of identity predicts feelings of isolation and ambivalence. Moreover, "lower sense of belonging is associated with poorer psychological functioning" (Hagerty et al., 1996, p. 238). Although it is reassuring that the results of the present study are similar to previous research, these findings are all significant and cause for concern regarding the vulnerability of the self-concept for this population.

Paradox

Theoretically speaking, the core category and its consequence of needing to belong, are also paradoxical in nature. From the data, the core category shows one's desires conflicting with one's awareness of reality and the consequences of this paradox are incorporated into the theory. This paradox, though, is consistent with Cognitive Dissonance Theory, which enunciates psychological reasons for needing to present oneself according to our internal self-perceptions, despite behaviours to the contrary (Brehm et al., 1999). This point is elaborated upon in Chapter IV.

The literature also illuminates paradoxical situations for hard of hearing individuals, which can cause further internal conflict, seriously threatening one's vulnerable self-concept. Specifically, Leigh and Stinson (1991) report a consensus that students with hearing loss must perform academically at an equal level with their hearing peers. Despite frequent evidence in the present study's data that hard of hearing individuals believe this and expect it to be true, there is equal evidence that it is a difficult task for most, with resultant conflicting self-perceptions.

Metaphors

Figurative language laces throughout the data across participants and gained in significance as the psychological conflicts inherent to the core category became increasingly clear. Such abstract conceptualizations, inherent to figurative language, tend to bypass one's cognitive filter, allowing deeper emotions to surface while retaining one's emotional safety. Analogous language also has the property of expressing multiple meanings at different levels of understanding and communicates beyond simple retelling of past experiences and thoughts.

The research by Leigh and Stinson (1991) mentioned in the previous section on paradoxes, along with findings by Clymer (1995), provide an opportunity to attach another layer of meaning to the metaphors of *falling through the cracks* and being *caught in the middle*. The data verifies internalization of society's expectation that persons with hearing loss can perform academically at par with their hearing peers. Although this initially appears to be neither a stigma nor negative stereotype, it places the hard of hearing person very squarely in the middle, expending great energy not to fall through the cracks. In this scenario, the individual is forced into a position of further cognitive dissonance, whereby one wants to be the same as one's peers, is surrounded by societal expectations that this is possible, both of which are in conflict with one's reality that hearing loss can, indeed, impair one's academic performance, as well as language, voice, speech, and social skills. Yet, any visible indication of one's difference is greeted negatively by others and often, also by oneself. This is an example of the danger inherent with internalizing societal attitudes. What may initially appear to be a positive influence can easily devastate an already fragile and vulnerable self-concept.

Interpretation of the six dominant metaphors in the data, which are discussed in Chapter IV, generated an important conceptualization of this theory regarding properties of the core category. Consistent with previous research (Loeb & Sarigiani, 1986), these metaphors revealed a passive quality to the core category of being different, combined with a sense of fatalism, or pre-destination. Despite active metaphors emphasizing desire to be hearing or, at the very least, not to be different because of not belonging, there is a deeper layer of passive acceptance of one's fate expressed in the data. This implies a lack of choice and inability to enact change, with implications for self-efficacy. Appendix A includes a more detailed discussion of the relationships between self-efficacy and self-concept.

Choice

Because of the identified possible reduction in self-efficacy subsequent to a passive acceptance that one can enact no changes while yearning to be something else, the issue of choice arises. Having choices empowers people in such a way that there is a sense of control: control over one's destiny as well as day-to-day occurrences. Although we have no choice of what happens to us, we have choices of what we do with it. As expected, not one bit of data suggested there was any choice about having a hearing loss. Nor was eye colour chosen, for that matter, although this can be altered with coloured contact lenses, and hair colour may be dyed. Nonetheless, the interference caused by hearing loss to effective communication and one's self-concept has greater significance than the colour of one's eyes, yet the findings of this and other research (Loeb & Sarigiani, 1986) indicate passive acceptance.

Such a fatalistic perspective disempowers and disenfranchises. It influences one's self-concept in a negative manner. Such a paradoxical and dissonant psychological state, although superficially seen as emotional upset, has the potential to devolve into emotional disturbance and may present as dysthymia or result in the onset of depression. Without widespread acknowledgment of the significant sequelae to being hard of hearing, little will be done to intervene in meaningful ways.

Interactions with Others

> *The kind of person we are and can hope to become is grounded in the social practices and the ways of thinking and communicating that we assimilate from the social settings in which we live. Such influences help determine our ways of thinking about and presenting ourselves. (Stevens, 1996, p. 21)*

> *A man's* Social Self *is the recognition he gets from his mates. We are not only gregarious animals, liking to be in sight of our fellows, but we have an innate propensity to get ourselves noticed, and noticed favorably, by our kind. No more fiendish punishment could be devised, were such a thing physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all the members thereof. (James, 1890/1952, p. 281)*

The importance of interactions with others appears repeatedly in this study's data and overlaps with all categories. This is consistent with previous research on the development of self-concept among the general population, of those with or without disabilities; research confirms that interactions with significant others are fundamental to self-concept formation (Leondari, 1993). In particular, research shows that the most significant factor affecting one's self-concept is others' judgments (Kloomok & Cosden, 1994), extending other research showing that self-concept develops through interactions with others. Others' reactions and judgments significantly influence every category of this theory.

As Hughes (1996) observes, being different is difficult. For young adults beginning their careers and long-term relationships with significant others, everyday communication activities, for example, commonly conducted with ease by the hearing majority of society, are constant reminders to hard of hearing citizens of how they are different. This constant comparison with and exposure to the familiar (one's reference group) can lead to cognitive dissonance. This dissonance results from the discrepancy between one's desired self-concept (that is, as *not* being different from the majority) and the continual reminders of reality (i.e., that I *am* different).

It has been referenced elsewhere in this text that a particular concern arising as a consequence of interacting with others is that persons with disabilities can internalize the negative stereotypes and stigmas society attaches to their disability. If one does not actually incorporate these perceptions into one's self-concept, another possible consequence is that awareness of them can result in certain behaviours, sometimes maladaptive, to protect one's psychological fragility. Such behaviours all-too-often include attempts to pass as normal, which are reported frequently in the data and in other studies (Szivos & Griffiths, 1990; Uttermohlen, 1997).

Processes Used to Identify Personal Differences

This study's data stipulates that the identified differences result from comparison and interaction with others. These processes are consistent with theories of self-concept. For example, absent, or limited qualities that influence the core category include reduced ability to hear in some situations, limited vocabulary skills, incorrect word articulation, etc. Characteristics that may be present, while being different from one's reference group, could include the presence of a hearing aid or other assistive listening device and the need for classroom supports, for example. The huge issue of hearing aids is discussed in the following section.

Implications of Hearing Aids

Concerns related to hearing aids predominate the data. In many cases, the data indicates no dissociation of self from the wearing of hearing aids. The presence of hearing aids, with which I include other communication assistance, is interpreted here as an external addition to one's physical self, resulting in visible differences in appearance from others. Other researchers considered the effect of one's appearance on self-concept, with all showing the same result: self-perception of one's physical appearance is a significant predictor of self-concept (Ayres et al., 1994; Cosden & McNamara, 1997; Harter, 1990; Kloomok & Cosden, 1994). Supporting these earlier findings, the data of this study also reveal an internalized belief that looking different is synonymous with being different, further verification of the grounded theory and its interpretations that this group defines their self-concept negatively.

These particular findings have implications for intervention. Upon diagnosis of a hearing loss, immediate intervention usually involves assessment for hearing aids. Depending upon the age of onset, interventions may also address language and speech concerns. Whereas intervention for individuals with post-lingual onset usually also involves some sort of psychological support for dealing with the grief and recognition of the differences accompanying the change, particularly to one's self-image, this is not a common intervention for those with pre-lingual onset. These findings suggest that psychological support and intervention regarding the developing self-concept ought to be considered regardless of age of onset. For instance, although the data contain examples of being teased and taunted by others at early ages, resulting in an earlier recognition of being different, the data indicated, more frequently, that this realization, with all its implications, usually does not occur until junior and senior high school. Although individuals with hearing loss are familiar with wearing hearing aids, others will likely still judge this as being different, according to the data. Therefore, the issue of being different must be addressed with all hard of hearing individuals and their peers, regardless of age.

Other research shows that earlier diagnosis of a disability is associated with less favourable emotional adjustment (Raviv & Stone, 1991). In this 1991 study, the researchers concluded: "Early experiences of 'differentness' are likely to affect one's self-image. It is possible that the longer the individual is assigned a label (and the stigma associated with it), the less well-adjusted he or she may be" (Raviv & Stone, p. 610). The data of the present study do not consistently support this finding. Further research may provide further verification or contradictory results for hard of hearing persons.

"Interactions with others" is reported to be the single most influential factor in self-concept development. By virtue of its pervasive presence in this study's data and its role in all the components of the grounded theory, the results of this study support that claim. So, despite the commonly-held belief that self-concepts vary among hard of hearing persons depending on the age of onset and degree of hearing loss, the findings of this study refute that belief. This substantive theory proposes that the self-concept of hard of hearing young adults is based upon an internalized view of being different, regardless of hearing loss characteristics. Self-concepts develop through interactions with others. The data clearly show that, regardless of age of onset and degree of hearing loss, self-concept is a basic social process that follows the same developmental path for all persons, disabled or not. Furthermore, although these data show hearing loss characteristics having no influence on self-concept development, it was also very clear that interactions with others has greater influence on hard of hearing persons than on nondisabled persons.

The greater influence on those with disabilities connects with issues regarding visible hearing aids, societal stigma, and negative stereotypes. The visible differentness of hard of hearing people combined with their minority status, cause them to stand out. Thus, their self-concept faces many hurdles in its normal development: wearing hearing aids is perceived as physically unattractive by the consumer and general public; there are greater opportunities for negative interaction with others as a result of existing negative stereotypes and societal stigma; and there are greater communication problems inhibiting smooth interactions. Consequently, professionals may wish to rethink their current intervention practices, with an eye to reconsidering the importance played by the interactions of others on the development of hard of hearing persons' self-concept. An ideal would be to have hearing loss and hearing aids more widely accepted, with the stigma reduced.

The findings in this study reinforce that the phenomenon of the "Hearing Aid Effect" (Blood et al., 1977) has far-reaching implications. Blood (1997) extended the implications for the findings of the seminal 1977 study, enunciating a need for counsellors to be aware of the influence of visible hearing aids on others. Hence, the findings of the present study are not new, but, rather, reinforce the work of others, despite previous studies often using data collection procedures other than interviews with hard of hearing participants, as discussed earlier.

Results of this study confirm that the negative stigma attached to hearing aids remains a hugely negative factor in the development of self-concept of hearing aid wearers despite the fact that this has been studied for at least the past 23 years. As shown in the previous chapter, the presence of a hearing aid and/or other hearing-related supports impacts on the consumer directly, either through the discomfort of wearing the device, often resulting in a constant awareness of its presence, and/or through the reactions of others. Hearing aid users, living, working, and going to school in mainstream, hearing society, are not exempt from internalizing the negative judgments of that society. Consequently, promoting the acceptance of hearing aids must be targeted toward both consumers and non-consumers, alike.

Currently, hearing loss is one of the largest disabilities in North America. At the same time, the general population continues to age and industrialized societies continue the present trend of excessive noise. The self-concept of hard of hearing persons, regardless of current age, age of hearing loss onset, gender, and degree of hearing loss is negative, whereby these individuals judge themselves to be less than and as being different from mainstream society. Must we wait until the majority of society wears hearing aids before we address the seriousness of the situation and do something to enhance the self-concept of hard of hearing citizens? For how long will we allow at least 10% of our North American population to continue to believe they are less than, do not fit, and do not belong? How many more must fall through the cracks or fight their way through?

Adolescence: Critical Juncture in Self-Concept Development

This section compares the significance of adolescence and self-concept development among hard of hearing individuals to the general adolescent population. It contains discussion points identifying the issues of normal development to which hard of hearing adolescents show greater sensitivity, and why. This discussion is intended to explain, in part, why adolescence was theoretically coded as a critical juncture in the self-concept development of hard of hearing young adults.

Identity Issues Addressed During Adolescence

Research shows that self-concept issues are particularly relevant during adolescence in the general population (Raviv & Stone, 1991). However, the issues connected with this developmental stage may intensify for disabled students in response to accumulated years of: academic, communication, and social problems; increasing expectations and responsibilities; and needing to consider and prepare future plans (Raviv & Stone). These implicate identity facets prevalent during adolescence:

> (a) a clarity of self-definition; (b) the presence of commitments regarding life plans, goals, values, and beliefs; (c) the existence of activity directed toward the implementation of commitments; (d) the consideration of a range of identity alternatives; (e) the extent of self-acceptance; (f) a sense of personal uniqueness; (g) confidence in one's personal future; (h) a sense

> of being recognized, trusted, and positively regarded by society; and (i) a sense of well-being, genuineness, and solidity. (Levy-Shiff et al., 1990, p. 542)

With the exception of points (b) and (c), the data for the current study reveal intensified concerns with all of these facets for hard of hearing individuals during adolescence and as young adults.

Choosing To Be Different While Still Belonging

There is a disparity with other writers in the quality of how the data describes perceptions of self-concept. Adolescents' identity, for example, is often based upon being different from the mainstream and different from adults. Nonetheless, while being different by choice, in terms of such things as clothing fashion, hairstyles, and music tastes, for example, there still exists a need to belong to some group, usually of peers, and not to be perceived as being different. In this example, although some adolescents define their self-concept and identity as being different, but by choice, it concomitantly resolves one's needs to be the same and to belong. Adolescence is a time when differences over which one has no control, such as a perceived larger-than-acceptable nose, can be devastating (Hughes, 1996). Hearing loss and its accompanying hearing aids, including a variety of communication supports, are differences beyond one's control. Adolescents are particularly sensitive to these qualities that visibly reinforce their exclusion from their nondisabled peers.

Interactions with Others

Of particular relevance to the findings of this study, social experiences are of major importance to adolescents, not only because they are desired, but also because they are a necessary component of appropriate development (Raviv & Stone, 1991). In fact, "relatedness is regarded as a fundamental psychological need" (Stinson et al., p. 133). There is consensus among researchers that the prime focus of adolescence is self-definition. This aspect of self-concept development occurs through interactions with others. There is little disagreement that adolescents appraise and define their self-perceptions by developing ideas and attitudes about who and what they are through comparison with a reference group (Levy-Shiff et al., 1990).

Developmentally, social connections expand during adolescence and young adulthood as work relationships and other interactions that are more intimate occur and increase (Jarvis & Justice, 1992). In this and the present studies, the reference group is mainstreamed, nondisabled society. Consequently, hard of hearing adolescents, by virtue of their normal developmental needs during this time, experience increased interactions with others. Referencing Erikson's theory, the tasks to be completed during this stage of Identity vs. Identity Confusion are influenced significantly by interactions with others. Unfortunately, hard of hearing teens are exposed to the negative stereotypes and stigma attached to hearing loss through these interactions. This results in greater sensitivity to one's differences, with little opportunity to ascertain positive attributes to being hard of hearing. In sum, adolescence is a period of increased refinement of one's self-concept in the general population, including hard of hearing individuals. It is a critical juncture in the theory generated in the present study because of the intensified quality of its influence on self-concept development of the target group.

The data also described communication difficulties in addition to age-appropriate aversion to being different from one's peers during adolescence. These are significant findings, particularly in light of other research, which reported that social difficulties "may have more pervasive effects on psychological well-being during adolescence and early adulthood" (Jarvis & Justice, 1992, p. 978). In fact, researchers concluded "that social problems may be far more disabling than academic deficits" (Jarvis & Justice, p. 987). Consequently, while trying to navigate the normal developmental challenges of adolescence and young adulthood, findings of the present study identify additional concerns related to being hard of hearing, and being different at an age when differences are exacerbated.

What Was Not Included in the Theory: Implications for Future Research

Although the data illustrates some positive aspects of the phenomenon and provides clear information regarding it, there are also significantly frequent examples of dissatisfaction, anger, resentment, and frustration. These emotional states and responses, however, would be better investigated and analyzed in a study of self-esteem that evaluates the judgment attached to one's self-concept. The scope of the present study precluded further investigation of this aspect of the data beyond recognition of its existence, although such content implicates a need for further research of this target group.

Summary of Findings in Relation to other Research

> *Tying the emergent theory to existing literature enhances the internal validity, generalizability, and theoretical level of the theory building...because the findings often rest on a very limited number of cases. (Miller & Fredericks, 1999, p. 546*

1) Critical components of this substantive theory echo results of similar investigations regardless of the study design:
    a) In particular, the core category of *being different* appears in studies investigating issues related to other disabilities.
        i) The passive quality of accepting one's difference is also noted elsewhere.
        ii) At the same time, this study's data revealed intense energy directed toward attempts to deny one's disability and to pass for normal.
    b) As reported in other findings, being hard of hearing negatively affects self-concept.
    c) Hearing loss negatively interferes with the three most critical influences on self-concept development: language development, effective communication, and interaction with others.
    d) Preference for an able-bodied identity, in this case, to be hearing, was also reported in previous studies.
    e) The frequent communication problems associated with hearing loss often place barriers between people, and yet relatedness or sense of belonging is a basic human need, as repeatedly evidenced in the data of the present study.

2) Results of this grounded theory study also refute some previous findings:
   a) No influence was found on any components of the theory by factors relating to hearing loss attributes, age, and gender of the participants, although they were all reported as factors influencing the self-concept in other studies of the hard of hearing. In particular, sufficient research reports have been generated that indicate age of hearing loss onset is a significant predictor of the development and status of self-concept (Leigh & Stinson, 1991; Loeb & Sarigiani, 1986). In fact, it is also a commonly held belief among professionals in the field of hearing loss and within the hard of hearing community, itself. Before the findings of the present study are discounted, though, it is important to consider the design of this study.

      Recalling the results of the literature review reported in Chapter II, no previous studies were identified that investigated issues related to the hard of hearing, specifically of the self-concept construct, using grounded theory methods to analyze qualitative data, collected in personal interviews of participants, within the selected age range. Discussions in Chapter II and elsewhere in the text of this chapter, also revealed serious methodological concerns in studies investigating the construct of self-concept, regardless of the targeted population, and in similar research targeting various disability groups.

Summary of Implications and Recommendations

The findings of this study that produced a substantive grounded theory regarding the self-concept of hard of hearing young adults generated implications in a variety of areas. As noted in Chapter III, the theory generated in this study is reflective of the participants' experiences. Although this substantive theory was developed from the data of only 17 interviews, its implications may be further reaching. Following is a summary of the implications derived from the descriptive text of this chapter, as well as from Chapters II and IV. While some implications are more general in nature, others are more specific in their focus:

1. It is incumbent upon researchers investigating social, emotional, and other psychological issues of persons with disabilities, to state their theoretical stance and to provide clear definitions of constructs related to the topic of study and of the targeted disability. These actions will allow the reader a better opportunity to evaluate the credibility of the data collection method, sample selection, findings, and implications.
2. Researchers targeting narrower fields of disabilities, such as issues related to being hard of hearing, are advised to investigate completed studies from a broader range of disabilities and research designs. This will facilitate the generation of research questions and place one's study findings in a wider perspective, enhancing identification of implications.
3. Research addressing the significance of early familial interactions on one's self-concept development, such as by Eder and Mangelsdorf (1997), could incorporate the influencing factors specific to being hard of hearing, to help predict and provide appropriate intervention for this population.
4. Further research investigating the self-concept of hard of hearing persons across age ranges, using a similar research design to the present study, would further

broaden the knowledge base in this area, extending the findings of the present study.

5. Studies exploring intervention options to reduce the effects of being hard of hearing have implications for introducing positive change into the quality of life of this group.
6. Investigations into consciousness raising as an option to raise public awareness of the prevalence of being hard of hearing, and to encourage a healthy identity for group members, may be beneficial. Such efforts would be well-suited to constructing a positive identity, based on being different, for its members. Specifically, Szivos and Griffiths (1990) state that such efforts must "not start from the premise that being different is necessarily to lack value" (p. 340).
7. Recognition by professionals working with this population, as well as group members, that total acceptance of one's disability may not be a viable endpoint. Rather, recognition, affirmation, and acceptance of the accompanying thoughts, self-perceptions, and emotions, particularly during adolescence, may:
    - reduce the incidence of and reliance on maladaptive behaviours that appear in the guise of coping strategies when many are, more realistically, defence mechanisms to protect one's emotional and cognitive vulnerabilities, including deep-seated denial;
    - reduce the amount of unconscious physical and mental energies trying to assume an identity that is precluded by virtue of one's hearing acuity;
    - enhance one's general state of well-being within the emotional, social, physical, and mental domains;

- reduce the degree of derogation of group members with a corresponding increase in the desire to establish both group and personal identities as a person who is hard of hearing, signifying positive resolution of the group concept problem, while improving the quality of life for many hard of hearing people; and
- increase effective use and availability of appropriate communication supports regardless of one's location.

Specifically, the first goal should be to take care of the human side and the disability, the second goal.

8. The potential outcomes identified in the previous point may also result when there is greater awareness by professionals and the general public, of the extensive and significant sequelae to being hard of hearing, all of which affect self-concept, at least, regardless of the age of onset. Such awareness will include greater sensitivity to the significant influence of interactions with others. As noted in Chapter IV, these interactions may or may not be with people in seemingly influential positions, such as hearing consultants and school counsellors.
9. Psychological support of and intervention regarding self-concept development ought to be considered regardless of the age of onset of hearing loss. Such wider-spread consideration may also result in the potential outcomes listed in point 7.
10. Promoting the acceptance of hearing aids must be targeted at both consumers and non-consumers, alike. This is suggested because the findings reinforce the very negative perception hard of hearing people have of hearing aids, onto which one's frustration with being different are projected. Furthermore, research shows it is not uncommon for persons with disabilities to internalize society's stigmas and

negative stereotypes regarding their disability. In response to this, at the very least, behaviours will be implemented to protect oneself, including maladaptive refusal to wear or use hearing aids and other communication supports.

11. The findings of this study reflect results by other researchers in a variety of areas, lending credence to this substantive grounded theory (Miller & Fredericks, 1999). Not only do the findings add to the research base regarding persons who are hard of hearing, but also broaden knowledge of self-concept development and issues of interest to other disability groups.

Chapter V Summary

This chapter concludes the dissertation. The discussion contained herein addressed selected findings reported in Chapter IV, which presented the substantive grounded theory of the phenomenon of study. Topics for discussion were selected upon the strength of their relevance to the core category and self-concept development, in general. The most significant findings subsequently addressed were:

1) significant psychological implications exist for defining one's self-concept on the basis of what it is not;
2) the influence of interactions with others is the primary influence on one's self-concept;
3) hard of hearing persons are particularly vulnerable to negativity;
4) the normal milestones of self-concept development during adolescence are intensified and more challenging for the hard of hearing teen;
5) issues associated with hearing aids pervade the data, particularly related to self-perception of appearance, a prominent influence on self-concept; and

6) considering the pervasiveness of concerns regarding hearing aids that influence every aspect of one's life (from hairstyle choices to missing work due to dead hearing aid batteries or inability to hear an alarm clock), it is surprising that studies of the 'hearing aid effect' have not had a greater influence on mainstream society, despite having been published for over two decades.

Summaries of findings in relation to other research and of implications and recommendations conclude this final chapter.

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APPENDIX A—DEFINITION OF TERMS RELATED TO THE SELF

> *The most obvious and common things are sometimes the most difficult to define. This certainly applies to the self. People use the word "self", especially with its many prefixes and suffixes, dozens of times each day, and yet it is difficult to pause and say what is meant by self. (Baumeister, 1997, p. 681)*

The Construct of Self

As noted by Baumeister (1997), above, it seems that, that which we are most intimately familiar–ourselves–remains elusive to operational definition. As an abstract concept, Street and Isaacs (1998) confirm that researchers in the field of psychology have struggled for many years with trying to clarify the construct of the *self.* The ongoing debate began when William James (1842-1910) first opened the discussion in 1890, at which time he proposed that the "empirical self"—the self as known to the individual—has three central components:

(1) the "material self", including material possessions not only of one's property, but also of one's body and family, which forms a basis for the individual's identity;
(2) the "social self" or "public self" (Lamphere & Leary, 1990), which refers to the self as viewed by others (Baumgardner et al., 1990); and
(3) the "spiritual self", or "one's private subjective states of consciousness" (Lamphere & Leary, 1990, p. 717), including the metacognitive ability to objectify one's own thought processes: "to think of ourselves as thinkers" (Baumgardner et al., 1990, p. 706).

However, as the term *spiritual* seems to have fallen out of favour, it is more recognized currently as the *private self* (Lamphere & Leary, 1990). Regardless of the nomenclature, it is concluded that James "regarded the spiritual self as the supreme and most noble of the three self constituents, the "self of all the other selves" (James, 1890/1952, p. 285, as cited by Baumgardner et al., 1990, p. 707).

Despite being introduced over 100 years ago, these components maintain support, although different researchers may focus more on one element than others. For instance, the American social philosopher, George Herbert Mead (1863-1931), maintained almost exclusive focus on the social self. He attended primarily to social relations and their influence on the development and maintenance of one's social self (Baumgardner et al., 1990). Although James considered the spiritual or private self to be of utmost importance, the public or social self has the greatest relevance to the present study and is supported by the findings presented in Chapter IV and discussed in Chapter V. This component of self, presented to and perceived by others, importantly influences others' reactions and behaviours, which, in turn, influence one's self-perceptions (Funder & Colvin, 1997; Hughes, 1996).

Components of Self

Adding to the confusion, when "self" is used as a prefix, its comprehensibility as a construct becomes further clouded. For instance, as particularly relevant to the present research, the closely related terms *self, self-concept, self-image,* and *self-esteem*, although different constructs, are often used interchangeably (Street & Isaacs, 1998). Furthermore, Hamachek (1988) suggests that the lack of precision in definition of the self, a subjective sense of personal existence, is due to equating it with an individual's "personality". Muddying understanding further, in the late 19th century James introduced the concept of the self developing simultaneously as the "me" and the "I". Attributes of the me are physical, social, emotional, and intellectual, whereas the I conducts perceiving, thinking, performing, and remembering functions (Hamachek, 1988).

If one considers the more commonly used terms in hierarchical fashion, though, the nuances of difference are more easily discerned. For instance, Street and Isaacs (1998) state that "*self-esteem* is the evaluative component of a *self-concept* structure founded on the (even) more subjectively perceived *self*" (p.47). Figure A1 summarizes this hierarchy in diagrammatic form. The following sections are discussions of the components of the self: *self-concept; self-efficacy* as it relates to *self-concept; self-esteem;* and *identity.*

Self-Concept

As difficult as it is to define clearly the over-riding *self*, review of the literature reveals equal challenges in accurately delimiting its component parts. In particular, no consensus exists among psychologists or sociologists regarding the definition of self-concept (Street & Isaacs, 1998). In fact, interchanging of *self-concept* and *self-perception* appears frequently in the literature (for example, see Leigh & Stinson, 1991 and Stinson et al., 1996). Nonetheless, Hamachek (1988), for instance, refers to the private mental image we each have of ourselves, or our self-perception as the *self-concept*, which he defines as: "a collection of beliefs about the kind of person we are" (p. 354). This is a global or total conception of a *self-concept* that varies with specific experiences (Gorrell,

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Figure A1: Hierarchy of "Self" Terminology

SELF

- *subjectively perceived, overriding personality construct,* under which *identity, self-concept, self-image,* and *self-esteem* are subsumed in *hierarchical* fashion (Street & Isaacs, 1998)
- has *physical, social, emotional, and intellectual attributes* (Street & Isaacs, 1998)

IDENTITY

- *socially defined* concept (Baumeister, 1997)
- *who the person is and what the person is like* regarding *socially- and interactively-bound roles and relationships* that are created for and superimposed on the *self* (Baumeister; Baumgardner et al., 1990)
- components of self-concept "belonging" to the person: *personal aspects* of identity (e.g., *abilities, beliefs, and goals*) (Lamphere & Leary, 1990)

SELF-CONCEPT

- a *subjective, personal awareness of one's identity*: how the individual sees him/herself or who s/he is; a collection of self-representations (Hamachek, 1998)
- developed through interaction with others and one's preferred views, beliefs, and concepts about oneself (Baumeister, 1997; Eder & Mangelsdorf, 1997; Gottfredson, 1985; Street & Isaacs, 1998; Tloczynski, 1993)
- varies with specific experiences (Gorrell, 1990; Robins & John, 1997)
- includes physical and psychological traits, strengths and weaknesses (Street & Isaacs)
- includes understanding one's roles and responsibilities (Baumeister)
- influences all major areas of one's life (Gorrell, 1990)
- often interchanged with "self-perception" (Stinson et al., 1996)
- the construct of focus for this research

SELF-ESTEEM

- *one's sense of worthiness,* that is, the *evaluative* assessment of one's *self-concept* (Baumeister, 1997; Street & Isaacs, 1998)
- how well we like what we see (Gottfredson, 1985)
- a subset of self-concept (Street & Isaacs)

1990), referring to the totality of inferences made about oneself including "an understanding of one's social roles and relationships" (Baumeister, 1997, p. 681). *Self-concept* has also been considered one holistic personality construct with *self-esteem* as a subset (Street & Isaacs, 1998).

Multi-Dimensional Aspects. The other perspective, more common currently, considers self-concept as being multidimensional or specific to particular domains (Vaughn et al., 1992). In particular, there is increasing support for considering domain-specific self-concepts of various features of the self (Baumeister, 1997). Such multiple conceptions of self that people hold may include possible future selves, projections of how they ideally would like or ought to be, detailed (if inaccurate) images of how they perceive themselves to really be and how others perceive them, and more (Baumeister, p. 702).

Two other such dimensions of *self-concept* may also include: *identities* (the content of one's beliefs about the self) and *self-esteem* (the evaluative component of the self or how one feels about one's self) (Gottfredson, 1985). Other research expands upon this aspect: "Children are born with identities (insofar as they belong to particular families) but must develop self-concepts" (Baumeister, 1997, p. 685).

Summative Definition. Discussion of the *self-concept* generally refers, though, to it being:

- a complex personality construct from which "multiple and sometimes contradictory configurations" may emerge (Wetherell & Maybin, 1996, p. 226);
- a collection of self-representations;
- a result of the interaction with one's environment, the people in it, and one's

preferred views, beliefs, and concepts about oneself (Baumeister, 1997; Eder & Mangelsdorf, 1997; Gottfredson, 1985; Street & Isaacs, 1998; Tloczynski, 1993);

- influenced by one's inherent emotionality (Eder & Mangelsdorf, 1997);
- a guide for social judgment and behaviour (Gorrell, 1990; Pratkanis & Greenwald, 1985; Tloczynski, 1993) wherein "a person sees him- or herself as having similar personality characteristics in different social roles" (Robins & John, 1997, p. 655), while reaching for certain goals related to one's ideals about what type of person to become or not to become (Baumeister, 1997; Gorrell, 1990);
- slow and resistant to change, based upon accumulated experiences ultimately resulting in "more stable and abstract beliefs" (Gorrell, 1990, p. 74); and
- an aspect of personality on which people seem to expend a great deal of effort (Baumeister, 1997).

In particular, Gorrell (1990) points out that "one of the most durable beliefs in American education is that self-concept influences behavior in all major areas of a person's life" (p. 73). Succinctly, Street and Isaacs (1998) cite Branden's (1987) definition of self-concept as "perceptions of who we are, including physical and psychological traits, our strengths and liabilities, and our self-esteem" (p. 47).

Influence on Behaviours: Enhancement Model. Because of its influence on behaviour, educators commonly consider student self-concept when making educational decisions. As per the previous discussion, however, some writers argue that these same educators "often misunderstand the structure and role of the self-concept in their students' lives" (Gorrell, 1990, p. 73). Nonetheless, an important issue in self-concept theory relates to the direction of change in one's self-concept. The predominant model predicts "that interventions aimed at raising self-concept will result in important positive changes in performance, such as academic achievement" (Gorrell, p. 74).

Alternatively, Gorrell (1990) also suggests that the focus for enhancing self-concept or school achievement should be on directly changing an individual's behaviour. In the following statement, Gorrell explains the enhancement model, generally adopted by traditional self-concept theory, which is grounded firmly in phenomenological theory:

> If individuals' perceptions of the world determine their behavior, and if individuals construct a set of beliefs about themselves out of their experiences, then, since their beliefs are also part of the world of their experiences, their perceptions of themselves will affect their behavior. (p. 74)

This statement also highlights the circularity of self-concept theory as well as the challenges inherent in practical application of it and in defining the construct *self-concept.*

Early Influences on Self-Concept Development. Considering a more holistic and social approach, research expands upon this circular thinking. Eder and Mangelsdorf (1997), for instance, propose that an interaction of variables, such as the following, may account for individual differences in self-concept: parental personality and perceptions of the child, the child's own temperament and/or behaviour, and the attachment relationship between infant and caregiver. Such observations reinforce the influence of interactions with others on self-concept development, highlighting the importance of early interactions within the family (Eder & Mangelsdorf; Loeb & Sarigiani, 1986). Eder and Mangelsdorf hope that further research will find a link between early self-concepts and those held later in life, thus helping to predict self-concept development across the life span. Perhaps this type of proposed research, combined with results of studies such as from this present one, could help to anticipate and mediate the self-concept development of persons with hearing loss or other disability.

Self-Concept Studies. The following section organizes the findings from reviewing the literature related to self-concept studies, regardless of sample used, whilst considering their relevance to the present study. Findings relevant to the phenomenon and sample of this study include: investigations into this construct identifying positive correlations between self-concept and school behaviours; and studies incorporating self-efficacy theory.

Correlations with School-Based Influences. It is well accepted that academic performance is positively correlated with one's self-concept (Gibson-Harman & Austin, 1985; Gorrell, 1990). There is also consensus among researchers of the important role played by school experiences on social-emotional development and status, including self-concept (Gorrell; Hughes, 1996). Besides the obvious peer-related social interactions (Hughes, 1996; Kloomok & Cosden, 1994; Stevens, 1996; Wetherell & Maybin, 1996), Gorrell cites a number of other studies suggesting that students' self-concepts can be influenced significantly by teachers' beliefs, attitudes, and behaviours, as well as by academic successes and failures and the quality of their school life or self-efficacy. These conditions, though, generally refer to expectations and attitudes, rather than to specific behaviours. Despite these findings, it is also reported:

> self-concept research has been a relatively unimportant issue in the mainstream of educational theory in recent years, except for small pockets of researchers and theory builders who maintain the stance that the self-concept deserves greater attention than is accorded it. (Gorrell, p. 75)

Gorrell summarizes further:

> [There is a] dearth of sound research studies of the influence of self-concept change on school performance. [There are] methodological problems (inadequate control groups and inappropriate outcome

> measures), implementation problems and inappropriate theoretical assumptions as factors that make it difficult to interpret findings. (p. 76)

Self-Efficacy Theory. In considering the relevance of research on the self-concept of hard of hearing individuals, it is also fitting to consider theories related to how one's self-concept may be changed. This builds upon Gorrell's (1990) perspective reflecting concern in the area of self-concept change. In particular, Bandura's (1977a) theory of self-efficacy may be relevant to the discussion. Self-efficacy theory shares perspectives with other theories relevant to self-concept, and these aspects are germane to the present study:

- self-efficacy beliefs mediate behaviour; self-concept is multi-dimensional;
- self-efficacy beliefs are positively correlated with tenacity and performance (supports enhancement model);
- effort is positively correlated with self-concept;
- self-efficacy beliefs are influenced by past performance, vicarious experiences, interaction with others; and
- self-efficacy beliefs are positively correlated with self-concept.

Self-efficacy refers to the beliefs individuals hold about their ability to attain certain goals or to perform specific tasks. These beliefs mediate one's behaviour, influencing whether one will attempt a given activity and to what degree one will expend effort and persistence (Bandura, 1977a; Garrison & Tesch, 1978; Gorrell, 1990). Self-efficacy research also views the self-concept from a multi-dimensional perspective, rather than as a global entity that changes with new experience (Gorrell).

Self-efficacy theory also identifies the positive correlation that changes in effort and achievement result in changes in self-concept. Thus supporting the enhancement model for changing beliefs as discussed earlier, self-efficacy research shows that, as individuals raise their estimates of their own ability (self-efficacy beliefs), there will be corresponding increased tenacity and task performance (Bandura, 1977a; Gorrell, 1990). Extending the argument, changes in self-efficacy beliefs, influenced by past performance, vicarious experiences, encouragement from others, and/or emotional states, result in analogous changes in one's self-concept. This extrapolation is premised upon self-efficacy being part of the self-concept belief system or structure. However, Gorrell cautions that self-concept researchers would be well-advised to follow the guidance of self-efficacy researchers who avoid making sweeping generalizations without support of empirical study results.

Self-Esteem

Self-esteem research first appeared during the early developmental years of psychological writings focussing on the self, originating with James in the late 19th century and continuing with Mead in the 1930s. Literature notes that the construct maintains its importance in understanding and changing human behaviour (Street & Isaacs, 1998), but not without some problems for researchers.

Definition. Street and Isaacs (1998) observe that there is a "lack of agreement among researchers in defining self-esteem" (p. 46). Nonetheless, the literature seems consistent in considering *self-esteem* to be an attitude toward the self with both cognitive (beliefs about one's self-worth) and affective (the evaluative component of self) components (Baumeister, 1997; Gottfredson, 1985; Leary & Downs, 1995). One can appreciate the confusing inconsistencies in the literature, though, in light of a contradictory statement by

Leary and Downs, who state: "the term 'self-esteem' is not synonymous with self-beliefs or self-evaluations" (p. 124). Self-esteem, an important element of the self-concept (Baumeister, 1997), more than just beliefs about one's self, tends to refer more to the positive and negative feelings one has about one's self (Gottfredson, 1985; Leary & Downs; Street & Isaacs, 1998). Put another way, Branden (1987) (as cited by Street & Isaacs) considers self-esteem to include both self-respect (feelings of personal worth) and self-efficacy (feelings of personal competence). Succinctly, "self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds towards himself" (Coopersmith, 1967, as cited by Street & Isaacs, p. 47). Additionally, like other aspects of one's personality, most people seem to have relatively stable and chronic feelings about themselves (baseline self-esteem), although these self-feelings also tend to fluctuate over time and in different situations (barometric self-esteem) (Kernis, 1995; Leary & Downs).

Research Problems. Because of the somewhat dual nature of the construct (self-efficacy and self-respect), inherent challenges in defining it, and its fluctuations over time and situation, there are identified problems in researching self-esteem. Specifically, Street and Isaacs (1998) report that the lack of available measurement instruments of good quality is "one of the biggest problems in developing adequate self-concept and self-esteem theory" (p. 46). Part of the challenge in quantifying self-esteem and developing objective measurement instruments is inherent in Kernis' (1995) statement: "Self-esteem should not be considered in isolation from other motivational and personality constructs" (p. 252). An operationalized and measurable definition of the term *self-esteem*– feelings about one's self– thus seems to elude many researchers. For instance, Wylie (1974), in reviewing research literature on *self-concept,* found the major focus to be actually on *self-esteem.* Nonetheless, although Street and Isaacs state: "clearly, self-esteem is the label attached to a quality that defies consistently objective definition" (p. 46), they also state that it is still what most of us consider desirable. It is such an important aspect of one's self, in fact, that Maslow (1909-1970), in his 1943 theory of human motivation, identified self-esteem as one of the six primary needs for all persons (Crain, 1992; Street & Isaacs).

Importance of Self-Esteem. Despite the multitude of problems facing researchers of self-esteem, it remains a popular area for investigation. For instance, studies have shown the positive results of high self-esteem and the corresponding less-desirable consequences of low self-esteem (Baumgardner et al., 1990; Street & Isaacs, 1998). Related to the duality of the construct, there are two main areas of interest in the study of self-esteem and the consequences of positive and negative esteem. The first area considers the effect of self-esteem on one's performance, as summarized by Street and Isaacs: "Several theorists accept that perceptions and beliefs related to our past and present behavior and the resulting derived values create, to some extent, our future" (p. 46). Furthermore, these same researchers found consistently high correlations between academic performance and students' self-esteem reported in the literature (Street & Isaacs). Self-esteem also plays a role in terms of mental health. As Street and Isaacs so elegantly summarize:

> It is widely understood that people do not need help when they feel good about themselves; further, that many human problems can be attributed, in part, to one's self-deprecating feelings and judgments about the self and decisions emanating from those negative self-perceptions. (p. 46)

Identity

Socially defined, the construct *identity* differs from self-concept (Baumeister, 1997), although both terms seem to consider similar aspects of self. For instance, Baumeister states that the definitions "created for and superimposed on the self . . . refer to concepts about who the person is and what the person is like" (p. 682). The literature also reveals personal and social identity orientations, in which such personal aspects of identity as abilities, beliefs, and goals, are components of an individual's self-concept "belonging" to the individual (Lamphere & Leary, 1990). "Social aspects of identity are components of identity that reflect one's roles and relationships with others" (Lamphere & Leary, p. 718). Based upon one's roles and relationships with others (Lamphere & Leary, 1990), any given individual may be a son or daughter, as assigned by their gender, as well as a parent, a sibling, and a student, for example. Our feelings and thoughts regarding these various identities speak to our self-esteem and self-concept.

There are implications for behaviour based upon the emphasis an individuals place on the personal and social aspects of their identities (Lamphere & Leary, 1990). For instance, "people with a predominantly personal identity orientation choose occupations and recreational activities that offer personal rewards, whereas people with a predominantly social identity orientation prefer jobs and recreation that offer them social opportunities" (Lamphere & Leary, 1990, p. 719). Consequently, in endorsing identities that best serve one's goals and values and that are considered to be the most valuable, an individual engages in "both public and private activities designed to develop and enhance the self-concept" (Baumgardner et al., 1990, p. 711). This last point reinforces the notion that the *self* is a complex conglomeration of several personality constructs neither defined nor measured easily in objective fashion.

Baumeister (1997) clarifies the differences between *identity, self-concept,* and *self-esteem* in the statements:

> Identity is thus the product of the many definitions of self that exist. Likewise, the self-concept is a loose combination of the many ideas and inferences that the person has about him- or herself. The term self-esteem refers to the evaluative dimension of the self-concept. (p. 682)

Identity Theories. The literature contains much information about the construct of personal identity. Two of the major theories are Erikson's psychosocial theory of the *Eight Stages of Man*, introduced in 1950 (Crain, 1992; Waterman, 1988) and *Identity Status Theory* (Waterman). Waterman presents an extensive discussion of the two theories, elaborating upon their similarities and differences, which will not be presented at length in this dissertation.

Erikson's Psychosocial Model. Succinctly, Erikson's model delineates general characteristics or issues for each stage, with identified crises to be resolved during each period (Crain, 1992; Hamachek, 1988). Erikson's psychosocial stages, with their generally-expected developmental ages are:

1. Trust versus Mistrust (birth to 18 months)
2. Autonomy versus Shame and Doubt (18 months to 3 years)
3. Initiative versus Guilt (3 to 6 years)
4. Industry versus Inferiority (6 to 12 years)
5. Identity versus Identity Confusion (12 to 20 years)
6. Intimacy versus Isolation (20 to 35 years)
7. Generativity versus Self-Absorption (35 years to retirement)
8. Integrity versus Despair (retirement years)

Researchers report that Erikson focussed primarily on Stage 1–Trust versus Mistrust, and Stage 5–Identity versus Identity Confusion (Hamachek, 1988). The issue of identity "resolution" is seen most crucially to occur during Stage 5, when the challenge, or task, is to establish an identity, a sense of who one is as an individual and how one fits into society (Crain, 1992; Hamachek). Successful resolution at this point results in an overall personality that "houses an essentially positive self-concept" (Hamachek, p. 356).

Hamachek (1988) also critiques Erikson's theory:

> Psychosocial theory acknowledges that humans are biological *and* social *and* psychological and that it is the interactive mix of these inner and outer forces that, along a continuum of developmental stages, combine to shape the human psyche. That has been its strength. A weakness, I believe, has been in the ambiguity surrounding what behaviours to look for during any particular growth stage that would allow one to evaluate a person's psychosocial growth more specifically. (p. 360)

Identity Status Theory. Identity Status Theory enunciates the flexible set of styles or processes with which one handles "the tasks of establishing, maintaining, and, if necessary, revising [one's] sense of personal identity" (Waterman, 1988, p. 193). These processes could be overlaid with the tasks inherent to Erikson's Stage 5. Following is a brief summary of each of the four statuses: Identity Achievement; Moratorium; Foreclosure; and Identity Diffusion.

Identity Achievement. Individuals in the Identity Achievement status have made an identity commitment, after careful consideration of alternatives. Such a commitment is based on the subjective belief that anticipating or seeking changes in one's goals, values, and/or beliefs is unnecessary. This is because they are "sufficiently personally expressive or otherwise rewarding" (Waterman, 1988, p. 189). Nonetheless, identity commitments are neither static nor unchangeable because "the defining criteria of commitment within a status [is the individual's] subjective desire for, and anticipation of, stability" (Waterman, p. 190). In fact, many individuals move in and out of "identity crises before establishing [long-term] commitments" (Waterman, p. 189).

Moratorium. In this status, individuals are currently in some degree of identity crisis. They are actively exploring various identity possibilities with specific expectations of eventually forming identity commitments (Waterman, 1988).

Foreclosure. In the foreclosure status, individuals "have established commitments regarding their goals, values, and beliefs in the area and no changes in these are sought or anticipated" (Waterman, 1988, p. 191). Different from identity achievers, though, commitments made by persons in the foreclosure status are done without active consideration of alternate identity possibilities and are often the first considered and as may have been suggested by one's family (Waterman).

Identity Diffusion. Individuals with the identity diffusion status are unconcerned about establishing firm goal, value, and belief commitments as they also lack such commitments (Waterman, 1988). Any potential ideas tend to be held casually and are readily subject to change (Waterman).

Rather than the maturational age restrictions conscripted in Erikson's theory of identity and supporting a multi-dimensional approach to self-concept development, Identity Status Theory recognizes the varying degree to and in which one's identity may develop. Specifically, the four processes likely occur simultaneously in different identity domains. For example, "an individual may be foreclosed with respect to vocational choice, in crisis regarding religious beliefs, identity diffuse with respect to political concerns, and identity achieved in the domain of sex-role attitudes" (Waterman, 1988, p. 193). Thus, various domains within which one forms a sense of identity include: "vocational choice, religious beliefs, political ideology, sex-role attitudes, and spousal and parenting roles, among others" (Waterman, p. 195).

Although Erikson's stages link with chronological age, with some response flexibility within each stage, researchers subscribing to Identity Status Theory are

> continually aware that were we to interview the same sample of respondents even a week apart, we might well find some in different identity status categories in particular content domains, and thus in a different overall category, as a function of developmental changes or altered situational circumstances. (Waterman, 1988, p. 194)

This provides part of the rationale behind the focus of the present study on a more global consideration of self-concept. It was beyond the available resources to investigate varying domains of the phenomenon.

As Erikson recognized the prime focus on establishing an identity that occurs during adolescence, so too do Identity Status theorists focus on "the task of forming a sense of personal identity [as] one of the principal developmental concerns for the time period between puberty and the attainment of adult status within the community (i.e., the time of adolescence and youth)" (Waterman, 1988, p. 195). As will be shown in Chapters IV and V, the results of the present study support this perspective.

Summary

This Appendix included issues related to defining terms related to the construct of self, by discussing and comparing the component parts of self-concept, self-esteem, and identity. The discussion of self-concept presented researchers' ongoing debate of whether it is a global or multi-dimensional construct. Further related to this construct of focus for the present study, this Appendix also introduced the Enhancement Model to help explain the influence of self-concept on behaviour, followed by a summary of research into the effects of early influences on self-concept throughout one's lifetime. The next section regarding self-concept considered previous research that was applicable to the present study. The final section on identity included discussions of two identity theories considered relevant: Erikson's Psychosocial Model and Identity Status Theory.

APPENDIX B—HEARING LOSS TERMINOLOGY

Terminology of hearing loss varies. In North America, the terms used primarily are: *hearing impaired, hard of hearing, late deafened, deaf,* and *Deaf* (American Speech-Language-Hearing Association (ASHA), 1998; Hughes, 1996). The communication modes of persons with hearing loss may include: signed; spoken, including use of amplification technology; written, including computer-assisted captioning; and other methods or combinations of methods, such as cued speech and fingerspelling (ASHA, 1998). Clear definitions and demarcations between the various terms can be hazy, however, as classification of hearing status may be done from audiological, educational, and/or sociocultural perspectives (Hughes). Of consideration when defining terms, one must consider not only the type and degree of hearing loss, but also the age of onset, use of residual hearing, and communication preference (ASHA; Hughes). Table B1 summarizes the generally accepted degrees of hearing loss and their qualitative descriptors. The following sections discuss the five primary terms, listed earlier, used to describe hearing loss.

Hearing Impaired

For most practical purposes, the term *hearing impaired* is a generic medical/ audiological term encompassing all degrees of hearing loss from mild through profound, with no reference to one's preferred communication method. This term primarily describes individuals with any degree of hearing loss. In some instances, it is also used to identify persons who are more commonly referred to as being *hard of hearing*. The term *hearing impaired* is now generally rejected by persons with hearing loss and by most

Table B1
Description of Degrees of Hearing Loss

Unaided Hearing Threshold (Degree of Hearing Loss)	Qualitative Descriptor	Receptive and Expressive Communication Mode
0-15 dB	Normal Hearing (for children)	• Voice and hearing
16-25 dB	Minimal (Borderline) (for children; within the normal range for adults)	• Oral/aural* • may benefit from favourable seating and amplification
25-39 dB	Mild	• Oral/aural • Will benefit from hearing aid and other assistive listening technology • Favourable seating and lighting required
40-54 dB	Moderate	• Oral/aural • Amplification and/or visual technology required in some circumstances
55-69 dB	Moderate to Severe	• Usually oral/aural • Amplification, speechreading, visual supports required in most circumstances
70-89 dB	Severe	• Often oral/aural, but as hearing loss approaches 80-90 dB, greater emphasis on signed communication may be required, particularly if the loss is prelingual • Amplification, speechreading, visual supports required in most circumstances
90 dB and beyond	Profound	• Visual communication and/or technological visual supports is/are almost always required
Unilateral Loss	One normal hearing ear and one ear with at least a permanent mild hearing loss	• Oral/aural, although there may be difficulty localizing sound as well as detecting and understanding soft speech from the side of the bad ear, particularly during group discussions

* Oralism, or an oral/aural mode of communication, is the approach emphasizing speech, speechreading, writing, reading, and the use of hearing aids and other devices to amplify sounds, in conjunction with one's residual hearing.

Note: Adapted from Hughes (1996).

professionals in the field (Hughes). Nonetheless, it is defined here in recognition of its continued use in some areas and to illustrate the overlap and confusion of terms within the field of hearing loss.

D/deaf

Persons who identify themselves as *deaf* (lower case "d") have an audiological hearing loss that precludes understanding of speech through the ear alone, with or without amplification. They generally rely upon visual means of communication and may or may not use their voices for expressive communication.

Conversely, *Deaf* (with an upper case "D") is a sociological term used by and in reference to individuals who have a separate cultural and linguistic affiliation with people who are Deaf (Carver, 1989; Harris et al., 1997; Moores, 1987). Most subscribers of Deaf culture have a severe to profound hearing loss of early or prelingual onset, but some may have postlingual sensorineural hearing loss and some members of the Deaf community will be hearing children of Deaf parents. These individuals are also usually educated in a school specifically for deaf students, and maintain current involvement in Deaf organizations (Hindley, 1997).

Culture

A culture is generally considered distinct when it has its own unique language, values, behavioural norms, art, educational institutions, organizations, and "peripherals" (such as ethnic clothing, rituals, or special/unusual possessions). By this definition, Deaf people have a unique culture. Some elements of Deaf Culture include:

- a feeling of cultural solidarity and pride;

- a strong belief that Sign Language, such as American Sign Language [ASL] in most of North America except for Langue de Signe Quebec [LSQ] in Quebec, is the best way for prelingually deaf children to acquire the first-language skills needed to learn English or French later in life;
- Deaf schools, including Gallaudet University in Washington, D.C.;
- Deaf theatre, poetry, jokes, paintings, etc.;
- magazines, journals and books by and about Deaf people and devoted to Deaf interests and concerns;
- organized groups in almost every community, as well as national organizations in roughly 100 countries;
- values based on schools attended, skill in Sign Language, involvement in the local Deaf community, attitudes towards Deaf interests, etc.;
- "peripherals" such as TTYs, closed caption, visual alarms, etc.

Late Deafened

Late Deafened refers to individuals with a severe to profound hearing loss acquired post-lingually and more commonly post-vocationally (after 19 years of age). These individuals grow up hearing or hard of hearing and suddenly, or gradually, experience a profound loss of hearing (Canadian Hearing Society (CHS), 1998). However, the majority of deafened people go quickly from hearing to deaf with little preparation (National Association of the Deaf (NAD), 1996). Their hearing loss is significant enough to impair normal conversation without visual clues such as print interpretation (e.g., computerized notetaking and captioning), speechreading, or sign language (CHS). Also, most late deafened individuals continue to use their voice for expressive communication.

There has been a recent emergence of consumer support groups for adults who become deafened post-vocationally, such as the Association for Late Deafened Adults that began in 1986 in Chicago, now headquartered in Rochester, NY. Before that, the National Association of Deafened People (U.K.) was founded in 1984 (Heath, 1987). NADP members had been a segment of the British League for the Hard of Hearing and Deafened. A Deafened Adult Support Group began at the Canadian Hearing Society head office in Toronto in 1986, which eventually became the Canadian Deafened Persons Association, named in 1990 (NAD, 1996). The surfacing of such groups, which are different from hard of hearing consumer groups, reinforces this and other studies' findings regarding the importance of needing to belong (Leary & Downs, 1995).

Hard of Hearing

The term *hard of hearing* is used in reference to and by a heterogeneous group of people with hearing loss of any degree. However, some literature specifies an audiological range such as that of the American National Standards Institute (ANSI),which considers a hard of hearing individual to have a hearing loss between 30 and 65 decibels without amplification. In this case, a deaf individual would have a hearing loss of more than 65 decibels. As will be described, though, most persons using the term *hard of hearing* use it to describe one's communication functioning as opposed to an arbitrary decibel cut-off. The degree of hearing loss experienced by these individuals generally implies the need for some sort of auditory assistance, be it amplification alone or combined with visual supports such as speechreading, captioning, and/or computer-assisted notetaking. These individuals use oral/aural communication as their usual mode of communication. The age of onset and aetiology of their hearing loss varies.

Prevalence of Hearing Loss

Approximately 10% of the North American population, regardless of age, have some degree of hearing loss, with a suggested 92-94% of these individuals (or 9.2% to 9.4% of the general population) classified as hard of hearing, not d/Deaf (Flexer, Wray, & Ireland, 1989). However, demographic data of the numbers of people who are hard of hearing, specifically, are conflicting, and difficult to obtain (CHS, 1998). The challenges in accessing useful demographic data are many: limited disclosure by hard of hearing people, themselves, that they have hearing loss; inconsistent decibel ranges for inclusion in the census; lack of specificity regarding whether the identified decibel ranges are aided or unaided; varying respondents (self-report vs. teachers and/or parents); and limited identification of communication preferences to distinguish between the functionality of groups of persons with hearing loss. The following paragraphs present various statistical information from a variety of sources and illustrate the conflicting available data.

To begin, Luey et al. (1995) report: "about 8 percent of all people have a significant hearing loss, and many more have losses classified as mild or moderate" (p. 177). Closer to home, 60% of *identified* hearing impaired students in Alberta between 1989 and 1990 were *reported* to have mild or moderate hearing losses (Alberta Education Response Centre, 1991). Other statistics are provided by Statistics Canada (1991) in the HALS Report, which indicates that more than 83% of Albertans between the ages of 15 to 64 years with hearing loss requiring a special communication skill (e.g., speechreading, sign language), use oral/aural methods to communicate. However, this same report excludes hearing aid users who communicate well with others because it defines hearing loss as a limited ability to hear [and understand] a conversation with one or more people, even when wearing a hearing aid (CHS, 1998). The Canadian Hearing Society presents current statistical Canadian information in tabular form for easy reference.

Also, both incidence and severity of hearing loss increase with age, so that "the incidence of self-reported trouble with hearing is 33 percent for people ages 65-74 and 62 percent for people older than age 85" (Luey et al., 1995, p. 177). In fact, the number of people with hearing loss is expected to increase at a faster rate than the total population, as a direct result of our aging population (CHS, 1998). This is drawn from the Statistics Canada's 1991 Activity Limitation Survey (HALS), which shows a 15 per cent increase in the incidence of hearing loss in people 65 years and older compared with 1986 (CHS). Other statistics indicate that approximately 49% of the hearing impaired population is less that 65 years of age (HAA, 2000). However, the Better Hearing Institute (1999) reports that, while more than 30% of people over the age of 65 have some type of hearing loss, 14% of the population between 45 and 64 have hearing loss. Hindley (1997) includes an excellent discussion related to the difficulties of enunciating the prevalence of hearing loss.

Regardless of actual numbers, hearing loss within the *hard of hearing* category is a high incidence disability, cited, in fact, as the third leading chronic disability following arthritis and hypertension (HAA, 2000). Despite the high frequency of this disability, though, consensus among researchers is that the needs of this population are often overlooked (Antia, 1985; Hughes, 1996; Laszlo, 1994). This is of concern, because hearing loss is one of the most common of all chronic disabilities, and "it affects people's lives in profound and all-encompassing ways" (Luey et al., 1995, p. 177).

Summary of Hearing Loss Terminology

As meant within this study, the medical term *hearing impaired* indicates any degree of hearing loss regardless of preferred mode of communication. Although it is not well accepted by many persons with hearing loss or by most professionals in the field, it remains in use and often refers to persons who are hard of hearing, particularly in American literature (Hughes, 1996).

Deaf (capital D) is a sociological term used by and in reference to persons who are deaf (deafened or hard of hearing) who have cultural and linguistic associations with the Deaf community and Deaf culture (CHS, 1998; Carver, 1989; Moores, 1987). Culturally Deaf individuals use a signed language to communicate, have usually been educated in schools specifically for deaf students, and are involved in Deaf organizations, indicating individual and group identities.

The term *deaf* (lower case d) is an audiological category to denote hearing loss in the severe to profound range. Some deaf people use Sign Language to communicate. Others use speech to communicate. Some will have learned to use their residual hearing and hearing aids, technical devices or cochlear implants, and speechreading. Individuals who are *late deafened* fit within this category although this latter term implies the onset of hearing loss is at least post-lingual but occurring more often post-vocationally. There has been a recent emergence of consumer support groups for adults who have become deafened, separate from organizations for the Deaf or the hard of hearing.

A person who is *hard of hearing* has a mild to moderate (and sometimes severe to profound, if age of onset is post-lingual) degree of hearing loss between 25 dB (15 dB for children) in the better ear (although the literature is not clear whether this is based upon aided or unaided hearing) *and* uses aural/oral methods of communication. Participants for the present study functioned as hard of hearing, regardless of their chosen label of identity.

In considering terms of identity, there is not a sharp audiological demarcation distinguishing between *deaf, Deaf,* and *hard of hearing*, with no specific decibel number to distinguish between these terms on an audiogram. There is support, such as by the Joint Committee of the American Speech-Language-Hearing Association and the Council on Education of the Deaf (Perrigoe, 1998) that functional and operational choices provide the only valid distinction (Johnson, 1973; Menzel, 1995; Ontario Ministry of Education, 1989; Ross, 1990). In fact, evidence shows that some children may be moved from an audiological *deaf* category to a functional *hard of hearing* category through appropriate audiological management (Bess & Humes, 1995; Johnson, 1973; Ross, 1990; Stewart, 1984). Members of the Deaf Community who follow Deaf Culture, do so based upon their adherence to the culture's ascribed beliefs and behaviours, rather than based upon any arbitrary degree of hearing loss. It has also been suggested recently that

> the common identity [of hard of hearing individuals] is less defined by a particular language and culture and more by their active struggle to overcome the disability that arises from their condition and the stigmatizing and handicapping attitudes that they encounter in society. (Hindley, 1997, p. 101)

In fact, hard of hearing people have formed groups and organizations, in recent years, such as the Canadian Hard of Hearing Association (CHHA), Self Help for Hard of Hearing People (SHHH) in the United States, and the International Federation of the Hard of Hearing (IFHOH), to address their access, social, and political interests.

The focus of the present study is on individuals who function as hard of hearing regardless of whether or not they use the term *hard of hearing* to identify themselves. A study by Luey et al. (1995) addressed the challenge of terminology and its implications. To illustrate my lack of concern regarding any "label" my participants may apply as opposed to their mode of functioning, I quote one of the participants in the Luey et al. study, who said:

> *I was profoundly deaf, but my audiologist, bless her heart, never used the word with me. So I ... learned to live my life as if I was just "hard-of-hearing." And then I found out that I was [audiologically] deaf. (p. 178)*

APPENDIX C—COVER LETTER

Enclosed with the ‘advertisement’ in Appendix D

Printed on WCCSD Letterhead

To all recipients of the enclosed note seeking research participants:

Please be aware that I, the researcher, have had no access to your Thibodeau’s/Downtown Hearing Centre/Hard of Hearing Resource Services client file. I have only provided the staff with information about the kind of people I need to help me in my research. They have selected you as a possibility. This letter is to assure you that your confidentiality is, and will be respected. I have no way of knowing your name or who you are until/unless you contact me. My contact information is on the enclosed information sheet.

I sincerely appreciate your considering to help me and I look forward to hearing from you.

Sincerely,

Patricia Hughes
B.Ed., M.Ed. (Deafness Studies). Ph.D. Candidate

Dr. Michael Rodda
Supervisor

APPENDIX D—ADVERTISEMENT FOR STUDY PARTICIPANTS

SEEKING STUDY PARTICIPANTS

Are you 22 to 30 years of age?

Are you hard of hearing?

Do you use voice and whatever hearing you have as your main method of communication?

Is hearing loss your only disability?

Are you interested in participating in a study about the life experiences of hard of hearing persons?

If you answered "yes" to all five questions, please contact Pat Hughes (M.Ed., Ph.D. candidate):

Phone: **446-7153 (V) or** 492-7070 (V/TTY)
Post: Dept. of Educational Psychology
6-102, Education N.
University of Alberta
Edmonton, AB T6G 2G5
e-mail: **phughes@ualberta.ca**
(subject: Hard of Hearing Study)
Fax: **492-1318**

APPENDIX E— LETTER TO PARTICIPANTS

(sent to potential participants who contacted me regarding their interest in participating in the study)

Dear ____________,

Thank you for your interest and willingness to participate in my research on the life experiences of hard of hearing young adults. Your perspective will provide valuable insight. The information obtained through this research will be used as part of my Doctoral Dissertation for a Ph.D. in Special Education.

My research design is qualitative in nature, which means that, through indepth interviews, I will ask you to recall and share detailed descriptions of specific events, experiences, or interactions with people throughout your life that have influenced your sense of self. Comprehensive perceptions of your experiences will include descriptions of your thoughts, feelings, and behaviours. To gain a rich understanding of your experiences, you will, therefore, be asked questions about your experiences, values, goals, and your perceptions of yourself. Please be aware that you are free to withdraw at any point without consequence.

If you have any questions or concerns related to this research, either before or after your interviews, please feel free to contact me. Thank you for giving your time, energy, and effort and I look forward to working with you.

Sincerely,

Pat Hughes, M.Ed.

Phone: 446-7153 (V) or 492-7070 (V/TTY)
Fax: 492-1318
Post: Dept. of Educational Psychology
6-102, Education N.
University of Alberta
Edmonton, AB T6G 2G5
e-mail: phughes@ualberta.ca (subject: Hard of Hearing Study)

APPENDIX F— CONSENT FORM

Principal Investigator: Pat Hughes, University of Alberta Ph.D. Student
Research Participant: ______________________

I, __________________________, voluntarily consent to participate in an interview with Pat Hughes, a graduate student in the Department of Educational Psychology at the University of Alberta. The purpose of the study has been explained to me and I understand the information given by me will be used solely for research purposes. To this end, I understand that every effort will be made to remove all identifying information and my confidentiality will be maintained. I agree to allow the interview to be audiotaped with the understanding that the tapes will be erased, and all transcripts destroyed when the research project is complete. I am aware that the audiotapes and their subsequent transcripts will be heard/viewed only by the researcher, the person transcribing the tapes, and the researcher's supervisor. To verify the analyses, I understand that additional researchers may also read the transcripts. I understand that I will be invited to review my transcript(s) to verify or clarify comments I made during the initial interview or to add additional information. I also understand that I may withdraw at any point. Finally, I am aware that if I have any concerns as a result of the interviewing process, a list of options for counselling will be available.

The pseudonym by which I wish to be referred in the study's analysis and write-up is

____

Participant Signature_______________________ Date___________
Witness____________________

APPENDIX G— DEMOGRAPHIC DATA

The following items were completed through interaction with me, whereby I read the questions.

Name of Participant ____________________ Chosen Pseudonym ________________

Date of Birth ______________ Age ______ Gender: M_____ F ______

Country of Birth ________________________ Ethnic Background ________________

Race___________________ Highest attained education level ______

Type of Education (e.g., Mainstream, segregated, Pull-out [resource room]), grades if different settings, and percentage of time in mainstream settings.____________________

____

Primary Mode of Communication
Do you sign? (if so, under what conditions and for what percentage of the day, e.g., educationally, socially)____

Assistive Listening
Do you use: hearing aids (please circle) right ear, left ear, both, neither
Type of hearing aids (please circle) in-the-canal; in-the-ear; behind-the-ear, other
FM ____ IR ____ TV closed-caption ____ Real Time Captioning ____
Other (specify) _________________________

Degree of Hearing Loss (if known) Right Ear ____________ Left Ear ____________

Type of Hearing Loss	Right Ear	Left Ear
conductive	________	_______
sensorineural	________	_______
mixed	________	_______

When was your hearing loss diagnosed? (if known): ________________

(Age at Onset) (if known):
How old were you when your hearing loss started? _______________

What caused your hearing loss? ____

APPENDIX H— GUIDED INTERVIEW QUESTIONS

Tell me about yourself.

Describe yourself in terms of your strengths and weaknesses.

(If not already answered), What word(s) do you use to identify yourself as a person with a hearing loss? (e.g., hard of hearing, hearing impaired, deaf, etc.).

Tell me how you have come to use that term/description.

What do you do? (e.g., type of job, requirements of job)

Tell me about yourself as a (e.g., student, spouse, child, parent, worker, etc)?

What are your goals? (e.g., future plans for work, school, family, etc.)

What do you value or consider to be very important?

How are you the same as others your age (hearing and with hearing loss)?

How are you different from others your age (hearing and with hearing loss)?

How have these similarities (if there are any) affected how you see yourself?

How have these differences (if there are any) affected how you see yourself?

How do your perceptions of yourself affect what you do (e.g., how you interact with others, job choices, academic performance, etc.)

What things, people, or events have influenced the way you see yourself and how?

Is there anything else you would like to share with me (relevant to the study)?

APPENDIX I— CURRICULUM VITAE

PATRICIA A. HUGHES
5 Westmews Crescent
Fort Saskatchewan, Alberta
T8L 3X5
Telephone: (780) 998-1849 (V)
e-mail: phughes@ualberta.ca or pathugh@home.com

Special Education Teacher
Graduate Student (Ph.D. Candidate)
[Special Education]
Provisional Chartered Psychologist

EDUCATION:		
	March 2001	• Provisional Chartered Psychologist status awarded
	February 2001	• Passed dissertation oral defence: June convocation
	1999	• Ph.D. Candidacy status granted
	1996	• admitted to Special Education provisional Ph.D. program, Department of Educational Psychology, University of Alberta
	1996	• Attained a Master of Education degree in Special Education, Deafness Studies, Department of Educational Psychology, University of Alberta.
	1978	• Attained a Bachelor of Education degree (Majors in Special Education and Reading/Language) University of Alberta

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ACADEMIC AWARDS AND DISTINCTIONS

1998-1999	$3,542 *Walter H. Johns Graduate Fellowship,* University of Alberta
1997-2000	$50,000 *Social Sciences and Humanities Research Council (SSHRC)*
1997-1998	$3,320 *Walter H. Johns Graduate Fellowship,* University of Alberta
1996-1999	$7,000/academic year *Academic Intern to Dr. Michael Rodda,* Western Canadian Centre for Studies in Deafness, University of Alberta
1996-1997:	$14,000 *GRA Rice Graduate Scholarship in Communications*
	$2,290 *Walter H. Johns Graduate Tuition Scholarship,* University of Alberta
	$1,000 *Canadian Federation of University Women, Edmonton*: Scholarship
	$5,000 *Soroptimist Foundation of Canada Scholarship Grants for Women*
1995–1996	$3,500. *National Access Awareness Week* Scholarship
1993- 1996	$6,000/year (Approximately) Graduate Assistantship Positions, University of Alberta
1974–1978	Tuition Fees Bursary from Northwestern Utilities Ltd. for academic standing

Grants Received:

Secretary of State–*Educational Workshop Program on Hearing Impairment.* $17,500 for 1993–1994. (With Cindy Gordon and Dr. Michael Rodda)

EMPLOYMENT HISTORY:	**Type of Appointment**	**Employer**
May, 1999-June, 2000	Research Assistant to project designing website re: Sound-induced Hearing Loss. Project Leader: Dr. Susan Haske	Department of Speech and Audiology, University of Alberta
September, 1997 – May, 1999	Academic Intern to Dr. Michael Rodda, Director	*Western Canadian Centre for Studies in Deafness,* Dept. of Ed. Psych., University of Alberta
September, 1996 – May, 1999	Senior Clinical Research Associate	*Western Canadian Centre for Studies in Deafness,* Dept. of Ed. Psych., University of Alberta
September, 1993 – 1996	Graduate Assistantship Positions	University of Alberta
May, 1993 – ongoing	Educational Consultant	*Hard of Hearing Resource Services* University of Alberta
1992	Teacher Aide III	Strathcona County Schools
1978-1990	Special Education and Regular Teacher (Grades 1-9)	Strathcona County Schools (now: Elk Island Public Schools)

PROFESSIONAL DEVELOPMENT:

The following topics highlight a few of the additional courses, seminars and workshops attended:

- American Sign Language (Level IV + Graduate university course)
- Behaviour Management of Children
- Bioenergetics
- Counselling of Children
- Counselling the Communicatively Disordered and Their Families
- Diagnostic Reading
- Issues in Parenting a Hearing Impaired Child and Working with Families of Hearing Impaired Children
- Language Basis of Reading Disabilities
- Psychotherapy with Deaf and Hard of Hearing People (Dr. Michael Harvey; Vancouver, BC)
- Neuro-Linguistic Programming
- Speechreading Teacher Training
- Teaching the Victim of Sexual Abuse
- International Institute for Qualitative Methodology Conference: *Thinking qualitatively: An introduction to qualitative methods*, October 5 & 6, 2000, University of Alberta, Edmonton. ("How Will I Know a Code When I See One?"; "Grounded Theory"; "Data Management & Interpretation"; "Composing Qualitative Research")
- participation in the Canadian standardization study of the Wechsler Adult Intelligence Scale–Third Revision (WAIS-III), supervised by Dr. Don Saklofske, project director, Department of Educational Psychology, University of Saskatchewan
- a team member of the steering group responsible for revising the *Deafness Studies (Education)* teacher training program (1998) at the University of Alberta

PRESENTATIONS

Canadian Hard of Hearing Association-Regina Branch AGM, February 19, 2000: *It Shows on Your Face: What it means to be Hard of Hearing.*

Canadian Hard of Hearing Association's 15th Annual General Meeting and Conference, May 29 and 30, 1998, Edmonton, AB: *Attitude is Contagious: Is Yours Worth Catching?*

Keynote Address: *Emotional Implications of Hearing Loss: Living Well with Hearing Loss.*
Canadian Hard of Hearing Association-Calgary Branch workshop April 25, 1998:
"Ear Smarts", Managing Your Hearing Loss ...Successfully

PUBLICATIONS (* Denotes Refereed Journal)

Alberta Hearing Aid Practitioners Association. (1995, September). *Presentation to the standing policy committee on community services.* Alberta: Author.

Beattie, R., Hughes, P., Rodda, M., Bylholt, C., & Saunders, J. (May, 1996). *Turntaking in Conversation: Does acquired hearing loss affect it?* Poster Presentation: Canadian Hard of Hearing Association Annual Conference and Annual General Meeting. Victoria, BC.

Deaf and Hard of Hearing Mental Health and Well-Being Committee Report. (1994, November). *Bridging the silence to prevent violence.* Edmonton, AB: Alberta School for the Deaf.

* Hughes, P. (1995). Book Review: Discovering with words and signs: Sign Talk Development Project, A resource guide by Charlotte Evans, Kyra Zimmer, and Denise Murray, Edited by Greg Evans. *The ACEHI Journal/La Revue ACEDA, 21 (1),* 69-71.

* Hughes, P. (1995). Organization of oral communication services for students who are deaf: In search of the ideal arrangement. *The ACEHI Journal/La Revue ACEDA, 21 (1),* 47–55.

Hughes, P. (1996). *Using social learning theory to enhance the social/emotional development and status of students who are hard of hearing in inclusive educational settings.* Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Hughes, P. (1996). University of Alberta: Serving deaf and hard of hearing students. *Listen, 5, (3),* 21-24.

* Hughes, P. (1998). The relationship of degree of hearing loss to social/emotional impact and educational needs. *The CAEDHH Journal 24(2/3)* 107-113.

* Hughes, P. (1998). School-setting factors affecting the social/emotional development and status of hard of hearing students. *The CAEDHH Journal 24(2/3)* 82-98.

Hughes, P. (1998). A sound family. *Listen/Ecoute, 6(3),* 14-20.

Hughes, P. (2001). *Self-concept of hard of hearing young adults: A grounded theory.* Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

* Hughes, P., Cantlie, C., & Rodda, M. (1995). Assistive listening and related support for students who are deaf or hard of hearing. *The ACEHI Journal/La Revue ACEDA, 21 (1),* 56-61.

* Hughes, P. & Rodda, M. (1995). Teaching strategies for hard-of-hearing mainstreamed students. *The ACEHI Journal/La Revue ACEDA, 21 (2/3),* 94-108.

Hughes, P., & Rodda, M. (1997). *The use of Erik Erikson's life stages theory in deaf education.* Paper Presentation: Educating in Global Times: Race, Class, Gender (and other processes of Normalization), Graduate Student Research Conference, University of Alberta.

Hughes, P., Rodda, M., Beattie, R. G., Cumming, C., & Martin, S. (Feb. 1996). *The Interpretive Process in Mental Health Settings.* Poster Presentation: Graduate Research Expo, University of Alberta.

Rodda, M., Beattie, R., Cumming, C., Martin, S., & Hughes, P. (1995). *Interpreting in psychoeducational settings: A special case of pragmatics.* Poster Presentation: IV European Congress of Psychology, Athens, Greece.

Rodda, M., Cumming, C., Urion, C., & Hughes, P. (1994). *Mental health and deafness: An ethnographic study.* Poster Presentation: Research Revelations '94. University of Alberta.

Rodda, M., Gordon, C., & Hughes, P. (1993). *Awareness training in hearing impairment for career consultants in Alberta Career Development.* Edmonton, AB: University of Alberta Press.

Rodda, M., & Hughes, P. (1995). *Calgary board of education: Review of services for deaf and hard of hearing students.* Edmonton, Alberta: Western Canadian Centre of Studies in Deafness.

Rodda, M., & Hughes, P. (1995). *Sign Talk Development Project: Final review report.* Edmonton, AB: Western Canadian Centre for Studies in Deafness.

Rodda, M., & Hughes, P. (1996). Book Review: Voice of the hills. *The CAEDHH Journal/La Revue ACESM, 22 (1),* 46-48.

Rodda, M., & Hughes, P. (1998). *Nova Scotia Metro Deaf Literacy Project: Review of services for deaf and hard of hearing students.* Edmonton, Alberta: Western Canadian Centre of Studies in Deafness.

Rodda, M., Martin, S., & Hughes, P. (Feb. 1997). *Dimension of Therapy and Assessment Involving the Use of ASL Interpreters.* Poster Presentation: Graduate Research Expo, University of Alberta.

RELEVANT VOLUNTEER POSITIONS:

	ORGANIZATION AND POSITIONS HELD:
	•***Canadian Hard of Hearing Association*** *(CHHA)*
1999 - ongoing	Vice-President
1999 - ongoing	Chair: Branches, Chapters, & Membership Committee
1994 - ongoing	National Elected Board Director;
1994 - ongoing	Education Committee Member
1992 - ongoing	Regular Member
	•***Canadian Hard of Hearing Association-Edmonton Branch*** *(CHHA-Ed)*
1998 - ongoing	President
1994 - 1998	Vice-President
1993 -1994	Treasurer;
1992	Founding member
	•***Canada Ukraine Alliance for Deaf and Hard of Hearing Persons***
2001	A Founding Member of the Alberta Society
	• **City of Edmonton Task Force on Issues related to** ***Deaf and Hard of Hearing***
1998-2000	Consumer representative
	•***Deaf and Hard of Hearing Mental Health and Well-being Committee***
1993 - 1997	Member
	•**Disability Awareness Training–Edmonton International Airport**
1995-ongoing	Volunteer Presenter of *The Traveller with a Hearing Loss* Module
	•***Edmonton Hard of Hearing Association for Adults***
1993 - 1995	Secretary
1992 - 1995	Member and volunteer
	•***Employment Development Services Board of Directors***
1996	Secretary
1992 - 1996	Director
	•***Family Violence Prevention for People who are Deaf or Hard of Hearing***
1994 - 1998	Project Committee Member
	•***Jones Lecture Committee*** (University of Alberta)
1993 - 1996	Member
	•***Kramer Lecture in Communication Disorders*** (University of Alberta)
1996-1998	Committee Member

GRADUATE COURSE WORK COMPLETED

Course Number:	Course Description:
	Deafness Studies
EDPY 449	Deafness: An Introduction and Survey
EDPY 450	Introduction to Language Development
EDPY 564	Oral Communication in the Instruction of Students Who are Deaf or Hard of Hearing
EDPY 574	Oral/Auditory Rehabilitation in the Instruction of Students Who are Deaf or Hard of Hearing
EDPY 565	Manual Communication in the Instruction of Students Who are Deaf or Hard of Hearing
EDPY 566	Curriculum Design and Instructional Strategies for Deaf and Hard of Hearing Students
EDPY 567	Social Psychology of Hearing Impairment
EDPY 569	Language Development and Remediation with Deaf and Hard of Hearing Students
EDPY 570	Practicum in Education of Deaf and Hard of Hearing Students
EDPY 571	Internship in Education of Deaf and Hard of Hearing Students
SPA 545	Audiology for Educators of the Deaf and Hard of Hearing
	Research
EDPY 500	Data Analysis--Educational Research
EDPY 501	Introduction to Methods of Educational Research
EDPY 503	Qualitative Methods of Educational Research
EDPY 697	Research Seminar
	Counselling
EDPY 511	Theories of Personality
EDPY 532	Systems of Counselling I
EDPY 533	Basic Skills, Issues and Attitudes in Counselling
EDPY 534	Basic Skills, Issues and Attitudes in Counselling II
EDPY 536	Principles of Professional Practice in Educational Psychology (Ethics)
EDPY 597	Family Counselling Practicum
NURS 560	Principles and Theories of Substance Abusology
	Assessment
EDPY 545	Individual Psychological Assessment
EDPY 549	Advanced Course in Psychoeducational Assessment
EDPY 640	Advanced Psychological Assessment: Theories and Models; *DSM-IV and the Psychopathologies*
EDPY 641	Advanced Personality Assessment: Objective Testing

PRACTICA PLACEMENTS

Course	Location	Supervisor(s)
EDPY 570	Educational Consultants for the Sensory Impaired	Patti Hill
EDPY 571	Alberta School for the Deaf (High School)	Linda Cundy
EDPY 534	Education Clinic, University of Alberta	Joanne Fugina
EDPY 534	Pastoral Institute of Edmonton	Dr. Rosemarie Hague
EDPY 545	Education Clinic, University of Alberta	Dr. H. Janzen; Dr. Don Massey
EDPY 597	Pastoral Institute of Edmonton	Linda Jennings
EDPY 641	Grey Nuns Hospital, Dept. of Psychology	Dr. Stephanie Mitchell & Stephen White