

October 2019

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### Recommended Citation

Weisel, A., & Reichstein, J. (2019). Acceptance of Hearing Loss and Adjustment of Deaf and Hard of Hearing Young Adults. *JADARA*, 24(1). Retrieved from <https://repository.wcsu.edu/jadara/vol24/iss1/5>

## ACCEPTANCE OF HEARING LOSS AND ADJUSTMENT OF DEAF AND HARD OF HEARING YOUNG ADULTS

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### Abstract

Responses to the possibility to "cure" deafness were used in the present study as an indirect measure of acceptance of the hearing impairment and general adjustment pattern of Hard of Hearing (HH) and Deaf (D) young adults. Data from 43 members of the Organization of Hard of Hearing and Deafened and from 49 members of the Association of the Deaf were collected by structured interviews. Data included background information, areas of difficulties as well as responses to the possibility to "cure" deafness—for the subjects themselves and for various groups of hearing impaired people. The results indicated that the two research groups were similar in terms of degree of hearing loss, level of education and the difficulties they faced. Compared to the Deaf (D) group, the Hard of Hearing (HH) group had later age at onset and fewer of them were married. The vast majority of the D group did not show motivation to change their situation whereas the majority of the HH group did. Furthermore, the HH group did not acknowledge the possibility that at least some deaf people do adjust to their hearing impairment and prefer not to change their situation. The significance of these results in terms of the adjustment processes of the two groups was discussed.

Traditionally there has been a dichotomy in the identification patterns of the two major components of the hearing impaired population: deaf and hard of hearing people. A wealth of literature—autobiographical, research, and expository—testifies to the strong sense of community and deaf-identity which generally characterizes deaf people over the world (e.g., Erting, 1985; Higgins, 1980; Higgins & Nash, 1987; Jacobs, 1982).

Higgins and Nash (1987) described the situation in this manner:

Deaf communities are both a response to the

negative experiences encountered by hearing-impaired people in the larger society and a positive means for deaf people to achieve a sense of wholeness and belonging. (p. 151)

Hard of hearing people do not have a similar social point of view about themselves. On the contrary, researchers, practitioners and hard of hearing people themselves (Jones, Kyle, & Wood, 1987; Kyle, 1987; Orleans, 1985) describe how hard of hearing people try to deny or hide their hearing losses, have generally not joined organizations of hard of hearing people and make efforts to blend into the normally hearing world around themselves. Kyle and Wood (1983) characterized the situation in the following manner:

...there is little desire to be a part of a community of hard of hearing people in those who become deaf. The idea that those with handicaps might benefit from personal contact with other people with the same problem is not considered to be of much relevance. (p. 68)

While Kyle and Wood (1983) studied persons with hearing losses up to about 60 dB, the above quotation is considered more or less representative of most of the population of hard of hearing people.

The fact is, however, that during the past 10 to 15 years, there has been a growth of organizational activities among hard of hearing people universally. For example, since its first congress in 1980 in Hamburg, the International Federation of the Hard of Hearing has sponsored an international congress every four years; the leading organization of hard of hearing people in the United States, SHHH (Self Help for the Hard of Hearing), founded in 1980, now has more than 35,000 members; a National Association of Deafened People was established in the United Kingdom; and Keshev, The Organization of Hard of Hearing and

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Deafened in Israel, was also founded in 1980.

One can ask, then, whether a change is taking place in the identification patterns of hard of hearing people?

An intriguing way of studying and comparing the identity patterns of deaf and hard of hearing persons was suggested some time ago by Jim Kyle of the University of Bristol in England at the first International Symposium on Demographic Studies of Hearing Impaired Populations, held at Tel Aviv University (Weisel, 1990). Kyle (1990) suggested to present deaf people with the following question:

If it were possible to cure deafness by an operation, would you

- apply the operation to all deaf people
- apply the operation to all deaf children
- apply the operation only to those with hearing parents.

Kyle must have meant this as a rhetorical question. Although he presented theoretical material that strongly suggested that deaf people would not flock to the option of an operation because of their strong identification with deafness, he did not indicate that he had actually probed deaf people with his question. By adding yet another more direct question—would you want such an operation for yourself?—it may be possible to gain some insight into the comparative identification and adjustment of hard of hearing and deaf people.

A search of the literature did not reveal any studies specifically asking about an operation to cure deafness. However, Crammatt (1968) in a comprehensive study of 75 adult deaf professional persons asked them about the “restoration” of hearing. After asking his population to rate their life satisfaction as deaf people, he asked them to rate their anticipated life satisfaction if their hearing were restored to normal. The “before” restoration median life satisfaction rating, on a scale of 1 to 10, was 6.79, while the “after” rating was 8.87. Fourteen subjects were so optimistic over their prospects to be able to hear that they said they would be over the top of the scale.

It is important to note that when deaf people were asked in 1968 about the restoration of their hearing it was an almost purely theoretical question. However, now in 1990, with the advent of the cochlear implant, the possibility may be more realistic.

The purpose of the present study was to study and compare the identity patterns and adjustment of deaf and hard of hearing young adults as

reflected by their responses to questions revolving around the issue of a possible operation to “cure” deafness.

### Method

#### Subjects

Ninety-two hearing impaired persons participated in the present study. Forty-three were members of the Tel Aviv club of the Keshev Organization for Hard of Hearing and Deafened in Israel (HH) and 49 belonged to the Tel Aviv branch of the Association of the Deaf in Israel (D). 63% of the HH group and 58% of the D group were males; 37% and 42%, respectively, were females. The average age of the HH group was 30.5 years (SD = 11.4) and 28.3 for the D group (SD = 7.4).

#### Instruments

The research questionnaire included two parts. The first part sought some basic background information from the subjects: age, sex, marital status, age at onset of hearing loss, number of years of schooling and profession.

The second part of the questionnaire included:

1. A modified version of Kyle's question about an operation to cure deafness. This modified version took into account four factors: the age of candidates suggested for the operation, age at onset of their hearing losses, their parents' hearing status and finally, attitude towards a personal operation.

The questions read: If it were possible to cure hearing impairment with an operation, to whom would you recommend such an operation?

- |  |                |
|--|----------------|
| To yourself                              | Yes ___ No ___ |
| To deaf children of deaf parents         | Yes ___ No ___ |
| To deaf children of hearing parents      | Yes ___ No ___ |
| To adults who became deaf at a young age | Yes ___ No ___ |
| To adults who became deaf at a later age | Yes ___ No ___ |

Asking the subjects of the study about their reactions to the possibility to cure deafness for themselves as well as for others can be seen as an indirect probing of their overall adjustment to hearing impairment: acceptance of the situation and perception of the existence and identity of a community of hearing impaired people.

2. The Gallaudet Hearing Scale (Schein & Delk, 1974). This is a subjective, self-rating scale in which the subject indicates various speech signals and other sounds she/he can or cannot hear.

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On a scale of 1 to 7, the higher the score, the greater the hearing loss. The Hebrew version of the scale was validated by correlating its scores to audiograms of a group of subjects with various degrees of hearing losses (Most and Weisel, 1990).

3. Each subject in the present study was also asked to record the three most serious difficulties he/she had as a result of having a hearing loss.

### Procedure

Two graduate students in the School of Education at Tel Aviv University served as research assistants. Both of them had graduated from the Hearing Impairment Program and had good communication skills both in Hebrew and in Israeli Sign Language. One of the research assistants was a hearing impaired person who has worn a hearing aid for many years.

After permission was obtained from each organization, the two research assistants went to the two clubs on days when social activities were taking place. They approached each person who entered, explained the project briefly and asked them if they would agree to be interviewed with the aid of a short questionnaire. Only 2 HH and 5 D persons refused to be interviewed. A research assistant then interviewed each subject, individually in a structured manner: there was a questionnaire in front of them, and the assistant explained each question, using either speech or sign language as necessary. Each interview usually lasted 10 to 15 minutes. In

each club, the research assistants interviewed the first 50 persons who agreed to participate. Seven subjects from the HH group and one subject from the D group were considerably older than the rest of the respondents and were excluded from the study in order to reduce the age range.

### Results

Table 1 summarizes the information about several background variables of the two research groups.

*Age at onset.* As expected, one of the main distinctions between the two groups was the Age at Onset. The HH group had much later age at onset and the age differences among the members of this group were much greater than the age differences within the D group as is evident by the sizes of the standard deviations.

*Education.* No differences between the two groups were found in the number of years of schooling. Although the average number of years in school were similar for the two groups of subjects, the HH subjects studied in more integrative educational settings than the D subjects.

*Hearing.* The scores of the two research groups on the Hebrew version of the Gallaudet Hearing Scale were very similar.

*Family status.* Table 2 presents the distribution of the family status of the subjects in each research group. It is interesting to note that the percentage of married people within the D group (47.8%) was

TABLE 1

**AGE OF ONSET, YEARS OF EDUCATION AND HEARING LEVEL  
OF THE HARD OF HEARING (N=43) AND THE DEAF (N=49) GROUPS  
(MEANS, STANDARD DEVIATIONS AND T RATIOS)**

	Hard of hearing	Deaf	T
Age at onset	7.1 (14.1)	1.8 (3.2)	2.54*
Education	12.0 (2.4)	11.0 (3.3)	1.63
Hearing	4.39 (2.10)	4.56 (2.04)	-.38

\*p < .05

TABLE 2

**FAMILY STATUS OF HARD OF HEARING AND DEAF SUBJECTS**

	Hard of hearing		Deaf		Total	
	n	%	n	%	n	%
Single	28	65.1	21	45.7	49	55.1
Married	12	27.9	22	47.8	34	38.1
Divorced	2	4.7	3	6.5	5	5.6
Widowed	1	2.3	—	—	1	1.1

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**TABLE 3**  
**PERCENTAGE OF SUBJECTS WHO REPORTED EACH KIND OF DIFFICULTY**

	Hard of hearing		Deaf		Total	
	n	%	n	%	n	%
Communication with hearing people	20	46.5	27	56.3	47	51.6
Difficulties at work and finding a job	8	18.6	7	14.7	15	16.5
Telephone	16	37.2	27	56.3	43	47.3
Radio and television	11	25.6	14	29.2	25	27.5
Music	7	16.3	3	6.3	10	11.0
Specific communication difficulties	6	14.0	4	8.3	10	11.0
Studying	1	2.3	2	4.2	3	3.3
Noises	4	9.3	—	—	4	4.4
Knowledge about the world	1	2.3	3	6.3	4	4.4

**TABLE 4**  
**PERCENTAGES OF SUBJECTS WHO RECOMMENDED AN OPERATION TO CURE DEAFNESS BY CATEGORIES OF PERSONS**

	HH n=43	D n=49	Chi-Square
To oneself	72.1	25.0	18.3***
To deaf children of deaf parents	55.6	13.3	14.5***
To deaf children of hearing parents	76.9	58.1	2.6
To deaf adults who became deaf when they were young	71.8	37.0	8.9**
To deaf adults who became deaf in older age	61.5	33.3	5.6*

\* p < .05.    \*\* p < .01.    \*\*\* p < .001.

much higher than within the HH group (27.9%). It may be that HH people face more difficulties in finding spouses than D people and therefore tend to stay single longer. Alternatively it may be suggested that deaf married people kept coming to the club of the deaf but the hard of hearing people who came to the HH club were predominantly singles.

*Areas of difficulties.* Each subject was asked to record the three most severe difficulties which he/she experienced as a result of hearing impairment. All the various kinds of difficulties were categorized under nine headings. The distributions of difficulties in the two groups were quite similar as can be seen in Table 3.

*Operation to cure deafness.* Table 4 presents the responses of each research group to the questions suggesting an operation to several groups of deaf people.

In the upper part of Table 4 the percentages of positive responses to the possibility of personal operation are presented. There were clear differences between the two groups concerning their willingness to undergo such an operation. Almost three quarters of the HH group but only one quarter of the D group responded positively to this hypothetical possibility. In other words, the vast majority of the D group did not show motivation to change their situation. The finding that 25% of the deaf subjects responded positively is in line with Higgins (1980) who suggested that there may be some ambivalence in deaf people's attitudes toward their hearing loss. After discussing some cases of improved hearing among deaf people, Higgins said that "...members of the deaf community have mixed feelings about their hearing loss" (1980, p. 93).

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Subjects of the study were also asked whether they would recommend the operation for four specific groups of hearing impaired people. Table 4 summarizes the percentages of subjects in each research group who responded positively. In general, more HH people recommended the operation for hearing impaired people. These findings, and in particular the fact that over 55% of the HH group recommended such a procedure even to young children who have deaf parents, indicated their lower degree of acceptance of deafness, a condition that does not necessarily impair general development and growth.

It is interesting to note that for the D group, the hearing status of the parents made a big difference in their responses: 13.3% of the D group recommended the operation for children of deaf parents and 58.1% for children of hearing parents. Apparently, for members of the deaf group, the social environment in which a person is living and the familial environment in particular is an important factor in their evaluation of the situation.

In order to further study the differences between the two groups about suggesting treatment to cure deafness, we counted the number of subjects in each group who suggested the operation to all four groups of deaf people and the number of subjects who did not suggest the operation to any group. Fourteen HH subjects suggested the operation to all four groups of deaf people compared to 2 D subjects. Six HH subjects did not suggest the operation to any group of deaf people compared to 14 D subjects ( $\text{Chi-Square} = 9.7, p = .002$ ). It is clear that proportionally more subjects in the HH group recommended an operation to all deaf people and that more subjects in the D group did not suggest it at all. More subjects of the D group felt that at least some deaf people are better off as deaf, while more HH subjects felt that improving hearing is a desirable change for all hearing impaired people.

In general it can be concluded that the majority of the HH group did not acknowledge the possibility that at least some D people do adjust to their hearing impairment and prefer not to change their situation.

### Discussion

The findings of this study empirically confirm some of the traditional differences that have been found between deaf and hard of hearing people. Members of the Association of the Deaf and the

Organization of the Hard of Hearing and Deafened had very different patterns of responses to questions about an operation to cure deafness.

The Deaf group tended to reject the operation for themselves and for other groups of deaf people, except deaf children of hearing parents, thereby revealing a special social sensitivity on this subject. The Hard of Hearing group overwhelmingly favored the operation for themselves and for others.

It should be remembered that the hearing ability, as determined by the Gallaudet Hearing Scale, was similar for both research groups, but that the D subjects had much earlier age at onset of hearing losses. Based on this difference, the D subjects were placed in segregated, special educational settings, from very early stages of their development. It appears that they have been educated or socialized to be deaf, to be part of the deaf community. Members of the HH group, most or all of whom were mainstreamed or placed in integrated classes for hearing impaired students, were not socialized in the same direction. The D group benefited from segregated educational placement: more of them were married and less of them wanted to change their condition, indicating greater adjustment or acceptance of their hearing impairment.

It is known that a larger percentage of the deaf population participates in activities of their organizations. A much smaller proportion of the hard of hearing population turns to organizations that serve and assist them. In other words, there may be many hard of hearing people who either have not been diagnosed or who have been diagnosed but do not want to join (Jones, Kyle, & Wood, 1987). How do they stand on the dimensions that were studied in this study? At present we do not know but it is reasonable to suggest that many of the unknown hard of hearing people out there have greater difficulties with regard to adjustment.

There is a need for much research about hard of hearing people. Orlans (1985) pointed out that "we know so little about the feelings and conduct" (p. 179) of hard of hearing people. He went on to point out the need to study their personal, social and occupational problems. The results of the present study added to an accumulating body of knowledge which suggests that the differences between the two groups, deaf and hard of hearing people, are related to unique processes of adjustment and not only to the mere characteristics of everyday difficulties or the hearing impairment itself. A further

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### Acknowledgement

study of these unique processes is needed in order to respond adequately to the real and special needs of each group.

The authors are very grateful to Ms. Tal Efron and to Ms. Ofra Shukner for collecting the data for the present study.

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