ACCEPTANCE OF DEAFNESS IN DEAF ADOLESCENTS: A REPERTORY GRID STUDY

JACQUELINE-BALLANTINE B.SC. (LOGOPAEDICS) CAPE TOWN. Department of Speech Therapy, Baragwanath Hospital, P.O. Bertsham, 2013, Johannesburg.

SUMMARY

The study investigated the acceptance and definition of deafness by deaf adolescents. A repertory grid (RG) technique was administered to 27 moderately to profoundly impaired subjects, attending orally directed schools. The responses elicited indicated that the subjects identified with neither deaf nor hearing persons, thereby denying their own deafness. Subjects also described deaf individuals (DIs) negatively but maintained positive self-concepts and displayed inadequate definitions of themselves and deafness. These findings have distinct implications for the management of the DI, with regard both to assessment and therapy. Results further demonstrated that the RG technique is an effective means to investigate the psychology of deafness.

OPSOMMING

Hierdie studie ondersoek gehoorgestremde adolessente se aanvaarding en definisie van doofheid. 'n "Repertory grid" (RG) tegniek is uitgevoer op 27 matig tot erg gehoorgestremde proefpersone wat oraal georiënteerde skole vir dowes bygewoon het. Die response het aangetoon dat die proefpersone hulself nie met dowe of normaalhorende persone identifiseer nie - aanduidend van ontkenning van hul gehoorgestremdheid. Die proefpersone het ook "dowes" negatief beskryf, maar het positiewe selfkonsepte behou. Verder het hulle ook swak omskrywings van hulself en doofheid gedemonstreer. Hierdie bevindinge het duidelike implikasies vir die hantering van gehoorgestremdes wat betref evaluasie en terapie. Resultate het aangetoon dat die RG tegniek, effektiewelik aangewend kan word om die psigologie van doofheid te ondersoek.

The disabled person has many adjustments to make. Ultimately how he behaves will be influenced by his ability to integrate his handicap with the way in which he sees himself, sees others sharing his disability, and how he believes others, particularly those closest to him, in a normal society view him and his handicap.5

A number of studies examining adjustment to disability have shown that disabled persons do not identify themselves with others having similar handicaps. For example, Fransella¹ has found that stutterers see behaviours and characteristics typical of a "stutterer" as unlike that of their own.

For the deaf individual (DI) there are many factors which influence how he is able to accept his deafness as an integral part of himself. These include his parents' reaction to the diagnosis of deafness, the philosophy of deaf education observed in the school he attends, the reaction of peers to his deafness and his parents' ability to treat him and his siblings equally, particularly during adolescence. Furth³ believes this stage to be critical for acceptance of deafness and identification with the deaf community. He maintains that in spite of a history of factors promoting denial of deafness, the DI is nevertheless able to accept his handicap and hence identify with the deaf community.

On the other hand, a number of authorities have emphasized the dangers of promoting separation between the deaf and hearing worlds. They argue that segregation is never complete. DIs remain economically, financially and, to some extent, socially dependent on the hearing world.4

Die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings, Vol. 28, 1981

Investigation of the extent to which DIs do, in fact, accept their deafness at the critical stage of adolescence is a difficult task. Measuring psychological parameters in DIs by conventional psychological tests presents problems which can be mainly attributed to the DIs linguistic and experiential limitations.⁷ This means that the norms of conventional tests, which were not originally intended for use with deaf populations, may prove ambiguous and invalid when used for interpreting scores obtained from DIs.

The Repertory Grid (RG) technique described by Fransella and Bannister² appears able to overcome these difficulties. This technique is used to evaluate the psychological structure of an individual's world as he defines it.⁶ The RG lends itself very well to investigation of DI subjects for a number of reasons. Test stimuli may be visually presented in the form of photographs thereby eliminating the need to simplify items to a linguistic level where the deaf subjects can understand them. Very little linguistic load is placed on the subject allowing him to respond at his own level of competence. Evaluation is achieved by means of a mathematically based model with no reference to norms standardized on "normal" or deaf populations.

Because of these advantages, the RG was selected as an appropriate technique for the present study, the two aims of which were:

1. To determine whether or not deaf adolescents identify with other DIs, and hence accept deafness as an integral part of themselves,

2. To determine the way deaf adolescents describe the DI, thereby gaining insight into their concept of deafness.

METHODOLOGY

The subjects were 27 school children (10 male and 17 female) between the ages of 16 and 20 who were attending orally directed schools. All were prelingually deaf, having moderate to profound impairment. Each subject intended to matriculate from high school and was following a conventional course of study. Apart from deafness the subjects had no other physical handicap.

A personal profile for each subject was developed from case histories detailing the home background, scholastic record, personality assessment and the nature of deafness. This information was obtained from school teachers and personal record files.

The RG technique requires an interaction between what are termed "elements" and "constructs". In this study the elements were a set of ten full-face photographs of matriculant school children in uniform. There were five males and five females in the set. The children were not known to the subjects. Similarly, there were ten constructs. Two of these were supplied by the experimenter. These were "As I am" and "As a deaf person is". The other eight were elicited by presenting each subject with various combinations of three photographs (i.e. elements) and asking him to name some way in which two of the photographs appeared to be similar but nevertheless different in that respect from

the third photograph. Subjects were encouraged to answer in terms of personality characteristics of the individuals in the photographs and not in terms of their physical characteristics. Whatever characteristic was given by the subject was recorded as the EMERGENT POLE of the construct. The opposite, as provided by the subject was recorded as the IMPLICIT POLE. This procedure was repeated until eight constructs had been elicited to make a total of ten constructs with the two provided constructs. These constructs were now expressed as bi-polar adjectives or phrases e.g. friendly — unfriendly or has a nice personality — does not have a nice personality, and were then noted as "positive", "negative", or "neutral" by a randomly selected group of ten hearing individuals with the majority view prevailing. The subjects were then presented with all ten photographs and were required to rank them from the one which was most like the emergent pole of each construct to that which was most unlike the emergent pole i.e. that which was most like the implicit pole. This procedure was repeated for all ten constructs and the ranked order of the constructs was recorded

on the RG. The RGs were analysed using the INGRID 72 computer programme specially designed for this purpose. This provided a set of productmoment correlations expressing the degree of relationship between each construct and every other construct in the RG. In addition, within each grid, all the correlations of the constructs with construct 1 ("As I am") and with construct 2 ("As a deaf person is") were squared and summed. This operation provided a measure of the extent to which a subject defined both himself and the DI.

RESULTS

Table I provides a summary of the constructs most frequently used by subjects to describe themselves and the DI.

| | "The Deaf Individual" | | |
|--|---|--|--|
| <u>"Self"</u> friendly happy intelligent not a troublemaker hearing not shy not angry not worried popular has a nice personality deaf surprised confident | (positive) (positive) (positive) (positive) (positive) (positive) (positive) (positive) (positive) (neutral) (positive) | unhappy unlike self unenthusiastic unfriendly unhelpful angry unexcited like self friendly unintelligent happy not worried worried | (negative) (neutral) (negative) (negative) (negative) (negative) (neutral) (positive) (positive) (positive) (positive) (negative) |

TABLE I: Constructs used most frequently to describe "self" and "the deaf individual"

Die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings, Vol. 28, 1981

Two important findings emerge from Table I.

1. Eleven of the thirteen constructs most frequently used by subjects to describe themselves are positively rated.

2. Of the thirteen constructs most frequently used by subjects to describe the DI, eight were rated as negative, three as positive and two as neutral. This in effect means that whereas the subjects described themselves in positive terms, they nevertheless described the DI in predominently negative terms.

In addition, of the 27 subjects, 19 aligned themselves with neither deaf nor hearing persons (p < 0,05). Only one subject aligned himself with hearing persons (p < 0,01) while another aligned himself with the DI (p < 0,01). No definitive statement could be made about the other six subjects. The mean correlation between construct 1 ("As I am") and construct 2 ("As a deaf person is") was -0,0358. Therefore the majority of subjects can be described as having placed themselves approximately equidistant from both deaf and hearing individuals.

In addition, the relationship between subjects' acceptance of deafness and their self-definition and definition of the DI was investigated. The measurement of acceptance of deafness was provided by the correlation between "Self" and "The Deaf Individual" (i.e. constructs 1 and 2). It was found that subjects who defined themselves inadequately tended to be unaccepting of their deafness as part of themselves (p < 0,001). The same trend was also found among subjects who defined the DI inadequately (p < 0,01). Furthermore, those subjects who defined themselves inadequately also tended to define the DI inadequately (p < 0,05).

DISCUSSION

This study has revealed three main findings about deaf subjects and their reactions to their handicap.

1. Subjects identified with neither deaf nor hearing persons and described themselves as equally distant from each of these groups.

This finding suggests that the subjects neither accepted their deafness nor conceptualized themselves to be hearing. This is contrary to reports in the literature which maintain that in spite of many influences in society promoting an attitude of denial by the DI towards his deaf status, the DI nevertheless is able to adjust to and accept his handicap.³ The findings of the present study suggest that these influences do predominate and serve as the basis for the DI's denial of his disability.

2. Subjects described the characteristics and behaviours typical of the DI as unlike that of their own. Furthermore, the DI was described in predominantly negative terms, whereas the subjects described themselves positively.

This finding is consistent with other RG studies investigating reactions of handicapped persons towards their disability.¹ Subjects have

described the DI as "unhappy", "unlike self", "unenthusiastic", "unfriendly" and "unhelpful". On the other hand, they have described themselves as "friendly", "happy", "intelligent", "not a troublemaker" and "hearing". Consequently subjects have seen themselves as distinct from the DI, a finding that is logically consistent with their denial of deafness. In addition, they have seen themselves positively and rejected the DI and therefore deafness.

3. The majority of subjects, who showed little or no identification with hearing or deaf persons, tended to have poorly developed descriptions of both themselves and the DI.

This trend shows that subjects defined both themselves and the DI weakly. Inadequate definition of the DI is suggestive of inadequate definition of deafness and hence a lack of insight among subjects into the meaning of their disability.

These findings have important implications concerning the status of the DI's self-concept. In the present study, it has been shown that subjects described themselves in positive terms suggesting that subjects possessed positive self-concepts. These self-descriptions, however, were found to be inadequately defined and associated with a lack of insight into and rejection of deafness. This reaction indicates a denial of reality and the stability of such self-concepts must therefore be questioned.

In summary, these findings suggest that subjects were experiencing an "identity crisis" concerning themselves, their deafness and how it affects their roles in relation to other deaf and hearing persons. Such a trend has important implications for the adjustment of these subjects in the world dominated by hearing persons. As all subjects expressed intentions of securing jobs which will necessitate integration into the hearing world, this issue is crucial to their future adjustment and success.

IMPLICATIONS OF THE STUDY

Implications of the present study appear to be two-fold.

Firstly, the study has shown that deaf adolescents in this sample have been unable to accept their disability. This is contrary to views expressed in current literature. Furthermore, as Furth³ has advocated, promoting acceptance of deafness as the top priority in the management of the DI, it appears important to incorporate the findings of the present study into both assessment and therapeutic tools for dealing with the DI.

Secondly, this study has demonstrated that the RG provides an effective means for evaluating psychological parameters among deaf subjects. This applies not only to the field of research but equally to assessment and therapy. RGs have been shown to be effective as assessment and therapeutic tools in dealing with disorders ranging from stuttering to schizophrenia.² In each of these areas, the psychology of

Die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings, Vol. 28, 1981

the DI has previously proved to be an intangible and elusive area of investigation. The RG provides a means of overcoming these difficulties.

REFERENCES

- 1. Fransella, F. (1968): Self Concepts and the stutterer. British Journal of Psychology, 114: 1531-1535.
- 2. Fransella, F. and Bannister, D. (1977): A Manual for Repertory Grid Technique. Academic Press.
- 3. Furth, H. (1973): Deafness and Learning A Psychosocial Approach. California.
- Heider, G. M. (1967): Adjustment problems of the deaf child. M. Fusfield, I.S. (Ed). A Handbook of Readings in Education of the Deaf and Post-School Implications Charles C. Thomas.
- 5. Saflios-Rothschild, C. (1970): The Sociology and Social Psychology of Disability and Rehabilitation, Random House, Inc.
- 6. Slater, P. (1972): Notes on Ingrid 72. St. George's Hospital, London.
- Vernon, M. and Mindel, E. (1978): Psychological and psychiatric aspects of profound hearing loss. In Rose, D. E. (Ed.) Audiological Assessment, (2nd ed.) Prentice-Hall, Inc., 128-130.

Т



732 Medical City Eloff cor, Jeppe Streat Johannesburg, Transvaal Telephone 23 6685 P.O. Box 52041 SAXONWOLD 2132

HEARING AIDS.

WE SPECIALIZE IN

The supply and fitting of Hearing Aids for all hearing losses, especially for Nerve deafness Recruitment

Bone conduction cases.

CROSS AIDS:

CROS - BICROS - MULTICROS - etc.

BONE CONDUCTION AIDS for

Body, Earlevel, Glasses (speciality by Viennatone)

BINAURAL FITTINGS

MOULDS:

Soft, hard, skeleton, vented, occluded etc.

REPAIRS:

All aids supplied with a scientific performance report after repair. SPECIAL PRICES for Dealers and Institutions.

ACCESSORIES:

Teacher – pupil, parent – child, individual Audiotrainers, very reasonably priced.
Group Audio Trainers.
TV – Wireless infrared Transistor Receiver sets made by SENNHEISER.
Audiometers: Screening, Diagnostic, Research, ERA and Electrocochleography
C.O.R. and Peep Show.
Impedance bridges.
Manufacturers of Sound proof booth and sound proof rooms.
Hearing Aid testing set by "Fonix" U.S.A.
Phonak noise generator with different frequencies, pure tone and warble tone, for everyday's use.
We repair and calibrate Audiometers.
Sound level meters, calibrators.
Industrial noise consultants.

Die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings, Vol. 28, 1981