

# THE HAPPY SILENCE!

## Happiness in hearing impaired adolescents

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**Abstract:** Adolescent period involves several biological, cognitive and psychosocial changes (Williams et al., 2002; Susman & Don, 2009). Indicators and predictors of adolescent's mental health are essentially connected with not only the present but future health and health-related behaviors also (Galambos & Costigan, 2003). In India, 63 million people suffer from significant hearing loss. Hearing impaired individuals across their lifespan are more likely than hearing people to experience mental well-being difficulties whether in terms of mental ill health or more broadly in relation to feelings of positivity and negativity about one's self. Happiness is one of the most important aspects of psychological well-being. Subjective wellbeing, or happiness, involves a number of distinct components, such as satisfaction with life as a whole or with significant life domains (e.g., satisfaction with social or work life), positive affect and low levels of negative affect (Diener, 2000). The present study investigated the level of happiness among hearing impaired adolescents. 55 hearing impaired adolescents (29 boys and 26 girls) studying and living in special deaf school (Patiala school of Deaf and Blind, Saifdipur) in Patiala district were selected for the present study. Their age ranged from 11-19 years. The results showed that life satisfaction was the highest correlated factor with overall happiness whereas Interpersonal relationship was the least correlated factor with overall happiness. 38.18 adolescents had low level of happiness while 36.36 were high on happiness. The factors effecting levels of happiness in hearing impaired adolescents can help to understand and deal with them in a better way as they move into the next crucial phase of life.

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### 1. ADOLESCENCE

The word adolescence is derived from the Latin word "adolescere" which means "to grow up" or "to grow to maturity" (Lerner & Steinberg, 2009). This period involves several biological, cognitive and psychosocial changes and during adolescence, youth are faced with difficulties that are cognitive, relational and biological in nature (Lerner et al., 1999; Williams et al., 2002; Susman & Don, 2009). These changes affect the adolescent's in different ways and intensities. For individuals with developmental disabilities, there may be notable constraints on the extent to which some of the adult roles are achieved. The biological, cognitive psychological and social changes that characterize the transition from the adolescent period to adulthood are as challenging for individuals with developmental disabilities as they are for typically developing individuals. However, individuals with developing disabilities may chronologically reach adulthood without the same degree of personal independence and autonomy.

### 2. HEARING IMPAIRMENT

Initially it appears simple to understand the concept of hearing impairment as it can be diagnosed through medical procedures. But the impact of being hearing impaired is larger than the problems related to hearing difficulties only. The term Hearing Impairment (HI) refers to the hearing loss ranging from hard-of hearing to total deafness. According to World Health Organization (2014) the individuals with HI can be deaf or hard of hearing. Moores (2001) differentiated the terms deaf and hard of hearing. A deaf person is the "one whose hearing is disabled to an extent that precludes the understanding of speech through the ear alone, without or without the use of a hearing aid". While hard of hearing person is "one whose hearing is disabled to an extent that makes difficult, but does not preclude, the understanding of speech through the ear alone, with or without a hearing aid" (Moores, 2001). Over 5% of world's population (360 million) has

disabling hearing loss (328 million adults and 32 million children). Hearing loss is the second most common cause of years lived with disability (YLD). It also brings many social and emotional difficulties along the communications problems (Kirk, Gallagher, & Anastasiow, 2003). It has also been stated by WHO (World Health Organization, 2009) that there is a shortage of human resources to address the issue of deafness. Approximately, 90% of deaf children are born to hearing parents and it is estimated that 80% of these are unable to effectively communicate with their deaf children (Ridgeway, 1993). Individuals with HI vary largely in their communication and social skills due to their nature and degree of hearing loss, proper assessment, time of intervention and family environment. Recent studies have shown that deaf individual's social emotional adjustment is poorer than that of their hearing counterparts (Cambra, 2006). When hearing impaired children without overt or serious problems are studied they are found to exhibit characteristics of rigid egocentricity, absence of inner controls, impulsivity and suggestibility (Kirk et al., 2003; Moores, 2001). Sinott and Jones (2005) also reported the high incidence rate for emotional disturbance and behavioral disorders among the students with HI.

### 3. HEARING IMPAIRMENT IN INDIA

Going through the deaf history of India, of particular interest is the article "the deaf and the blind in India." This article was published in the silent worker, vol. 33 no. 2 (November 1920). It is photo-illustrated and has interesting historical facts, such as in 1920 there were 10 schools for the deaf in India. At present in India, 63 million people (6.3%) suffer from significant auditory loss. Four in every 1000 children suffer from severe to profound hearing loss. With over 100,000 babies that are born with hearing deficiency every year. The estimated prevalence of adult-onset deafness in India was found to be 7.6% and childhood onset deafness to be 2%. The National Sample Survey 58<sup>th</sup> round (2002) surveyed disability in Indian households and found that hearing disability was the 2<sup>nd</sup> most common cause of disability and top most cause of sensory deficit. In urban areas, loss was 9% of all disability and in rural areas, it was 10%. It was estimated that the number of person with hearing disability per 100,000 persons was 291; it was higher in rural (310) compared with urban regions (236). In the same survey, about 32% of the people had profound (person could not hear at all or could hear only loud sounds), and 39% had a severe hearing disability (person could hear only shouted words). The survey results revealed that about 7% of people were born with a hearing disability. About 56% and 62% reported the onset of hearing disability at  $\geq 60$  years of age in the rural and urban areas, respectively. The incidence of hearing disability during that year was reported to be 7/100,000 population. The magnitude of milder degrees of hearing loss and unilateral hearing loss would be larger than these estimates for bilateral hearing loss. (Singh V, 2015)

### 4. HAPPINESS

Happiness, or "subjective wellbeing", a term that is used synonymously, refers to the subjective assessment of quality of life or, in other words, the way people evaluate their lives. These evaluations can be both cognitive and affective, and refer to life as a whole and/or to specific domains of it, such as work and social life (Diener, Suh, Lucas, & Smith, 1999). Subjective wellbeing, or happiness, involves a number of distinct components, such as satisfaction with life as a whole or with significant life domains (e.g., satisfaction with social or work life), positive affect and low levels of negative affect (Diener, 2000). Objective List theory (Nussbaum, 1992; Sen, 1985) lodges happiness outside of feeling and onto a list of "truly valuable" things in the real world. It holds that happiness consists of a human life that achieves certain things from a list of worthwhile pursuits: such a list might include career accomplishments, friendship, freedom from disease and pain, material comforts, civic spirit, beauty, education, love, knowledge, and good conscience. Furthermore, happiness can be operationalized in terms of self-realization or self-actualization (McGregor & Little, 1998) and it is possible to also include cognitive-evaluative elements regarding self-esteem and optimism, a sense of personal and environmental control, self-efficacy, positive relations with others, etc. (Meleddu, Guicciardi, Scalas, & Fadda, 2012). Authentic Happiness (Seligman, 2002) theory holds that there are three distinct kinds of happiness: the Pleasant Life (pleasures), the Good Life (engagement), and the Meaningful Life. The first two are subjective, but the third is at least partly objective and lodges in belonging to and serving what is larger and more worthwhile than the just the self's pleasures and desires. Fredrickson's (2001) 'broaden and build theory' suggests that the experiencing of positive emotions expands people's momentary thought-action repertoires and builds up personal resources, including intellectual resources. Deaf individuals who can regulate and have a better understanding of emotions may experience more happiness as they can relate in better way with others.

## 5. FACTORS AFFECTING HAPPINESS IN ADOLESCENTS

Social relationships and popularity among peers (Chaplin, 2009; Holder & Coleman, 2009; Uusitalo-Malmi-vaara & Lehto, 2013) strongly predict happiness. Friendship experiences promote individuals' feelings of uniqueness and provide a context in which basic needs are satisfied. Furthermore, friendship quality predicts happiness above and beyond the influence of personality (Demir & Özdemir, 2010; Demir, Şimşek, & Procsal, 2012; Demir & Weitekamp, 2007). Freely-chosen leisure activities and especially physical exercise (Holder, Coleman, & Sehn, 2009; Sacker & Cable, 2006) are important predictors of youth happiness. Sport promotes health, increases self-confidence and contributes to a satisfying life (Csikszentmihalyi & Hunter, 2003). Additionally, physical activities also provide a means for youth to get together. Thus, social affiliation may enhance the positive effects of physical exercise (Fredricks et al., 2002; Holder et al., 2009). Physical appearance correlates with happiness only weakly (Diener, 1995; Holder & Coleman, 2008). However, good looks are correlated with popularity or imagined popularity (Feingold, 1992) and induce strong inferences about extraversion and social competence probably facilitating the making of friends (Eagly, Ashmore, Makhijani, & Longo, 1991). Also, self-rated attractiveness is related to happiness (Neto, 2001), probably via self-esteem, which strongly predicts life satisfaction and happiness (Huebner, Gilman, & Laughlin, 1999).

## 6. HAPPINESS IN HEARING IMPAIRED

Research studies have indicated that hearing impaired children have impaired emotional competence because of their impaired emotion socialization secondary to their limited communication skills (Rieffe & Meerum Terwogt, 2006), though emotional competence involves a broad complexity of elements (Saarni, 1999), including awareness of one's own and others' emotions and the regulation of emotions. A study on deaf adolescents showed that they could be happy, intelligent, and fully functioning and contributing members of society, provided there was effective language and communication at home and school (Sheridan, 2001). Deaf children's resilience is a major component influencing their subjective wellbeing. Supportive environments at home and at school, in which they can assert themselves as deaf children, provide them with a secure space to develop creative coping strategies to deal with challenges in their way. Despite obstacles in life, deaf children will be able to feel happy and fulfilled. Cambra (2005) compared the feelings and emotions of adolescents with HI using a sentence completion task examined their feelings, preferences, desires for change as well as their perception of the consequences of being deaf. The results indicated non-significant differences between the deaf and hearing adolescents in terms of their ability to understand or express their feelings of sadness or when expressing what they like most. However, significant differences were found in what made them happiest and the things they would like to change. Degree of hearing loss, gender, and age were related to these differences in understanding their feelings. The deaf adolescents are happy when they receive gifts and take part in recreational activities; in contrast, the hearing adolescents are happier to have good relationships with their friends and family, and when social problems are solved and there is peace in the world.

Constructs related to happiness and well-being are mental health and health-related quality of life (QoL). A few studies have focused on well-being as a function of hearing status. Moeller (2007) concluded in a review that deaf children's well-being (health-related QoL) was poorer than that of hearing peers. The same was found for 85 Australian 7- to 8-year-old deaf children, whose QoL was judged by their parents (Wake, Hughes, Collins, & Poulakis, 2004a; Wake, Hughes, Poulakis, Collins, & Rickards, 2004b). In a Dutch study, 238 deaf 4- to 18-year-old students had higher parent-reported emotional problems than their hearing peers (Van Eldik, Treffers, Veerman, & Verhulst, 2004). In the same study, deaf 12- to 18-year-old children also reported more anxiety and depression than the 4- to 11-year-old ones. Gender effects on well-being seem apparent for hearing children, with girls being at higher risk for depression than boys (e.g., Hirsch & Rapkin, 1987). These studies point to the role of same-gender relational aspects, specifically social connectedness among girls, which can be a protective but also a risk factor for adolescent girls (Nolen-Hoeksema & Girgus, 1994). Girls are more communication and socially oriented than boys, for whom competition is important (Rose & Smith, 2009). This orientation is said to make girls more vulnerable to the social challenges of adolescence. Other studies, however, suggest an overall increase in depression with age for both boys and girls, with differences by gender appearing later in adolescence (Reddy, Rhodes, & Mulhall, 2003). Thus far, few studies have investigated gender differences in deaf children's well-being.

## 7. METHOD

### Participants

A total of 55 Hearing impaired adolescents studying and living in special deaf schools (Patiala school of deaf and blind) in Patiala district were selected for the present study. Their age ranged from 12-19 years.

### TOOLS

CHINESE HAPPINESS INVENTORY (Lu & Shih, 1997)

**TABLE NO.1 showing gender difference on subscales of happiness**

Gender		N	Mean
Positive Affect	Boys	29	41.7
	Girls	26	42.35
Life Satisfaction	Boys	29	37.03
	Girls	26	36.04
Interpersonal Relationships	Boys	29	22.14
	Girls	26	21.08
Total Happiness	Boys	29	100.90
	Girls	26	99.50

**TABLE NO.2 showing the correlations.**

	Positive Affect	Life Satisfaction	Interpersonal Relationships	Total Happiness
Positive Affect	1			
Life Satisfaction	.353**	1		
Interpersonal Relationships	.212	.431**	1	
Total Happiness	.709**	.862**	.635**	1

**TABLE NO.3 showing the percentage of happiness among hearing impaired adolescents.**

Descriptive Statistics	N	Mean	Std. Deviation
Positive Affect	55	41.95	4.85
Life Satisfaction	55	36.84	6.39
Interpersonal Relationships	55	21.71	3.18
Total Happiness	55	100.51	10.96
	High	20	36.36%
	Low	21	38.18%
	Medium	14	25.45%

## 8. RESULTS

The results of the present study show that life satisfaction was the highest correlated factor with overall happiness in hearing impaired adolescents. Sheridan (2001) in a study of seven deaf children from diverse family backgrounds and school settings concluded that deaf children had many positive experiences, relationship, self-perceptions and expectations for themselves, as well as healthy coping styles. Deaf children develop ways of coping to make environments accessible and to deal with daily challenges (Sheridan, 2001). Interpersonal relationship was the least correlated factor with overall happiness. Deaf children born to hearing families are more vulnerable to language delays (Moog & Geers, 1985). Vulnerability to language delays can affect children's development of communication strategies; understanding of the thoughts and feelings of others (Peterson & Slaughter, 2006); rate of understanding social rules (Rachford & Furth, 1986); and overall social functioning (Marschark et al., 1993; Stinson & Whitmire, 2000). Lederberg et al. (1987) suggest that a possible reason behind unstable friendships may be the fact that deaf students are exposed to

negative experiences in interactions, which leads to fragile relations. 38.18 adolescents had low level of happiness while 36.36 were high on happiness. No significant gender differences were found on the levels of happiness. To measure emotions in hearing impaired Cambra (2005) compared the feelings and emotions of adolescents with HI using a sentence completion task examined their feelings, preferences, desires for change as well as their perception of the consequences of being deaf. Significant differences were found in what made them happiest and the things they would like to change. Degree of hearing loss, gender, and age were related to these differences in understanding their feelings. The deaf adolescents are happy when they receive gifts and take part in recreational activities; in contrast, the hearing adolescents are happier to have good relationships with their friends and family, and when social problems are solved and there is peace in the world.

## 9. SUMMARY

Adolescents with hearing impairment have lot of threat to their social-emotional well-being and self-identity formation, and are at risk for psychosocial deficits related to cognition, isolation, and bullying. As most of deaf adolescents spend large part of their life in deaf schools they may lack communication with parents and outside world. The above studies show what factors can play an important role in determining the happiness levels in hearing impaired adolescents. Further study in this area can help us to understand the scenario of hearing impaired adolescents in a better way and can lead us to the other factors that can play a part in happiness of these adolescents.

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