FAMILY VALUES, GOALS AND SELF-CONCEPT OF UNMARRIED ADULTS WHO HAVE SUSTAINED A HEARING LOSS

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ABSTRACT

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By

Gladys Johnson Gilbreth

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Thirty adults (15 males and 15 females) who had hearing losses were selected for participation in the study. The selection criteria included that subjects were single either by divorce, never married or widowed and a defined hearing loss for the subject classification. Data were collected through interviews and a questionnaire with the subjects.

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Thirty adults (15 males and 15 females) who had hearing losses were selected for participation in this study. The selection criteria included adults who were single either by divorce, separation or never married and a defined hearing loss for the thirty individuals. Data were collected through interviewing and corresponding with the subjects.

A social participation scale developed for this study was used to group subjects as high, medium, and low

social participators according to their score on the scale. The 30 subjects were divided into three groups of 10 each.

A semantic differential instrument used for observing and measuring the psychological meaning of things was used to measure self-concept. Scales were used to rank family values and goals according to their importance. A personal data interview served to collect other necessary descriptive data. The two-way analysis of variance was used to determine if a significant difference existed between groups and between sexes with the mean scores on self-concept. No significant difference existed between mean score of high, medium and low social participators on self-concept. Although the hypothesized differences were not significant, the trend was in the hypothesized direction. The Chi-square goodness-of-fit test was applied to determine if there was a significant difference in the ranking of family values and goals in each group and between males and females. No significant difference was found on patterns of ranking of family values and goals, but values 2 and 6 were significant at the .05 level. These values were "I want the things my family does to be socially accepted and influential" and "I enjoy my friends and like to do things for them." It seems that hard of hearing subjects rely heavily upon their friends, many of whom share a similar condition of having a hearing loss.

On the average, females in the study experienced a hearing loss at an earlier age than did males.

The number of organizations attended by subjects, both males and females, was very low.

Divorced subjects felt that their hearing loss contributed to their separation.

Most of the unmarried subjects in this study preferred persons who had a hearing loss as their future mates.

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Gladys Johnson Hildreth

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STATEMENT OF THE PROBLEM

I. INTRODUCTION

In our society the family is the basic social unit. Families foster the continuation of society by replacing new individuals in each generation. Among the chief functions of the family is the socialization of its members. This process involves the acquisition of knowledge about values, roles, behavior, physical care of children, personality development, emotional stability and so on. This information prepares individuals to be more or less able members of their society. Brim (1968) comments that at different stages of the life cycle, individuals are socialized to learn specific things about their particular situation and/or needs.

Many families have members with special needs. The way in which these needs are met is significant for the individual's future and his overall life adjustment. These special needs are often the result of a physical handicap; an area which has gained recent added attention from interested social researchers.

Lacy (1969) suggests that one of the first efforts

in meeting the needs of the handicapped individual is to assure him and his family that something can be done to maintain the self-image at an acceptable level. The happiness and security of the handicapped member will depend largely upon the family relationships within the home.

Gross and Crandall (1963) note the development of the individual by saying there is the ever-recurring conflict between sacrificing the individual for the group and sacrificing the group for the individual. In this sense the family is considered as an interdependent system. The physical handicap of one member has an effect on the immediate others. Likewise the behavior of the other family members has an effect upon the handicapped member.

The physical health and well-being of family members often places restraints and limitations upon certain forms of human behavior. One component of physical health that researchers could explore further is that of hearing loss. The physiological aspect of hearing loss is generally considered in research. However, knowledge about the socialization and interpersonal relationships among the deaf and hard of hearing has not been adequately considered. Rainer (1963) suggests that research workers would do well to double their efforts to discover the optimum life choices open to deaf and hard of hearing adolescents, so that they and their parents may receive the best guidance when they seek advice regarding education, vocation, marriage and parenthood.

The degree of hearing loss may vary from slight loss, moderate loss, marked loss, severe loss to profound loss. Welles (1932) found in his experimental hard of hearing group significantly more emotional, more introverted and less dominant persons than the average of their hearing friends. However, no significant differences were found between a group of hearing subjects and a group of hard of hearing individuals who had successfully surmounted their difficulties.

Marsters (1968) comments that a hearing communication barrier creates a serious lack of interpersonal or social understanding and development between the deaf and hearing population. He further stated that "too often deaf people are isolated from social understanding and development making them naive, suspicious, hostile, withdrawn, etc" (p. 17).

Persons with impaired hearing face obvious problems of adjustment both within the family and within the larger society. Impaired hearing causes emotional reactions in social and employment situations. Baroff (1963) comments that social adjustment is a crucial factor in evaluating the limitations that may be imposed by any handicap. With the hard of hearing, the disability may produce a serious degree of intellectual and emotional isolation during the formative years and have long-range effects on the total socialization process.

The individual with a hearing loss may be highly

intellectual and emotionally mature and yet show signs of apprehension about his social relations within the family and on his job. The apprehensions could be caused by his inability to hear parts of a conversation which may cause the person suffering from hearing loss to misinterpret meaning. He may feel that constantly having to ask people to repeat what they have said may be aggravating and bothersome. This is highly emphasized by Van Itallie (1963, p. 114) who noted that the hard of hearing person tries to "play it" safe by avoiding comment and smiling unsurely when he thinks something has been said which he failed to catch. Thus he keeps his feelings of insecurity to himself, and in thinking about them he sometimes forgets matters of immediate importance.

The necessity of gaining more knowledge regarding certain social aspects as related to the values, goals and self-concept of the hard of hearing group can not be overlooked. Altshuler (1963) noted that in reference to marriage of deaf individuals, more respondents who seemed disturbed by their deafness remained single than was true for those who expressed social acceptance; he further stated that the less skill there is present, the less likelihood there is of marriage.

Oyer (1969) has suggested that another area of research need is the area of marital adjustment of hearing impaired persons. Such factors as their problems, separations, divorces and other significant variables need to

be investigated. The social participation of single persons with hearing losses also appears to be an aspect of family life of the hearing handicapped which needs further investigation.

II. STATEMENT OF THE PROBLEM

To date there is little in the literature about the manner in which persons with hearing losses perceive their social participation. Social life, though it may bring a measure of embarrassment to the hard of hearing, should not be neglected; otherwise the deafened person may drift into complete social isolation (Van Itallie, 1963).

This study is designed to discover the relationships that exist between levels of social participation and family values, family goals and self-concept of subjects who are unmarried male or female and have a hearing loss. Specifically, answers to the following questions will be sought:

Question 1: Will there be a significant difference between mean scores of high, medium and low social participators on self-concept?

Question 2: Will there be a significant difference between male mean score and female mean score on self concept?

Question 3: Will there by any interaction or not between sex and social participation scores?

Question 4: Will there be a significant difference between high, medium and low social participators on the pattern of selection of family goals?

Question 5: Will there be a significant difference between males and females on the pattern of selection of family goals?

Question 6: Will there be a significant difference between high, medium and low social participators on the pattern ranking of family values?

Question 7: Will there be a significant difference between male and female pattern ranking of family values?

The researcher is further seeking descriptive information as to whether or not subjects perceived a relationship between certain aspects of family relationships and their hearing loss.

III. ASSUMPTIONS

The following assumptions underlie this study:

1. An individual's hearing loss affects his social participation role in the family and in society.

2. Perceptions of the individual subjects are appropriate for studying family values, goals, self-concept and social participation.

IV. HYPOTHESES

The following hypotheses will be tested:

Hypothesis 1: There will be a significant difference between mean score of high, medium and low social participators on self-concept.

Hypothesis 2: There will be a significant difference between male mean score and female mean score on self-concept.

Hypothesis 3: There will be an interaction between sex and social participation scores.

Hypothesis 4: There will be a significant difference between high, medium and low social participators on the pattern of selection of family goals.

Hypothesis 5: There will be a significant difference between males and females on the pattern of selection of family goals.

Hypothesis 6: There will be a significant difference between high, medium and low social participators on the pattern ranking of family values.

Hypothesis 7: There will be a significant difference between male and female pattern ranking of family values.

V. IMPORTANCE OF THE STUDY

If there is a significant difference between mean scores of high, medium and low social participators on self-concept, an important consideration for improving self-concept in hard of hearing adults will have been noted. If high social participators tend to rank first goals and values that are more family centered and low social participators rank first the more individualized values and goals, counselors and family life specialists may obtain clues from this study for assisting those who have hearing losses and face problems with family living.

The results might indicate an interaction between sex and social participation scores. This information on

subjects with impaired hearing might serve as a partial basis for planning instructional and counseling programs for the population which suffers hearing loss.

VI. DEFINITION OF TERMS

Theoretical Definitions

Hearing Loss. Davis and Siverman (1960, p. 85) use the term in a social sense to mean ". . . an impairment of hearing that does not entirely prevent communication of speech."

Social Participation. Rohrer and Schmidt (1948, p. 2) describe the term "social participation" by saying

> The individual from birth until death lives in social groups. A social group found in all cultures is the family. Besides the family we find informal and formal groups such as neighboring or visiting cliques and the work group. Thus, an individual's involvement in the groups can be termed "social participation."

Self-concept. Hirning and Hirning (1956) define the term to mean a person's ultimate concept of himself, especially with reference to his identity and his relation to his environment.

Value. Baier (1969) defines the term as

> essentially, an attitude for or against an event or phenomenon, based on a belief that it benefits or penalizes some individual, group or institution. It becomes a manifestation of behavior and, as such, observable and measurable (p. 5).

Goal. Fitzsimmons (1951) offers this definition: "an end toward which a design is directed. It is our aim or purpose" (p. 69). Paolucci (1966) says that family goals are members' individual goals tempered by those of the other family members.

Operational Definitions

Hearing Loss. For the purpose of this study, hearing loss is operationally defined as the condition of impaired hearing which does not entirely prevent communication by speech. The hearing level of all subjects participating in the study will constitute a composite tabled in Chapter III (pp. 44-46).

Social Participation. The degree of involvement subjects with hearing loss have in social activities within the family and within the larger society.

Level of Social Participation. The range of social participation scores from lowest to highest divided into three levels labeled as: the lower third as low, the middle third as medium, and the higher third as high social participators.

Unmarried. This refers to the stage in one's life when he is without a marital mate either by separation, divorce or having never been married.

Family Value and Goal Pattern. The order of choices that subjects choose on the Sussman Goal Scale (1964) and the Dyer Value Scale (1962) will be considered the pattern for ranking.

Self-concept. The scores the subjects receive on the Semantic Differential Instrument for measuring self-concept as a family member will constitute self-concept.

VII. CONCEPTUAL ORIENTATION

Family crises such as a hearing impairment of one of its members have a very specific impact upon the members of the family. Sussman (1969) points out that when the family is faced with some type of crisis or emergency such as that caused by the illness of a family member, the family's role structure is modified and the members' capability to perform their usual roles is temporarily reduced. He believes that role definition, allocations and expectations provide the structural elements of stability. Sussman further suggests that in the treatment of the handicapped child and his family, one should consider how members of this network may participate effectively in the therapeutic process. He states:

> When individuals are successful in achieving objectives established for themselves and by society, and when they feel that they are accomplishing something, it is only then that they "can afford" to behave constructively in regard to the problems of other individuals. If in helping and working to solve the problem of others, he loses, he has suffered a minimum loss,

> one which he can absorb because he still has his success, security, and integrity. If he wins, he receives enriched payoffs which enhance his ego, status, and prestige. On an operational level this means, in effect, that the blind individual will "make it" at the highest level permitted by his handicap, if those around him are successful in achieving their own objectives and in relation to the blind child, do not perceive what they are doing as deleterious to the achievement of these personal and family goals (pp. 146-55).

The network terminology as expressed by Sussman (1969) supports the idea of interdependence of family members. The family can be viewed as a unit whereby the roles and actions of one member have an effect upon another. Hook and Paolucci (1970) state: "The family is seen as both an environment for the individual and as existing in a larger physical and biological and social environment; the family exists within only part of the total environment." How the individual family member with a hearing loss perceives his role in the family will depend largely upon the attitudes and interests of those in his immediate environment. Breckenridge and Murphy (1969) state ". . . how a child's needs will be met will depend upon the family and the circumstances in which it lives" (p. 237).

The family can be seen as a system in the process of helping the disabled member meet his role expectation. This process involves knowledge and information from the natural environment and the social environment. Hook and Paolucci (1970) suggest that the family be viewed as an ecosystem based on the interdependent relation between

physical and social environments. The natural environment produces the material necessary for physical sustenance, i.e., the nutrition which produces the energy for proper nurturance of the human body. The social environment within the family is concerned with giving quality and meaning to life. The two environments working together for the total development of individual members is one of the concerns of home management. "Home management helps the group create an environment in which members can perform, grow and develop as individuals and at the same time, cooperate in attaining group goals" (Paolucci, 1966, pp. 338-42).

Oyer (1969) has stated that "disability or illness are not viewed as roles in themselves, but as conditions better analyzed in terms of impact on performance of normal [family] roles" (p. 10). Thomas (1970) believes that the problems of role associated with an individual's disability may not always create severe adjustment difficulties. The disability-related role problem may contribute little or much to an individual's overall adjustment, depending upon the entire complex of personal and environmental pressures in his life.

Objective: To discover the relationships and interaction between levels of social participation and family values, family goals, and self-concept.

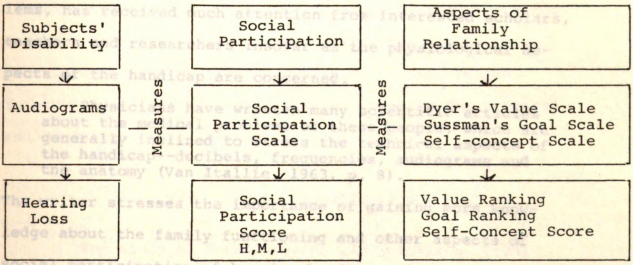


Figure 1-1.

Model for studying the relationships and interactions between levels of social participation and family values, family goals and self-concept.

CHAPTER II

REVIEW OF RELATED LITERATURE

I. INTRODUCTION

Hearing loss, one of the most common health problems, has received much attention from interested scholars, teachers and researchers insofar as the physiological aspects of the handicap are concerned.

> Physicians have written many scientific articles about the medical problems of these people, which are generally inclined to stress the technical aspects of the handicap--decibels, frequencies, audiograms and the anatomy (Van Itallie, 1963, p. 8).

The writer stresses the importance of gaining more knowledge about the family functioning and other aspects of social participation of hearing handicapped persons.

> . . . Perhaps one of the best ways of learning more about the social problems and reactions of subjects who have impaired hearing is to talk to a number of subjects about their individual case (Van Itallie, 1963, p. 9).

Such a discussion with handicapped individuals could also reveal the extent of their participation in their own social milieu.

II. ORDER OF PRESENTATION

The purpose of this chapter is to review pertinent research that is related to family function of single adults with hearing losses. The review of literature will be carried out in the following areas: (a) social participation, (b) family relationships and management in the home, and (c) family perception aspects of self-concept.

Barsch (1968) supports many researchers by highlighting the role of the family in adjustment of the handicapped. He states: ". . . The family home can be viewed as a laboratory for learning a system of moral values, interpersonal living, table manners, respects for property and countless other lessons" (p. 263).

III. SOCIAL PARTICIPATION

The study of formal social participation in the United States has engaged the efforts of a number of sociologists over the past decades. Hardee (1958) and Anderson (1947, pp. 3-15) suggest the following principles for social participation:

1. Participation in social affairs is a foundation principle of any successfully operating democracy and its agencies.

2. Research points out some principles about the acceptance of participation responsibilities.

3. Participation is a family trait; to obtain it from individuals, the family approach is important.

4. There are three types of participating families:

non-participating, partially participating, and fully participating.

5. Participation in one organization stimulates participation in other organizations.

Mayo and Marsh (1951) studied social participation in the rural community. It was hypothesized that there would be no difference between sexes in the extent to which formal participation is confined to the locality group of residence. The hypothesis was substantiated among Negroes but not among the white population.

The social life of the hard of hearing should not be neglected. It is believed by many that the channel of social participation is the best way to develop and cultivate good individual personal qualities.

Ranier (1963) studied the patterns of socialization and community integration of a group of deaf adults. Both the interview data and clinical impressions indicated that the deaf are certainly capable of establishing effective personal contacts. Eighty per cent reported socializing on at least a once-a-week basis. This study was also interested in the type of persons with whom they formed friendships. Almost one-half reported hearing as well as deaf friends, while one-third stated that their friends were limited to the deaf. Although prestige factors may have played a role, especially with regard to hearing friends, the general impression was that the deaf are not lacking in socialization.

Cultural attitudes of nondisabled persons toward

persons with disabilities may have an effect upon the amount and quality of social participation of the disabled person. Jaques et al. (1970) investigated the attitudinal responses of nondisabled persons toward persons with disabilities in three cultures. The samples consisted of students from diverse academic areas and settings in Denmark, Greece and the United States. Each of the three cultures showed a unique pattern of relationship between sex and attitude toward disabled persons. In the United States there was no observed difference between males and females; in Denmark males were more positive than females, and in Greece females were more positive than males.

Stewart (1971) stresses community involvement and social participation for the hearing impaired as an area for additional concern. The researcher feels that schools should provide opportunities for staff members and laymen with hearing losses to meet informally with students to talk about such factors as child rearing, dealing with doctors and lawyers, getting along with neighbors, handling personal emergencies such as an accident or serious illness.

Hurwitz (1970) comments on social enrichment of the deaf. He states:

> . . . Surely we could agree that congenitally deaf persons suffer considerable handicap because of gross deficiencies in their general fund of information, their misperceptions and lack of sophistication and these deficiencies impair their social functioning. I would suggest that the congenitally deafened society, while in general highly social in nature, is poorly socialized and urgently in need of services that upgrade the quality of socialization (p. 4).

He further commented that through general observation the middle aged deaf present far fewer problems, that they become stabliized in their patterns and are able to manage most of their everyday basic living. However, they face the same difficulties in marriage, parent-child relationships, health, economics and employment as all members of society.

Myklebust (1960) was interested in the social maturity of deaf and hard of hearing adults. He comments on social maturity as an aspect of human behavior which refers to the attainment of independence. He stated that: ". . . The goal of maturation is adulthood; adulthood physically, emotionally, mentally, or adulthood as a socially competent individual" (p. 337).

Research studies concerning the social maturity of those with impaired hearing are few. Social maturity involves critical aspects of personality development. Myklebust (1960) emphasized that isolation, lack of stimulation and lack of interaction might have disintegrative effects on the deaf and hard of hearing individual. The implications are striking for individuals who have suffered a hearing loss from early infancy. The writer conducted a study which proposed to compare those who sustained moderate deafness in adulthood with those who had profound deafness from early childhood in the area of personality and emotional adjustment. It was found that:

> . . . The age of onset, the degree of hearing loss, and sex were found to be significant variables

> affecting this relationship. Those with profound deafness from early life manifested the greatest emotional deviations. Moreover, the males irrespective of the age of onset and the degree of the involvement showed more personality disorder than did the females. Despite the fact that the deaf showed greater emotional disorder than the hard of hearing, the deaf seemed largely unaware of deafness as a handicap (p. 345).

Sussman (1964) comments that deaf individuals may make better personal adjustments than persons who are hard of hearing. The deaf person is aware of his inability to hear and makes the adjustment based on this limitation, while the hard of hearing person is often between two worlds of deafness and hearing. Consequently, the hard of hearing person is not sure what is expected of him by his family and society, causing confusion and problems in adjustment.

IV. MANAGEMENT OF THE FAMILY AND HOME

Farber (1959) studied influential factors in coping with problems presented by a handicapped child in the family. He noted that the entry of a severely retarded child may cause the following to occur: "An arrest in growth through the normal family cycle, degree of mental integration is lessened and brothers and sisters may suffer as the family attempts to cope with the presented problems" (p. 73). Holt (1958) supported Farber's findings, indicating that constant attention required by the handicapped child may result in an exhausted mother along with concomitant restrictions in family activities and a desire to have no

more children.

Langley (1961) points out that the primary goal of the handicapped child is the achievement of mastery over his emotional and physical environment. He must acquire comparative ease in social facility, ease in meeting and mixing with people. The researcher feels that this process is best projected through parental attitudes. The child who constantly hears "Don't do that" from his parents is likely to develop into a shy, introverted individual, and will suffer an arduous period of adjustment.

Lowenfeld (1965) stresses the importance of the handicapped child's becoming an integral part of the family and community. As indicated from history--and not too distant history, handicapped children often become part of, or rather the responsibility of, their communities, ceasing to be a part of their families. This situation could have a negative effect upon hearing handicapped persons' formation of family values and goals.

Lukoff (1966) describes most handicapped persons as either maintaining some relationship with the community or withdrawal from social relations altogether. He feels that the pattern they select will be linked to the experiences they have in the course of growing up and in the normative environment of the family as it takes form in different status groups within society. In other words, hard of hearing persons would be likely to reflect the social participation exhibited by their families' orientation.

Values and goals are important concepts in home management theory. Prior to the 1930s, however, little formal attempt was made to study goals as phenomena in themselves (Fryer, 1963). Today a great deal of attention is focused on the family and its role in human development by stressing the importance of managing resources toward family values and goals. Nye (1967) supports the belief that value is a key concept for understanding human behavior, at the individual, family and societal levels. The writer explains what values are by stating the following:

> . . . By value is meant a high-level abstraction which encompasses a whole category of objects, feelings and/or experiences. Thus if one says that he places a high value on all kinds of educational experiences and, other matters being equal, feels the more education the better. Thus to value something is to have a diffuse desire for a whole class of objects, feelings, and/or experiences either for oneself, for others or both (p. 241).

Kohlmann and Smith (1970) speak of values being related to the home and family life of the individual. The writers comment that values can influence an individual's participation in educational programs and his adoption of beliefs and practices related to them. Values direct each and every aspect of an individual's life. A successful marriage, the wise use of money, child rearing, and all other aspects of an individual's life are influenced by values. Different persons may hold different values which may change over a period of time.

Meeks and Deacon (1972) comment that the living environment represents the family situation in which

their style is enacted. She supports the idea that the living environment has major influence on the family. The researchers studied values and planning in the selection of a family living environment; the sample consisted of 53 randomly selected homemakers in Ohio. The five values selected for study were economic, social, aesthetic, prestige and personal. Values were examined in general by a rank order method. When the five values were ranked in order of importance, the economic value was ranked as most important by 50 per cent of the homemakers; half as many ranked the personal value first. Prestige was ranked as least important by 40 per cent of the homemakers.

Paolucci (1972) suggests that family goals are selected on the basis of family values. Goals are reflections of values which are action-oriented, i.e., to be meaningful values must be translated into goals by the use of family resources. There should be rank or order in goals leading from smaller to larger ones. In home management, one might think of goals as present, intermediate, and distant. A plan of action for the present goal might promote intermediate goals which usually make way for distant goals.

Edwards (1970) subdivided family behavior into two areas of study. These are described as, first, one which emphasizes family relationships and interpersonal behavior, while the second focuses upon problem-solving or goal-oriented behavior. Edwards comments on goal-oriented

behavior by saying:

> Goal oriented behavior encompasses the act of setting goals for the family system, the determination of means by which goals will be achieved and the development and allocation of resources to be invested in goal achievement. It also includes the securing and maintaining of support and cooperation from family members for system goal achievement (p. 652).

Goals signify something definite toward which one works; they are sometimes classified as objectives or levels of aspiration. According to Haller (1963) the term "level of aspirations," at the most fundamental level, indicates that one or more persons are oriented toward a goal. Weiss (1961) stated "The effects of differing aspiration questions upon the level of aspiration have been studied experimentally and have generally been discussed in terms of an underlying dimension of realism" (p. 346). Hearing loss may be related to an individual's conception of reality.

Boyd (1952, pp. 191-96) studied the levels of aspiration of white and Negro children in a non-segregated elementary school. A total of 50 subjects was used for the study: 25 were from each of the two racial groups. Two tests and a questionnaire were used in this level of aspiration study. One of the tests was a target test and the other was an arithmetic test. The results of the study seemed to indicate that the Negro group has the higher level of aspiration, which is probably contrary to the expectations of many people.

An explanation of this may be found in Gould's (1941) study which compared the level of aspiration of

students from a higher socioeconomic level with those of students from a relatively low socioeconomic level. It was found that the lower socioeconomic group had the higher level of aspiration. Gould suggests that findings may be the result of feelings of insecurity which possibly accompany low socioeconomic status. He indicates that a strong desire to improve one's condition may be the result of insecure feelings as a group. The Negro has a lower socioeconomic status than the white American. It is therefore not strange that Negro children had feelings and needs similar to Gould's lower socioeconomic level group.

Lewin (1944) describes the role of goals by stating: "Almost any set of psychological problems, especially those in the field of motivation and personality, inevitably involve goals and goal directed behavior" (p. 22).

Mitchell (1959) was interested in analyzing the patterns of goal-setting behavior and related personality characteristics of four groups: self-acceptant underachievers, self-acceptant overachievers, self-rejectant underachievers and self-rejectant overachievers. Three examinations were given to each group, and before testing subjects were asked to indicate the grade they hoped to attain on the exam and the grade they actually expected to get. Among results reported, a significant difference in manifest anxiety was revealed with underachievers and self-rejectants exhibiting greater anxiety, a condition

that was reflected in the more cautious and conservative goal-setting that characterized the groups. Individuals who have sustained hearing losses may share this more cautious and conservative goal-setting behavior.

Ater and Deacon (1972) studied the interaction of family relationship qualities and managerial components. An instrument used to measure marital role agreement was administered to an adequate sample consisting of only the wife's estimate of agreement. The study was an attempt to provide empirical evidence of interaction between the managerial and relationship behavior of families. The findings indicated that the two relationship variables were significantly associated with the wife's satisfaction with help from other members of the family. The authors concluded further that:

> Satisfaction in management is from value-based goals emanating from the personal-interpersonal subsystem; variables which explain satisfaction have implications of the interaction of the two subsystems (p. 257).

V. FAMILY PERCEPTION ASPECTS OF SELF-CONCEPT

Self-concept may be defined as the individual's evaluation of himself as the result of past experience which includes interaction with body parts, things, persons and symbols (O'Neill, 1964, p. 104). A handicapped person's own views regarding himself and how he perceives the world about him tend to coincide with those he has close dealings with in his environment. Lukoff (1966) suggests that the

family plays an important role in the self perceptions of the handicapped person. He hypothesized that the standards perceived from family, friends, and employers are more likely to overcome deviant personal standards of handicapped persons.

Strodtbeck (1958) indicates that lowered self-concepts are characteristic of ethnic and racial minorities who have not been given the opportunity to participate in the race toward the goal of occupational and social mobility. He states: "They often believe that events cannot be changed and that one's actions will do little to achieve desired objectives or goals. Things come about because they are in God's hand" (p. 389).

The lowered self-concept handicapped individual is in obvious need of help. Zuk (1962) points out that the significant point is that the individual with lowered self-concept caused by any set of circumstances is likely to be an underperformer and requires the therapeutic efforts of members of his family. When the family provides the handicapped individual with too much help, there are dangers for the family unit and often for the individual. If the hearing handicapped individual has a lowered self-concept and additionally suffers from over-protection from his family he may also be a low participator in extra-family social groupings.

Craig (1964) conducted a study to determine if there are differences in the self-concept of deaf children

and of normally hearing children. The findings indicated that the deaf and normal groups differed significantly in how they would be rated by others with the deaf group being less accurate about how others would rate them. An interpretation of these results by Craig is as follows: ". . . The accuracy of self-concept of the deaf child is hampered by his language deficit, regardless of his residence in an institution or at home" (p. 456).

Hardick (1964) compared self-concepts and other self-related attitudes of hard of hearing adults with those of normal hearing, using the semantic differential scales. The scale consisted of 50 bipolar adjectival scales. Subjects were asked to check on the scale continuum the position with which they most closely identified. Hardick's findings on self-concept suggest adjustments to reality that reflect the altered relationship to the environment caused by hearing loss. Age seemed to have an effect upon self-concept in Hardick's study. People over 60 judged themselves to be more genuine. Women judged themselves more genuine than men. Single persons with hearing losses may have greater difficulty maintaining accurate conceptions of reality since many lack close family models with realistic orientations.

O'Neill (1964) uses the schematic model below to represent the periods which are important in the development of the self-concept in terms of verbal communication. The author explains that the first and innermost of the

circles represents the early period of infancy. This period is essentially nonverbal and an unconscious period of development. The second circle represents the period at which the child attempts some form of communication. The parents and associated persons in the child's environment provide these stimuli. At around 18 months the child acquires a tool which enables him to find out more about his environment and even to control it. This is speech. If at the third ring the child is unable to make himself understood, or withdraws from contacts with others, he may soon develop a self-concept of unworthiness or failure. Such a concept may develop because the child is left with a feeling of being unwanted. This is often the case with individuals with impaired hearing.

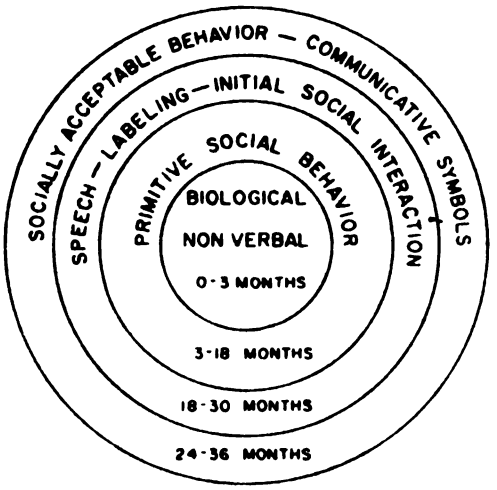


Figure 2-1.

O'Neill's Schematic Representation of Periods Which Are Important in the Development of the Self-Concept in Terms of Verbal Communication (p. 189).

O'Neill stresses the importance of gathering

meaningful information about the personality of the person who has a hearing loss. The writer comments that researchers must study each individual in depth. The questionnaire, rating scale, or paper and pencil test given groups of hard of hearing individuals will not add much to present-day knowledge of this group. Adjustment to hearing loss is an individual problem, not a group one. Therefore one should speak of the personality and adjustment of hard of hearing individuals rather than the personality of the hard of hearing.

VI. SUMMARY

A review of the literature presented in this chapter included studies related to the family functioning aspects of hearing losses in adults. The specific areas reviewed were (1) social participation, (2) family perception aspects of self-concept, and (3) management of the family and home.

The review revealed little about family functioning as related to hearing losses in adults. It would seem that more studies dealing with how an individual perceives himself as a family member, and what he views as important values and goals for the family, would be beneficial for assisting those whose hearing is impaired.

The hypotheses for this study were based on the literature which indicated the following relationships

between family functioning and hearing losses:

1. Social Participation. Rainer (1963) showed that deaf and hard of hearing individuals were capable of establishing effective personal contacts and that the degree of social participation acquired by the disabled family member was related to family functioning.
2. Family Perception Aspects of Self-Concept. Levine (1963) indicated that whenever deafness and hard of hearing enters the picture, family reactions lay the groundwork for the individual's own attitudes, aspirations and reactions toward self-concept and the hearing world. Therefore it was hypothesized that persons who are low in social participation as a result of family reaction would also perceive their self-concept as being low.
3. Management of the Family and Home. The hypothesis that persons who are classified as low social participators would choose a similar pattern for family values and goals was generated from research by Mitchell (1959), Kohlmann and Smith (1970) and Paolucci (1972). The researchers suggest that one's choice of family values and goals, which ultimately affect behavior, tend to be related to his immediate family environment.

CHAPTER III

PROCEDURE

I. INTRODUCTION

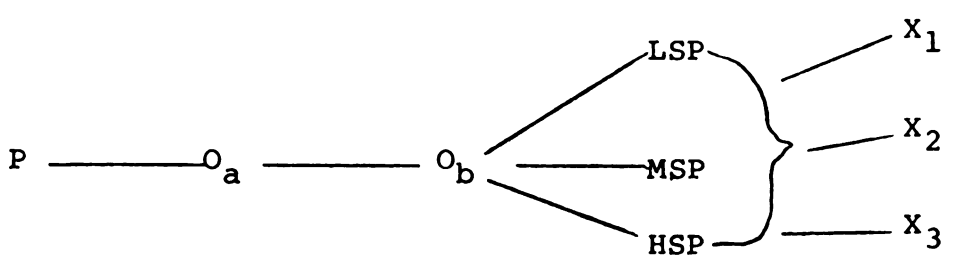
The basic questions investigated in this study are concerned with the relationships and interactions of family values, goals and self concepts of subjects who have been classified as either high, medium or low social participators. In this study the independent variables are social participation levels (high, medium and low) and the subject's sex. The dependent variables are ranking of family values and goals, and self-concept score.

The common variable in the study is the measured degree of hearing loss, which was used as a basis for the selection of the population, and is not a variable in the design. A composite of air-conduction audiograms for three levels of the social participators is made in order to compare the hearing threshold level of each group to the three dependent variables.

A description of the experimental design, procedures, sample, measurements, method of data collection, and data analysis follows.

II. DESIGN

A factorial design as defined by Kerlinger (1964, p. 325) is used in this study. The author defines factorial as: "the structure of research where two or more independent variables are juxtaposed in order to study their independent and interactive effects on a dependent variable." The study contains two independent variables and three dependent variables. Using the notation of Campbell and Stanley (1963), the design may be described as follows:



where:

P represents the population
O represents an observation
a represents personal interview (demo data)
b represents social participation
H represents high social participation
M represents medium social participation
L represents low social participation
X represents instrument or scale

1 = Value Scale
2 = Goal Scale
3 = Self-Concept Scale

Figure 3-1.

Design of the Study

The following notations will be used throughout:

LSP - represents low social participation

MSP - represents medium social participation

HSP - represents high social participation.

The design involved administering the social participation scale to the subjects and grouping them according to their score on the scale. Subjects who scored in the upper third were classified as high social participators, those scoring in the middle third as medium social participators, and those who scored in the lower third were classified as low social participators. This is shown in Table 3-1.

Table 3-1.Number of subjects in each group.

	Males	Females
LSP	N = 7	N = 3
MSP	N = 5	N = 5
HSP	N = 3	N = 7

The experimental design is a 3 x 2 factorial design and is described in figure 3-2.

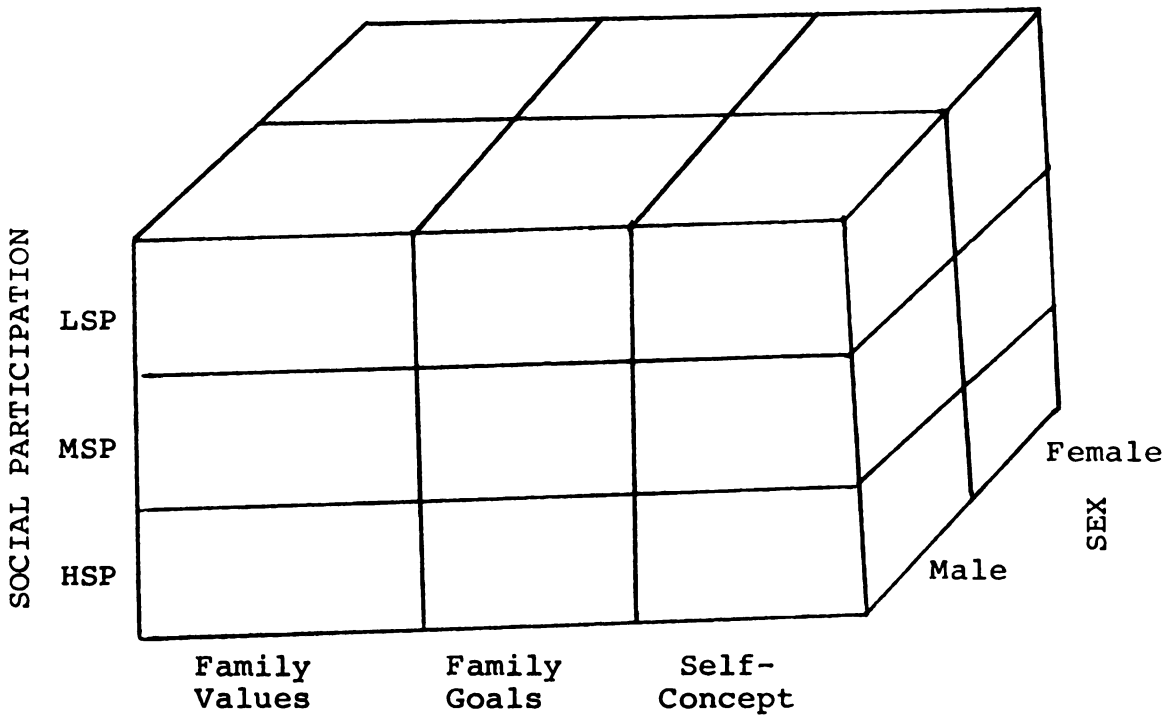


Figure 3-2.

Experimental Design

III. SELECTION AND DESCRIPTION OF THE SAMPLE

Selection

The sample was selected through a survey of the files of the Speech and Hearing Clinic at Michigan State University. The Constance Brown Speech and Hearing Clinic in Kalamazoo, Michigan, and the Michigan Association for Hearing and Speech in East Lansing and Flint. Selection criteria were: (1) unmarried, either by divorce, separation or never married; (2) adults over eighteen, and (3) a hearing loss that does not entirely prevent communication

by speech. The marital status of these individuals was not included in the speech and hearing files at the clinics. Therefore, it was impossible to determine how many subjects were married through a survey of the files alone.

A total of 47 names was obtained from the clinics. Letters (See Appendix B) were sent to all 47 persons explaining the nature of the research project, the selection criteria and asking their willingness to participate. Telephone calls (See Appendix B) were also made to those who did not respond to the letters. From the letters and telephone calls, 16 persons met the qualifications and were willing to participate. Because of the difficulty of locating subjects to meet the control criteria, it was necessary to contact subjects known to the researcher and to ask each person after the completion of the interview to suggest names and addresses of persons meeting the selection criteria and who might be willing to participate in the study. Thirty-six additional names were suggested. Eleven of the 36 were located in other cities. All 36 persons were contacted either by letter or telephone call and were asked to participate. Seventeen of the 36 met the criteria and were willing to participate. Of the total 83 subjects contacted, 33 consented to participate. Fifty persons either did not meet the criteria or refused to participate in the study. Thus, a total of 33 interviews were conducted with 18 males and 15 females. To facilitate statistical procedures, three male subjects were randomly dropped, making a total of 30 for

the sample. Of the total 30 subjects, three were divorced, one was separated and the remaining 26 had never been married.

Description of the Sample

One of the criteria used in the selection of subjects was an age range from 19 to 60. Age of the subjects is shown in Table 3-2.

Ages of the Subjects

The range, mean and median ages are shown in Table 3-2. Both the mean and median ages for females were considerably lower than those for males. High social participators were slightly younger than the other two groups.

Table 3-2. Ages of subjects.

	Range	Mean	Median
Male	19-59	37.2	30
Female	20-39	25.6	24
LSP	19-59	36.5	34
MSP	20-52	30.2	24
HSP	20-34	27.6	28

Schooling

The mean years of schooling for high social participators were slightly higher than the other two groups. However, one person in the low social participation group

had received a Ph. D. The subject who received the fewest years of schooling was classified as a medium social participator. Table 3-3 shows the subjects' years of schooling.

Table 3-3. Range, mean and median years of schooling.

	Range	Mean	Median
LSP	10-20	13	12
MSP	8-18	12.6	12
HSP	11-19	14.7	15

Income

Groups by social participation and sex were matched by income. This is shown in Table 3-4.

Table 3-4. Income.

	Male	Female	LSP	MSP	HSP
$ 2,000-$ 4,999	3	4	3	2	2
$ 5,000-$ 9,999	7	3	3	3	3
$10,000-$14,999	2	7	2	5	4
$15,000-$19,999	1	1	1	0	0
over $20,000	2	0	1	0	1

Religious Affiliation

Religious affiliations by sex and group are shown in Table 3-5. The majority of the subjects in each group belonged to some religious affiliation.

Table 3-5. Religious affiliation.

	Male	Female	LSP	MSP	HSP
Catholic	3	6	0	3	4
Protestant	6	7	7	6	4
Jewish	0	0	0	0	0
Other	3	1	0	1	2
None	3	1	3	0	0

Membership in Organizations and Meetings Attended

Males belonged to 22 organizations while females belonged to 19. However, there were few differences in their attendance of meetings. The 15 male subjects attended a total of 26 meetings per month, while the 15 female subjects attended a total of 34 meetings per month. Membership in organizations is shown in Table 3-6, while meetings attended are shown in Table 3-7.

Table 3-6. Membership in organizations.

Number of Organizations	0	1	2	3	4	5
Male	5	5	1	1	3	0
Female	2	9	2	2	0	0
LSP	3	5	0	1	1	0
MSP	3	3	2	1	1	0
HSP	1	7	0	1	1	0

Table 3-7. Meetings attended.

Meetings Attended Per Month	0	1	2	3	4	5
Male	5	2	2	4	2	0
Female	1	4	4	3	2	1
LSP	2	1	3	2	2	0
MSP	2	3	1	3	0	1
HSP	1	2	3	2	2	0

Place of Residency

It appears that some fraction of the population studied live in a more or less isolated environment apart from that of their families and their fellows. A reflection of this was shown when subjects were asked about their place of residency. Slightly more high social participators lived away from their families, either sharing an apartment with friends or living alone. This is shown in Table 3-8.

Table 3-8. Subjects' place of residency.

	With Family	Own Residence
Male	7	8
Female	8	7
LSP	6	4
MSP	5	5
HSP	4	6

Onset of Hearing Loss

The subjects' chronological age, sex, years of hearing loss and age of onset of hearing loss are shown in Table 3-9. On an average females experienced hearing losses earlier than did males.

Table 3-9. Chronological age, sex, years of hearing loss, and age of onset.

Age	Sex	Years of Loss	Age at Onset
19	M	13	6
20	F	17	3
20	F	18	2
20	F	16	4
21	M	12	9
22	F	17	5
22	F	22	0
22	F	19	3
23	F	17	6
24	F	23	1
24	F	8	16
24	F	21	3
27	M	27	0
27	M	27	0
29	M	22	7

Table 3-9. Continued.

Age	Sex	Years of Loss	Age at Onset
29	F	27	2
29	M	25	4
29	M	29	0
29	F	29	0
30	M	26	4
32	M	27	5
34	F	26	8
39	F	31	8
40	M	40	0
40	F		
47	M	47	0
52	M	50	2
54	M	23	31
59	M	52	7
59	M	12	47

Social Participators' Hearing Level

Audiograms were obtained for social participators who had hearing losses. Figures 3-3, 3-4, and 3-5 show audiograms for LSP, MSP and HSP's respectively. All three social participation groups were found to have severe hearing losses in speech frequences. Figure 3-6 shows the speech frequencies and their means for LSP, MSP and HSP's.

IV. DATA COLLECTION

Letters were sent to all subjects (See Appendix B); when subjects did not respond to the letters an attempt was made to reach them by telephone.

The interviews were conducted in the homes of 13 of the 30 subjects. Two of the subjects held jobs at Michigan State University and preferred to complete the interview at the University library in a conference room. Eight subjects were interviewed at the Speech and Hearing Centers in Flint and Kalamazoo. The remaining seven subjects completed the research instruments by mail. The average time required to complete all instruments was approximately one hour.

The procedures for interviewing involved explaining the purpose and the nature of the research. For subjects whose hearing loss was most severe, a combination of gestures and vocal language was used. A student at Michigan State University who was studying education for the deaf and hearing disabled accompanied the researcher on all

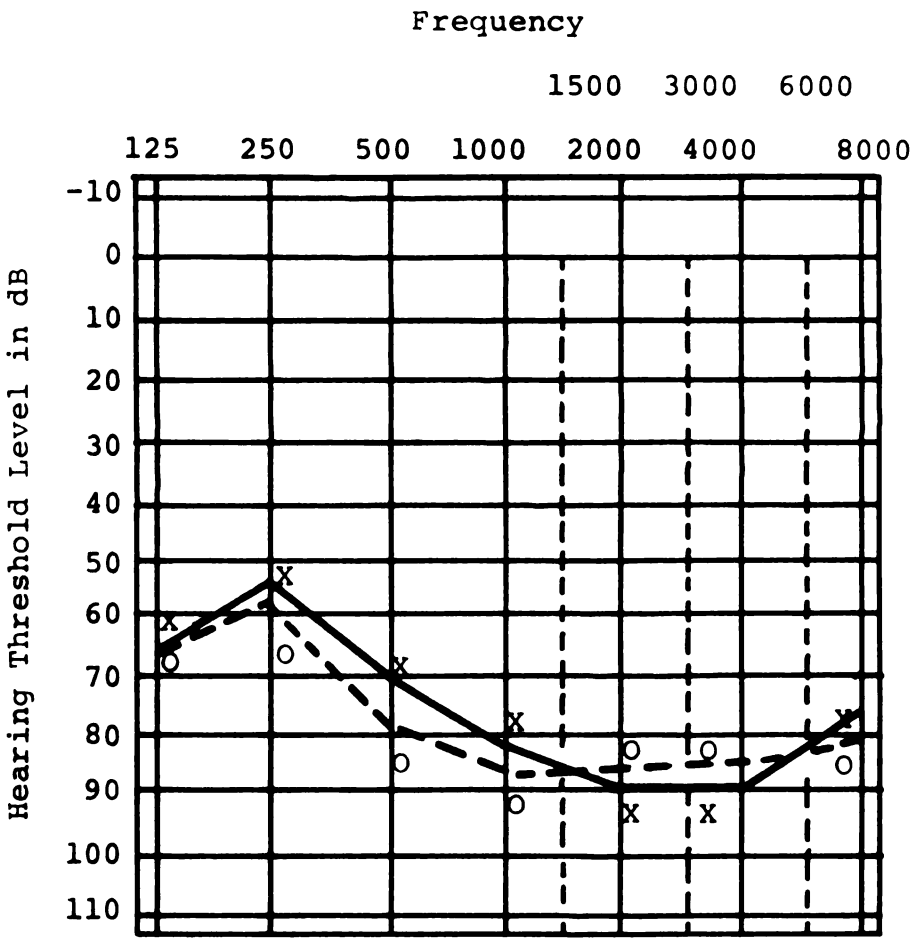


Figure 3-3.

Composite Air Conduction Audiogram for LSP's

Note: X = left ear

O = right ear

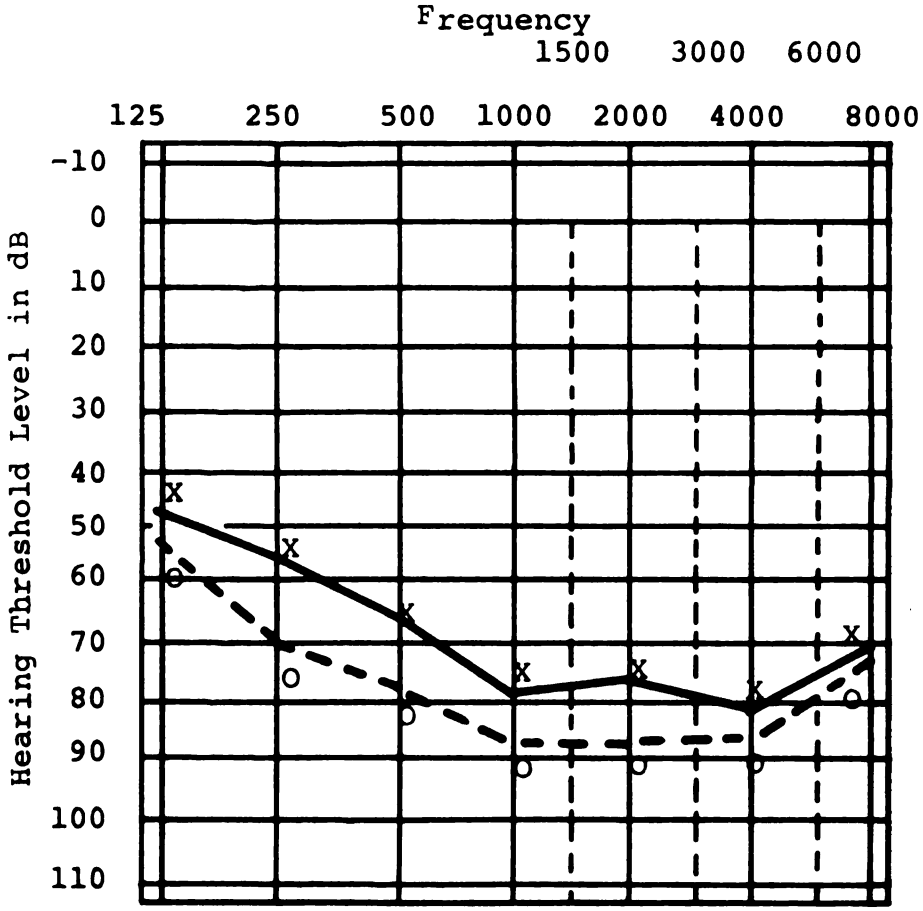


Figure 3-4.

Composite Air Conduction Audiograms for MSP's

Note: X = left ear

O = right ear

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

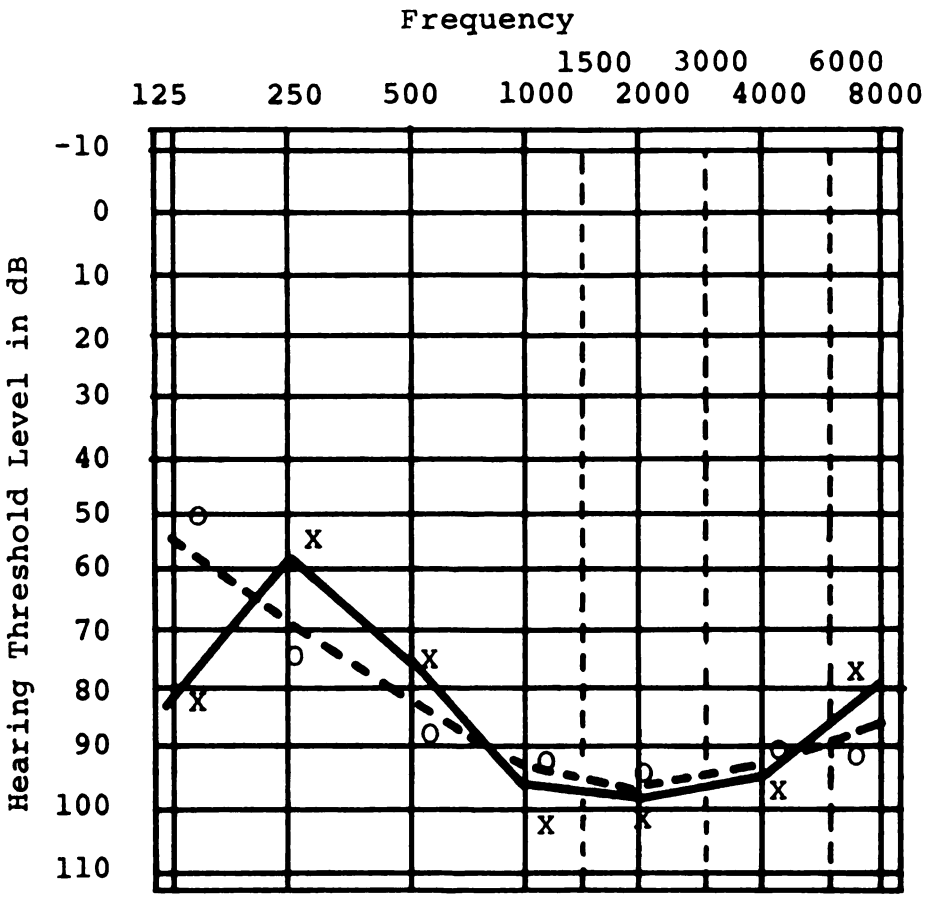


Figure 3-5.

Composite Air Conduction Audiograms for HSP's

Note: X = left ear

O = right ear

	RIGHT EAR			LEFT EAR		
	500	1000	2000	500	1000	2000
LSP	78	87 M=84	87	71	82 M=80.3	88
MSP	76	87 M=83.3	87	65	78 M=72.6	75
HSP	80	93 M=89.3	95	75	95 M=89	97

Figure 3-6.

Speech Frequencies and their Means
for LSP, MSP and HSP's

interviews. The researcher also had had experience in communicating with the deaf and hard of hearing population; this assisted in communication. After the subjects clearly understood the nature of the research, they were asked to complete the personal data instrument which supplied the demographic data.

The social participation scale was completed next, followed in order by the ranking of the value scale, the self-concept instrument and the goal scale. On one occasion two subjects completed the instruments at the same time in the same room. The student helper conducted one in the far corner while the researcher conducted the other in another corner. Interviewees were usually kind, pleasant and willing to supply all the necessary information.

When the interview was completed subjects were thanked again for their participation. They were also asked where their audiograms were filed and if they would sign a consent form for their release. All subjects signed the form (See Appendix B). The first interview was scheduled for June 15, 1972, and the last one was completed August 15, 1972.

V. SELECTION AND DESCRIPTION OF THE INSTRUMENTS

The study was designed to discover the relationship and interaction that exist between levels of social participation and the family values, goals and self-concepts of

subjects who are unmarried males and females with hearing losses. Several instruments were considered for measuring the selected aspects of family life. A review of the research on family values, goals and self-concept suggested the chosen instruments to be adequate for measuring hypothesized relationships. A detailed description of each instrument follows. A pretest of all instruments was conducted and revisions and adjustments were made when necessary.

Social Participation Scale

A social participation scale was developed for this study to obtain information about the extent the subjects were involved socially within the family and the larger society (See Appendix A). The scale was composed of both past and present social involvement. Statements about past social involvement such as school, church, courtship and dating, community activities and hobbies were included.

McKinney (1941) cites evidence to show that later affections and socialization of the individual are dependent to some extent on those with whom he socializes in childhood and adolescence. The social participation scale was administered to five subjects who had hearing losses before the final typing. The possible range of scores was 48 to 192, with all subjects scoring within a range of 81 to 149 (See Appendix A). The following is a sample of the method used for scoring the social

participation scale.

1 = Never
2 = Seldom
3 = In most cases
4 = In every case

	1	2	3	4
Did you participate in school clubs?	✓			
Did you have friends with whom you dated?				✓
Did you have a job outside your home?		✓		
Do you attend many meetings outside the home?	✓			
Do you visit in the homes of friends?			✓	
Do you spend time with friends on hobbies?				

The points checked under each of the numbers 1-4 were then added to give each subject a total social participation score.

The Value Scale

Several studies have been conducted relating values to home and family life. Vernon and Allport (1931) define values as ". . . broad functions of personality common to all and universal enough for comparison of one person with another" (p. 231).

Dyer (1962) developed the rank order test that was used in this study (See Appendix A). The set of values used was patterned somewhat after those used by Beyer (1959). Dyer modified the definitions to apply to

family activities. The nine values were health, family centrism, aesthetics, economy, education, religion, freedom, friendship, and prestige.

Sims (1971) used Dyer's value scale to assess mothers' values in her nutritional study of preschoolers. Mothers were asked to select the two value descriptions which described them best (subsequently assigned a score of two) and second best (assigned a value of one) and to choose the one value least likely to describe themselves; this choice was assigned a score of -2. In the present study it was felt that by ranking all items on the scale it would be possible to determine the pattern of ranking values by different levels of social participators, for example: Do subjects who are classified as high social participators tend to use a particular pattern that is identified more with family centrism, economy or health, etc.?

According to Dyer (1962) Spearman's rank order correlation coefficients between first choices on the rank order test and the categorized reasons for homemakers' activities were of the order 0.51.

Semantic Differential Instrument

The semantic differential is a method of observing and measuring the psychological meaning of things, usually concepts (Kerlinger, 1968, pp. 564-80). Osgood developed the semantic differential. Through research, Osgood has

found that, when analyzed, adjective pairs, such as "good-bad," "bitter-sweet," "large-small," and "clean-dirty" fall into clusters (Kerlinger, 1960, p. 567). Reversals are used to counteract response bias tendencies. Therefore, a subject could not go down the list of adjectives and check all scales at the same point.

The form of the semantic differential instrument used for this study has been used by several researchers to measure different concepts. Sims (1971) used the instrument to measure the concept "myself as a mother" where she indicated that the instrument was adopted by Haiman (1970) from a similar semantic scale used to measure the "myself as teacher" concept. The concept "myself as a family member" was measured using a semantic differential scale. This semantic differential instrument has been factored and the results may be found in Osgood et al. (1964).

Goal Consensus Scale

This scale was used in the present study to determine if there was a significant difference between high, medium and low social participators on the pattern of ranking family goals. Goals were defined as "an end toward which a design is directed. It is our aim or purpose" (Fitzsimmons, 1970, p. 61). The scale was developed by Sussman and Slater (1964). Permission to use the scale in this study was granted by Sussman. Farber (1959) developed the original scale and supports it with

construct validity. Construct validity for the revised scale is claimed by Sussman and Slater. An estimate of reliability was established by the test-retest method and the coefficient of agreement between rankings was .908.

Sussman (1964) comments on the "Family Goal Consensus Scale" by stating:

> This instrument is designed to estimate the degree of agreement of family members on the goals of family life. A family, as a unique social unit, establishes priorities for the fulfillment of its functions . . . socialization, mutual aid, providing options for its members in various life sectors, maintenance of a domicile and economic activities which sustain the life of its members. It is the ordering of these various functions which gives a priority for the allocation of the family's economic, temporal, emotional and spatial resources. The Family Goal Consensus Scale is intended to provide an indicator of the nature of these priorities and the agreement of family members on the ordering (p. 174).

Other studies have used this instrument to examine family goal consensus and goal orientation. Oyer (1969) used the scale to measure goal consensus between husbands and homemakers who had sustained a hearing loss.

VI. DATA ANALYSIS

Data from the research instruments were key-punched to data processing cards. The CISSR routine for Control Data Corporation's 3600 model computer at Michigan State University was used for data computation. The analysis of variance was used to test hypotheses one, two and three, while the Chi-square test for goodness of fit was used to test hypotheses four, five and six. This is shown in Table 3-10.

Table 3-10. Methods used in the analysis of data.

Purpose of Analysis	Data Used in Analysis	Statistics and Computer Programs
Descriptions of subjects by: sex, age, living at home with family, schooling, income, religion, membership in organizations, meetings per month, years of hearing loss, age of onset	Demographic data	Frequency count
Test of hypotheses 1, 2, 3	Scores made by LSP, MSP, and HSP on self-concept Scores made by males and females on self-concept	Analysis of Variance (by Finn Program)
Test of hypotheses 4, 5, 6	Patterns of selecting family values and goals by LSP, MSP and HSP	Chi square (Tech. Report N. 14 CISSR, Alan M. Leogold, 1968)

CHAPTER IV

FINDINGS

I. INTRODUCTION

The study was designed to discover the relationship that exists between levels of social participation (high, medium and low) and aspects of family relationships as perceived by subjects who are unmarried, male or female, and have sustained hearing losses.

The design involved administering a social participation scale to 30 subjects (15 males and 15 females). Subjects who scored in the upper third were classified as high, those scoring in the middle third as medium, and those who scored in the lower third as low.

The findings are presented in two parts: (1) a description of the family and personal characteristics of single adults who had sustained a hearing loss, and (2) the six statistical hypotheses which will be analyzed and discussed in this chapter.

II. DESCRIPTIVE DATA

Several investigatory questions were asked to determine whether or not subjects perceived a relationship

between certain aspects of their family relationship and their hearing loss. These questions were:

> If divorced or separted, did your spouse know you had a hearing loss?
>
> How do you think he or she felt about your hearing loss?
>
> Do you feel that the hearing loss contributed to the separation?
>
> If you decided to marry, would you prefer that your spouse also have a hearing loss? Why or why not?

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

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

Several subjects made additional comments and gave opinions at the end of the personal data questionnaires which might suggest that certain aspects of family relationships contribute to the development of self-concept. One

man commented:

> From the time I became hard of hearing from scarlet fever, I attended regular public school. If there were special classes, my folks were unaware. It wasn't easy for me and if there was anything that kept me going on through to graduation, you might say it was sheer wit. A few teachers were very understanding. Most were indifferent and couldn't be bothered other than to make me look stupid. Hearing aids in my school days were not as practical as those developed in the past 10 to 15 years. My family was not too understanding either. I attended my high school years with my twin brother. He too was of no help. I felt as though I were an outcast. There was practically no other student in the whole town that suffered the same affliction with whom I might share my problem. My folks still do not recognize that I have a handicap despite the fact that I use a powerful hearing aid. They completely ignore my presence whenever there is a reunion.

III. HYPOTHESES

In this section each hypothesis is restated and is followed by relevant results of the analysis. Table 4-1 shows the summary analysis of variance for hypotheses one, two and three.

> Hypothesis 1. There will be a significant difference between mean score of high, medium and low social participators on self concept.

An F-test of significance between means was used to determine if there is a significant difference of mean score of high, medium and low social participators on self-concept. The results of this analysis appear in Table 4-2.

Table 4-1. ANOVA Summary Table.

Sources of Variation	df	MS	F	p <
Social Participation	2	45.733	0.0795	.9239
Sex	1	105.606	0.1836	.6722
Sex x Social Participation (Interaction)	2	330.6732	0.5748	.5704
Error	24	575.26		

α = .05

α = .01

df = degree of freedom

MS = means squared

Table 4-2. F-test for significant difference between subjects classified as high, medium and low social participators.

Levels	Number	Means	Computed F-Value
HSP	10	129.4	
MSP	10	107.9	0.0795 at 2/24 df
LSP	10	92.3	

$p < 0.9239$

Required F-value for significance at the .05 level = 3.40

Required F-value for significance at the .01 level = 5.61

An F-value of 3.40 was needed to demonstrate significance at the required .05 level; a value of 0.0795 was obtained for the F-statistics. On the basis of the obtained F-value, hypothesis 1 was not supported, i.e., the mean self-concept scores of high, medium and low social participators are not significantly different at the .05 level.

Hypothesis 2. There will be a significant difference between male mean score and female mean score on self-concept.

In using a two-way analysis of variance, F-statistics of 0.1836 for variance between sex was obtained. The required F-value at the .05 level was 4.26. Therefore the calculated value was not sufficient to demonstrate significance. Thus hypothesis 2 is not supported. Table 4-3 shows the mean scores of self-concept and the number of observations.

Table 4-3. Male and female mean score on self-concept.

Levels	Male Means	Female Means	F	Decision
HSP	148.67 N = 3	160.57 N = 7	For sex 0.1836	Reject H_0
MSP	148.40 N = 5	158.00 N = 5		
LSP	160.00 N = 7	149.33 N = 3		

$\alpha = .05$
$p < .6722$
$df = 1$ and 24

Thus it can be concluded that there was no significant difference between male and female scores on self-concept.

Hypothesis 3. There will be an interaction between sex and social participation.

Hypothesis 3 was concerned with the interaction

between males and females on social participation. The results of this interaction were not significant ($F = 0.5748$, $df = 2$ and 24). The critical value ($p=.05$) of F for the interaction was 3.40; $p<.5704$. However, the significance of these expected interactions failed to show up in the analysis of variance table reported in Figure 4-1. Thus, hypothesis 3 is not supported, i.e., there is no interaction between sex and social participation. Figure 4-1 shows graphically the trend of males and females on social participation.

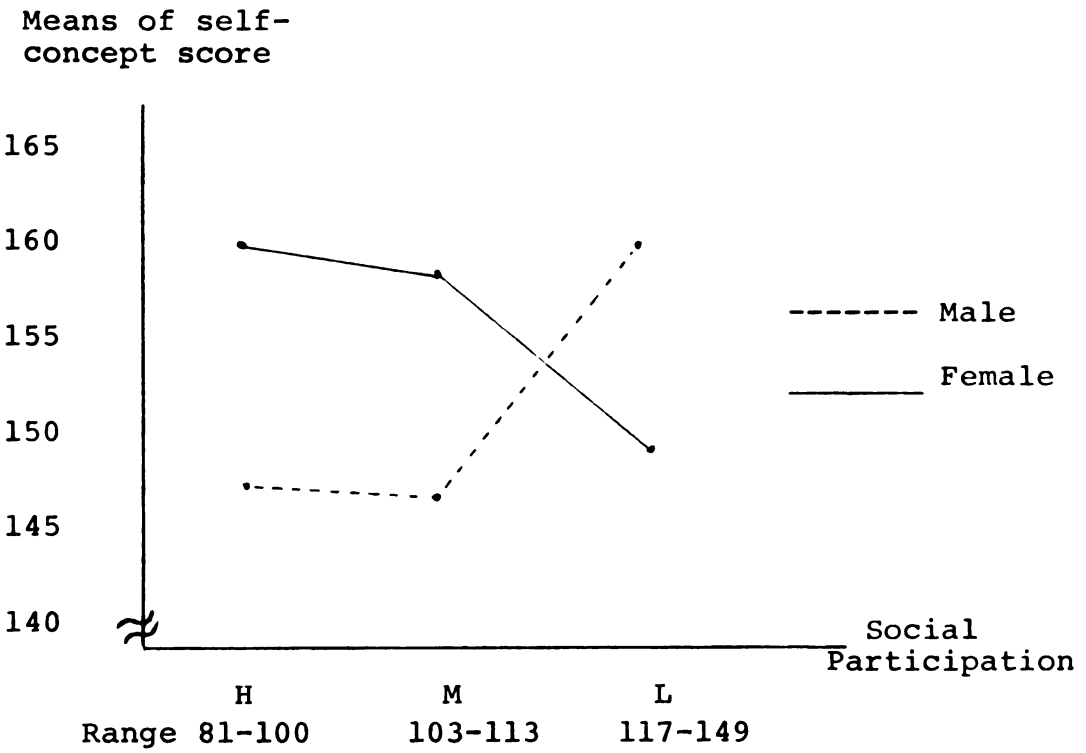


Figure 4-1.

Graphic Presentation of Mean of Self-Concept Scores of Males and Females on Social Participation

Hypothesis 4. There will be a significant difference between high, medium and low social participators on the pattern of selection of family goals.

Hypothesis 4 was concerned with the pattern of selection or ranking of family goals. The nine goals were:

1. The family should have a nice home where you can entertain your friends.
2. The family should have a home where members of a family do interesting things together.
3. The family should have a home where you can have as much privacy as you want.
4. The family should have healthy and happy children.
5. The family should not have to worry about money matters.
6. The family should have a home in which to lead your own life.
7. The family should have a home where all members accept responsibility.
8. The family should give you a respected place in the community.
9. The family should have a home where the family members feel they belong.

Patterns of selection between high, medium and low social participators showed no significant differences when analyzed by the Chi-square goodness-of-fit test; therefore hypothesis 4 is not supported. This is shown in Table 4-4. The frequency of ranking each goal by high, medium and low social participators is shown in Table 4-5.

The Chi-square value of goals three and six came closer to being significant than any of the other goals (See Table 4-5). Goal three was: "The family should have a home where you can have as much privacy as you want."

Table 4-4. Results of the Chi-square analysis of rankings of HSP, MSP and LSP on the Western Reserve University Goal Consensus Scale.

Goal	Chi-Square	df	Critical Value p = .01	Critical Value p = .05
1	16.000	14	29.14	23.68
2	9.650	16	32.00	26.30
3	24.000	16	32.00	26.30
4	15.700	14	29.14	23.68
5	10.500	14	29.14	23.68
6	21.000	16	32.00	26.30
7	12.833	12	26.22	21.03
8	15.750	14	29.14	23.68
9	14.100	12	26.22	21.03

Table 4-5. Frequency chart for ranking goals on the Western Reserve Goal Consensus Scale.

Goal	Group	Ranking									Total
		1	2	3	4	5	6	7	8	9	
Goal I	HSP	1		1		1	2	3		2	30
	MSP						2	2	3	3	
	LSP	1		1	1		5	1		1	
Goal II	HSP		2				2	1	2		30
	MSP	1	1	1	2	3	1	1			
	LSP		2	1	1	3	1		1	1	
Goal III	HSP	2	3		1	1	1		2		30
	MSP		1			1	3	2	2	1	
	LSP			1	1	1		3		4	
Goal IV	HSP	3	1	4	1			1			30
	MSP	1	3	2	2	1	1				
	LSP	1	1	2		2	3	1			
Goal V	HSP		1		1	1	1	3		3	30
	MSP		2	2		2	1	1	1	1	
	LSP		1		2	2	1	2	1	1	
Goal VI	HSP	1	2	1		2		2	2		30
	MSP	1		3			1	3		2	
	LSP	2	1		2			1	2	2	

Table 4-5. Continued.

Goal	Group	Ranking									Total
		1	2	3	4	5	6	7	8	9	
Goal VII	HSP			4	3		2			1	30
	MSP	1	2	2	4		1				
	LSP	3	1	3	2						
Goal VIII	HSP				1	1	2		2	4	30
	MSP				2	1			4	3	
	LSP		1	1	1	2		2	2	1	
Goal IX	HSP	3	1		2	2			2		30
	MSP	6	1				2	1	1		
	LSP	3	3	1				1	2		

Three subjects in the low group and three in the high group ranked this goal in the first to fifth place, while all subjects in the middle group ranked goal three in the sixth or higher place. Goal six was: "The family should have a home in which to lead your own life." Six subjects in the high group, four in the middle group and five low thought this goal was relatively important.

Hypothesis 5. There will be a significant difference between males and females on the pattern of selection of family goals.

The Chi-square analysis did not indicate a significant difference in the pattern of ranking of goals and did not show how the groups differed; thus hypothesis 5 is not supported. The results are shown in Table 4-6.

Table 4-6. Results of the Chi-square analysis of ranking by males and females on the Western Reserve Goal Scale.

Goal	Chi-square	df	Critical Value p = .01	Critical Value p = .05
1	6.667	7	18.48	14.07
2	5.033	8	15.51	20.09
3	9.400	8	15.51	20.09
4	8.833	7	18.48	14.07
5	8.833	7	18.48	14.07
6	7.000	8	15.51	20.09
7	6.556	6	16.81	12.59
8	11.000	7	18.48	14.07
9	7.000	6	16.81	12.59

Table 4-7 shows a frequency chart of the ranking by males and females on Dyer's Value Scale.

Hypothesis 6. There will be a difference between high, medium and low social participators on the pattern ranking of family values.

In order to analyze the pattern of ranking family values by subjects in each group, the Chi-square test for goodness-of-fit was used. The test showed no significant difference on patterns of ranking between the groups; therefore hypothesis 6 is not supported (See Table 4-8). The contingency table (Table 4-9) shows the frequency with which each group ranked value 6 ("I enjoy my friends and like to do things for them"). This value was significant at the .05 level as indicated in the table. Value 2 was also significant at the .05 level.

From the frequency table (Table 4-7) it appears that high social participators ranked friendship as being the most important value. Only two subjects in the low social participation group ranked value 6 as relatively important (between first and fifth place). In the medium social participation group, all subjects ranked value 6 as relatively important. Half of the subjects in the high group ranked value 6 between first and fifth place. The medium social participators placed a higher value upon friendship than did the other two groups.

Table 4-7. Frequency of ranking by sex on the Western Reserve Goal Consensus Scale.

Goal	Sex	Ranking									Total
		1	2	3	4	5	6	7	8	9	
Goal I	M	1		1		1	6	4	1	1	30
	F	1		1	1		3	2	2	5	
Goal II	M		2	1	1	5	3	1	2		30
	F	1	3	1	3	3	1	1	1	1	
Goal III	M	1	3		1	3		3	2	2	30
	F	1	1	1	1		4	2	2	3	
Goal IV	M	4	3	5	2		1				30
	F	1	2	3	1	3	3	1	1		
Goal V	M		1	1	2	2	2	1	2	4	30
	F		3	1	1	3	1	5		1	
Goal VI	M	2	2	1		2		4	2	2	30
	F	2	1	3	2		1	2	2	2	
Goal VII	M	1	3	4	5		1			1	30
	F	3		5	4		2		1		
Goal VIII	M			1	2		2		5	5	30
	F		1		2	4		2	3	3	
Goal IX	M	6	1	1	2	2		2	1		30
	F	6	4			2					

Table 4-8. Results of the Chi-square analysis of rankings by HSP, MSP and LSP's on the Dyer Value Scale.

Value	Chi-square	df	Critical Value p = .01	Critical Value p = .05
1	11.750	16	31.99	26.29
2	23.943*	14	29.14	23.68
3	14.000	14	29.14	23.68
4	16.9	16	31.99	26.29
5	10.300	16	31.99	26.29
6	31.200*	16	31.99	26.29
7	12.643	16	31.99	26.29
8	11.750	16	31.99	26.29
9	5.786	12	26.21	21.26

* Significant at the .05 level
** Significant at the .01 level

Table 4-9. Ranking of value 6 ("I enjoy my friends and like to do things for them") by each group.

Groups	1	2	3	4	5	6	7	8	9
LSP	0	1	1	0	0	0	4	3	1
MSP	1	2	1	4	2	0	0	0	0
HSP	0	1	1	1	2	4	0	1	0

Hypothesis 7. There will be a significant difference between male and female pattern ranking of family values.

The Chi-square analysis revealed no significant differences between males and females on patterns of ranking family values; thus hypothesis 7 is not supported (See Table 4-10).

Table 4-10. Results of the Chi-square analysis of rankings by sex on Dyer's Value Scale.

Values	Chi-square	df	Critical Value p = .01	Critical Value p = .05
1	10.667	8	15.51	20.09
2	11.486	7	18.48	14.07
3	3.467	7	18.48	14.07
4	6.486	8	15.51	20.09
5	8.533	8	15.51	20.09
6	9.533	8	15.51	20.09
7	6.143	8	15.51	20.09
8	5.500	8	15.51	20.09
9	1.143	6	16.81	12.59

Since there was a significant difference between high, medium and low social participators on the value of friendship,

it was decided to look further at this value by sexes, even though statistically the value was not significant. The frequency count indicated that value six ("I enjoy my friends and like to do things for them") was considered relatively important. Ten females and seven males ranked value six between first and fifth place (See Table 4-11). It appears, based on the analysis, that friendship is among the values that are held high by these subjects.

III. SUMMARY

The seven hypotheses discussed statistically in this chapter employed the use of two test statistics. The statistics were the two-way analysis of variance and the Chi-square test for goodness of fit. Analysis of variance failed to produce significant F-ratios between and among the groups. The observed differences for social participation and self-concept were not high enough to be significant at the .05 level.

Even though the data produced evidence that the seven hypotheses could not be supported, one value as ranked by high, medium and low social participators on the Dyer Value Scale was significant. The calculated Chi-square for this value was 31.20, with the necessary critical value of probability of 26.29 at the .05 level. When subjects were asked to rank values according to their importance, only two subjects in the low social participation

Table 4-11. Frequency of ranking values by sex on the Dyer Value Scale.

Values	Sex	Ranking									Total
		1	2	3	4	5	6	7	8	9	
Value I	M		2	2	2	2	2	5			30
	F	1	1	2		2	4	1	3	1	
Value II	M			1	2	3	3	1		5	30
	F		3	2	1	2		2	3	2	
Value III	M	6	3	2	1	1	1			1	30
	F	4	2	3	2	1		1		2	
Value IV	M	3	5	2	1	1	1		1	1	30
	F	2	2	1	3	2	1	2	2		
Value V	M	2	1	2	1	1	2	2	2	2	30
	F			1	3	3	3	1		4	
Value VI	M		1	1	3	2	1	3	4		30
	F	1	3	2	2	2	3	1		1	
Value VII	M	3		2	1	1	1	1	3	3	30
	F	4	1		1			3	3	3	
Value VIII	M	1	2	3	2	2	2		1	2	30
	F	3	1	5	1	1	2	1	1		
Value IX	M		1		2	2	2	3	4	1	30
	F		2		2	1	2	3	3	2	

group ranked value six ("I enjoy my friends and like to do things for them") as relatively important. In the medium group all subjects ranked value six in the first to fifth place, while half the subjects in the high group thought this value was important. It appeared that medium social participators placed a higher value upon friendship than did the other two groups.

Males and females did not differ significantly on patterns of selection of family values. The tendency was, however, that both males and females selected or ranked the value of friendship in the first to fifth place.

CHAPTER V

SUMMARY, LIMITATIONS, CONCLUSIONS AND IMPLICATIONS

I. SUMMARY

The primary purpose of this study was to determine if unmarried adults who had sustained hearing losses perceived their hearing loss as being related to certain aspects of family relationships. These aspects were family values, family goals and self-concept.

Subjects were classified as high, medium and low social participators based on their scores on a social participation scale designed for this study. The design included two independent variables (sex and levels of social participation) and three dependent variables (family values, family goals and self-concept). Hearing loss was the common criterion in the study and was used as a basis for the selection of the population.

A sample of unmarried adults who had sustained hearing losses was selected from the files of the Michigan State University Speech and Hearing Clinic and the Association for Better Speech and Hearing in Flint, Lansing, and Kalamazoo, Michigan.

Self-Concept and Social Participation

No significant difference existed between mean score of high, medium and low social participators on self-concept. However, the actual mean score for high social participators was somewhat higher than for the other two groups. Although the hypothesized differences were not significant, the trend was in the hypothesized direction with the HSP scoring 37.1 points above the LSP. However, it is highly possible that other factors along with levels of social participation contributed to the development of self-concept. Factors associated with subjects' hearing losses such as severity of loss, age of onset, accessibility of specialized instruction and attitudes of family members and friends all are potential influences on subjects' self-concept formation. These pose areas for further exploration.

Males and females did not differ significantly on self-concept (See Table 4-3). However, females who are classified as high social participators also scored 11.9 points higher than males on self-concept. The observed differences were not high enough to be significant at the .05 level.

Myklebust (1964) found that hard of hearing females exhibited less maladjustment than males. The findings further indicated that hearing loss affects personality on the basis of sex, age of onset and degree of hearing loss.

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

Family Values and Goals

The value scale was used to determine if subjects classified as high, medium and low social participators would rank the nine values significantly different. Although no significant difference was found, there was a tendency for subjects in all three groups, both males and females, to give some priority to the value of friendship ("I enjoy my friends and like to do things for them," See Table 4-9). It seems that hard of hearing subjects rely heavily upon their friends, many of whom share a similar condition of having a hearing loss. These friendships and acquaintances might have been formed during their residential high school years and have continued into their adult lives. Perhaps the ease and freedom of communication would be an explanation for this situation. Generally, people tend to value and appreciate those things in life from which they seem to get the most personal enjoyment and pleasure. If such values as family centrism,

aesthetics, freedom, health and religion are not so structured within the family setting, so that their true meaning can be felt and understood by the handicapped member, perhaps the value of friendship may increasingly continue to be chosen as first by the subjects.

Goals three and six (3. "The family should have a home where you can have as much privacy as you want"; 6. "The family should have a home in which to lead your own life") came closer to being significant than any of the other goals (See Table 4-7). The tendency to select these goals as important might in part be supported by the fact that social isolation is looked upon by many as a problem of persons who suffer hearing loss. They may feel that if the home is designed to foster individual privacy and a place where one can lead his individual life, they would have fewer problems with intra-family communication. In other words, if individual family members within the home were not expected to share a certain amount of family centrism, the problem of trying to understand the behaviors and communication would be reduced. Research aimed at measuring and evaluating the behaviors and communication between family members and the member who suffers a hearing loss might shed much light on why these persons prefer a home of privacy and a place for individual development.

II. LIMITATIONS

The present study was limited as follows:

1. The findings can only be generalized to the survey sample and may not be representative of the general population. Data collected from a similar population in a different socioeconomic location would possibly result in different findings.
2. Subjects who refused to participate may have been extremely low social participators.
3. All findings are based on the perceptions of subjects and may not necessarily represent the actual behavior or actions if individual observations were made.
4. No attempt was made to measure the degree of hearing loss in relation to self-concept, family values and goals, and social participation.
5. Data were collected from subjects who were divorced, separated or never married. The perceptions of any of the groups alone were not ascertained.
6. Data were not collected from other members of the subjects' families. How the mother, father, sister or brother felt the subject would respond to specific aspects of the family relationship were not measured.
7. Validity and reliability coefficients have not been established for the social participation scale.

III. CONCLUSIONS

The following are the conclusions based upon the findings of this investigation:

1. The mean score of high, medium and low social participators did not differ significantly.
2. Males and females did not differ significantly on self-concept. However, females who were classified as high social participators also had the highest means on self-concept.
3. There was a significant difference on the value of friendship and the value of prestige between high, medium and low social participators.
4. There was no significant difference on pattern ranking of family goals; however, both males and females showed priorities toward family goals of privacy and provisions for leading individual lives.
5. On the average, females in the study experienced a hearing loss at an earlier age than did males.
6. The number of organizations and meetings attended by subjects was very low.
7. Divorced subjects felt that their hearing loss contributed to their separation.
8. Most of the unmarried subjects in this study preferred persons who had a hearing loss as their future marital mate.

IV. IMPLICATIONS FOR FURTHER RESEARCH

The following suggestions for further research and action programs for the hard of hearing originated from this study. Research aimed at measuring and evaluating the behaviors and communication between family members and the member who suffers a hearing loss could provide deeper insight and suggest scientific methods for aiding these persons. It would seem that the case study method would offer many advantages in this endeavor. The individual case study would allow the researcher to make an intensive investigation of the everyday behaviors of both the hearing handicapped person and the members of his family as they interact with each other.

A variety of techniques and research methods is suggested for soliciting pertinent data about the present status, past experiences and environmental forces that contribute to the overall adjustment of the family member with a hearing loss. These techniques may include the use of questionnaires, interviews and direct observation. Personal documents such as diaries and letters, as well as other various physical, psychological or social measurements may yield worthwhile information. Data to be included in the case study should be obtained and studied from parents, sisters and brothers, schools, social agencies, ministers and other records which would aid in understanding the interrelationships between all environmental factors.

Since many school age hard of hearing individuals live in residential settings in state or similar institutions, it would seem that researchers might gather much of the needed social data from school personnel. A social participation scale administered to subjects while in a residential school and again several years after graduation might indicate the degree subjects' social participation increased or decreased as they interact with the hearing world. The findings could serve to emphasize the importance of students' engaging in activities and community programs outside their residential school curriculum. This would help to minimize problems encountered by individuals when they leave school and begin the socialization process with the hearing population.

A comparative study of school adjustment and later life family adjustment for hearing handicapped persons who have gone to special schools for deaf and hard of hearing with those who attended regular public schools would provide much information.

A study to ascertain variables which seem to indicate family stability or instability for families in which a spouse has a hearing loss would be of interest. Such information could be used by family life teachers and counselors as they plan curricula and lessons. Subjects could also be asked what they considered to be deficiencies in the program. Such evidence would give educators a basis for program evaluation and possible revision.

A study which would compare adults with hearing losses who have had special education or assistance with those who have not would give evidence of the value or positive application of such training.

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APPENDIX A

TEST INSTRUMENTS

- --Social Participation Scale
- --Range of Scores on Social Participation Scale
- --Family Opinions
- --Forced Choice Value Test
- --Semantic Differential Instrument

No. ____

SOCIAL PARTICIPATION SCALE

Listed below are a number of social descriptions. They are divided into two categories (past and present social involvement). Read through each description carefully. Using the following code, select the number that best describes your participation.

1 = Never
2 = Seldom
3 = In most cases
4 = In every case

Past Social Participation

Try to recall some of your social activities and involvement during the time you were a teenager and your pre-adult years. Place a check (✓) under the number that best describes your participation.

	1	2	3	4
1. Did you participate in school clubs or organizations?				
2. Did you serve on school committees?				
3. Did you participate in activities connected with the school after school hours?				
4. Did you attend school social activities with friends of the opposite sex?				
5. Did you have friends with whom you dated?				
6. Did you have a job outside of the home?				
7. Did you socialize with persons you knew from your job?				
8. Did you attend church and organizations with friends?				
9. Did you have friends visit in your home for socializing?				
10. Did you visit in the homes of your friends for socializing?				

Present Social Participation

Answer the questions below by placing a check (✓) under the number that best describes your present social participation.

	1	2	3	4
11. Do you go out with friends for entertainment such as movies, meals and sports?				
12. Do you have friends in your home for social gatherings such as meals, playing games, watching TV and visiting?				
13. Do you refrain from participating in some social activities because of your hearing loss?				
14. Do you share problems, fears, and hopes with a close friend?				
15. Do close friends share problems, fears and hopes with you?				
16. Do you visit in the home of friends for social gatherings such as meals, games and TV viewing?				
17. Do you feel free to drop by to visit a friend unannounced?				
18. Do you find that your hearing loss seems to cause difficulties in making and keeping friends?				
19. Have you found that you prefer as close friends others who also have a hearing loss?				
20. Do you attend many meetings outside your home?				
21. Do you ever have any difficulty hearing when you attend meetings?				
22. Do you and a friend attend meetings together?				
23. Does the friend interpret for you?				

	1	2	3	4
Hobbies or Special Interests				
24. Do you spend time with others on special hobbies or interests? (dancing, gardening, painting, or reading)?				
25. Do you refrain from participating in some hobbies or interests because of your hearing loss?				
Family				
26. Do you have relatives in your home for social gatherings such as meals, playing games and watching TV?				
27. Do you visit in the homes of relatives for social gatherings such as meals, games, and TV watching?				
28. Do you go out with relatives for entertainment, such as movies, meals and sporting events?				
29. Does your family do special things for you because of your hearing problem?				
30. Do you have any difficulty hearing the telephone ring?				
31. Do you have any difficulty speaking over the phone?				
32. Do you have an amplifier on your phone?				
33. Do you find it helpful?				
34. Do you have any difficulty hearing someone at the door?				
35. Do family members assist you with door or phone calls?				

	1	2	3	4
36. Do either of these situations ever seem to cause any family misunderstandings?				
37. Does watching TV with others present a problem when you need to turn up the volume to hear?				
38. Have you made any special arrangements in your home to assist you to hear better? (Extension phones, phone amplifier, special doorbell)				
Dating and Courtship				
39. Have you had a particular person with whom your dating is limited?				
40. Do you presently date one particular person?				
41. Do you look at people you date as potential marriage partners?				
42. Have you ever been involved in a broken engagement?				
43. If yes, do you perceive your hearing loss as partly responsible for the break-up?				
44. Do you consider that your hearing loss presents problems in dating?				
45. Would you prefer as a marriage partner someone who has a hearing loss?				
46. If the right person came along, do you think you would get married?				
47. Are you anticipating marriage?				
48. Do you perceive your hearing loss as the primary reason that you are not presently married?				

RANGE OF SCORES ON SOCIAL PARTICIPATION SCALE

Social Participation	Subjects	Scores
HSP	1	117
	2	121
	3	125
	4	126
	5	127
	6	130
	7	131
	8	132
	9	136
	10	149
MSP	1	103
	2	104
	3	104
	4	105
	5	105
	6	107
	7	111
	8	112
	9	112
	10	113
LSP	1	81
	2	81
	3	87
	4	90
	5	94
	6	96
	7	97
	8	98
	9	99
	10	100

No. ____

FAMILY OPINIONS

Listed below are nine goals which most families work toward and hope to achieve. Look through the statements and pick out the one which you consider the most important goal for families in general. Write the number 1 on the line in front of that goal. Select the goal which you think is next in importance and write the number 2 on the line in front of that goal; 1 being the most important of the goals listed, 9 being the least important of the goals listed. Use the number (1-2-3-4-5-6-7-8-9) only once. Do not use ties.

_____ The family should have a nice home where you can entertain your friends.

_____ The family should have a home where members of a family do interesting things together.

_____ The family should have a home where you can have as much privacy as you want.

_____ The family should have healthy and happy children.

_____ The family should not have to worry about money matters.

_____ The family should have a home in which to lead your own life.

_____ The family should have a home where all members accept responsibility.

_____ The family should give you a respected place in the community.

_____ The family should have a home where the family members feel they belong.

 No. _____

FORCED CHOICE VALUE TEST

Below is a list of value descriptions. Most people hold several or all of these values in varying degrees. Read all nine value descriptions. Now select the value that describes you best; put a "1" in the blank preceding this description. Put a "2" in front of the one that describes you next best. Rank the remaining value descriptions, 9 being the one that describes you the least. Use the number (1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9) only once. Do not use ties.

_____ 1. I WANT TO GET THE MOST FOR MY MONEY.
I shop around for barganins. I try not to waste things, money, or time. I consider myself economical.

_____ 2. I WANT THE THINGS MY FAMILY DOES TO BE SOCIALLY ACCEPTED AND INFLUENTIAL.
I would always want my family to do things that other people like and would want to copy. I want other people to respect my house and family. I want to be admired by other people.

_____ 3. I LIKE TO DO THINGS THAT KEEP MY FAMILY HEALTHY AND GOOD NATURED.
I want to prevent illness in my family and avoid accidents. I see that the family gets nutritious meals and arrange the house and activities so they get enough rest.

_____ 4. I LIKE TO DO THINGS WITH MY FAMILY BECAUSE I THINK IT'S IMPORTANT FOR FAMILY MEMBERS TO BE TOGETHER BOTH IN WORK AND PLAY.
I want to help my family be content. I arrange the home atmosphere so that family members can be with each other in work and play.

_____ 5. I LIKE THE THINGS THAT I DO TO AGREE WITH THE TEACHING AND BELIEFS OF MY RELIGION.
I arrange so my family can practice our religion--attend religious services, hear prayers and the like. I teach my family to be honest and kind to other people.

_____ 6. I ENJOY MY FRIENDS AND LIKE TO DO THINGS FOR THEM.
I like to be around people. I like to get together with my friends. I think it is important to have close friends.

_____ 7. I WANT LOTS OF FREEDOM TO DO THE THINGS I WANT TO DO.

I would prefer to come and go as I please. I would like to do things as I want, without restrictions of daily duties. I take the time to do things that interest me.

_____ 8. I LIKE TO DO THINGS THAT INCREASE MY EDUCATION AND FITNESS FOR PRESENT AND FUTURE TIMES.

I want to know what is going on around me. I want my family to be interested in learning. I arrange house and activities for new experiences for my family. Reading material is available for all the family.

_____ 9. I WANT TO HAVE THINGS ATTRACTIVE AND ORDERLY.

I would like my surroundings to be harmonious. I enjoy working with pretty things. I arrange so that my family members can express themselves artistically.

 No. _____

SEMANTIC DIFFERENTIAL INSTRUMENT

Now, we would like you to think about yourself and how you might describe yourself as a family member. On the next page are some pairs of words used by many people in describing themselves. Somewhere on the broken line place an "X". Put the "X" where you now feel or see yourself to be.

If you feel that one or the other end of the line is extremely like what you are like as a family member, place your X as follows:

warm X : ___ : ___ : ___ : ___ : ___ : ___ cold

or

warm ___ : ___ : ___ : ___ : ___ : ___ : X cold

If one end is quite closely like what you are like as a family member, place your X as follows:

warm ___ : X : ___ : ___ : ___ : ___ : ___ cold

or

warm ___ : ___ : ___ : ___ : ___ : X : ___ cold

If one end is only slightly like what you are like as a family member, place your X as follows:

warm ___ : ___ : X : ___ : ___ : ___ : ___ cold

or

warm ___ : ___ : ___ : ___ : X : ___ : ___ cold

If you do not feel either one way or the other, place your X as follows:

warm ___ : ___ : ___ : X : ___ : ___ : ___ cold

Remember, you are describing yourself to yourself. Do as well as you can in describing yourself.

Please be sure to mark each line with an X.

Myself as a Family Member

happy	___:___:___:___:___:___:___	sad
strange	___:___:___:___:___:___:___	familiar
unusual	___:___:___:___:___:___:___	usual
cruel	___:___:___:___:___:___:___	kind
sharp	___:___:___:___:___:___:___	dull
high	___:___:___:___:___:___:___	low
comfortable	___:___:___:___:___:___:___	uncomfortable
good	___:___:___:___:___:___:___	bad
enjoyable	___:___:___:___:___:___:___	distasteful
negative	___:___:___:___:___:___:___	positive
valuable	___:___:___:___:___:___:___	worthless
worst	___:___:___:___:___:___:___	best
dislike	___:___:___:___:___:___:___	like
relaxed	___:___:___:___:___:___:___	tense
hesitant	___:___:___:___:___:___:___	eager
easy	___:___:___:___:___:___:___	hard
unfair	___:___:___:___:___:___:___	fair
active	___:___:___:___:___:___:___	passive
fast	___:___:___:___:___:___:___	slow
insecure	___:___:___:___:___:___:___	secure
weak	___:___:___:___:___:___:___	strong
interesting	___:___:___:___:___:___:___	boring
heavy	___:___:___:___:___:___:___	light
warm	___:___:___:___:___:___:___	cool
mean	___:___:___:___:___:___:___	nice

neat	___:___:___:___:___:___:___	sloppy
soft	___:___:___:___:___:___:___	hard
impulsive	___:___:___:___:___:___:___	stable
clean	___:___:___:___:___:___:___	dirty
plain	___:___:___:___:___:___:___	fancy
loud	___:___:___:___:___:___:___	quiet
woman-like	___:___:___:___:___:___:___	man-like

APPENDIX B

INTRODUCTORY MATERIALS

--Letters

--Interview Questionnaire
(Personal Data)

--Sample Telephone Introduction

--Consent Form for Release of
Hearing Test Information (Sample)

Michigan State University
Speech and Hearing Clinic
and Department of Family
and Child Sciences
June-July, 1972

Dear _____:

The questionnaire and scales on the following pages are the instruments for the research project you agreed to participate in for the Speech and Hearing Clinic and the Family and Child Sciences Department at Michigan State University. The information that you will record on the instruments will be used to help others with hearing impairments. Your name will not be used in reporting the results.

Please read each item carefully and answer all of the questions.

Thank you again for participating in this research project.

Sincerely yours,

Gladys J. Hildreth
Researcher

MICHIGAN STATE UNIVERSITY EAST LANSING • MICHIGAN 48823

COLLEGE OF HUMAN ECOLOGY • DEPARTMENT OF FAMILY ECOLOGY • HUMAN ECOLOGY BUILDING

July 27, 1972

Dr. Costello
Henry Ford Hospital
Detroit, Michigan

Dear Dr. Costello:

The Speech and Hearing Clinic and the Department of Family and Child Sciences of Michigan State University are cooperating in a research project. We are interested in opinions about family life and social participation of subjects who are single and have sustained a hearing loss.

Patricia Tiffany has participated by answering our questionnaire. She has consented for us to obtain a copy of her audiogram. I am enclosing the signed permit. Would you kindle mail a copy of the audiogram in the self-addressed envelope? Of course the names or individual audiograms will not be reported in our study; one composite of all 50 subjects will be reported.

Your consideration given this request will be appreciated.

Sincerely yours,

Gladys J. Hildreth

GJH:pg

Enclosures

INTERVIEW QUESTIONNAIRE

Interview No. _____ Date _____

1.

Persons in Family	Age	Sex	Living at Home With Family	
			Yes	No

2. Were there other members of your mother's or father's families who had hearing losses?

   Yes _____ No _____ Who? _____

3. Did he (she) have the loss as a child _____

   adult _____ older person _____?

4. How old were you when you (someone) discovered you had a hearing loss?

   _____

5. Do you wear a hearing aid? Yes _____ No _____

6. How many years of school have you completed?

   Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3 4

   College Degree _____ Major _____

   Other special training _____

7. For divorced and separated persons: Divorced ( ) Separated ( )

   Did your spouse know you had a hearing loss? Yes ____ No ____

8. How do you think he (she) felt about your hearing loss? (check one)

   tolerant ____ intolerant ____ understanding ____

   indifferent _____

9. Did your spouse have any difficulty with hearing?

   Yes _____ No _____

10. Do you feel the hearing loss contributed to the separation?

    Yes _____ No _____

11. Do you have children? Yes _____ No _____ Do any of the children have hearing problems? Yes _____ No _____

12. Does your hearing loss present any problems in your job?

    Yes _____ No _____ If yes, please explain _____

    _____

13. If you decide to marry would you prefer that your spouse also have a hearing loss?

    Yes _____ No _____ Why (or why not) _____

    _____

14. Would you please tell me your approximate family income?

    _____A. $ 2,000 - $ 4,999

    _____B. 5,000 - 9,999

    _____C. 10,000 - 14,999

    _____D. 15,000 - 19,999

    _____E. over 20,000

15. Do you belong to one of the following religious groups?

    _____ Catholic

    _____ Protestant

    _____ Jewish

    _____ Other

    _____ None

16. To what organizations do you belong (Church, PTA, other)?

_____

_____

17. How often do you attend organizational meetings? Never _____

a few times _____ most times _____ always _____

18. Do you know of others who have a hearing loss and perhaps would be interested in participating in this research project?

Who? _____

_____

_____

TELEPHONE INTRODUCTION

(Sample)

I am calling for the Speech and Hearing Clinic at Michigan State University and the Department of Family and Child Sciences who are cooperating in a research study of some of the people who have come to the clinic to have their hearing tested.

My name is Gladys Hildreth, and I am a student who is working on the research project.

First of all, we are interested in talking further with people who are presently unmarried. This would include persons who are either single by divorce, separation or who have never been married. Would you qualify?

We are interested in some of your opinions about family life, especially as related to hearing loss.

I would like to spend about an hour with you at your convenience. Would you be so kind as to cooperate with us in our study?

Would you be home on _____(day)_____ at _____ o'clock?

Re-check address.

Thank you so much.

Good-bye.

CONSENT FORM FOR RELEASE OF HEARING TEST INFORMATION

(Sample)

Where are your hearing tests filed?

_____

May we have your permission to obtain a copy? _____

Please sign the enclosed form.

PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

I, _____

hereby give permission to _____

_____ to release to _____

_____

copies of all _____

records as client, patient or student.

Signed _____

For _____

Witness _____

Date _____