Chapter V

Discussion
Results of the present study showed that major hypotheses regarding the main effects of the study have been proved. All the findings are in consonance with the theoretical argument of the present investigation. Results supported first hypothesis that **Quality of life of individuals with mild hearing loss would be better than of severely impaired individuals.** Although hearing loss of any degree hampers the normal communication of the individual but as severity increases, impact on quality of life also increases. This findings could be justified on the basis of Pathological (Medical) Perspective on Deafness by David Pfeiffer (1998) who discussed the relationship between the amount of hearing loss and mental/psychological problems. This perspective highlighted that variation in psychological problems is due to variation in degree of impairment.

Previous studies of the consequences of hearing impairment had shown that it was also associated with multiple negative outcomes, including depression, loneliness, altered self-esteem, and diminished functional status affecting their quality of life (Chen, 1994; Dugan and Kivett, 1994; Jerger, Chmiel, Wilson & Luchi, 1995; Mulrow et al., 1990; Wallhagen & Strawbridge, 1996). Quite strong relationship between degree of hearing loss and "quality of life," was explored by (Mulrow et al., 1990; Bazargan, Baker & Bazargan, 2001; Wallhagen, 2001; Werngren - Elgström, 2003). Also Dyana et al. (2003) found that severity of hearing loss, hearing handicap as determined by having an HHIES and self report of communication difficulties were all associated with reduced quality of life. Thus, hearing impairment alters a person's ability to communicate with others and thus can seriously affect interpersonal relationships (Slawinski et al., 1993).
The results of the findings are in line with second hypothesis that *Quality of life of individuals, having high perceived social isolation, would be low as compared to individuals having low perceived social isolation.* As individual age increases he becomes rich in life’s experiences and able to participate with rich thoughts in the society but hearing loss hamper the person socialization and sharing in the society which in turns reflect in their quality of life. The result of this research was in the framework of the **Social health models** which measured QOL with indicators of social networks, support and activities and integration within local community, and **Health & functioning models,** which stated that good levels of physical and mental functioning and general health status had long been associated with perceived well-being, morale and overall quality of life (Bowling et al., 1996 & Breeze et al., 2002). The support for the findings also came from **Buffer theory (Cobb,1979)** which believed that individual’s social support system may help, moderate, or buffer the effects of life events upon their psychological states. Low social support and one or more negative life events significantly increased symptoms of physical or psychological distress. The perception of social support promotes mental health, because it buffers the damaging effects of stress and diminishes the perceived significance of stressful events (Wethington & Kessler, 1986).

Health problems and impairment result in higher incidence of perceived social isolation. Social isolation resulting from poor hearing had been discussed by Russell, Cutrona and de la mora (1997). According to the World Health Organisation (2003), Social isolation and exclusion were associated with
“increased rates of premature death, lower general well-being, more depression, and a higher level of disability from chronic diseases”.

Knapp (1948) found that some patients, who tended to have more severe and more chronic loss, reacted neurotically to the constricting effects of deafness, appearing to defend themselves by overcompensated outgoing activity, denial of hearing loss, withdrawal from society, displacement of anxiety, or exploitation of hearing loss. Recent studies shows that the deterioration of the auditory system generates deficit of speech recognition (Gates & Mills, 2005), causing several social problems, such as: distance to family and social activities; low self-esteem; isolation; loneliness; depression; irritation (Bess, 2000; Bance, 2007). All these problems definitely affect the individual’s life quality (Bogardus, Yueh & Shekelle 2003; Yueh & Shekelle, 2007). Hearing impairment has been linked with significant communication difficulties, social and emotional isolation, cognitive dysfunction and a general deterioration of health (Mulrow et al., 1990; Uhlmann, Larson & Koepsell, 1986; Uhlmann et al., 1989, Hickson & Worrall, 1997; Morgan, Hickson, & Worrall, 2002; Stephens & Zhao, 1996). It was also observed that the impact of impaired hearing is manifested by a change in the interaction between the individual and the environment he gets (Zinger, 1967) and most of older persons tend to withdraw themselves, at least in part, from many normal social interaction situations because of hearing disabilities (Bergman, 1971; Hull, 1978; Kapeyn, 1977).

Hearing impaired were severely affected in socialization resulting in poor mental status however they were better in physical functioning simply because
there disability was affecting there mental functioning rather than there physical movements in their life (Nehra & Mann, 2008). However, learned helplessness, in present study, proved to be a barrier to psychological health, social relationships, and environment sub-dimension of WHOQOL. If the society becomes aware of the drastic effects of hearing loss on the individual’s social life, special attention can be given for the equal participation of this group of society. This study is the initial step towards this goal.

The findings of the present research also proved the third hypothesis on all the sub-dimensions of quality of life, except the physical one that **Quality of life of individuals, having high learned helplessness, would be low as compared to individuals having low learned helplessness.** This exception might be because hearing impairment is affecting there mental functioning rather than there physical movements in their life (Nehra & Mann, 2008). Since hearing impaired find things are not under their control which induces uncontrollability in individuals which further affect their quality of life in negative way. These findings could be explained under the framework of **Integrative model of QOL** which represented QOL as an interaction of human needs (Subsistence, Reproduction, Security, Affection, Understanding, Participation, Leisure, Spirituality, Creativity, Identity and Freedom), and the subjective perception ((happiness, utility and welfare for individuals and/or groups) of their fulfillment, mediated by the opportunities available to meet the needs (Built, Human, Social and Natural Capital and time). Results were also in line with **Seligman’s learned helplessness theory** discovered that a learned helplessness person thought
about the bad event in more pessimistic ways than other person. People in a state of learned helplessness view the problem as unchangeable and uncontrollable factors which made them feel helpless. This type of pessimistic explanatory style was correlated with the depression which results in poor quality of life.

The persons with acquired hearing loss have social, cognitive problems which lead to poor super ego, depression, anxiety and feeling of learned helplessness and low subjective wellbeing (Mann, 1983). More recent studies include Deaf and hard of hearing often encounter barriers that hinder true independence, easily leading to a state of learned helplessness (Clark & Scheele, 2005). Kalela (2006) found that a hard of hearing (HOH) person may interpret all misfortunes and problems to be self-caused, permanent, and total. Learned helplessness in hearing impaired individuals could lead to serious psycho-social symptoms like stress, depression, and finally social isolation. Uncontrollable events leads to poor problem-solving tasks resulting in helpless experiences which could then be associated with passivity, uncontrollability and poor cognition in people, which ultimately threaten their physical well-being (Roth, 1980; Wortman & Brehm, 1975). Henry (2005) analyzed that exposure with uncontrollable aversive events might reduce their confidence in preventability of health problems. The more they perceived events as uncontrollable and unpredictable, the more they feel helpless in coming out of the problem in their life.
The results regarding gender differences were also in line with the hypothesis, that *Quality of life of females would be better than of males*. This was also seen in Tamb’s findings. He explained that the effects are stronger among men than women, perhaps because career expectations for men result in stronger feelings of being disabled at work among hearing-impaired men (Tamb, K. 2004).

There is dearth of studies which talk about the interaction of these parameters so; an attempt had been made in this study to see the interaction of these parameters in hearing impaired individuals. Though the main effects results had been proved significantly but the present data do not show a strong interaction among all the main variables, the non significant variation in the findings regarding interaction partially confirms our hypotheses. Results showed significant interaction between *hearing impairment and learned helplessness* only in physical health domain of quality of life. The interaction between *hearing impaired and perceived social isolation* came out significant only in Social and Environmental Domains of quality of life, proving our fourth hypothesis partially. The non significant variation in physical domain could be because of the reason that their disability is affecting their mental functioning rather than their physical movements in their life. Hearing impaired individuals are severely affected in socialization resulting in poor mental status however they are better in physical functioning simply (Nehra & Mann, 2008). The interaction between *learned helplessness and perceived social isolation* did not reach to the significant level in any domain of quality of life. Mean scores of social relationship sub-
dimension of WHOQOL in relation to HI, PSI and LH indicated that interaction between **hearing impaired, perceived social isolation and learned helplessness** came out significant only in social domain. This non significant interaction could have been the result of small sample as the number of subjects who were high and low on both the variables i.e. perceived social isolation and learned helplessness, squeezed down to sixty each. Thus, with hearing loss it was assumed that due to negative attention and feedback from the society, the hearing impaired individual would feel low on quality of life learned helplessness and perceive social isolation and the results of the study supported the same.

As cited research showed that quality of life was impaired in relation to learned helplessness and perceived social isolation in individuals with hearing loss. It also differed with gender difference. Keeping in view the complexity of human organism and limitations of this present research, it is very difficult to generalize anything at the moment. However, the findings of this piece of research could be considered as an important step towards an insight into psychological aspects. So besides medical approach, special consideration should be given to these psychological and social aspects to improve their quality of life.

Despite of several practical implications, present investigation has certain limitations also. Few of them are:

- Only two categories of hearing loss were included in the study.
- Findings could not be generalized to all age groups of hearing loss.
- Gender difference regarding learned helplessness and perceived social
isolation were not considered in the present study.

- Resilience and self efficacy of the person could have also been considered as they are assumed to be strong predictors of quality of life.

There are many dimensions of a phenomenon which are required to be explored. Keeping in view the limitations, the following suggestions are made for taking up future research in this field:

- A study can also be made regarding the role of personality and spouse perspective towards hearing impaired individuals in assessing their quality of life.
- Similarly, the working status and social interaction of females can be considered while analyzing their quality of life in relation to social isolation.
- A study can be conducted to see the efficacy of Interventions depending on the type and severity of hearing loss. Assessment through various questionnaires should be repeated before and after intervention.
- Another problem of worth investigation is to determine the effect of attribution / explanatory style on learned helplessness and quality of life.
- An investigation can also be done to answer the question whether demographic variables like education level, language, religion, social values, norms of behavior, socioeconomic / job status, nuclear / joint families, urban or rural background etc do affect quality of life.
- Physiological characteristics such as Physical impairment, Vision loss, Illness and Frailty contributing to social isolation along with hearing loss can be researched.