

HOW ADULT ACQUIRED HEARING LOSS
AFFECTS MARITAL SATISFACTION

by

MARTHA GAYLE SPEEGLE

Presented to the Faculty of the Graduate School of Social Work
The University of Texas at Arlington in Partial Fulfillment
of the Requirements
for the Degree of

MASTER OF SCIENCE IN SOCIAL WORK

THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2010

Copyright by Martha Gayle Speegle 2009

All Rights Reserved

ACKNOWLEDGEMENTS

This study could not have been done without the help of many people and agencies. The first is the State of Texas who gives tuition and fees waiver to any resident who has a disability. Second are the Department of Assistive and Rehabilitative Services (DARS), and my counselor Debra McGrede, who provided guidance, advice, encouragement, and monetary assistance for my long roundtrip commute. Third is Norman H. Cobb, Ph.D., my professor and thesis advisor who caught my vision to work with adults with acquired hearing loss.

I thank my family and friends in Texas, Maryland, and Delaware who encouraged me, prayed for me, and were patient when I had to study rather than socialize with them. Tracey Manning, Ph.D. was the one who first encouraged me to go to graduate school and her Bible study class has prayed me through the rough times. I especially want to thank Ron Raif who has been a tremendous support in more ways than one.

Perhaps the most important people for this study are those who, like me, have acquired hearing loss. They have been willing participants in sharing their stories.

November 24, 2009

ABSTRACT
HOW ADULT ACQUIRED HEARING LOSS
AFFECTS MARITAL SATISFACTION

Martha Gayle Speegle, MSSW
The University of Texas at Arlington, 2009

Supervising Professor: Norman H. Cobb

Hearing loss can adversely affect a marital relationship when a person becomes deafened after the marriage or commitment to cohabitate. This population is growing more quickly than hearing loss professionals had anticipated. Scores of military personnel are returning from deployment with permanent hearing loss. Loud music and environmental noise are rapidly taking their toll on the Baby Boomer generation and those following them.

This paper discusses the problems that hearing loss imposes on a relationship: lack of counseling services, grief and loss, intimacy, crisis, co-morbidity, communication, careers, abuse, dependence and co-dependence.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iii
ABSTRACT.....	iv
INTRODUCTION.....	x
Chapter	Page
INTRODUCTION.....	1
1 OVERVIEW OF THE LITERATURE.....	4
Significance of Acquired Hearing Loss.....	5
Definition of Terms.....	5
Gender.....	5
Speechreading.....	5
Degrees of Hearing Loss.....	5
Deaf.....	5
Deafness.....	6
Hard of Hearing.....	6
Deafened.....	6
Populations of Deafened.....	7
Gradual.....	7
Sudden.....	8
Combination.....	8
Functional Definition.....	8
Impairment.....	9
Disability.....	9
Handicap.....	10

Stigma.....	10
Assistive Listening Devices.....	10
Problems in the Deafened Population.....	11
Counseling Services.....	12
Impact on Couples.....	13
Grief and Loss.....	13
Response to Loss.....	14
Grieving Process.....	15
Hearing Partner's Response.....	15
Couple Losses.....	16
Social.....	16
Intimacy.....	17
Adjustment to Loss.....	17
Benefits of Counseling.....	17
Isolation and Despair.....	18
The Internet and Loneliness.....	18
Crisis.....	19
Self-esteem.....	20
Couple Crisis.....	21
Identity.....	22
Co-Morbidity.....	23
Depression.....	24
Impact on Hearing Partner.....	25
Older Adults.....	25
Anxiety.....	25
Substance Abuse.....	26
Communication.....	26

Couple Communication.....	27
Hearing Spouse.....	28
Hindering Communication.....	28
Domination and Control.....	29
Depression and Communication.....	30
Coping Behavior.....	30
Impact on Other Relationships.....	31
Careers.....	33
Abuse.....	33
Dependence and Co-Dependence.....	35
Definition.....	36
Dependence.....	36
Co-Dependence.....	36
Control.....	37
Effects on Hearing Spouse.....	30
2 METHOD.....	39
Data Analysis.....	40
The Constant Comparison Method.....	40
Participants.....	41
Inclusion and Exclusion Criteria.....	41
Consent.....	42
Protection of Human Subjects.....	42
Procedure.....	42
Recruiting.....	42
Screening.....	43
Informed Consent.....	43
3 RESULTS.....	44

Data Organization in the Present Study.....	44
Reliability and Validity.....	45
Table 1. Marital Relationship General.....	46
Table 2. Marital Intimacy/Sexuality.....	47
Table 3. Communication Marriage.....	48
Table 4. Communication Family.....	49
Table 5. Communication Social.....	49
Table 6. View of Self.....	50
Table 7. Depression.....	50
Table 8. Dependence.....	51
Summary.....	51
Marital Relationship General.....	51
Marital Intimacy/Sexuality.....	52
Communication Marriage, Family.....	52
Communication Social.....	53
View of Self.....	53
Depression.....	54
Dependence.....	56
Marital Relationship.....	56
View of Self.....	58
Depression.....	59
Dependence.....	59
Communication.....	59
Limitations.....	61
Age.....	61
Demographics.....	62
Conclusion.....	62

APPENDIX

A. SURVEY FOR HEARING SPOUSE.....	65
B. SURVEY FOR PERSON WITH HEARING LOSS.....	69
REFERENCES.....	74
BIOGRAPHICAL INFORMATION.....	81

INTRODUCTION

Becoming deafened as an adult can be emotionally traumatic. One woman expressed it succinctly.

...my hearing worsened to the point that speech became unintelligible and I couldn't "pretend" to understand anymore. I went off the deep end emotionally, even though my husband tried to help...my grief process pretty much cut him off (Moore, 1992, p. 27).

Not only does one grieve what is lost, but one's lifestyle, relationships, career, and future must be changed to adjust to a new reality. Acquired hearing loss is a loss (Glass, 1985), socially and psychologically, of that which is familiar. It thrusts one unwillingly into an unfamiliar world for which one is inexperienced and unprepared (Moore, 1992).

Hearing loss is a social disability (Mulrooney, 1991); it is not observable to others until one tries to communicate. Those who are hard of hearing may find their loss more an inconvenience, especially in a noisy environment, while those who are deafened find communicating more problematic, having great difficulty understanding conversations even with powerful hearing aids.

The life of a deafened person is fraught with communication problems, loneliness, the fear of appearing stupid, the massive injury to self-esteem, underachievement directly attributable to hearing loss rather than inability, and the primary affiliation, in theory if not in fact, with the hearing population (David & Trehub, 1989, p. 203).

Hearing loss, however, does not exist in a void; it affects everyone with whom the deafened person comes in contact, especially the hearing spouse. Both go through similar stages of change. Studies on partner coping show similar responses for acquired diseases and other disabilities (Finney et al., 1983). One late deafened person says of her marriage

My marriage of 14 years is under strain, from all different directions...This emotional and physical (in the sense of "going and doing" without my husband) has been unsettling to our marriage relationship causing my husband to feel somewhat insecure...Now, in summary, it simply remains to be seen if my newfound identity (as a deaf person) person will affect our marriage by putting too much distance between my husband and myself (Moore, 1992, p. 28). Many of the same issues that impact the deafened spouse also impact the hearing partner.

These can include the stages of grief and loss, identity, loss of intimacy, lessened social events and support.

The focus of this paper is on adults who have escaped public attention, despite their considerable numbers (David & Trehub, 1989). They are those who have become deafened and how deafness impacts their relationship with a spouse or significant other. Necessarily, much of this paper will include how acquired deafness affects an individual, because hearing loss does not occur in a void; what happens to the deafened person also happens to the hearing spouse. In a review of the literature, the author has found only two small studies and one dissertation on the effects of hearing loss on the hearing spouse, and one of those was on the elderly.

The purpose of this study was to learn how much acquired severe or profound hearing loss of a spouse affects the couple's marital satisfaction. It is limited to respondents who are ages 20 to 60 (with the age of the youngest as the determinant), to couples who are married, or are in a committed cohabitation during which the deafness occurred, or was discovered and acknowledged subsequent to the marriage or commitment to cohabitate. The goal is to discern:

What challenges arise in a couple's relationship when one partner acquires severe or profound hearing loss and how do these challenges affect the couple's marital satisfaction?

Several themes will emerge from this study, based on a review of the literature, results of separate scales on marital satisfaction for the deafened and hearing spouses, and letters and comments sent to the author from a previous pilot study on how deafness affects relationships.

Issues that will emerge are coping techniques and styles of the couple (Calderon & Greenberg, 1999; Goldstein, 1991; Judge, 1998; Power & Dell Orto, 1980); commonality—or differences--of the emotional experiences of grief, loss, sadness, anger, frustration, and fear; changes in social dynamics as a couple, and role changes with regard to familial relationships, responsibilities, and division of tasks (Kyle & Wood, 1983). Other themes are issues of communication (Luey, 1980; Rutman, 1989), how communication problems affect the information and relational aspects of a couple's relationship (Woodcock & Aguayo, 2000), and how a couple's intimacy has changed (Harvey, 1998). Another theme will be the general idea that support services for the couple are both lacking and desired (Woodcock & Aguayo, 2000). At present most services are in the area of rehabilitation, with the ultimate goal of the deafened person's gaining meaningful employment. "Present clinical practices allow little opportunity for deafened people to recognize or to work through their experience of multiple selves, contested identity, or their multiple encounters with marginality" (Hogan, 2001, p. 36).

CHAPTER 1

OVERVIEW OF THE LITERATURE

Significance of Acquired Hearing Loss

A team of scientists at Johns Hopkins University, reported in the Hearing Review (2009) that there is a hearing impairment epidemic because of an aging population and the use of personal stereos. According to their study, one of three adults in the United States suffers from some degree of hearing loss. The team has estimated that fifty-five million Americans have loss in one or both ears, while 29 million adults have (2009) that hearing loss is expected to rise significantly and has expressed concern some trouble discerning speech (Hearing Review 2009). This is far higher than their previous estimates, which were 50 million by the year 2050 (Greenberg, 2007). Of that number, only 2.5 million are Deaf (meaning born deaf). There are 15 million people (presumably unidentified) who avoid seeking help for their hearing loss (League for the Hard of Hearing).

Hearing loss is growing rapidly among the aging baby boomer generation because of past exposure to loud music and noise. According to a poll of 1,000 adults nationwide, the American Speech-Language-Hearing Association (2007) found that 47 percent of adults reported at least one symptom of hearing loss. "From 1971 to 1990, hearing problems among those between ages 45 and 64 jumped 26 percent...(T)he rate of impairment jumped 150 percent between 1965 and 1994 among those in their 50s" (Niparko, 1999). The Department of Veterans Affairs reported that hearing loss is the

most prevalent injury, and number one medical problem, of returning veterans, with more than 70,000 suffering permanent hearing loss.

Definition of Terms

While this paper focuses on marital satisfaction, the term also encompasses those who are not married but who have made a commitment to cohabitate. The specific focus, however, is on those who lost their hearing during the ages of 20 to 60, the years when hearing loss most impacts life activities. These are the years when people get an education, begin a career, select a mate and marry, have children, advance in their career, put children through college and begin to think of retirement.

Gender

More men than women become deafened, according to a Johns Hopkins report in the Hearing Review (2009), and a survey done for Energizer Holdings (2009). Hearing loss is more prevalent among white men and the least educated. In order to be inclusive, both genders of deafened will be referred to as persons or people, unless the reading is clearer when he and she are used.

Speechreading

While the term speechreading is the newer, more accepted definition, the old term lipreading is still used. This refers to relying on how a word is shaped by the lips, and the position of the tongue and teeth of the speaker as an aid to the person with hearing loss in order to understand what the speaker is saying.

Degrees of Hearing Loss

Deaf. Someone unfamiliar with acquired deafness needs to understand the terms used in this paper. Deafened is not Deaf. The latter are born deaf, into a Deaf

culture and have never known the loss of hearing. They use American Sign Language to communicate. It is spelled with a capital 'D.'

Deafness. There are several terms used for deafness (spelled with a lower case 'd'). They include deafened, adventitious deafness, acquired deafness, late deafened, and hearing impaired. All have the same meaning: The persons were born hearing, acquired language skills, and lost their hearing post-lingually.

Hard of Hearing. Many hard of hearing persons audiologically are deaf. This self-identification can be a form of denial, or they may not know their dB loss, or they may have a misunderstanding of what is considered deaf. A loose definition of hard of hearing (used at Gallaudet University) is that they can hear on the telephone using hearing aids. In a previous study by the author, 21 out of 28 persons identified themselves as hard of hearing when audiologically 19 of them actually were deaf, with a dB (decibels) loss of 70 or greater (Moore, 1992). When persons deny they are deaf, then they do not learn the coping skills they need to deal with their deafness. This hard of hearing population will not be included in this paper.

Deafened. Deafness, measured in pure tone audiology, is a loss of 70 dB for a severe loss, to 100 dB for profound. A person with a severe loss can benefit from powerful hearing aids, but must rely heavily on speechreading, even when using hearing aids. Hearing aids provide the sounds of vowels, while speechreading provides clues to consonants. However, because many words look alike on the lips (math, bath, path), a person must rely on the context of the sentence to make sense of what is being said. Many times, though, the persons unknowingly have not heard correctly, so they may

respond inappropriately, or they may know they did not hear correctly and ask the speaker to repeat... and repeat... and repeat.

Those who are profoundly deaf cannot benefit from hearing aids and must rely on speechreading and/or sign language. Unfortunately, most of those who are deafened do not learn sign language, or else they wait up to five years, and sometimes as many as 30 years, before they overcome the psychosocial trauma of becoming deafened (Schlau, 2004). They usually do not learn American Sign Language (ASL), but signed English, or what is known as PSE (Pigeon Signed English), which is a combination of English word order with some ASL signs. However, many of this population are utilizing the benefits of cochlear implants, many times bi-laterally, which permits a better sense of balance and far better sound and speech understanding than hearing aids. However, cochlear implant wearers still must rely on speechreading in some situations.

Populations of deafened

Within the deafened population, there are three distinct classes, depending on the progression of hearing loss. The particular group a person is in largely determines how a person adjusts to the problems imposed by hearing loss.

Gradual. The group that has the fewest problems is composed of those who experience a gradual decline, or there may be a period of rapid decline to the level of becoming hard of hearing, followed by a gradual decrease, usually occurring over many years. They and their families have time to adjust to decreasing hearing and establish adaptive coping skills to deal with communication and other issues.

Sudden. The second group is composed of those whose loss is sudden, many times overnight. The person may have been in an automobile accident, or acquired a disease, such as bacterial meningitis. Even a trip to the hospital may result in deafness because the person has been given ototoxic drugs to treat a medical problem. One young man, whose hearing was intact, entered the hospital with a broken leg. When he left the hospital, he was totally deaf (personal communication with the author, 1993). Suddenly deafened persons adjust more quickly to their loss, but their grief is more profound. Mulrooney (1991) said she descended into the depths of depression. These persons suffer profound grief, but this period is the shortest, usually for a year (Mulrooney, 1991).

Combination. The third group, which has the most difficulty, is composed of those who have a combination of gradual and rapid loss. These are persons whose loss is sudden to a certain point, and then stabilizes or progresses gradually. The second group is persons whose loss is gradual at the beginning, extending perhaps for several years, and then within six months, they lose the remainder of their hearing. A previous pilot study done by the author showed it is this group that has the most problems adjusting to hearing loss. They and their families have learned coping skills that no longer are adequate. Further, the deafened person may not realize the extent of his or her hearing loss and therefore fail to tell the family or partner what has happened. The family, and sometimes the person, is functioning at one level, when in reality the person is much below that level of functioning (Moore, 1992).

Functional Definition

Perhaps a more accurate measure of hearing loss is how the persons perceive the loss, their ability to develop adaptive coping skills, their personality type, what kind of and how much support is received, and how much the person has to rely on hearing at work. "One person with a 40 dB loss may be devastated and feel he or she has lost everything, while another person who is audilogically deaf may be functionally hard of hearing" (Moore 1992). In defining a functional hearing loss, one needs to define "hearing impairment," "disability," and "handicap."

Impairment. The Centers for Disease Control (CDC) defined a hearing impairment as a condition that "affect(s) the frequency and/or intensity of one's hearing" (Equal Economic Opportunity Commission [EEOC], 2006). High, Fairbanks, and Glorig (1964) defined hearing impairment as a decrease in hearing capacity. That term encompasses all levels of hearing loss although it usually associated with those who are hard of hearing (Moores, 1987). However, the term "hearing impaired" is not currently in favor because it implies a "defect" or "deficiency" (Moore, 1992).

Disability. A disability is the medical diagnosis of a condition. Wright (1960) defined disability as an objective condition of impairment that can usually be described by a physician upon calibrating speech reception and other sounds for frequency and intensity.

The Americans with Disabilities Act (ADA) defines a disability as one that

- (1) substantially limits a major life activity;
- (2) substantially limited a major life activity in the past; or
- (3) the employer regarded (or treated) the individual as if his or her hearing impairment was substantially limiting (EEOC, 2006).

Handicap. A handicap is the perceived impact hearing loss has on one's life. Someone with a hearty personality may choose not to let hearing loss be a barrier to a fulfilled life, while another, who may have a lesser dB loss, feels life is not worth living any longer (Sussman, 1995)

Handicap has been defined variously as referring to the disadvantaged activities of everyday living resulting from hearing loss speech (Hearing Review, 2009), as a medical condition, affecting one's personal deficiency in daily living, as one's emotional reaction to situations in which hearing difficulty occurs (High, et al., cited in Rutman, 1989; Davis & Silverman, 1970; Elvertson & Birk-Nelson, 1973; and Nobles & Atherly, 1970 cited in McCarthy, 1978); and finally, as being "the cumulative result of obstacles which disability interposes between the individual and his maximum functional level" (Wright, 1960, p. 9).

Stigma

Orlans (1985) defined stigma as being "the aversion to and casting off of disfigured members by society" (p.186). However, there is a second part to stigma which largely has been ignored: Self-stigma (Goffman, 1985). That is, the persons perceive themselves as outcasts, based on their experiences of being ignored, others talking with the hearing spouse instead of them, communication difficulties, and a loss of who they once were (Orlans, 1985).

Assistive Listening Devices

Assistive listening devices (ALDs) help to deal with hearing loss. While hearing never can be restored to normal, ALDs offer a link to the world. New digital hearing aids can be programmed to exclude background noise. Cochlear implants (CIs) open the

world to those who are deafened. Many deafened (and Deaf) persons are choosing bilateral implants because they provide a better sense of balance and clues to the source of sound. CIs can be programmed in several ways, depending on the client's hearing desires and needs. Among the choices are minimizing background noise to facilitate conversation in a noisy environment, or to enjoy music again, although the words to songs may still be difficult to understand. At best, one feels tuned into the world again.

Other ALDs that deafened clients use are CART (computer assisted real time captioning.) This is similar to captioned TV, but it is used in the classroom, lectures, courts and other places where hearing is critical. A court reporter types sounds into a machine and software translates these sounds into text which the deafened person can read. A good reporter can type verbatim and hand out copies of the notes.

Problems in the Deafened Population

Clearly hearing loss is becoming a problem for our society. Samuel Trychin, a hard of hearing psychologist formerly with the Gallaudet Research Institute, has done extensive research on the psychosocial and physical effects of becoming hard of hearing. Gallaudet University in Washington, DC, is a world leader in studies of pre-lingually Deaf. However, the problem of deafened adults has been largely ignored (Luey, 1980; David & Trehub, 1989). There have been no well-controlled empirical studies of psychosocial problems of those with acquired hearing loss (Rutman, 1989 cited in Moore, 1992). Studies have been based on clinical impressions and reports, but few theories have been developed. The most extensive studies have come from an audiologist in Australia (Hogan, 2001). However, the book is slanted toward rehabilitation with a minimal psychosocial approach.

Counseling Services

The value of counseling, especially from someone who truly understands what it is like to become deafened, cannot be underestimated. Becoming deaf one year ago turned out to be a catalyst for growth and change. But this was offered through counseling which I began four months after the loss, initially to try to regain my emotional equilibrium. (At the end of her counseling sessions) my counselor put it...“embracing your deafness, becoming more comfortable with your inability to hear, has allowed you to HEAR YOURSELF” (Moore, p. 34). One young woman lamented “I have never found a counselor who understood what it meant to be deafened; I was either treated like the hard of hearing or born deaf” (David & Trehub ,1989, p. 202). In e-mail correspondence, the author has found three counselors who themselves are late deafened, and who understand well the problems the person and the couple is facing.

The value of having a counselor who understands what it means to be deafened is underscored by the following testimony from a woman who sought counseling to deal with the impact of her hearing loss.

The counselor herself had an immediate impact of great consequence on me because she...had herself grown up HOH (hard of hearing) and progressively lost more hearing. She was the first person I had ever met “like myself,” present and past. She was a role model and also a friend who was able to understand me like no other I had ever had, by our shared experiences (Moore, 1992, p. 34). David & Trehub (1989) concluded that it “appears that few professionals have the requisite knowledge and expertise to guide such individuals through the emotionally traumatic experience of losing their hearing and beyond” (p. 201). However, an internet search by the author

reveals there are at present no colleges or universities which offer a course specifically for mental health counseling of adults with acquired hearing loss, nor for counseling with couples where one has a hearing loss.

Impact on Couples

The impact of hearing loss on couples is increasing, and it is a problem that largely has not only been ignored, but therapists are not equipped to guide the couple through the issues involved (Wallhagen, Strawbridge, Shema, & Kaplan, 2004).

Further, when a couple seeks counseling, there is little support because the therapist is unfamiliar with hearing loss and the impact of hearing loss. “(S)ervices are all but non-existent. There are also no specific marriage and family counseling or similar support services that are readily accessible for deafened people” (Hogan, 2000, p. 36).

Grief and Loss

Loss is painful, and the greater the loss, the greater the pain. Losing one’s meaning in life that contributes to a sense of self results in grieving, and one would think a person abnormal who would deny these feelings. To deny the grief is to say that what once was important in life now has no meaning. Communication, and the ability to hear, has been central to one’s purposeful actions in the world.

In the present moment we experience the external world as it is mediated through our senses...the sounds of immediate sensory experience are also accompanied by thoughts, feelings, memories, anticipations and intuitions arising within us (Martin & Weston cited in Weston, Martin & Anderson 1998, p.2). “Bereavement has been identified as a ‘choiceless event’ in which one is ‘victimized’ by loss” (Neimeyer, 1998 cited in Granvold, 2008, p. 211). The pain of grief is in direct proportion to the

readjustments one has to make: Familiar patterns around which one has organized one's life, relationships, and all others who have been affected by the deafened person's hearing loss. These changes can be both internal (emotions, view of self, etc.) and external (changing behavior patterns, changing ways of relating, etc.).

Response to Loss. In response to a loss that results in grief and bereavement, one's meaning may change to that of survivor or thriver, depending one's support system and ability to overcome the obstacles imposed by acquired hearing loss. Kubler-Ross (1969 cited in Weston, Martin, & Anderson, 1998, p.9) defined responses to grief as

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

A person who experiences hearing loss may not go through all these stages, nor in the order listed. Perhaps a more useful list of stages is the model of Parkes, drawing on the ideas of Bowlby.

- Shock or numbness, involving a feeling of disbelief and an urge to deny the truth of the news.
- Pining and 'yearning and protest' that includes pangs of grief and anxiety interspersed with feelings of anger, which may be accompanied by bitterness, irritability and self-reproach

- Disorganization and despair, characterized by feelings of depression and a tendency to withdraw socially
 - Readjustment, including redefinition of oneself and one's circumstances
- (in Weston, Martin & Anderson, p. 10).

Granvold lists vulnerabilities that occur during the time of grief after a divorce. Many of these same vulnerabilities occur when a partner loses his or her hearing. They include low self-esteem, depression, hopelessness, anxiety, fear of the unknown, loneliness, isolation, anger, irritability, and sleep problems (Granvold, 2008; Trychin, 1991; Harvey, 2003, Glass, 1985).

Grieving Process. While the grieving process may vary both in intensity and length, (i)nevitably there will be a period of physical and emotional loss associated with acquired sensory impairments, but neither should we neglect the social dimension in the equation...(T)he problems arising here are more likely to have a social dimension, once the acute stage of physical care is over. The areas of difficulty are more likely to be centered in the contexts of access to work, maintaining employment, nature of social life and participation in community activities. Oliver and Barnes (1998 cited in Parkinson 2006) argue that difficulties encountered in social interaction, feelings of isolation and difference are caused by "externally imposed disadvantage and social restriction" and therefore do not stem automatically from the impairment itself (pp. 96-97).

Hearing Partner's Response. The hearing partner also may feel victimized by the other partner's hearing loss. They both are mourning what might have been their future (Neimeyer cited in Granvold 2008). The hearing spouses mourn the loss of the

spouse as he or she once was (Freedman, 2004). They also mourn the loss of their role as a husband or wife to the person they married. Both have to reconstruct their meaning of life as a couple and envision a new future. Any combination of these vulnerabilities will affect the relationship (Freedman, 2003).

Trychin (1992) lists several factors that lead to a sense of loss for the person who becomes deafened. First there is the loss of hearing itself, which may lead to a diminishment of self: Less competent, less acceptable to others, less control over one's life. The hearing spouse may also sense this diminishment, even though these feelings may not be expressed. As one woman expressed it, "He's not the same person I married 18 years ago. This is not what I bargained for" (personal communication to author).

This same person had to accept a "new" husband after 18 years of marriage at a time when they both were concerned with becoming established in their careers and raising their children. If the deafened persons find they can no longer perform at their job, even with accommodation, then they may have to re-train in another field, or they may be without a job for awhile, leaving the burden of support on the hearing spouse.

Couple Losses

Hearing loss in one partner affects the couple. The partner who is hearing suffers many of the same problems as the one with hearing loss, but also may be affected in other ways.

Social. If a couple has enjoyed a variety of events, such as music or the theater, their social life may become almost nonexistent. The deafened person's sense of loss may be directed at events, such as not hearing and enjoying music, or not being able to understand a movie or play (Trychin, 1991).

Deafness also affects the couple's social contacts, resulting in less time, or less quality time, with friends. The hearing spouse also suffers a loss of shared activities and spontaneity in the relationship with the deafened person and with friends.

Intimacy. Another loss is diminished relationships resulting from communication problems. One woman said, "We've lost our pillow talk at night" (Moore, 1992, p. 28). Hearing loss affects intimacy in a couple's relationship,

Adjustment to Loss

How the deafened person and the couple adjust to the loss depends on several factors. One is previous experience with loss and the support received at the time. Another is present support. Yet a third is whether the persons are pessimistic or optimistic about events in life. An optimist will choose the more adaptive side of the Chinese symbol for "crisis," which "consists of two figures: Danger and opportunity (Ashton & Ashton, 2001). The optimist will find a way to get over or around the barriers, or else knock them down.

Benefits of Counseling

To maximize adaptation, the couple and the individual could benefit from counseling. However, adding insult to injury, most research into counseling methods has been done in the area of culturally Deaf (those who are born deaf and use American Sign Language). As a result, the deafened population receives inadequate, or little, information and referrals and a minimum of psychological support.

Oftentimes this is due in part to inappropriate generalizing by health professionals of needs and services from a population with one disability to another or from a subset of a particular group of people dealing with one impairment to another

(Freedman, 2003, p. 200). Unfortunately, this holds true for those with acquired deafness (Woodcock & Aguayo, 2000). This oversight in research and inappropriate overgeneralization translates into an inadequate knowledge base for counseling both late deafened adults and their hearing partners who are also coping with the disability of deafness” (Freedman, 2003, p. 5).

Isolation and Despair

To salvage his fragile self-esteem, a deafened person may withdraw from social interaction (Knapp in Kyle, et al.,1985; David & Trehub, 1989; Meadow-Orlans, 1985). The trade-off for withdrawal, however, is loneliness. Louise, a suddenly deafened person said:

I feel that the most horrendous part of being a deafened person is that the isolation and loneliness that we live with...it is a daily battle to...fight the loneliness, isolation, and lack of self-confidence...It has affected my recreational, educational, and vocational choices (David & Trehub, 1989, p. 203).

The Internet and Loneliness

To a deafened person, the internet has become like a lover who is always there, even though slightly out of reach. When sounds are hard to understand, written words are a cherished form of communication. It is far easier to type and read than it is to expend the physical effort needed to understand what someone is saying. The internet does not discriminate; it does not know, or care, if you cannot hear. Through it the deafened person has ready access to the hearing world via e-mail sites and chat rooms. It can even become a friend to relieve loneliness by playing computer games; to shut out the frustrations of interacting in a hearing world. However, the more time the

deafened person spends on the internet, the less time he spends interacting with his hearing partner. Anger, then, follows on the heels of guilt, because it is more empowering than the loneliness experienced by both partners and the guilt felt by the hearing partner (Harvey 2001).

Crisis

Losing one's hearing can precipitate a crisis, individually and in the couple's relationship. What affects the severity and length of the crisis is the time and degree of loss and how it occurs, for example gradually or suddenly. Granvold (2000), citing various authors, defined crisis as consisting of three elements: (a) the presence of a precipitating stressful, life-changing or life-threatening event or circumstance; (b) the individual's perception of the event or circumstance as a significant threat; and (c) the individual's current inability to cope with the threat or to mobilize the psychological and/or physical resources to facilitate resolution. To consider an event to be crisis precipitating, the individual must cognitively appraise the event as a significant threat to the self-system (p. 312).

Any crisis can precipitate a detrimental impact on a couple's relationship; however, the difference with a hearing loss is that the physical component of losing one's hearing is not a crisis that is going to resolve itself. Hearing loss is permanent. Although its effects can be partially mitigated with assistive devices such as hearing aids or cochlear implant(s), the person's hearing is never restored to "normal." The couple must accept this finality and reconstruct their lives, individually and as a couple, to adjust to this crisis.

As with divorce, hearing loss, especially that which is sudden, thrusts both the individual and the couple “into a state of distress, disorganization, and greater uncertainty about life and the future” (Granvold 2000, p. 314)

Self-esteem

Changes in a deafened person’s self-esteem occur during this period of crisis and transition:

- (1) Immobilization – shock, being overwhelmed by the situation and incapable of making plans. The amount of shock experienced is proportional to the level of crisis experienced.
- (2) Minimization or denial – can even be accompanied by feelings of euphoria or mood swings from elation to despair. There can be an attempt to trivialize the situation or even deny that a change exists.
- (3) Depression or self-doubt – a time of uncertainty accompanied by feelings of powerlessness and of not being in control. Mood swings between anger and helplessness can occur.
- (4) Acceptance of reality (letting go) – a gradual awareness of the new reality which is one of the most important phases because it marks the point at which a person is detaching from the emotions of the past and is moving forward to the future.
- (5) Testing – time to experiment and try out new options. It can be a time of activity when new behaviors and lifestyles can be tested, and coping skills brought into play.
- (6) Search for meaning – making sense of what has happened and learning from the experience. Knowing what the changes mean and how they affect our lives help us to move on to the next stage.

- (7) Internalization or integration – the transition has been accepted and the changes have been incorporated into the new lifestyle. Self-esteem is restored and confidence returns (Martin & Weston cited in Westin, Martin & Anderson 1998, p. 11).

Crisis forces change in ways that have an emotional cost as one reorganizes one's inner and outer world to provide much needed continuity and meaning around which one organizes one's life.

Michael Harvey, Ph.D., a hearing psychologist who has counseled Deaf and deafened persons for more than 25 years, lists the areas one's life is affected by acquired hearing loss. They are:

- (1) Trust/dependency – the need to believe in the word or promise of another and to depend upon another to meet one's needs, to a greater or lesser extent; to have one's worth validated by others.
- (2) Safety- the need to feel reasonably invulnerable to harm
- (3) Power – the need to exert control over others
- (4) Spiritual – the need to feel connected to that which transcends secular experience
- (5) Independence – the need to control one's own behavior and rewards
- (6) Esteem – the need for self approval; to be valued by oneself
- (7) Intimacy – the need to feel connected to others through individual relationships; the need to belong to a larger community. (From a conference workshop at Association of Late Deafened Adults, Boston: 1993, used by permission)

Couple Crisis

A loss in any of these areas represents a crisis in the lives of both the deafened person and the hearing partner. One study indicated that “partners of late deafened adults are vulnerable to a contagious hearing loss. While they are not the ones to directly suffer the consequences of the audiological deafness, they too experience increased stress” (Kester et al., 1988, p. 166); social difficulties such as isolation (Harvey, 2001; Mitchell, Cronkite & Moos, 1983; Pray, 1992; Rowat & Knaf, 1985); feelings of helplessness (Harvey, 2001; Jensen, 1985), guilt (Harvey, 2001), and embarrassment (Pray, 1992); communication difficulties (Jones, Kyle & Wood, 1982; Pray, 1992); and a potential deterioration in the quality of the romantic relationship (Pray, 1992) cited in Freedman, (2003).

Identity

In answer to the question “Who are you?” deafened persons no longer know who that person really is or where they fit into the world. They are not hearing, but may be denying they are deaf, preferring to identify themselves as hard of hearing, which has less of a perceived stigma (Kyle, Jones, & Wood, cited in H. Orleans, Ed., 1985). Such persons are not “deaf enough” to be accepted in the Deaf culture; they are no longer hearing, so the hearing world does not accept them either. They are caught between two worlds, not able to function well in either one.

One’s sense of self, a personal identity, is central and fundamental to our being human. To a large extent, who we perceive ourselves to be depends on those with whom we associate: Husband to a wife, wife to a husband, friend to a colleague. However, this identity changes when it becomes difficult to function in a role that helps to define us. For example, a husband may see his role as one of being the main provider

for the family. However, when persons lose their hearing, they also may lose their job, or choose to change careers to better accommodate their hearing loss. When persons lose their hearing, they lose their friends. Adding insult to injury, hard of hearing people have the same prejudice against deafened as hearing people do (Stone, 1985).

Although a hearing spouse's identity does not change, his or her roles may change, which could threaten how each perceives him- or herself. If a wife had been dependent on her husband in the past, now she has to become more independent. If she were not socially aggressive, now she must take the lead in establishing and maintaining friendships. If she had not been the disciplinarian of the children in the family, now she must assume more of the responsibility for the rearing of their children. The roles may or may not be reversed for the husband who has lost his hearing.

Co-Morbidity

Co-morbidity may be present with hearing loss, the onset of which may occur before or after (or as a result of) hearing loss. Diseases such as schizophrenia, depression, post traumatic stress disorder (PTSD), and bipolar are significant stressors, and hearing loss further complicates the homeostasis of the dyadic relationship. Further, there is the added risk of suicidal ideation or suicide, and/or substance abuse.

Depression

Risk factors for depression are low self-esteem, the level support from family and friends, loss of control and hopelessness, social isolation and withdrawal due to communication issues (Granvold 2000; Trychin 1991).

The constant physical and psychological strain trying to hear, results in chronic fatigue. It is extremely exhausting to main the intense focus to speechread, and to

physically orient one's body toward the source of a speaker's voice. This fatigue renders a person very susceptible to depression (Trychin 1991; Carmen, 2005).

Further factors noted by Trychin (1991) that lead to depression because of hearing loss are loneliness—feeling disconnected from other people because of communication issues—and feeling in between two worlds: Not culturally Deaf, not hearing. A third issue is related to deafened persons' feelings of despair because of their belief that life is not going well, and that it will only get worse, not better. There is a hopelessness about the future.

In the early stages of hearing loss, the person may be in denial, but the realization that one never will hear again can result in depression and sadness as well as other emotions. A person with conservative religious beliefs may even question those beliefs—and God-- when the hearing loss remains (personal communication to author). Depression occurs gradually as the hearing loss becomes more debilitating. If there is a sudden loss of hearing, as with an accident or disease, depression is almost immediate, accompanied by profound shock (Mulrooney, 1991).

Avoiding help. Only 25 percent of adults with hearing loss seek help. One of the reasons is depression. It is a circular malady. Hearing loss contributes to depression, depression contributes to avoidance of help, inability to hear causes more depression, and so on. A six-year longitudinal study among adults age 65 and older, as well as other studies, showed that depression of those with hearing loss is significantly more prevalent—twice as likely—than those without hearing loss (Bridges, 1998; Wallhagen, Strawbridge, & Kaplan, 1996; Strawbridge, Wallhagen, Shema, et al., 2000 cited in Carmen, 2005). Interestingly, more families of deafened adults reported

depression in the person with hearing loss than the person self reports. Research shows that chronic diseases, which contribute to the cumulative effects of disability, lead to a greater probability of depression (DiMatteo, M., Lepper, H. & Croghan, T. 2000 cited in Carmen, R. 2005).

Impact on hearing partner. When one is in the throes of depression, dealing with hearing loss may be the final blow to one's self-esteem. But not addressing all the issues may be a cause of depression in the hearing partner, who becomes frustrated that the partner will not seek help for the hearing loss. Further frustration arises when the deafened person is in total denial, and professional intervention is necessary, but he refuses to go for counseling. The impact of hearing loss on the hearing partner, and the effects of denial on the relationship as well as on other family members, may force an intervention. Little wonder the hearing partner may become depressed also.

Older adults. Depression is prevalent among older adults, especially those with hearing loss. Many of their friends have died and hearing loss drives them further into isolation. Research shows that a combination of medication and psychotherapy is 80% effective in relieving depression among this group (Little, J., Reynolds, C. III, Dew, M., et al., 2000 cited in Carmen, 2005). The problem is noncompliance with taking the prescribed medication or keeping the commitment to therapy. The latter may be even more difficult if the person can no longer drive and has no way to attend the therapy sessions. One study found that getting an assistive listening device, such as a hearing aid, reduced depression by 36 percent (www.ncoa.org).

Anxiety

Deafened persons may be anxious about many things in their environment that are impacted by deafness: their job, friendships, career aspirations, and relationships with the hearing spouse

Substance Abuse

Many deafened adults find comfort in the bottle. As one man put it, "Home in front of my computer with a bottle of bourbon. At least then I don't have to feel so shitty about myself" (Harvey 2001, p.143). The bourbon, or alcohol of choice, serves as an anesthetic to alleviate intense loneliness of not being able to connect with the world in a meaningful way. Until the person is able to come to grips with deafness and learns adaptive coping skills, a downward spiral into alcoholism may be the result.

Alcohol and drugs effectively reduce stress and numb emotional pain. However, the consequences can be depression and suicide (Beck, Wright, Newman & Liese, 1993, cited in Granvold, 2000).

Communication

Communication difficulty pervades every area of a deafened person's life: self-esteem; in the workplace; emotionally; socially; relationally with family, including children; and intimacy and partnership with a spouse.

The main concern of a deafened person's life is "how to live, how to learn and how to communicate...(A) sudden loss of a sense...can devastate a person's life" (duFeau and Fergusson, 2003, p. 94) if the person does not receive help, psychological as well as practical. Hearing loss may be progressive through the life span, giving couples time to adjust to the loss and learn how to cope with it. However, loss that is progressive, followed by a sudden loss can have a serious cumulative effect on a person's

communication, confidence and independence (duFeau & Fergusson, 2003, Donaldson, Worrall, & Hickson) 2004.

Deafened persons enter a conversation expecting difficulty. Hearing persons do not expect it and because they are uncomfortable with the conversation, they “end interaction sooner, do not express opinions, keep further away, and exhibit greater inhibition of movement when interacting with disabled persons” (MacDougall, 2000 p. 65).

Couple communication

Perhaps the greatest problem a couple has is their inability to communicate. Learning how to communicate with someone who cannot hear you is a challenge. ‘It is very important for people in relationships to connect with each other, verbally and emotionally. Those who don’t feel heard, figuratively or literally, can feel isolated or depressed” (Gray, 2008, p. 1). The more impatient the hearing spouse becomes with the deafened spouse, the more frustrated the deafened spouse feels and the more frustrated the hearing spouse feels. According to a study conducted for Cochlear Americas, 54 percent of hearing spouses said they find it ‘frustrating to communicate with individuals who appear not to be paying attention due to their hearing loss. Thirty-two percent acknowledged feeling actual irritation in such situations while 18 percent stated they feel ignored” (hear-it.org, no date).

Sometimes the deafened person indeed is not paying attention. It is extremely exhausting to maintain the intense concentration and focus needed to speechread. If the environment is noisy, or it is difficult to hear the person speaking, it is easier just to “tune out.” The problem is that tuning out may become a habit that is hard to break.

Hearing spouse

However, communicating is just as exhausting for the hearing spouse. Glass speaks of the physical strain on her to communicate with a speechreader.

When talking to a lipreader, I speak more slowly and simply; I hesitate to express complex ideas and feelings. When I come home tired, I may want to slur words and speak carelessly. With a hearing-impaired listener, I must speak carefully or not about complex ideas...In part, that is due to my fatigue at the end of the day ...Despite our efforts, we often fail. Too often, I do not repeat important information or check that it is understood, and our hearing-impaired family member may feel confused or isolated...The hearing feel guilty and the hard of hearing feel left out (Orlans, 1985 p. 172).

Hindering communication

When the hearing spouse feels she is not being heard, she may focus her attention on the problems with the deafened person and not on the possibility that she may be part of the problem. "All communication problems have specific causes or sources. Often, it is a set of determining factors that operate together to create communication difficulties" (Trychin, 1991, p. 16). Communication breakdown falls into three categories:

1. Characteristics of the speaker,
2. Characteristics of the environment or channel through which the message is delivered, and
3. Characteristics of the listener. (Trychin, 1991, p. 17).

Certain characteristics of the listener may hinder the couple's communication even further. For example, playing "deaf man's bluff" by pretending to hear and understand what was said. This is not uncommon, but it can be frustrating to the hearing person when deafened spouses do not do what they said they would, simply because the deafened person did not clarify what the hearing spouse said. Bluffing can sometimes have disastrous results when important instructions and or directions are given. The deafened spouse may not have heard correctly (but unknowingly has not heard incorrectly), but the hearing spouse did not ask for feedback, or ask the deafened spouse to repeat what was said (Trychin, 1991).

Domination and control

Dominating the conversation can be an irritating characteristic of the deafened person. One person was described as "you don't talk with him; you listen to him" (personal communication to the author). It is easier for a deafened person to talk than it is to listen. And talking makes him feel a part of the group.

Dominating the conversation can carry over into a couple's relationship with disheartening results. One woman wrote the author to say that (h)e doesn't seem to realize the impact deafness has on our communication because he doesn't hear what he is missing. He controls our conversations because he can say anything he wants to say with his first language English – I have to figure out how to say it in sign language and it never comes out the same way or with the same level of emphasis as I'm feeling and could say in my natural way. Something gets lost in my translation or interpretation into sign language. He also has control by turning away or just looking away or by turning off the light when we go to bed. That finishes it for me. He can talk all he

wants, but I can't be heard. Some of these things get frustrating to me and sometimes more than at other times. When it's just the two of us for a while, I forget how easy it is to talk to other people; then when I'm with someone else and we're visiting I notice how relaxing it is to just easily express my thoughts and feelings. It seems so enjoyable and there's so little work compared to communicating with my husband. (Moore, 1992, p. 30).

Depression and Communication

Depression and anxiety of the deafened spouses may interfere with their ability to pay attention. Depression exerts a double whammy: On the deafened persons because they cannot hear and on the hearing spouses because they cannot be heard (Trychin 1991; Moore 1992).

Coping Behavior

Lazarus (1984) defines two types of coping behavior: (1) emotion-focused, which is to feel better and (2) problem-focused, which is to solve the problem (Trychin, 1991). Emotion-focused behavior has its place in relieving distress in situations that cannot be resolved. However, by not changing to problem-focused behavior, the deafened person and the couple may not learn problem-solving skills, thereby not dealing effectively with problem situations that crop up repeatedly (Trychin 1991).

The hearing spouse may be thrust, willingly or not, into becoming an interpreter for the deafened partner. This role will be fatiguing, but that may be a small price to pay for the alternatives: Embarrassment when the deafened person misunderstands and/or responds incorrectly to a statement or question; feeling he or she is letting the

deafened person down, or that he or she will become upset if the hearing spouse does not interpret. (Trychin, 1991).

Additionally, the hearing spouse has to cope with having their children ignore their deafened parent and talk only with the hearing parent. He or she has to become a trainer, teaching their children how to communicate with their deafened parent to make sure they include that parent in conversations and decision making.

Impact on Other Relationships

Physical stress caused by hearing loss also has an impact on interfamilial relationships. When a deafened person is tired, it is harder to speechread, which increases communication problems (Trychin, 1991). The families now have an acquired communication problem (Trychin, class lecture 1991) with almost no support services offered (Rutman, 1989).

Not only does hearing loss interfere with choices in life, there are also guilt and anxiety, and a concern about the importance of hearing loss in the workplace, family, or other relationships. There are fears of appearing foolish or stupid. There are threats to one's sense of competence, acceptability, and control over events. Guilt can take a twist when deafened persons use guilt to manipulate others into doing for them what they should be doing for themselves (Forgatch & Trychin, 1989; Moore, 1992).

Breed and coworkers (1980, cited in Kyle, et al. 1985) found that deafened persons often or sometimes felt left out of conversations and thought that members of their families felt communicating with them was stressful.

In a study done in Ontario, Canada (David & Trehub, 1989), respondents almost unanimously cited communication as the basic problem in their relationships and the

root of most other problems. Von der Leith (1972, 1985) conducted an experiment with simulated hearing loss. He found that both he and his family became more irritable and, in fact, had to interrupt the one-week experiments because of daily crises related to the experiment.

A further complicating factor in communication problems is that most late-deafened adults do not learn sign language (Mulrooney, class notes, 1991). One of the reasons they may not do so is because, unless the family is willing to learn sign language also, the deafened person still cannot communicate. David and Trehub (1989) concluded from their study that formal sign language classes removed from a general academic or social context have limited impact on communication practices. What is more likely is that deafened persons are simply reluctant to part with a familiar language in which they are highly competent (oral language) in favor of one with which they are relative unfamiliar (sign language). And, the possibility of continuing in their chosen occupation is likely to depend upon some degree of receptive competence in spoken communication (pp. 201, 202).

However, a lack of communication ability means deafened persons may not ask for help when they need it, become angry at the speaker, or try to make the speaker feel guilty for not meeting their needs (Forgatch & Trychin, 1989). In addition, the deafened person may become non-assertive and dependent on others to interpret what is being said (Moore, 1992). In addition to not asking for help, the deafened person may become angry with someone who is genuinely trying to facilitate effective communication. It is not that the deafened person resents the hearing person's efforts; the deafened person is angry because he or she needs the accommodation at all.

Careers

For most who are late deafened, successful careers are interrupted and most times ended when hearing loss occurs, the ADA notwithstanding, when the job requires that a person be hearing. One man, who was a partner in a professional practice, left when he realized his associates “were fearful of the reaction of their clients” (David & Trehub 1989, p. 203). He has been hurt professionally and his income is less than if he could hear.

A woman who no longer could perform her job as an administrative assistant said I feel that the most horrendous part of being a deafened person is the isolation and loneliness that we live with...loss of self-esteem due to inadequacy of obtaining a good job, loss of so-called friends and most important of all, the lack of self-motivation. I find a lot of people impatient, can't be bothered or “forget” I'm deaf (David & Trehub 1989 p. 203).

Abuse

In the deaf community the incidence of abuse is 20% higher than in the non-disabled population. It is 1.5 to 10 times as likely to occur (MacDougall 2000). However, the author could not find any studies on the incidence of abuse among those who are deafened, only all of those with hearing loss: Deaf, hard of hearing and deafened. The few available studies on the relationship of hearing loss to violence indicate that the prevalence of brain damage...communication disorders...unemployment (and) underemployment...creates frustration which tends to manifest in disproportionate aggression, violence, and hostility (McCay & Sheldon 1999, abstract).

A large part of the cause for abuse is the frustration of trying to communicate, for both the deafened and hearing persons. While a deafened person can see emotions expressed on the face and as body language, “deaf subjects’ perceptual judgments were hampered by loss of voice information... (The) deaf person may be cut out of communication because of peripheral and central loss of vocal and visual cues for interpretation (Schiff & Thayer, 1974, pp. 57, 64).

Similarly, the hearing spouse is cut out of communication. As noted earlier, the spouses cannot express their emotions adequately in a way the deaf spouse can understand how he or she is feeling.

A study on how communication patterns lead to domestic violence showed that poor husband communication was associated with husband-to-wife aggression. However, when there is a husband demand/wife withdraw and wife demand/husband withdraw pattern, (t)his could provide the seeds for a great deal of conflict and suggests the potential for numerous power struggles...The clinical portrait of the battering relationship is one in which both partners are poor communicators and husbands perceive themselves as lacking power. (Babcock, Waltz, Jacobson & Gottman, 1993, (no page number).

While there is little empirical evidence of physical abuse in a deafened/hearing relationship, there is anecdotal evidence for verbal abuse, whether it be vocal or by not verbalizing at all. The following accounts illustrate the problem.

1. Female, age 48, sudden loss: If my husband doesn’t start talking to me I am thinking of divorce.

2. Female, age 44, combination loss: When my husband wants to be ornery or stubborn he won't look at me or alert me before speaking.

3. Female, age 61, gradual loss: When I ask him to repeat, he gets in my face and shouts, "NOW CAN YOU HEAR ME?" She reported his behavior was very demeaning.

4. Female, age 48, combination loss: "You can hear if you want to hear. Pay attention now, you're not listening." He also controlled what she heard by not interpreting for her or relating the content of a telephone call, even if the call was for her.

Number 48 experienced actual physical as well as verbal abuse for 17 years before she had the courage to leave the marriage. One of the complicating factors in leaving was her deafness: She had no training or ability to support her young son if she left (Moore, 1992, pp.27-29).

An even more tragic instance of abuse occurred when a deafened woman suicided because her husband never could accept her deafness and constantly demeaned her. She left behind a young daughter who also eventually became deafened (Moore, 1992, p. 31).

It remains to be seen how much communication problems due to deafness will be a cause (probably with co-morbidity) in abuse of military spouses. Perhaps counseling with returning war veterans who have lost their hearing will result in some usable data.

Dependence and Co-Dependence

Definition

The concept of co-dependence developed in the area of alcohol abuse. However, it has been extended to deafness and means “that the hearing spouse enables the (deafened) spouse...by interceding and covering up the problem so that everything appears to be ‘fine’ to the outside world. The hallmark of a co-dependent is the need to look good to the world at large” (Carmen , 2005, p. 32).

Dependence. Hearing loss can result in a deafened person’s depending on the hearing spouse to help with life activities that he can no longer do alone. When a man becomes deafened, much of the responsibility for his adjustment falls on his wife. Pauline Ashley (1985) said she had to take over all the telephone work, interpret or take notes in meetings for her husband Jack with his constituents, help him practice his lipreading, learn when to encourage his efforts to adjust and when to let him rest and relax, help their children with the frustrations of adjusting to the loss, interpret in social situations, boost his self-esteem, and try to do all this with serenity and patience. “Sometimes I found my task tiring and tedious,” she said (p. 75).

Co-dependence. Of necessity, the deafened spouse has to depend on others, especially the hearing spouse. The hearing spouse may interpret in a social situation, constantly repeat, make the deafened person feel he or she does not need to seek help for the hearing loss, and otherwise make him- or herself indispensable to the person who has become deafened (Carmen 2005). However, this dependence can be fostered by co-dependence in the hearing spouse. A spouse who is co-dependent may be a “fixer,” wanting to solve the deafened spouse’s problems, sometimes before they are even aware they have a problem. They may do for the deafened spouse what those persons should be doing for themselves. The hearing spouse seeks to pave the way so

the deafened spouse will not have to suffer the effects of hearing loss any more than he or she can help. But in so doing, they are depriving their deafened spouses of the opportunities to learn the coping skills they need to survive in places where he or she cannot be, for example on the job.

Neither can hearing spouses force the deafened spouses to seek treatment for their deafness. Seeking help comes only when the deafened persons realize the need for help, and the more the hearing spouse intercedes, the longer it will be before they get hearing aids or a cochlear implant (Carmen, 2005).

Control

Spouses who becomes deafened may feel acutely a loss of control of their life when they have to become more dependent on their spouse, family, or others to do for them or to help them do what they once could do for themselves. Kyle, et al.(1985) speak of the family having to negotiate the balance of control as being a major problem within the family. Control relates directly to whether or not the deafened person can adjust to the hearing loss and respond to family members' and friends' efforts to help (Glass,1985). Too many times deafened persons perceive efforts to help as a form of charity because others are doing for them what they ought to be able to do—and indeed had always done—for themselves.

Effects on hearing spouse

“I lost my hearing, then I lost my wife!” was the complaint of a man who was becoming resentful of his wife’s desire to help, but which had become a form of control. “It sounds like she, too, is desperate...Both of you probably feel like you’re losing each other” (Harvey, 2001 p. 99). As a result of being over-controlling in the guise of

helping, both partners may become resentful: he because he needs the help, she because she has to help. Unfortunately, “resentment puts out the flames of passion” (Carmen 2005, p. 35)

Beyond resentment comes pain: the pain of the deafened person and the pain of the spouse who is suffering a vicarious hearing loss. One hearing spouse tearfully put it succinctly: “I can’t make it go away! I can’t make it better!” (Harvey, 2001 p. 103). I don’t know what to do. Nobody understands how cut off I feel from everyone, even from my husband whom I love more than I can ever say. I need him desperately. But he has enough to deal with without hearing about my pain (Harvey, 2001, p. 105). And beyond the pain comes guilt...guilt at sometimes feeling sorry for oneself when it is the deafened spouse who deserves the sympathy. It is the rare individual who looks at me and asks me how I am doing; almost everyone wants to know, and it’s understandable, how my wife is. Occasionally though, I need some attention. When I do ask for attention, it is always tinged with guilt as though I do not have a right to complain. People always look at the person (with the disability) (Luterman, 1995 p. xvii cited in Harvey 2001, p. 105).

Perhaps a better solution is interdependence, based on the social exchange (interdependence theory) of Thibaut and Kelly (1959). Smart & Smart (2006) propose a combination of functional and environmental models which avoid dehumanizing. The model focuses on attaining and “maintaining a high quality of life, supporting independence” and interdependence, “acquiring the appropriate assistive technology, and assisting the individual in negotiating developmental task” (p. 33).

CHAPTER 2

METHOD

This study has been a qualitative investigation of the challenges and conflicts in a marital relationship when one of the partners acquires hearing loss. As already established, there is no question that the adjustment process is stressful for both of the partners. A study for Cochlear Americas, Inc. conducted by Harris Interactive Public Relations Research in 2007 on subjects age 18-54, 35% of 346 respondents revealed the relationship with a spouse has been the most adversely affected by hearing loss. Adverse effect on family relationships (other than spouse/ significant other and children) was 31%, followed by friends 31%, work colleagues 21%, children 17%, classmates/fellow students 2%, other 11%, and none 29%.

The results of the Harris poll and statistics of the number of adults with acquired hearing loss (especially the number of returning veterans) would indicate a need for further research in all areas of acquired hearing loss. A relationship with the spouse, while it has the most significant effect on a deafened adult, is but a part of the overall picture.

This study was undertaken with the intent of underscoring the need for mental health counselors who are trained in and understand the effects of acquired hearing loss on an adult's life. An understanding, even if only cursory, of the experiences of a deafened adult may serve to guide future research. This research is fundamental to professionals being able to create appropriate support services and interventions. It is

especially important in designing interventions for couples who are experiencing the crisis of acquired hearing loss.

The study also emphasizes the need to understand the needs of the hearing spouse. Alison Freedman's dissertation (2007) is the only study on the challenges of the hearing spouse. It adds a different dimension to this study to help understand the dynamics of acquired hearing loss on a couple's relationship.

"Qualitative research is an approach which focuses on understanding human experience through exploratory and descriptive means" (Kazdin, 1998; Maykut & Morehouse, 1994 cited in Freedman, 2007, p. 56). The purpose of a qualitative study is to understand as closely as possible the situations experienced by the participants and to understand the needs of the clients. This study was undertaken to add to what little knowledge exists on acquired hearing loss.

Data Analysis.

The Constant Comparison Method

Data from the surveys were analyzed using the Constant Comparison Method, as described by Maykut and Morehouse (1994 in Freedman, 2003). It is a relatively inductive approach as opposed to a quantitative analysis that uses a priori hypothesis.

"The constant comparison method organizes data into units of meaning, categories, and themes. A *unit of meaning* is the smallest segment of the data which may stand on its own expressing a single focus or idea" (Maykut & Morehouse, 1994, in Freedman, 2003, p. 57).

A category is a group of units which convey the same meaning, such as "My hearing loss has had a positive effect on my relationship with my spouse," and "My

hearing loss has negatively affected my relationship with my spouse,” as answered by the person with hearing loss. The hearing person might respond with “I argue more with my spouse” and “We have more problems now.” Categories are defined so as to be inclusive, establishing a standard of like or similar meanings.

A theme may emerge from the categories. For example, a theme might be “communication is our biggest problem” if most of the respondents reply that hearing loss has affected their intimacy, or they feel lonely, or they cannot express their feelings adequately.

Participants

The participants for this study had acquired hearing loss, and their spouses or partners who are hearing. Most of them are members of Hearing Loss Association of America (HLAA) local groups. Others were recruited from couples known to the researcher, and those who were referrals by persons known to her. They are people who are seeking help in adjusting to their own hearing loss, or trying to accommodate and adjust to a spouse with a hearing loss. Many, if not most, of the people are over age 60 and have usually had many years of adjustment. None of the participants were paid to participate.

Inclusion and Exclusion Criteria. Since the author recruited subjects from HLAA meetings, inclusion and exclusion was less problematic than if participants had been recruited from the general population. The primary inclusion was those who had lost their hearing after marriage to (or consent to co-habitate with) a hearing person. The person must be deaf or hard of hearing. This term was self-defined since most of the

participants did not know their dB loss. The hearing person must be in a relationship with the person with hearing loss.

Consent. Written consent was obtained prior to participation in the study. There were separate consent forms for the hearing person advising that he or she was being asked questions about the spouse with hearing loss (Appendix A) and for the person with hearing loss (Appendix B). The Informed Consent Couples gave an overview of the research, stating the purpose, duration, procedure, possible risks/discomforts, possible benefits, confidentiality including any limitations, contact for questions, and that participation is voluntary. Further, participants were told they could refuse to participate or stop at any time.

Protection of Human Subjects. Respect for participants' rights was ensured by following the guidelines of the Institutional Review Board, Regulatory Services of The University of Texas at Arlington. Prior to approval for the study, the researcher and her faculty advisor were required to take and pass with a grade of at least 85 the CITI Collaborative Institutional Training Initiative, Human Research Curriculum Completion Report. The IRB conducts all review processes on all research for University of Texas at Arlington to assess risks to participants. Any risk to participants can be grounds for denying approval to conduct the study.

Procedure

The following describes how the researcher recruited and screened the participants for the study.

Recruiting Participants. Subjects were recruited by e-mailing the presidents of the local chapters of HLAA. The author explained the purpose of the study and to

attend the meetings and hand out the surveys. All responses were positive, even enthusiastic that the author is undertaking such a study and asked that the results be sent to them to share with their chapters. I gave them contact information if anyone had questions before the meeting. Most of the surveys were done at the end of Hearing Loss Association of America (HLAA) meetings so they could be collected by the researcher. This author, drawing on previous experience, determined this might be get a better response rate, than to wait for respondents to mail in their surveys.

Screening of Participants. At the meeting the researcher gave a brief overview of the study and explained that only those who fit the inclusion criteria could participate. The surveys were bundled into packets with instructions, a consent form, and survey for each participant. The author announced that she would stay after the meeting to collect their packets. The author's address was attached to the bottom of the instruction page for those who wished to take the survey later and mail it in. There were 18 surveys returned.

Informed Consent. The researcher explained the consent forms to participants, ensuring them of confidentiality, and the choice to participate or not or to stop anywhere along the way. Hearing participants were told they were being asked questions about the spouse with hearing loss without coercion or influence from that spouse. She further explained how the information will be used anonymously, further protecting their confidentiality. After a period during which the potential participants could ask questions, the packets were distributed and the presidents, and sometimes guest speakers, gave the respondents time to fill out the surveys.

CHAPTER 3

RESULTS

The purpose of this study was to learn how acquired hearing loss affects a marital relationship when the loss was acquired after the marriage or commitment to co-habitate. This chapter begins with an explanation of the data organization in this study. Then prominent themes that appeared are reported.

Data Organization in the Present Study

The previous literature review suggested a number of themes that that would emerge. The questions on the survey, for the purpose of data analysis, were grouped according to the following headings: *marital relationship general* which describes the overall marital relationship; *marital relationship intimacy/sexuality*, describes the effect of hearing loss (in the area of communication) on the couple' intimacy and sexual relationship; *communication marital* measures the challenges communication may impose on the relationship; *communication family* details how hearing loss can affect the family dynamics and the perception of the person with hearing loss has on his or her closeness to family members; *communication social* describes the social support, circle, and activities of the couple; *view of self* is how each partner perceives him- or herself in relation to the impact of hearing loss as a couple; *depression* rates how the person with hearing loss rates his or her level of depression because of hearing loss and how the hearing person rates his or her partner's affect; *dependence* is a subjective

measure of how the person with hearing loss rates him- or herself and how the partner rates the dependence of the person with hearing loss on him or her.

A separate category of questions only for the person with hearing loss was rated for how hearing loss affects the work situation (responsibilities, conditions, ability to continue in present job); communication with family; closeness to family members; and the overall marital relationship. Answers were A-severe, B-moderate, and C-none.

Reliability and Validity

In qualitative research reliability refers to: Methods of studying the data (e.g., how themes and categories are identified, how interpretations are made) and to the coherence or internal consistency of the interpretations. Validity refers to the extent to which there is a finding that makes sense, captures experience, is confirmed and confirmable by others. (Kazdin, 1998, p. 254 cited in Freedman, 2003.)

The researcher grouped similar questions into the categories listed above. The categories were further divided into answers given by the person with hearing loss and the hearing spouse. The questions for each spouse were not the same, but portrayed a theme or category, as listed above.

With n=18, the following chart shows the results of the answers. The same questions were not asked of each partner. All questions and answers are grouped according to a category. The mean is computed for each group with numbers above 5 in the second decimal place rounded up. The questions were to be answered 1=never, 2=rarely, 3=sometimes, 4=often, and =always.

Table 1. Marital Relationship (Comparison of Responses Grouped by Theme and by Spouses with Hearing Loss Compared to Spouses with No Hearing Loss [Means])

Spouses Responses	Some-				
	Never	Rarely	times	Often	Always
Hearing Loss Question 38 "My hearing loss is a problem"	0 (.0)	2 (.1)	9 (.5)	5 (.3)	2 (.1)
Hearing Question 17: "We have more problems"	6 (.3)	7 (.4)	5 (.3)	0 (.0)	0 (.0)
Hearing Loss Question 14 "I argue with my spouse more"	3 (.2)	10 (.6)	5 (.3)	0 (.0)	0 (.0)
Hearing Question 5 "I argue with my spouse more"	3 (.2)	4 (.2)	11 (.6)	0 (.0)	0 (.0)
Hearing Loss Question 23 "My hearing loss has had a positive effect on my relationship with my spouse"	4 (.2)	0 (.0)	10 (.6)	2 (.1)	2 (.1)
Hearing Loss Question 34 "My hearing loss has negatively affected my relationship with my spouse"	10 (.6)	4 (.2)	2 (.1)	2 (.1)	0 (.0)
Hearing Question 6 "Hearing loss has affected our relationship negatively"	4 (.2)	7 (.4)	5 (.3)	2 (.1)	0 (.0)
Hearing Loss Question 31 "My spouse treats me in a demeaning way"	13 (.7)	4 (.2)	0 (.0)	1 (.1)	0 (.0)
Hearing Loss Question 36 "My spouse resents or is embarrassed by my hearing loss"	12 (.7)	4 (.2)	2 (.1)	0 (.0)	0 (.0)

Table 1 (continued)

Table 1 (continued)

Spouses Responses	Some-				
	Never	Rarely	times	Often	Always
Hearing Question 14 "I am embarrassed by my spouse's hearing loss"	10 (.6)	8 (.4)	0 (.0)	0 (.0)	0 (.0)
-					
Hearing Loss Question 39 "My spouse is verbally or physically abusive to me"	17 (.9)	0 (.0)	1 (.1)	0 (.0)	0 (.0)
Hearing Question 26 "My spouse is verbally or physically abusive to me"	14 (.8)	4 (.2)	0 (.0)	0 (.0)	0 (.0)
Hearing Loss Question 29 "I sometimes wish I were married to a person with a hearing loss"	15 (.8)	1 (.1)	1 (.1)	1 (.1)	0 (.0)
Hearing Question 13 "I wish I were married to a hearing person"	15 (.8)	0 (.0)	3 (.2)	0 (.0)	0 (.0)
Hearing Question 16 "I wish I had married someone else."	17 (.9)	1 (.0)	0 (.1)	0 (.0)	0 (.0)
Hearing Question 23 have thought of getting a divorce"	17 (.9)	0 (.0)	1 (.1)	0 (.0)	0 (.0)

Table 2. Marital Relationship Intimacy/Sexuality

Spouses Responses	Some-				
	Never	Rarely	times	Often	Always
Hearing Loss Question 33 My spouse and I have sexual difficulties because of my hearing loss"	13 (.8)	2 (.1)	1 (.1)	0 (.0)	0 (.0)

Table 2 (continued)

Spouses Responses	Never	Rarely	Some- times	Often	Always
Hearing Loss Question 37 " My hearing loss has affected our intimacy."	11 (.7)	4 (.2)	1 (.1)	1 (.1)	0 (.0)
Hearing Question 12 "Hearing loss has affected our sexual relationship"	9 (.6)	4 (.3)	3 (.2)	0 (.0)	0 (.0)

* Two respondents failed to answer these questions

Table 3. Communication Marriage

Spouses Responses	Never	Rarely	Some- times	Often	Always
Hearing Question 20 "My spouse's hearing loss is a problem for us"	2 (.1)	7 (.4)	8 (.4)	1 (.1)	0 (.0)
Hearing Loss Question 22 "My spouse is patient with me when I have difficulty hearing"	0 (.0)	1 (.1)	2 (.1)	9 (.5)	6 (.3)
Hearing Loss Question 32 "My spouse becomes annoyed with me when I ask her to repeat"	2 (.1)	5 (.3)	10 (.6)	1 (.1)	0 (.0)
Hearing Question 9 "I am patient with my spouse when asked to repeat what I say"	0 (.0)	0 (.0)	6 (.3)	7 (.4)	5 (.3)
Hearing Question 18 "We can talk about things the way we used to"	0 (.0)	3 (.2)	5 (.3)	4 (.2)	6 (.3)
Hearing Question 22 "My spouse is willing to hear what I want to communicate"	0 (.0)	0 (.0)	6 (.3)	8 (.4)	4 (.2)

Table 3 (continued)

Spouses Responses	Never	Rarely	Some- times	Often	Always
Hearing Question 28 "I find it hard to communicate my feelings to my spouse"	5 (.3)	2 (.1)	9 (.5)	2 (.1)	0 (.0)

Table 4. Communication Family

Spouses Responses	Never	Rarely	Some- times	Often	Always
Hearing Loss Question 24 "I get annoyed when I cannot understand what my family is saying"	1 (.1)	2 (.1)	12 (.7)	1 (.1)	2 (.1)
Hearing Question 4 "Our family continues to include my spouse in conversations as always"	0 (.0)	0 (.0)	3 (.2)	7 (.4)	8 (.4)
Hearing Question 21 "Our children come to me more than my spouse to talk"	3 (.2)	7 (.4)	3 (.2)	5 (.3)	0 (.0)

Table 5. Communication Social

Spouses Responses	Never	Rarely	Some- times	Often	Always
Hearing Loss Question 19 "I feel I have good social support"	0 (.0)	1 (.1)	6 (.3)	8 (.4)	3 (.2)
Hearing Loss Question 21 "We have an active social life"	0 (.0)	4 (.2)	2 (.1)	8 (.4)	3 (.2)
Hearing Question 15 "We have a good social life"	0 (.0)	2 (.1)	6 (.3)	7 (.4)	3 (.2)
Hearing Loss Question 28 "I want my spouse to interpret for me at social gatherings"	1 (.1)	5 (.3)	8 (.4)	3 (.2)	1 (.1)

Table 5 (continued)

Spouses Responses	Frequency				
	Never	Rarely	times	Some- Often	Always
Hearing Question 11 "I get tired of interpreting for my Spouse when we go somewhere"	5 (.3)	6 (.3)	6 (.3)	1 (.1)	0 (.0)
Hearing Question 19 "I find it a relief when I can be with my hearing friends"	6 (.3)	3 (.2)	8 (.4)	1 (.1)	0 (.0)

Table 6. View of Self

Spouses Responses	Frequency				
	Never	Rarely	times	Often	Always
Hearing Loss Question 16 "I am an outgoing person"	0 (.0)	2 (.1)	7 (.4)	5 (.3)	4 (.2)
Hearing Loss Question 18 "I feel I have lost control of my life"	6 (.3)	5 (.3)	7 (.4)	0 (.0)	0 (.0)
Hearing Question 7 "I feel I have lost control of my life"	11 (.6)	7 (.4)	0 (.0)	0 (.0)	0 (.0)
Hearing Question 24 "I feel guilty when I have negative thoughts about our relationship"	8 (.4)	3 (.2)	5 (.3)	2 (.1)	0 (.0)
Hearing Question 3 "I feel I will have to become the main breadwinner in the family"	12 (.7)	1 (.1)	4 (.2)	4 (.2)	0 (.0)
Hearing Loss Question 27 "I feel isolated and lonely"	4 (.2)	4 (.2)	8 (.4)	2 (.1)	0 (.0)
Hearing Question 10 "I feel isolated and lonely"	9 (.5)	4 (.2)	5 (.3)	0 (.0)	0 (.0)

Table 7. Depression

Spouses Responses	Frequency				
	Never	Rarely	Some- times	Often	Always
Hearing Loss Question 15 "I have a pessimistic outlook on life"	4 (.2)	8 (.4)	3 (.2)	3 (.2)	0 (.0)
Hearing Loss Question 40 "I feel depressed"	6 (.3)	4 (.2)	8 (.4)	0 (.0)	0 (.0)
Hearing Question 27 "My spouse is depressed"	2 (.1)	7 (.4)	8 (.4)	1 (.1)	0 (.0)

Table 8. Dependence

Spouses Responses	Frequency				
	Never	Rarely	Some- times	Often	Always
Hearing Loss Question 17 "I ask for help when I need it"	0 (.0)	2 (.1)	13 (.7)	3 (.2)	0 (.0)
Hearing Loss Question 25 "I feel my family treats me like a child"	9 (.5)	5 (.3)	4 (.2)	0 (.0)	0 (.0)
Hearing Loss Question 20 "I am an independent person"	0 (.0)	0 (.0)	2 (.1)	11 (.6)	5 (.3)
Hearing Loss Question 30 "My spouse makes decisions for me when I cannot hear."	3 (.2)	3 (.2)	12 (.7)	0 (.0)	0 (.0)
Hearing Loss Question 35 "My spouse thinks I am too dependent"	11 (.6)	4 (.2)	3 (.2)	0 (.0)	0 (.0)
Hearing Question 8 "My spouse is too dependent"	4 (.2)	7 (.4)	7 (.4)	0 (.0)	0 (.0)

Summary

Marital Relationship General

Those with hearing loss see their deafness to be a cause of problems in the marriage (16) more than the hearing spouses do (5). Those with hearing believe they argue more with their spouses (11) than those with hearing loss (5). Those with hearing loss believe deafness has not affected their marriage in a negative way (16) while (16) of those with hearing believe the same way. However, more of those who are deafened feel their hearing loss has never affected the relationship negatively (10) than the report of those who are hearing (4). Those with hearing loss almost never believe they are treated in a demeaning way by the spouse (13). The persons with hearing loss reports they believe their spouse is never embarrassed by their hearing loss (12) while (10) of those with hearing loss report they are never embarrassed.

Physical or verbal abuse is almost non-existent with (17) of those with hearing loss saying it is not present while (18) of those who are hearing say it is never or rarely present.

Wanting to be married to someone else is not a problem with either those with hearing loss (15) with the same results for those who are hearing (15 & 17). However, (3) of those who are hearing expressed a desired to be married to a hearing person while those who are deafened expressed the desire (2) to be married to a person with a hearing loss. Only (1) of those with hearing has considered a divorce.

Marital Relationship – Intimacy/Sexuality

Most of both hearing (13) and those who are deafened (12) say hearing loss has not affected their intimacy or sexual relationship.

However, two respondents declined to answer this question, saying it was too personal.

Communication – Marriage, Family

Patience in communication exists with the couple. Those with hearing loss believe their spouse is patient most often (15), while the hearing spouses believe they are patient (12), while (6) of them believe they are patient sometimes. However, those who are deafened report that sometimes (10) the hearing spouse becomes annoyed with asked to repeat while (9) of the hearing spouses say the hearing loss is a problem for them.

Hearing loss persons report by a large margin (15) that the couple can still talk about things the way they used to. The hearing spouses would agree with all (18) of them saying they can do so, even though they find it hard to communicate their feelings (11).

Even though hearing spouses say they include the deafened spouse in conversations as always (15) and that the children go to the deafened parent to talk (10), the persons with hearing loss get annoyed when they cannot understand them (15).

Communication – Social

The deafened persons believe they continue to have a good social support system, and both the persons with hearing loss (11) and the hearing spouses (10) report

having a good and active social life. However, the deafened persons want the spouse to interpret for them in social gatherings at least sometimes (8) and the spouse complies (6). But the hearing spouse finds it a relief (8) when he or she can be with hearing friends.

View of Self

Those who are deafened believe they are outgoing persons (16) and still in control of their lives (18). The spouses who are hearing feel in control of their lives (18). However, they are divided (11 & 7) when it comes to feeling not guilty or guilty about having negative feelings about their relationship with the deafened spouse. Neither do the hearing spouses believe they will have to become the main breadwinner in the family.

Feeling isolated and lonely happens to (10) of those with hearing loss while only (5) of those who are hearing feel the same way.

Depression

Because being pessimistic can be an indicator of susceptibility to depression, those who are deafened remain optimistic about life (12). However, half of those (8) report being depressed at least sometime. The same number of hearing spouses (8) report their deafened spouse is depressed sometimes.

Dependence

Those who are deafened (16) say they can ask for help when they need it and believe they are independent (18). For the most part, they believe their family does not treat them like a child (14), but (4) believe they do, and say their hearing spouses make decisions for them (12) when they cannot. Only (3) of those with hearing loss believe

their spouse thinks they are too dependent, while (7) of those with hearing think their spouse is too dependent.

CHAPTER 4

DISCUSSION AND CONCLUSIONS

Marital Relationship

People with acquired hearing loss are as satisfied with their marriages as the hearing spouse. There are several possible reasons for this. The hearing spouse has stepped in to smooth the way as a matter of course, not telling the deafened spouse what he or she is doing to make life easier for the spouse. However, Freedman (2003) reported that hearing spouses said it was helpful to them when the deafened spouse recognized "that they, too, were going through this crisis and have been making extra efforts" (p. 149).

Even though those with hearing loss believe deafness to be a cause of problems in their marriage, and has negative effects on the couple's relationship, hearing spouses report that hearing loss is not much of a problem. It could be deafened persons believe the impact of hearing loss affects all areas of life and this translates into their perceptions of the marriage.

However, those who are hearing believe, more than the deafened, that the couple argues more. Possibly this is because the hearing person's stress (of making accommodations for the deafened spouse) leads to more arguing, or feeling more argumentative.

Another possible reason is that, while hearing spouses can continue to share their feelings with the deafened spouse, they may not see arguing more as being

directly attributable to hearing loss. However, they know their marriage is not the same as it was before this crisis. Most do not have guilty feelings about their relationship now, and do not wish to be married to someone else. The one person who has considered divorce might be doing so as a way to escape the problems in her life that are imposed by hearing loss rather than as a dislike for the spouse.

The hearing spouses continue to treat their deafened spouses with dignity by not demeaning them nor, for most, by not being embarrassed about the hearing loss. Physical and/or verbal abuse among the respondents is almost non-existent, with both reporting there is no abuse from the other partner. From a Review of the Literature and this researcher's experiences previous study, however, there is verbal abuse. That study showed that men are less accepting of a hearing loss in his wife than vice versa. It could also be that a deafened wife denies abuse because she may not have independent resources to support her children if she were to leave her husband.

Good relations extend to the marriage bed. Both say hearing loss has not affected their sexual relationship or their intimacy. However, there may have been a misunderstanding about intimacy that was not clearly defined in the survey. This researcher meant intimacy as being able to communicate verbally during the sacred moments of a relationship. As noted in the Review of the Literature, one woman said when her husband turns out the light, that ends communication for her. A man said he and his wife have lost their pillow talk at night.

Five of the 18 participants who have hearing loss have been divorced and re-married. The figure is the same for those who are hearing. These five are married to

each other. Only two of the respondents answered “no” for the question of whether or not the divorce occurred after the hearing loss

Views of Self

Both those who are deafened and those who are hearing have come through their problems imposed by hearing loss with their self-esteem intact. Both spouses believe they are in control of their lives. The hearing spouses do not have the burden of believing they will have to become the major breadwinner in family.

At times, though, both spouses have periods of feeling isolated and lonely, the hearing less so. Almost all the hearing wives work and have a social life apart from the deafened spouse. Those with hearing loss can feel lonely when they miss out on the punch line of a joke, or miss the “water cooler” talk at work. They can even feel lonely in the midst of a crowd because all they can hear is noise with nothing to connect them to a specific sound or a person’s voice.

The persons in this study who are deafened believe they are outgoing and no longer see deafness as a big problem. This could be because the hearing loss occurred 15 or more years earlier and both the deafened spouse and the couple have had time to learn to work through the problems deafness imposes, and to learn coping skills. The persons with hearing loss have learned, or been determined, to overcome barriers and not let adverse events affect them unduly. However, all but one person in the study was older than age 48. The one who is age 29 has a father who is deafened so she has seen how he has adapted and learned some of his coping skills.

The study by Freedman (2003) and a previous study by this researcher done 18 years ago where the participants were much younger and relatively recently deafened

(Moore, 1992) and cited in the Review of the Literature, show a great deal of difficulty with this age group, individually and as a couple. These are the high-stress years of getting an education, beginning a career, finding a mate and marrying, having children, living with teen-agers, and beginning to plan for retirement. Hearing loss can turn the couple's world upside down with no real help to guide them through the crises that occur.

Depression

By and large, those who are deafened remain optimistic about life. There are times that half of them feel depressed. Trying to overcome obstacles in life imposed by hearing loss can be exhausting and frustrating. Depression can result. It is the rare individual with hearing loss who never feels depressed occasionally. Even the hearing spouses say their deafened spouses are depressed sometimes.

Dependence

Even those who have become deafened still believe they are independent and in control of their lives. They are able to ask for help when they need it and they do not believe their family treats them like a child when they required help. However, they say the hearing spouse makes decisions for them when they cannot. This could be why hearing spouses says their deafened spouse is too dependent. They are unwittingly fostering dependence when they do not inform the deafened spouses and let them make a decision for themselves.

Communication.

Clearly communication problems affect the couple the most, both individually and as a couple. The hearing spouse believes the family most often includes the person

with hearing loss in conversations, even though he is annoyed when he cannot understand them.

The hearing spouses believe hearing loss is a problem in the marriage, but that they are patient when their spouse asks them yet again to repeat what was said; the deafened spouses disagree. They believe the hearing spouse gets annoyed when asked to repeat. From a review of the literature and from the researcher's experience with couples in this population, the biggest reason for arguments is that the deafened person feels the hearing spouse is not patient, particularly when the deafened person asks his spouse to repeat. Another reason is if the hearing spouse is required to go into the room where the deafened spouse is, instead of being able to talk from another room, or with his or her back turned. One couple known to this researcher had reached the point of divorce because of the above issue, but after weeks of meeting everyday for lunch for discussion, they were able to resolve the problem.

Fortunately both spouses are able to talk about things the way they always have, even though hearing spouses have problems communicating their feelings. Part of this may be because when persons lose their hearing, they lose many of their emotions that depend on outside sources. Deafened persons lose the ability to hear the nuances of a conversation that make it meaningful to the speaker.

The couple believes they still have a good an active social life. However, the survey did not ask for a definition of social life. It could well be they still socialize with friends of longstanding. But they may go less often to cultural or entertainment venues because the deafened persons cannot understand the dialogue, or enjoy the music as they once could. While there is reverse captioning at some movies and theaters (the

deafened person wears special glasses in order to read the text at the back of the room), if the deafened persons have not learned to fully accept themselves with the hearing loss, they may be reluctant to use these devices, feeling as if they are “advertising” they are defective. The couple needs to negotiate how often they will attend such events.

They also need to negotiate how often the hearing spouse will interpret for the deafened spouse. Interpreting not only becomes a chore, it also interferes with hearing spouse’s ability to enjoy friends or the event. The deafened spouse also needs to be aware and accepting of the times the hearing spouse needs to be with hearing friends. The hearing person needs time just to enjoy the ease of conversation with someone who can understand without much effort on his or her part.

Limitations

The study design creates its own limitations. A generalization cannot be made to people outside the specific participant population. Even within a population of people with the same experience (hearing loss), there is so much variation in type, kind of and degree of loss, type of onset, demographics, and personalities and character traits of those involved that no research in this area can yield specific results that apply to everyone in the group.

Age. Further, the respondents were disproportionately older. Only one respondent was under 49. She is age 29, but has a deafened father from whom she probably learned coping skills and knew what to expect. Most, if not all, of the respondents have had many years to adjust to the changes needed in their lives to adapt to the hearing loss. The desired population was age 20 through 45. These are the years when a person gets

an education, chooses a mate, establishes a career, has children and begins to plan for retirement. It is this is the age-group that is most affected by a hearing loss.

Demographics. Another limitation is the demographics. The respondents were from urban areas of Texas and all except two were Caucasian. Respondents from other areas of the United States and of different ethnicity or culture might have presented different answers to the survey, as would those who live in rural areas.

It would have been helpful to allow time for the respondents to add their own comments to the surveys, as was done in a similar survey done by this researcher in 1992. However, time constraints did not permit this to be done. Most of the surveys were filled out at the end of a meeting and then collected by the researcher because she felt there would be a higher response rate than if respondents were to mail the surveys.

This does not mean, though, that the results cannot be used as a way to understand the psychological and emotional impact of hearing loss on the individual and on the couple relationship.

Conclusion

This study was intended to determine if, or how much, hearing loss acquired that occurred after a couple's marriage or commitment to cohabitate affects their relationship. This particular study did not agree with the Review of the Literature, most likely due to the limitations cited above.

A major problem area emerged, even with those who have been in the relationship for several years and where the deafened person lost his hearing 15 or more years previously, during which time he has, for the most part, accepted his hearing

loss and acquired coping skills. This problem is in the area of communication. It affects not only the couple's relationship directly, but indirectly because whatever happens in relationships of all kinds involving the deafened person also affects the hearing person who has to be the psychological support for the deafened spouse. That becomes a burden for the hearing spouse.

Previous research has been minimal, with most of it done in the late 1980s or early 1990s. According to Esther Kelley, a hearing loss specialist for the Department of Assistive and Rehabilitative Services at the Deaf Action Center in Dallas, 98% of adults with acquired hearing loss do not know there is help available to them, whether it is acquiring assistive devices or getting counseling.

The study also can be used to help alleviate the great need for training for mental health counselors who are knowledgeable about acquired hearing loss and its effect on the individual, his or her relationships and careers, and its effect on society in general. Once there are trained counselors, then a concerted effort can be mounted to reach the public on hearing loss and that there are counselors to help them.

Social workers in direct practice, and other mental health practitioners, need first to understand how pervasive hearing loss is in our society. Then, in order to help individuals and couples who are trying to cope with the problem, they need to have a thorough understanding of hearing loss. However, helping couples through their psychological and relational problems is not limited just to mental health counseling. It also involves knowledge of assistive devices and the ADA.

Further research needs to be done on veterans who acquired hearing loss on the battle field. As established earlier, it is the number one medical problem for

veterans. Hearing loss, though, does not have a medical solution. Even a cochlear implant does not restore hearing to normal, nor does it always restore hearing to an acceptable level. Those in the military usually return with co-morbidity and with the very real possibility of becoming substance abusers in order to self-medicate.

There needs to be further research with the Baby Boomer generation and those who are younger because of the deleterious effects of loud music and earbuds used for I-pods and other listening devices.

In short, mental health practitioners need to educate themselves in many ways in order to help those who desperately need their help.

APPENDIX A
SURVEY FOR HEARING SPOUSE

Hearing Spouse

Part I

1. Are you (circle one)

- A. Married or co-habiting number of years _____
- B. Separated number of years _____
- C. Divorced number of years _____
- D. Number of times married _____
- E. Single (never married)
- F. Widow/widower

2. Ages of children living with you _____, _____, _____, _____, _____, _____, _____

Part II.

Please answer these questions according to the way you feel your spouse's hearing loss has affected you.

NOTE: When the term "family" is used, it means spouse and children living with you at home.

If you are divorced or separated, please answer the questions as they were when you were still married or living together.

Some-
____ Never Rarely times Often Always

3. I feel I will have to become the main
breadwinner in the family. 1 2 3 4 5

4. Our family continues to include my
spouse in conversations as always 1 2 3 4 5

5. I argue more with my spouse 1 2 3 4 5

6. Hearing loss has affected our
relationship negatively 1 2 3 4 5

7. I feel I have lost control of my life 1 2 3 4 5

8. My spouse is too dependent 1 2 3 4 5

	Never	Rarely	Some- times	Often	Always
9. I am patient with my spouse when asked to repeat what I say	1	2	3	4	5
10. I feel isolated and lonely	1	2	3	4	5
11. I get tired of interpreting for my spouse when we go somewhere	1	2	3	4	5
12. Hearing loss has affected our sexual relationship	1	2	3	4	5
13. I wish I was married to a hearing person	1	2	3	4	5
14. I am embarrassed by my spouse's hearing loss	1	2	3	4	5
15. We have a good social life	1	2	3	4	5
16. I wish I had married someone else.	1	2	3	4	5
17. We have more problems now	1	2	3	4	5
18. We can talk about things the way we used to.	1	2	3	4	5
19. I find it a relief when I can be with my hearing friends.	1	2	3	4	5
20. My spouse's hearing loss is a problem for us.	1	2	3	4	5
21. Our children come to me more than my spouse to talk.	1	2	3	4	5
22. My spouse is willing to hear what I want to communicate.	1	2	3	4	5
23. I have thought of getting a divorce	1	2	3	4	5

_____ Never Rarely ^{Some-}times Often Always _____

- | | | | | | |
|---|---|---|---|---|---|
| 24. I feel guilty when I have negative thoughts about our relationship. | 1 | 2 | 3 | 4 | 5 |
| 25. I miss an active social life together. | 1 | 2 | 3 | 4 | 5 |
| 26. My spouse is verbally or physically abusive to me. | 1 | 2 | 3 | 4 | 5 |
| 27. My spouse is depressed | 1 | 2 | 3 | 4 | 5 |
| 28. I find it hard to communicate my feelings to my spouse. | 1 | 2 | 3 | 4 | 5 |

APPENDIX B

SURVEY FOR PERSON WITH HEARING LOSS

For Person with Hearing Loss

Part I.

1. What is your dB (decibel) loss on an audiogram?
L. ear _____ R. ear _____ Do not
| know

2. Do you consider yourself deaf hard of hearing other

3. Age: _____

| 4. Age when hearing loss began: _____

5. Age when most of loss occurred _____

| 6. Was your loss (circle A, B, or C)

- | A. Gradual (occurring over a year or more)
- | B. Sudden (occurring within six months or less)
- | C. Combination (some gradual, some sudden)

| 7. You may circle more than one of the following:

- A. I wear a hearing aid.
- B. I have a cochlear implant.
- C. I do not wear any assisted listening device.
- D. I know sign communication or am learning it.
- E. I rely on speech (lip) reading.

8. Circle which best describes your general hearing abilities when using a hearing
| aid(s), a cochlear implant(s), without devices, and/or including speechreading.

- A. My hearing is good
- | B. I have a little trouble hearing.
- | C. I have a lot of trouble hearing.
- | D. I cannot hear anything.

9 Are you (circle one)

- | A. Married or co-habiting number of years _____
- | B. Separated number of years _____
- | C. Divorced number of years _____
- Divorce or separation occurred after hearing loss _____ yes _____ no _____
- D. Number of times married _____

- E. Single (never married)
- F. Widow/widower

10. Ages of children living with you _____, _____, _____, _____, _____, _____, _____

Part II.

Please answer these questions according to the way you believe your hearing loss has affected you.

NOTE: When the term “family” is used, it means the people who live with you in your home.

If you are divorced or separated, but acquired a hearing loss while you were married or cohabiting, please answer the questions as they were when you were still married or living together.

Please answer the following questions according to the way you believe hearing loss has affected these areas. Circle A, B, or C.

	<u>Effect of Hearing Loss</u>		
	Severe – Moderate - None		
10. Work situation (responsibilities, conditions, ability to continue present job)	A	B	C
11. Communication with family	A	B	C
12. Closeness to family members	A	B	C
13. Marital relationship	A	B	C

The following questions may be answered in the past tense if you were previously married during the time you acquired your hearing loss, but are single now.

Example: I argued more with my spouse.

	Never	Rarely	Some- times	Often	Always
<u>14. I argue more with my spouse</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>15. I have a positive outlook on life</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>16. I am an outgoing person</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

Some-
 _____ Never Rarely times Often Always

17. I ask for help when I need it _____ 1 2 3 4 5

18. I feel I have lost control of my life _____ 1 2 3 4 5

19. I feel I have good social support _____ 1 2 3 4 5

20. I am an independent person _____ 1 2 3 4 5

21. We have an active social life _____ 1 2 3 4 5

22. My spouse is patient with me when
 I have difficulty hearing _____ 1 2 3 4 5

23. My hearing loss has had a positive
 effect on my relationship with my
 spouse. _____ 1 2 3 4 5

24. I get annoyed when I cannot
 understand what my family is saying _____ 1 2 3 4 5

25. I feel that my family treats me like
 a child _____ 1 2 3 4 5

26. I feel isolated and lonely _____ 1 2 3 4 5

27. I want my spouse to interpret for
 at social gatherings _____ 1 2 3 4 5

28. I sometimes wish I was married to
 a person with a hearing loss. _____ 1 2 3 4 5

29. My spouse makes decisions for me
 when I cannot hear. _____ 1 2 3 4 5

30. My spouse treats me in a demeaning
 way _____ 1 2 3 4 5

31. My spouse becomes annoyed with me
 when I ask her to repeat. _____ 1 2 3 4 5

	Never	Rarely	Some- times	Often	Always
32. My spouse and I have sexual difficulties because of my hearing loss	1	2	3	4	5
33. My hearing loss has negatively affected my relationship with my spouse	1	2	3	4	5
34. My spouse thinks I am too dependent	1	2	3	4	5
35. My spouse resents or is embarrassed by my hearing loss.	1	2	3	4	5
36. My hearing loss has affected our intimacy.	1	2	3	4	5
37. My hearing loss is a problem.	1	2	3	4	5
38. My spouse is verbally or physically abusive to me.	1	2	3	4	5
39. I feel depressed	1	2	3	4	5

REFERENCES

- American Psychiatric Association. (2000) Diagnostic and statistical manual of mental disorders (4th ed., TR). Washington, DC: Author
- Babcock, J., Waltz, J., Jacobson, N., Gottman, J. (1993). Power and violence: The relation between communication patterns, power discrepancies and domestic violence. *Journal of Consulting and Clinical Psychology*, 0022-006X 61(1). Retrieved from PsycARTICLES
- Bagby, Mary LCSW, in e-mail to Gayle Speegle, Nov. 19, 2007.
- Bowlby, J. & Parkes, C.M. (1970) Separation and loss within the family. *In The Child in his Family* (D.J. Anthony & C.M. Koupernel, eds, John Wiley & sons, New York.
- Brand, S. (1996) *Social phobia and hearing loss*. Paper in Adult Psychopathology, Gallaudet University, Washington, DC.
- Bridges, J., Bentler, R. (1998). Relating hearing aid use to well-being among older adults. *The Hearing Journal* 51(7): 39-44.
- Carmen, R. (2005). How hearing loss impacts relationships: Motivating your loved one. Sedona, AZ:Auricle Ink Publishers
- Cronen, V., Pearce,W., & Harris, L. (1982) The coordinated management of meaning: A theory of communication. In F.E.X. Dance (Ed.), *Human Communication Theory*: (pp.61-89). New York: Harper & Row.
- David, M. & Trehub. S. (1989). Perspectives on deafened adults. *American Annals of the Deaf*, (pp. 200-204).

- Davis, H. & Silverman, S. (Eds.) Hearing and deafness (pp. 112-113). New York: Holt, Rinehart and Winston.
- Department of Veterans Affairs (2007). *Veteran stress cases up sharply*. Retrieved from <http://www.usatoday>.
- Du Feu, M. & Fergusson, K. (2003). Sensory impairment and mental health. *Advances in Psychiatric Treatment* 9:95-103.
- Eriksson-Mangold, M. (1991). Psychological and somatic distress in relation to perceived hearing disability, hearing handicap, and hearing measurements. *Psychosom Res* 35(6): 729-40.
- Finney, J., Moos, R., Cronkite, R. & Gamble, W. (1983). A conceptual model of the functioning of married persons with impaired partners: Spouses of alcoholic patients. *Journal of Marriage and the Family*, 45: 23-24
- Forgatch, M. & Trychin, S (1989). *Getting along*. Washington, DC: Gallaudet Press.
- Freedman, A.(2003). Dissertation for the California School of Professional Psychology at Alliant University, San Diego.
- Glass, L. (1985). Psychosocial aspects of hearing loss in adulthood. In *Adjustment to adult hearing loss* H. Orleans (Ed.) San Diego: College Hill Press, pp. 167-178.
- Granvold, D. (2008) *Constructivist treatment of divorce*. In J.Raskin & S. Brides, (Eds.) *Studies in meaning 3: Constructivist psychotherapy in the real world*, pp. 201-226. New York: Pace University Press.
- Granvold, D. (2000) *The crisis of divorce in Crisis intervention handbook: Assessment, treatment, and research* 2nd ed. A. Roberts (Ed.), pp. 307-336. New York: Oxford University Press.

- Gray, J. (no date; retrieved 2008) in *Hearing loss taking toll on couples*.
- Harris Poll. Study on Cochlear Implant Recipients done for Cochlear Americas., Inc.
2007. Received by e-mail from Cochlear Americas., Inc.
- Harris Interactive. Source www.medicalnewstoday.com. Retrieved online from
www.hear-it.org
- Hallam, R., Ashton, P., Sherbourne, K., & Gailey, L. Acquired profound hearing loss:
Mental health and other characteristics of a large sample. *International Journal
of Audiology*, 45(12): 715-723.
- Harvey, M. 2nd ed. (2005). *Psychotherapy with deaf and hard of hearing people*.
Hillsdale, NJ: Lawrence Earlbaum.
- Harvey, M. (2001). *Listen with the heart: Relationships and hearing loss*. San Diego:
DawnSign Press
- Hear-it: hearing, hearing loss, hard of hearing, hearing impairment. Retrieved from
<http://www.hear-it.org>.
- Hogan, A. (2001). *Hearing rehabilitation for deafened adults: A psychosocial approach*.
Philadelphia: Whurr Publishers
- Hogan, A. (1998). Depression and acquired hearing loss – an issue of illness or
oppression. *Deaf Worlds* 14 (3): 2-7. Retrieved from [http://www.sign-lang.uni-
hamburg](http://www.sign-lang.uni-hamburg)
- Hummert, M., & Nusssbaum, J. (2001) *Aging, communication, and health: Linking
research and practice for successful aging*. Mahwah, NJ: Earlbaum.

- Jones, L.G. & Wood, P.L.. Adjustment to acquired hearing loss: A working model. In H. Orlans (Ed.), *Adjustment to adult hearing loss* (pp. 119-138). San Diego: College Hill Press.
- Kaland, M. & Salvatore, K. (2002). The psychology of hearing loss. *The ASHA Leader Online*. Retrieved from <http://www.asha.org/about/publications/leader-online/archives/2002>
- Knutson, J., & Lansing, C. (1990). The relationship between communication problems and psychological difficulties in persons with profound acquired hearing loss. *Journal of Speech and Hearing Disorders* 55: 656-664
- Kochkin, S. & Rogin, C. (2000). Quantifying the obvious: The impact of hearing instruments on quality of life. *The Hearing Review* 2000, 7(1): 8-34.
- Kvan, M., Loeb, M. & Tambs, K. (2006). Mental health in deaf adults: Symptoms of anxiety and depression among hearing and deaf individuals. *The Journal of Deaf Studies and Deaf Education*. 12(1): 1-7.
- Kyle, J.B., Jones, L.G. and Wood, P.L. 1985) Adjustment to acquired hearing loss: A working model. In *Adjustment to adult hearing loss*, H. Orlans (Ed.) San Diego: College Hill Press pp. 119-138.
- Lee, D. & Gomez-Marin, O. (1997). Major depressive disorder, depressive symptoms, and bilateral hearing loss in hispanic adults. *Journal of Affective Disorders* 44(2-3): 189-195. Retrieved from <http://www.sciencedirect.com/science>.
- Little, J. Reyholds, C. I*II, Dew, M., et at. How common is resistance to treatment in recurrent, nonpsychotic geriatric depression: *Amer J of Psychiatry* 1998: 155 (8): 1035-8

- Livneh, H. & Antonak R., (2005). Psychosocial adaptation to chronic illness and disability: A primer for counselors. *Journal of Counseling & Development*; winter 83:12-20.
- Luey, H. (1980). The ear, listening and hearing. In D. Barbarra (Ed.). *Psychological and psychiatric aspects of speech and hearing* (pp. 92-109). Springfield Il. Charles C. Thomas (Reprinted from the *Journal of American Psychoanalytic Association*, 1953 (1).
- MacDougall, J. (2000). Family violence and the deaf. Legal education and information issues: A national needs assessment. Family Violence Initiative Justice Canada.
- McCarthy, P.(1978). The remediation process. In J. Alpiner (Ed.) *Handbook of adult rehabilitative audiology* (pp. 88-120). Baltimore: Williams and Wilkins.
- McCay, V & Greenberg, S. (1999). Violence in deaf and hard-of-hearing people: A review of the literature. *Aggression and Violent Behavior*, 4(3): 259-272.
Retrieved from <http://www.sciencedirect.com/science>
- Meadow-Orlans, K. Social and psychological effects of hearing loss in adulthood: A literature review. In H. Orlans (Ed.) *Adjustment to adult hearing loss*. (1985) San Diego: College Hill Press, pp. 35-37.
- Moore, M. (1992). Adult onset hearing loss: A survey of its effects on marital and family relationships. Unpublished senior honors thesis for Gallaudet University, Washington, DC.
- Moores, D. (1987). Educating the deaf. Boston: Houghton Mifflin Company.
- Mulrooney, J. (1991). Class in Psychology of Deafness, Gallaudet University, Washington, DC.

- Orlans, H., Ed. (1985) Adjustment to adult hearing loss. San Diego: College-Hill Press
- Parkes, C.M. (1971) Psychosocial transitions: A field for study. *Social Science and Medicine*, 15, 101-115. In Archer & Rhodes (1987) Bereavement and reactions to job loss: A comparative review, *British Journal of Psychology*, 26, 211-24.
- Parkinson, G. (2006). Counsellors' attitudes towards disability equality training (DET). *British Journal of Guidance & Counseling*. 34(1) 93-105
- Rezen, S. & Hausman, C. (2000). Coping with hearing loss: Plain talk for adults about losing your hearing. New York: Barricade Books.
- Rutman, D. (1989). The impact and experience of adventitious deafness. *American Annals of the Deaf*, pp. 305-311.
- Schiff, W. & Thayer, S. (1974). An eye for an ear? Social perception, nonverbal communication, and deafness. *Rehabilitation Psychology* 21(2), pp. 50-63.
- Schlau, J. (2004). I didn't die, I just can't hear: A study of acquired deafness. Paper presented to ALDAcon on the results of her research for her dissertation, Burlington, VT.
- Smart, J. & D. Smart (2006) Models of disability: Implications for the counseling profession. *Journal of counseling & development*, 84, 29-40
- Stein, L. & Thienhaus, J. (1993). Hearing impairment and psychosis. *International Psychogeriatrics* 5:49-56. Retrieved from <http://journals.cambridge.org>.
- Stone, H., Founder of Self Help for the Hard of Hearing (SHHH), now called Hearing Loss Association of America
- Sussman, A. (1995) class notes in counseling theories at Gallaudet University, Washington, DC.

- Tambs, K. (2004) Moderate effects of hearing loss on mental health and subjective well-being: Results from the Nord-Trondelag hearing loss study. *Psychosomatic Medicine* 66:776-782
- Trychin, S. (1992). Manual for mental health professionals, part II: Psychosocial challenges faced by hard of hearing people. Washington, DC: Gallaudet University.
- U.S. Equal Employment Opportunity Commission (2006). Questions and answers about deafness and hearing impairment in the workplace and the Americans with disabilities act. Retrieved from www.eeoc.gov/facts/deafness.html
- Wallhagen, M., Strawbridge, W., Shema S. & Kaplan (2004). Impact of self-assessed hearing loss on a spouse: A longitudinal analysis of couples. *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences* 59:S190-S119.
- Wallhagen, M., Strawbridge, W., Kaplan, G. (1996). Six-year impact of hearing impairment on psychosocial and physiologic functioning. *Nurse Pract* 21(9): 11-12; 14.
- Weston, R., Martin, T. & Anderson, Y. Eds. (1998) Loss and bereavement: Managing change. Oxford: Blackwell Science, Ltd.
- Wetchler, J., Ed. 2007. Handbook of clinical issues in couple therapy. Co-published by Haworth Press as *Journal of Couple & Relationship Therapy*, 6(1/2) 2007.
- Woodcock, K. & Aguayo, M. (2000) Deafened people: Adjustment and support. Toronto: University of Toronto.

BIOGRAPHICAL INFORMATION

Gayle Speegle is one of 14 people in her family who have become either deaf or hard of hearing. She has helped several of them through the psychosocial problems of adapting to their changed world.

Because there currently are no agencies in the southern tier of the U.S. that work specifically with individuals with acquired hearing loss in the area of mental health counseling, she entered University of Texas Arlington to pursue an MSSW to serve this population. Her thesis was on how acquired hearing loss affects a couple's marital relationship. Her BA in psychology is from Gallaudet University where her senior honors thesis was on how late deafness affects relationships. The time between her BA and her MSSW represents 20 years she has been studying and working with adults with acquired hearing loss.

Currently there are no colleges or universities in the U.S. who are training counselors to understand and meet the psychosocial problems of those with acquired hearing loss. She hopes her thesis and training seminars for counselors will help inform those already in the mental health field of the needs of this population and to become knowledgeable about serving them effectively.