

A Critique of "Experience of Hearing Loss, Communication, Social
Participation, and Psychological Well-Being Among Adolescents with Cochlear Implants:"

The Beginning of a Richer Understanding

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Abstract

The academic article, "Experience of Hearing Loss, Communication, Social Participation, and Psychological Well-Being Among Adolescents with Cochlear Implants," begins a necessary exploration of the realities of living with a cochlear implant from the perspectives of children and adolescents themselves. As articulated in the article, "children's perspectives are not often taken into consideration in ... research [concerned with their own development with cochlear implants]" (Dammeyer, Champman, & Marschark, 2018, p.424). This study provided a small window into the worlds of these adolescents, which highlighted the immensely diverse CI community and the need to conduct more comprehensive research and standardized data collection to further understand the greater intersectionality of the population's needs.

The Article: An Overview

This article identifies that in many countries cochlear implantation is becoming the standard treatment for children with severe to profound hearing loss, including Denmark where this study was conducted. There is a range of research published in regard to the success and benefit of cochlear implantation, however much of the research is dated and conclusions are not consistent. Also, much research neglects direct discussion with the children and adolescents themselves, which leads to the possibility of misjudgement in assessing the happiness, well-being, and ease of communication among those whom actually use CI's (Dammeyer, Champman, & Marschark, 2018, p. 424-427). This idea of excluding the voice of the studied from the study, seems to be a common theme within human history, including research connected to the Deaf world. Often the hearing community, or audists, control and support research that does not include the Deaf perspective, as referenced by Harlan Lane (1999) in "The Mask of Benevolence" (p. 69-71).

This study interviewed 65 adolescents with CIs from Denmark, aged 11-15 years, on five separate categories: 1. CI Use, 2. Communication, 3. Experiences of Hearing Loss, 4. Social Participation and Friendships, and 5. Psychological Well-Being. Each category included a range of assessment questions with either, a "yes" or "no" response, or a response on a sliding scale, ie: 1= "all the time," 2 = "often," 3 = "now and then," 4 = "almost never," 5 = "never" (Dammeyer et al., p. 427)

Mixed Results

The results from this survey varied more widely than predicted, but of course the range of intersectionality within the Deaf community, and the smaller subcommunity of CI users, should be no different than any other group. For example, 44% of respondents said they do not really think about having hearing loss; however 55.4% reported that they “agree” or “strongly agree” that they feel different from other children their age and 35.4% reported that they need to use more mental and physical energy for interaction with hearing people. My prediction before reading the results from the survey, was that more children would have spent time thinking about their hearing loss, if it so greatly impacted their relationships to other children their age and interactions with hearing people. In line with those predictions, of those who were not fluent in Danish Sign Language, a majority wanted to learn more sign; 70% reported their hearing loss to be important with respect to education decisions; and many seemed to be concerned with finding a job and finding a partner (Dammeyer et al., p. 430-431).

The article discusses not only the mixed results from this specific study, but also the mixed results from many other researchers, and comments on the need to conduct more comprehensive data collection in regard to CI users. Some findings report negative results in the areas of psychological well being, use of CIs, experience of hearing loss, and communication. “Taken together, these findings suggest that the self-concept and future expectations of some children with CIs are negatively affected by hearing loss and having a CI, but also that there might be real differences among individuals” (Dammeyer et al., p. 434).

Methodology

As mentioned, this study was conducted largely with questions intended to gauge responses on a spectrum with multiple choice options on a sliding scale. As discussed within the LaGuardia College Adult Education Interpreting Program, these methods of data collection are often ineffective with the Deaf community. In a psychological assessment with a Deaf individual to diagnose depression, it was noted by the working interpreter that research supports the inefficacy of a sliding scale response format to accurately determine the results (E. Garf, personal communication, November 5, 2018). Additionally, educators and administrative staff in the Program for Deaf Adults (PDA) at LaGuardia, stressed the importance of consistency and uniformity in multiple choice response options on a survey for Deaf alumni; which challenges the format of this study's structure. Dammeyer, Chapman & Marschark, structured some of their question responses on a graduated scale of 1-5 ranging from "always" (positive connotation) to "never" (negative connotation). Meanwhile, other questions were structured with fewer response options but not in an ascending or descending scale; for example, "How do you feel about having a hearing loss?" 1 - I do not really think about it [neutral]; 2 = Most of the time I feel proud of it [positive]; 3 = Most of the time I feel embarrassed about it [negative]" (p. 428). According to the PDA employees, this can cause inaccuracy when surveying a Deaf population (L. Ponappa, February 27, 2018). There is also evidence that respondents using a rating scale will have higher response times and a higher break-off rate if they have a low formal education (Funke, Reips, & Thomas, 2011, p. 228). The participants in this survey are children, therefore their education is in progress and some may be being underserved by their school systems, which could be unintentionally skewing the results (Scheetz, 2012, p. 159).

The researchers note that, "the percentage of children in the present study who reported who reported feeling lonely... was 20% - about twice as high as that found in a [random sample of Danish children of the same age]." Although they go on to caution the reader that the other study phrased the questions related to loneliness differently, so that no direct comparison should be hastily drawn, nowhere in this study's questionnaire is the word "lonely" used (Dammeyer et al., p. 433). One may argue that "being alone while preferring to spend time with other people," may not be explicitly the same as being "lonely." In order to draw more concrete conclusions in regard to loneliness, and how it impacts children with CIs, a more overt and standardized language should be established.

Deeper Exploration

This survey appeared to barely scrape the surface of all there is to explore within the worlds of children with CIs. Much of the results seemed to be begging for further dissection, as many more questions were raised than answered during my reading of this article. I was happy to see the limitations of the study recognized and articulated in detail. Recognizing that the purpose of this work was exploratory, small in sample size and "cross-sectional," the authors noted that deeper research needs to be done encompassing a larger scope of individuals, accounting for diverse background factors, which diffused some concern about the mixed results and lack of definitive data (Dammeyer et al., p. 435-436). The authors were clear and convincing in illustrating the need for more research in specific areas.

Additionally, variables such as country of habitation; societal and cultural acceptance (or dismissal) of deafness, sign language and CIs; age of implantation; educational environment

(mainstream, inclusive classroom, deaf institute); and family life (deaf family, hearing family, socio-economic status, oral or sign fluent); could impact the mixed results of many of these studies. Isolating some of these factors in future research may help to more clearly identify patterns within the CI use experience of children and adolescents. Furthermore, casting not only a wider net on the pool of applicants, to develop a larger and more well-rounded demographic of respondents, but also following up with the same study population in 10-15 years, to see what has changed and how their perspectives have progressed, may shed light on the impact of social experiences children have on their development into adulthood.

Conclusion

Patricia Hinchey (2004) encourages critical thinking and proposes bottom-up reform of American education, to give voice to those with different life experience and alternative learning methods (p. 13-22). This concept resonates with the conclusion that Dammeyer et al recognize in the closing of their article, noting, "that children with CIs constitute a heterogeneous group, and suggest that education and support for children with CIs should be planned and tailored to diverse needs. Such planning needs to include their perspectives, not just those of their parents and teachers" (Dammeyer et al., p. 436).

References

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