

## A Study on Social Support, Subjective Happiness, and Coping among Persons with Hearing Disability

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### ABSTRACT

The study explored the psychological well-being of individuals with Hearing Disability and their capacity to cope with the challenges they face in day to day living and overall adjective demands in their family and social setup. The main objective was to assess perceived social support, coping mechanism/s, and subjective happiness among persons with Hearing Disability and to understand the potential impact of their hearing condition on these aspects of their lives. To achieve this, the study focused on persons with Hearing Disability in the age range of 18 to 40 years Data was collected from educational/ training institutions and colleges catering to this population in Kerala, India, using a purposive sampling technique. The research tools used were Basic Identification data Schedule, the Multidimensional Scale for Perceived Social Support (MSPS), Subjective Happiness Scale (SHS), and the Brief Cope scale. The study's findings revealed that perceived social support did not significantly influence subjective happiness and coping among individuals with Hearing Disability. However, a notable relationship was observed between subjective happiness and coping strategies, suggesting how individuals with Hearing Impairment cope with their no Auditory or very limited auditory capacities. They have an impact on their happiness. Interestingly, no significant gender differences were noted in perceived social support, subjective happiness, and coping among persons with Hearing Disability and with limited Hearing capabilities. Additionally, there was no significant difference on these variables between persons with Hearing Disability & Hearing Impaired; indicating that the severity of hearing impairment did not play a significant role in their perceived social support, subjective happiness, and coping levels.

**Keywords:** Social Support, Subjective Happiness, Coping, Deaf, Hard of Hearing

### Introduction

Hearing impairment is a complex audio logical condition that presents various challenges, encompassing a wide range of degrees and combinations of frequency hearing loss. Upon the identification of hearing loss in a child, various professionals come together to provide comprehensive support. Doctors, Audiologists, Speech-language pathologists, Experts in geneticists, and other experts collaborate with families to conduct evaluations, offer services, and provide follow-up care (Fellinger et al., 2012; Glickman, 2013). This collaborative effort aims to optimize the child's communication, functioning, and stress management, which contributes to the child's sense of self-worth and inclusion within the family structure (Benedict & Sass, Meadow-Orlans, Mertens, & Sass-Lehrer, 2003; Lehrer, 2007; Leigh, 2009;).

Functional hearing loss known as Hearing Disability ranges from mild to profound. When these groups are combined, they are often referred to as individuals with "Hearing Disability", "hearing loss," or "hearing impaired." The use of such terms has evolved over time to be more sensitive and inclusive. Most organizations now prefer the terms Hearing Disability & Hearing Impairment.

Adults with hearing disability face challenges including the hassle of discrimination and a different as well as difficult mindset as compared to their able bodied

counterparts in the sphere of academics, employment, and social life (Tripathi & Saranya, 2022). Thus, understanding the psychological impact of the victims of Hearing disability is necessary as it can affect individuals in various ways. The present study aimed at assessing perceived social support, coping mechanisms, subjective happiness, and positive and negative affect among persons with Hearing disability.

For those with partial hearing loss, they may only hear specific frequencies or sounds within a certain range and may rely on hearing aids and lip reading. However, a "disabling" hearing loss, affecting over 5% of the global population (approximately 430 million individuals), represents a severe condition where sound perception is significantly impaired, often exceeding 35 dB in the better hearing ear. By 2050, it is projected that more than 700 million people, or one in ten individuals, will experience incapacitating hearing.

Individuals who are victims of Hearing Disability with profound hearing loss, may communicate through sign language, such as Sign Language, while others may use manual English, sign language in English word order. On the other hand, those who are Hearing Impaired "; typically communicate through spoken language and can benefit from hearing aids, cochlear implants, and other assistive devices. Understanding the different degrees of

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hearing loss is essential for appropriate support and intervention.

Repeated experiences of ineffective communication may result in frustration and a sense of deficiency, potentially affecting the overall quality of life for persons with Hearing Disability (Jambor, E., & Elliott, M., 2005).

Considering the complex dynamics surrounding perceived social support, subjective happiness, and coping mechanisms among persons with Hearing disability, this study was conducted to contribute valuable insights to address targeted interventions and support systems. By addressing the unique psychological needs of this diverse community, we aspired to enhance the overall well-being and inclusivity of persons with Hearing disability. Through collaborative efforts, it is possible to empower individuals to lead fulfilling lives and embrace their identity within the context of hearing impairment.

### **Perceived Social Support**

The term "social network" describes existing connections, including family, friends, neighbours, co-workers, and professionals (Lovreti et al., 2016). Perceiving social support positively affects mental wellness, reducing stress even when alone. Conversely, low perceived support can lead to feelings of isolation despite others' presence. Understanding these support types informs how individuals navigate life's challenges.

The study conducted by Reyhani et al. in 2016 revealed that the majority of adolescents with hearing impairment reported a moderately deficient quality of life.

Social support was observed to be a relevant factor to focus on auditory rehabilitation programs (Moser et al., 2017). Interestingly, no notable difference in perceived social support was observed between persons with Hearing Disability and persons with Hearing Impairment, and their hearing counterparts (Michael & Attias, 2016).

### **Coping**

Lazarus and Folkman (1984) propose that stress occurs when demands outweigh coping resources. Coping mechanisms aid in managing stress by deliberately resolving issues. Coping involves efforts to reduce emotional and physical suffering from stressors. People use various coping mechanisms, with productive styles positively influencing self-esteem and confidence. Coping strategies fall into two main categories: emotion-focused and problem-focused coping.

Psychological distress and coping strategies among parents of children with Hearing Disability were noted with significant, negative correlation between total stress symptoms and total coping. Parents of children with

Hearing Disability were more prone to have psychological distress such as depression, anxiety and stress and have moderate coping strategies (Galal et al., 2012).

Subjective well-being is found to be related with task-focused coping and inversely related to maladaptive strategies and depressive symptoms (Perez-Garcia et al., 2014).

### **Subjective Happiness**

Hearing loss affects subjective happiness, life satisfaction, emotional well-being, and relationships. Quality of life, an important factor in well-being, impacts overall health. Hearing Disability has sparked debate on cultural identity, with a sociocultural view accepting deaf people as a unique community with shared values and language (Bat-Chava, 1994; Lane et al., 1996; Higgins, 1980).

### **Objectives of the study**

1. To assess the association of perceived social support, subjective happiness, and coping among Deaf and Hard of Hearing (D&HH)
2. To evaluate how gender influences the perceived social support, subjective happiness, and coping strategies among individuals who are Deaf and Hard of Hearing (D&HH).

### **Hypotheses of the study**

- H<sup>1</sup>: There would be a relationship between perceived social support and subjective happiness among persons with Hearing Disability,
- H<sup>2</sup>: There would be a relationship between perceived social support and coping among persons with Hearing Disability,
- H<sup>3</sup>: There would be a relationship between subjective happiness and coping among persons with Hearing Disability,
- H<sup>4</sup>: There would be a difference in perceived social support, subjective happiness, and coping between male and female with Hearing Disability.
- H<sup>5</sup>: There would be a difference in perceived social support, subjective happiness, and coping between persons with Hearing Disability & Hearing Impairment.

## **METHOD**

### **Sample**

The sample consisted of 120 adults with Hearing disability between the age of 18 to 40 from training institutions and colleges for persons with Hearing

disability either studying or under training in the state Kerala following purposive sampling method.

The following inclusion criteria were taken for the selection of the sample:

1. Adults who are victims of Hearing Disability between the age of 18 to 40.

Exclusion criteria includes:

1. Participants who have any severe psychiatric, neurology and physical disorder

**Instruments**

*Basic Identification data schedule:* Relevant demographic information related to variables under study were collected i.e. age, gender, marital status, educational status, occupational status, family type, socio economic status, area of habitat and degree of hearing loss.

*Multidimensional scale for Perceived social support (MMPI):* MMPI (Zimet et al.,1988) is a 12-item measure of perceived adequacy of social support from three sources such as family, friends and significant others using a 5-point Likert scale (0=strongly disagree, 5=strongly agree)

*Breif-COPE:* Developed by (Carver et.al.1989) consisting of 28-item multidimensional measure of strategies used for coping or regulating cognitions in response to stressors. This abbreviated inventory (based on the complete 60- items COPE Inventory) is composed of items that assess the frequency with which a person uses different coping strategies. Subsequent analysis by Dias et.al. (2012) divided the scale into three factors; 1, problem focused coping, 2, Emotion-focused coping, 3, Approach coping. The scale is useful in counselling settings for formulating the helpful and unhelpful ways someone responds to stressors.

*The Subjective happiness scale-* proposed by (Lyubomirsky & Lepper, 1999): The SHS is a 4-item scale of global subjective happiness. To ask respondents to characterise themselves using both absolute ratings and rating relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them.

**PROCEDURE**

The data collection for this study involved institutions and colleges serving persons with Hearing Disability in Kerala. Written consent to participate in the study was obtained from each of the participants with assurance of their anonymity, data confidentiality, and the right to withdraw any time from the study. All five tools used in the study were administered one by one.

Data collection work followed after establishing rapport with each case. The whole research process strictly adhered to ethical guidelines.

**STATISTICAL ANALYSIS**

Pearson product moment correlation was computed to determine the correlation between social support, subjective happiness, and coping, among adult with Hearing Disability. Critical ratio (*t*-Test matrix) was used to compare the groups on the variables included in the study i.e. social support, subjective happiness, coping and to ensure that differences observed between the groups were significant or not. Relationships & nature of obtained differences between two groups were examined with the help of the SPSS v25.0.

**RESULTS**

**Table 1:** Pearson correlation coefficient of Perceived Social Support, Brief Cope Inventory and subjective happiness

	Perceived social support	Problem focused coping	Emotion focused coping	Avoidant coping	Subjective happiness
Perceived social support	1	.323**	.423**	.149	.425**
Problem focused coping		1	.422**	.279**	.333**
Emotion focused coping			1	.411**	.252*
Avoidant coping				1	.120
Subjective happiness					1

\*. Correlation is significant at 0.05 level (2 tailed)

\*\*.. Correlation is significant at 0.01 level (2 tailed)

There is a significant relationship between Perceived social support, problem focused coping, emotional focused coping, and subjective happiness. This indicates that H1, H2, and H3 have been accepted even though avoidant coping strategy did not have any relationship with perceived social support or subjective happiness.

**Table 2:** Mean comparison between Male and Female on Perceived social support, Coping and Subjective Happiness

Variables	Male		Female		t	Sig.(2 tailed)
	M	SD	M	SD		
Perceived social support	5.0179	.99108	5.5257	.86498	-2.657	.009
Problem focused coping	22.61	4.161	22.95	3.513	-427	.671
Emotion focused coping	32.39	4.999	31.55	6.013	.756	.451
Avoidant coping	18.40	3.863	17.19	2.462	1.784	.078
Subjective happiness	4.5658	.77851	4.3333	.72134	1.514	.133

There is no significant different between perceived social support, subjective happiness, and coping among male and female. Hence H4 has been rejected.

**Table 3:** Mean comparison between deaf and hard of hearing on perceived social support, coping, and subjective happiness

Variable	DEAF		HARD OF HEARING		t	Sig.(2 tailed)
	M	SD	M	SD		
<b>Perceived social support</b>	5.2804	.96387	5.1823	1.02892	.457	.649
<b>Problem focused coping</b>	22.57	3.969	23.37	3.737	-.934	.353
<b>Emotion focused coping</b>	31.70	5.422	32.87	5.399	-.987	.326
<b>Avoidant coping</b>	17.86	3.289	17.93	3.591	-.103	.918
<b>Subjective happiness</b>	4.4107	.73108	4.6000	.80836	-1.149	.253

There is no significant difference between deaf and hard of Hearing on Perceived social support, Subjective happiness, and coping. Hence H5 has been rejected.

**DISCUSSION**

The analysis found noteworthy positive associations between perceived support from others, problem-focused coping, emotion-focused coping, and personal well-being. Specifically, who reported higher levels of perceived social support were more likely to engage in problem-focused coping, and experienced higher levels of personal well-being.

The positive relationship between perceived social support and both problem-focused and emotion-focused coping suggest that individuals from the Hearing Disability & Hearing impaired community; who feel supported by their social networks and were more likely to adopt effective coping strategies.

Feeling of support can instil a sense of confidence and safety, enabling them to proactively approach stressors with problem-focused coping or seek emotional solace with emotion-focused coping. Knowing that there are caring individuals willing to help can be a powerful resource for effective coping during challenging times.

The Transactional Model suggests that individuals who feel supported by their social networks experience a more positive secondary appraisal, as perceiving adequate social support provides confidence and safety, leading to a more favourable evaluation of their coping resources.

When individuals perceive higher levels of social support, they are more likely to view stressors as manageable challenges rather than overwhelming threats. This positive outlook, in turn, facilitates the adoption of adaptive coping strategies such as problem-focused coping and emotion-focused coping.

The strong positive correlation between perceived social support and subjective happiness emphasizes the vital role of social connections in fostering well-being. Feeling supported and connected to others creates a sense of belonging and fulfilment, contributing to higher levels of subjective happiness. Social relationships act as a buffer against distress and a source of joy and contentment, ultimately leading to increased feelings of happiness.

Interestingly, there was no correlation suggesting that the use of avoidant coping strategies is influenced by an individual's perceived level of social support. In other words, individuals may resort to avoidant coping regardless of whether they feel supported by their social network. This finding challenges the assumption that strong social support always promotes healthier coping mechanisms. It also underscores the multifaceted nature of well-being and coping behaviours, indicating that subjective happiness is influenced by various factors beyond coping strategies alone.

The finding of no gender difference in perceived social support, coping, and subjective happiness among persons with Hearing disability & Hearing Impairment highlights the importance of considering this community as a whole rather than dividing it based on gender. This finding corroborates with the observations of Asghari et al. (2000), indicating that there is no noteworthy link between gender and the prevalence of hearing impairment. The results shed light on the resilience and shared experiences of this unique population, emphasizing the significance of social support and coping mechanisms in promoting overall well-being and happiness. This valuable insight can inform future interventions and support services tailored to the specific needs of individuals with hearing loss.

Furthermore, the analysis reveals that there were no statistically significant differences between the Hearing Disability and Hearing Impaired groups; concerning perceived social support, coping strategies (problem-focused, emotion-focused, avoidant), and subjective happiness. These results suggest that both groups report similar levels of social support, coping behaviours, and subjective happiness. The lack of significant differences indicates that the two groups are comparable in these aspects, which can have important implications for understanding and supporting the well-being of both the groups.

**CONCLUSION**

In conclusion, this data analysis provides valuable insights into the relationships between perceived social support, coping strategies, subjective happiness, and gender among individuals with hearing loss. The findings highlight the significance of social support as a

crucial resource for fostering adaptive coping strategies and increasing subjective happiness. Participants who reported higher perceived social support also engaged in problem-focused coping, emotion-focused coping, and experienced greater subjective happiness. Positive correlations between perceived social support and coping strategies suggest that a strong support system installs confidence and safety, enabling individuals to address stressors proactively and seek emotional comfort, ultimately promoting happiness. Surprisingly, no correlation was found between perceived social support and avoidant coping, challenging assumptions about the influence of social support on coping mechanisms. Additionally, the absence of gender differences in perceived social support, coping strategies, and subjective happiness among individuals with Hearing Disability & Hearing Impairment emphasizes the importance of an inclusive approach to support services. The results underscore the resilience and shared experiences within this community, guiding future research and interventions aimed at promoting overall well-being.

### Implication of the Study

The findings highlight the significance of social support in promoting well-being and fostering adaptive coping strategies among this unique population. To enhance the overall well-being and happiness of these groups; support services should recognize the pivotal role of social interaction and ensure that interventions cater to the diverse needs and strengths within the groups of Hearing disability & Hearing Impairment. Providing inclusive support that considers the specific experiences of individuals with hearing loss can contribute to their resilience and empowerment in facing challenges and ultimately promote their subjective happiness and overall well-being.

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