

School of Nursing and Midwifery

**Understanding the Lived Experience of Persons
Who have a Different Sense of Hearing**

Catherine Elma Aquino-Russell

This thesis is presented for the Degree of

**Doctor of Philosophy
of
Curtin University of Technology**

April 2003

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

Signature: *Catherine Aquino Russell*

Date: April 9, 2003

ABSTRACT

Hearing loss is a silent, often overlooked condition which deprives people of the most basic of human needs--the ability to communicate effectively. The notion that there is a dearth of understanding by health care professionals when caring for persons with hearing loss has been acknowledged. This research study aimed to describe the meaning of what it is like to live with a different sense of hearing for seven Canadian participants. The process of inquiry was guided by Parse's human becoming theory for nursing (1981, 1987, 1992, 1998). The Giorgi (1970, 1971, 1975, 1985, 1989, 1992) modification of the phenomenological method was used for analysis-synthesis. Five women and two men employed and ranging between 25 and 70 years shared their lived experiences with the researcher via email correspondence. Confidentiality and anonymity were assured. Participants were asked to write about what it is like for them to live with a different sense of hearing. The central finding of this study was: *Living with a different sense of hearing is experiencing the joy-sorrow of hearing-not hearing unfolding through discovering gained-lost communication surfacing all-at-once with diminished-enhanced feelings of self while choosing the rhythm of revealing-concealing amid potential regard-disregard of others.* The findings of this research build on Parse's (1981, 1998) theory of human becoming and may enhance nurses' understanding of what it is like to live with hearing loss, which may in turn alter the way nurses structure practice with persons who live with a different sense of hearing, making a difference in their quality of life.

ACKNOWLEDGMENTS

I would like to acknowledge a number of persons from my past, present, and future whose help, support, and lingering presence have helped me throughout this dissertation process from tacit to explicit becoming....

First, heartfelt thanks are extended to my husband and best friend, Roger C. Russell. Roger, you are “the wind beneath my wings”. You have been ever since we met on that airplane, during all of our worldly adventures together, and will be my strength and ‘raison d’être’ for eternity. I appreciate your loving support and encouragement. You are my ‘biggest fan’ and I love you and thank you so very much for walking with me to make this endeavor possible.

Next, to my two wonderful daughters, Catrina Elen and Allison Marina, I thank you both from the bottom of my heart. Thank you for helping me to maintain balance in my life, for your encouraging words and gestures, and for teasing me about my “big words” like: cocreation and paradoxical. As you both have inspired me, I hope that I too, have inspired you to do what you may think is not possible, but is...

I’d like to express thanks to my family, my mother, Eleanor, my sister, Susan, and my brother, James. Mom, you have always believed in me and supported me in my aspirations to be whoever I wanted to be. Susan, you have bestowed me with thoughtful and caring deeds for which I am grateful. James, I appreciate your generosity, your gift, which helped to make this educational journey possible. To my

aunts, I give you all my deepest thanks. Glennis, you have been a mentor to me since I began contemplating Nursing as a profession. You always guided me in my striving for higher education. Mary, Carmel, Irene, and June, thank you for your encouragement and love. To Rita, my Godmother, I thank you for your love and faith in me.

To my mother-in-law, Marina Russell, I appreciate your encouraging words and steadfast support as we journeyed our way through the paths we have chosen. As well, thanks are extended to my brother-in-law Dr. Steven Russell, for the big-brother advice related to this PhD process.

I extend sincere appreciation to Curtin University of Technology for the scholarship and to my supervisors, Dr. Michael Hazelton, Dr. Aileen Plant, and Dr. Tina Tse. Mike, I admire your talent with words, thank you for your thoughtful critiques, and scholarly contributions to this dissertation. Aileen, I value your words of wisdom. Tina, I am grateful for your guidance, your editorial assistance, and the times we spent together. Thanks to each of you for your collegiality.

Special thanks are extended to Dr. Rosemarie Rizzo Parse, a person whom I greatly admire. Thank you for reviewing my work, for your feedback, guidance, supportive words, and your mentoring. This dissertation, in its present form would not have been possible without you and your human becoming school of thought.

Particular appreciation is acknowledged to Avraham Santopinto, my guru, colleague, and friend, whom I have never met in person, yet, who eagerly agreed to assist a stranger halfway around the world. I thank you sincerely for giving me the gift of yourself, sharing your creativity, and your insights to enhance my learning and understanding.

Finally, and most importantly, I wish to extend my sincere gratitude to the seven participants of this research who shared personal and extraordinary descriptions of their lived experiences to enhance my own and others' understanding in the cocreation of what it is like to live with a different sense of hearing.

DEDICATION

I'd like to dedicate this dissertation in loving memory of my father, an incredible human being, James R. Aquino, whose continuous and everlasting presence has constantly been with me, is with me now, and always will be.

TABLE OF CONTENTS

	Page number
Declaration	i
Abstract	ii
Acknowledgements.....	iii
Dedication	vi
Table of contents.	vii
List of tables	xiii
CHAPTER I	1
INTRODUCTION TO THE PHENOMENON OF INTEREST.....	1
Researcher’s perspective	1
Views of hearing loss	4
Comparison between natural science and human science paradigms	6
Phenomenon of interest and purpose of the study.....	11
Theoretical perspective: Parse’s theory of human becoming.....	12
Significance of the study for enhancement of nursing science.....	14
Research question	17
Objectives of the study	17
Organization of the thesis	17
Summary	18
CHAPTER II	20
REVIEW OF RELATED LITERATURE	20
Overview	20
Natural science paradigm	21

Knowledge about hearing loss.....	21
Etiology of hearing loss.....	22
Signs and symptoms of hearing loss	23
Labels	24
Culture, diversity, and identity related to hearing loss.....	25
Implications of hearing loss	30
Stigmatization and attitudes about hearing loss	35
Treatment approaches	39
Psychiatric approach	39
Audiological approach	40
Psychological approach	44
Nursing approach	45
Multidisciplinary approaches	47
Assessing quality of life.....	50
Personal experiences of research participants and other authors	54
Human science paradigm	58
Research focusing on the phenomenon of hearing loss	58
Universal experiences as related to the research phenomenon	60
Summary	62
CHAPTER III	63
METHODOLOGY:	
THEORETICAL FRAMEWORK AND RESEARCH METHOD	63
Overview	63
Ontology, epistemology, and methodology	64

Ontological basis: Parse’s human becoming school of thought.....	65
Methodological foundation:	
Qualitative inquiry and phenomenology.....	72
Phenomenology in human science research	73
Phenomenology in nursing	75
Contrary opinions about phenomenology in nursing	76
Phenomenological method	79
Presuppositions and general steps of the phenomenological research process	79
Giorgi’s modification of the phenomenological method	82
Computer mediated communication for collection of research descriptions	85
Opportunities of computer mediated communication	88
Challenges of computer mediated communication	90
Summary	91
CHAPTER IV	93
RESEARCH PROCEDURE	93
Overview	93
Research question	93
Sampling and participant selection	94
Role of the researcher	95
Ethical considerations and protection of participants’ rights	96
Gathering of research descriptions	97
Storage of research descriptions	99

Analysis	99
Bracketing	104
Methodological expertise.....	105
Summary	105
CHAPTER V	106
PRESENTATION OF FINDINGS	106
Outline	106
Findings	107
Participant One	107
Natural meaning units, central themes and focal meanings	107
List of focal meanings for Participant One.....	132
Situated structural description for Participant One.....	134
Participant Two.....	135
Natural meaning units, central themes and focal meanings	135
List of focal meanings for Participant Two.....	147
Situated structural description for Participant Two.....	148
Participant Three.....	149
Natural meaning units, central themes and focal meanings	149
List of focal meanings for Participant Three.....	161
Situated structural description for Participant Three.....	162

Participant Four.....	163
Natural meaning units, central themes and focal meanings	163
List of focal meanings for Participant Four.....	172
Situated structural description for Participant Four.....	173
Participant Five.....	175
Natural meaning units, central themes and focal meanings	175
List of focal meanings for Participant Five.....	197
Situated structural description for Participant Five.....	198
Participant Six.....	199
Natural meaning units, central themes and focal meanings	199
List of focal meanings for Participant Six.....	212
Situated structural description for Participant Six.....	213
Participant Seven.....	215
Natural meaning units, central themes and focal meanings	215
List of focal meanings for Participant Seven.....	222
Situated structural description for Participant Seven.....	223
General structural description	224
Summary	233
CHAPTER VI	234
DISCUSSION OF FINDINGS	234

Overview	234
Discussion of the general structural description	235
Other literature related to the findings	252
Rigor and credibility: Qualitative research standards	259
Limitations of the study	263
Summary	263
CHAPTER VII	265
REFLECTIONS, RECOMMENDATIONS, AND CONCLUSIONS	265
Overview	265
General structural description	265
Reflections	267
Recommendations	270
Implications for further nursing research	270
Recommendations for nursing practice	272
Implications for education	277
Conclusions	278
Summary	279
REFERENCES	280
Appendix A	308
Appendix B	310

List of Tables

Table I: Comparison of human science and natural science perspectives.....	66
Table II: Similarities between Literature Review and Research Findings	253

CHAPTER I

To understand is to change, to go beyond oneself.

(Sartre, 1963)

INTRODUCTION TO THE PHENOMENON OF INTEREST

Researcher's Perspective

In the process of becoming the person I am, I have held many nursing practice, research, and administrative positions in provinces, universities, and health care institutions in Canada. Having worked beside hundreds of nurses and other health care professionals, I have witnessed the lack of understanding that many nurses and other health care professionals possess about what life is like for persons who live with hearing loss. I have observed, in general, that nurses and health care professionals do not know or practice strategies to enhance interpersonal communication and quality of life for persons who live with hearing loss. They do not understand or know what it is like to live with a different sense of hearing.

I do understand what it is like, because I myself live with hearing loss—I live with a different sense of hearing. For me, living with a different sense of hearing is not a medical diagnosis, label, or a disability. It is an experience I live everyday. From my perspective, a different sense of hearing is:

All-at-once, not hearing sounds that others hear, while hearing sounds that others do not.

I lost some of my hearing after the birth of our second daughter. The experience of coming to know has been gradual and sometimes veiled to me. I began with one assistive hearing device. Now I wear bilateral hearing aids. I lip read, and I am very sensitive to the “vibes” that people send out. I do not view hearing loss as a “disability.” I have a *different sense* of hearing from that of most people. My own silence is very noisy due to a medical diagnosis called tinnitus. I call this my “sound of silence.” I live my hearing experience as a unique human being. Being labeled “hearing defective” belittles my experience and my personhood. I do not want to be judged as “adapting to” or “coping with” hearing loss. I do not believe that any human being should be judged for living their life as they choose. My hearing experience is what I live everyday in my own way. Living with a different sense of hearing can be paradoxical. It does not stop me from doing or trying anything. I have experienced opportunities because of my different sense of hearing, and yet there can be limitations at the same time. In addition, there are times when I may choose to reveal or to conceal my hearing loss to others. These are choices that *I* make.

In my career, I have frequently found myself personally and professionally challenged because of a tension between the way I *wanted* to be with people, and the way that I was *supposed* to be as a nurse. According to conventional medical science, which has been most prevalent in places where I have been employed, I was expected to be the health care expert. I had to be able to fix peoples’ problems. I was in control of information: what people could learn, and when. Even though I had

been educated to believe that persons were participants *with* me, there were still strong requirements which placed me, as health care professional, to be somehow responsible for and in control of persons and their experiences of health. I found that I did not want to control others in this way.

I have also had experiences being a patient within the health care system. Because I did not like it when others were in control of my health and me, I did not want to do this to others. In my Masters program in Nursing, I worked as a research assistant. I learned about the consumer movement with its emphasis on person-participation in health care (Degner & Russell, 1988). Furthermore, a scholar, colleague, and friend (Dr. Gail Mitchell) introduced me to the innovative work of Dr. Rosemarie Rizzo Parse: the human becoming theory (Parse, 1981, 1987, 1992, 1998). Human becoming theory spoke to me in a way that no other nursing theory has before. Living the human becoming theory encompasses a way of being with the world/universe and enhances my contribution, as a health care professional, to the world in a way that does not control or negate peoples' experiences but honours human beings and joins *with* others to bear witness as they live their journeys. This is how I, as a person who lives with a different sense of hearing, would like other health care professionals to be *with* me.

These pivotal learning opportunities, in my personal life and career, cocreated with others, led me to begin the formal and informal study of Parse's theory. The human becoming theory is not to be simply applied to specific situations. Rather it is a way

of being with the world. Henceforth, I have begun to transform my way of being with people to be consistent with the human becoming theory.

A central moment in my nursing experience is listening to people. I believe that physical hearing is only one part of listening and being in true presence with people. I have been given the gift of living with a different sense of hearing so that I may help others to discover their own way. That is not only the purpose of this thesis; it is one of my life goals. Therefore, I bring with me into this research process my own experiences of living with a different sense of hearing, as well as a perspective rooted in the theory of human becoming (Parse, 1981, 1987, 1992, 1998).

Views of Hearing Loss

Living the experience of having a different sense of hearing is widespread in the world. Hearing loss affects approximately 10% of the world's population. This figure includes: more than three million persons in Canada, two million in Australia and New Zealand, 28 million in the United States, three million persons in Scandinavia, six million each in Britain, France and Italy, nine million in Germany and 15 million persons in Russia (Myers 2000). However, there is a shortage of accurate, population-based data especially for developing countries. The World Health Organization (2001) estimates that 250 million people in the world live with moderate or severe hearing impairment, and two-thirds of these people live in developing countries. Hearing loss is considered the second most prevalent chronic condition in the United States of America (Zazove & Doukas, 1994; Ralston, Zazove

& Gorenflo, 1996) and is regarded as the second leading contributor to years of healthy life lost due to disability in Australia (Mathers, Vos, & Stevenson, 1999). Given these figures, one can see that living with a different sense of hearing is a lived experience of many people around the world.

In classrooms or presentations, I have asked students or fellow health care professionals: Who experiences hearing loss? Most respond with: “Old people have hearing loss”. It is commonly held that hearing loss is a natural process of aging (Darbyshire, 1985; Marshall, 1981; Martin, Krall & O’Neil, 1989). The majority of people however, are quite surprised when a young person or someone in the workforce lives with hearing loss. There are many people employed in today’s work environments who live with a different sense of hearing and most of their working colleagues probably do not even know it. Backenroth and Ahlner (1998) stated that hearing loss “is regarded as a work-disability at the labour market, it is often hidden in interaction with others at the workplace” (p. 332). “Hearing loss is a silent and often overlooked disability that can dramatically affect the quality of one’s life” (Palumbo, 1990, p. 26). Living with a different sense of hearing is a life experience for many humans and “because professional nursing practice is enmeshed in the life experiences of people” (Carpenter, 1995, p. 29) “understanding the meaning of those life experiences is vital to nurses” (Moore, 2000, p. 573).

Comparison Between Natural Science and Human Science Paradigms

Two worldviews are addressed in this dissertation, namely, the natural science and human science paradigms, also known as the totality and simultaneity paradigms (Parse, 1981, 1987; Cody, 1995). Paradigm refers to a set of general beliefs and values adopted by a particular worldview (Nagle & Mitchell, 1991). The natural science (totality) paradigm conceptualizes the individual as the sum of biological, psychological, social, and spiritual parts (Parse, 1981). Human beings are viewed as closed systems in which adaptation and coping are considered to be successful responses to a changing environment (Nagle & Mitchell, 1991). From this perspective, persons are perceived as responding to environmental stimuli in cause-effect patterns and life experiences can be predicted and verified (Parse, 1981; Nagle & Mitchell, 1991). It was proposed by Bockman and Rieman (1987) that with these causal relationships comes the possibility of control, resulting in individual perspectives and differences being devalued in an effort to separate reality from human experience (Nagle & Mitchell, 1991).

Hearing loss viewed in this conventional or medical-scientific sense (i.e., natural science paradigm) posits diagnoses, labels, and judgments within cause-effect relationships, associated with coping, adaptation, adjustment, grief, loss, and other emotional responses. Some of the descriptions and labels for persons who live with hearing loss within this paradigm include: hard of hearing, deaf, Deaf¹, hearing

¹ Many persons who live with this experience have capitalized the word Deaf. Persons, so labeled, say they capitalize the word because they wish to be recognized as a cultural entity.

impaired, deafened, early onset or late onset. Hearing loss, with its various labels, has been the focus of numerous research studies and books within the natural science paradigm. Yet, there are misunderstandings about living with hearing loss, especially when health care professionals' goals differ from those of persons who live with a different sense of hearing (Getty & Hetu, 1994; Kroth, 1987; Martin, George & O'Neill, 1987; Wood, 1987). For example, it has been suggested that professionals who work with persons living with a different sense of hearing do not really understand how difficult it is to lose easy communication with others, or how tiring and frustrating it can be to spend every waking hour trying to understand information conveyed by voice (Glass & Elliot, 1992). Thus, while this paradigm has strengths, there are also limitations. There is a possibility that aspects of the lived experience of having a different sense of hearing may elude the reductive grasp of the natural science paradigm.

The human science paradigm considers the individual as a unitary human being who cannot be understood by studying bio-psycho-social-spiritual parts. The person is an active participant in life, freely choosing meaning, and cocreating health in the process of being and becoming (Parse, 1981). The researcher, with this perspective, seeks to understand what it is like to live with a different sense of hearing, from the perspective of the person. For further illumination, a table representing, in more detail, the differences between the human science and natural science paradigms is presented in Chapter Three of this dissertation.

Wood (1987), writing from the perspective of conventional science, described the search for a theoretical framework to explain the process of hearing loss and the loss of meaning that emerges in the lives of many people. Wood stated that the medical model (in the natural science paradigm), although providing many useful insights also contains pitfalls. Other models within the natural science paradigm, Wood said, suffer from being reductionist, seeking to reduce such a process to a single causal genesis. Wood declared that existentialist philosophers and writers such as Kierkegaard, Sartre, Camus, and Heidegger have provided the only systems that confront meaning and authenticity in living with hearing loss. The essence of the existentialist tradition, which is the basis for the human science paradigm, lies in its rejection of reductionist determinism in understanding the complexities of human experience. Each human being's quest for meaning is specific and personal rather than general. Essentially, the person's sense of meaning in life does not conform to predetermined patterns, but develops in context (Macquarrie, 1973; Wood, 1987). From these perspectives, one cannot consider human experience to be standardized or generic.

Back in the mid-nineteenth century, Dilthey (1833-1911) attempted a philosophical description of human science. Dilthey (1961) identified limitations of the natural sciences for understanding human lived experiences and wrote:

If we consider mankind only in terms of perception and knowledge it would be merely a physical fact for us and, as such could only be explained in terms of natural sciences. But, insofar as man experiences human states, gives

expression to his experience and understands the expressions, mankind becomes the subject of human studies. (p. 71)

More recently, others (Giorgi, 1970; Parse, 1981, 1987, 1998, 2001; Mitchell & Cody, 1992; Polkinghorne 1983) have extended and elaborated Dilthey's work.

Human sciences are grounded within ontological and epistemological perspectives of human experience, expression, and understanding. Mitchell and Cody (1992) described the ontology and epistemology of human sciences, synthesizing and condensing the works of Dilthey (1961, 1976, 1977a, 1977b, 1988) and Giorgi (1970, 1971, 1985). These authors described the following values and beliefs from a human science perspective:

1. Human beings are unitary wholes in continuous interrelationship with their dynamic, temporal, historical, cultural worlds, which guides a research and practice focus on the coherent experience of the person's meanings, relations, values, patterns, and themes.
2. Human experience is preeminent and fundamental and reality is the whole complex of what is experienced and elaborated in thinking, feeling, and willing. Lived experience is the basic empirical datum, as gleaned from the participant's description free of comparison to objective realities or predefined norms.
3. Human beings are intentional, free-willed beings who actively participate in life continuously. Thus, the person's coparticipation in generating knowledge of lived experience is respected, and no more fundamental reference than what is disclosed by the person is sought.

4. The researcher is inextricably involved with any phenomenon investigated thus; the researcher seeks knowledge and understanding of lived experience and is cognizant of the other's lived reality as a unitary whole. (Mitchell & Cody, 1992, p. 56).

These values and beliefs guide scientific inquiry within the human science paradigm, and are central to the research reported in this thesis.

There is but nominal nursing research investigating the experience of living with hearing loss from a human science perspective (Rowe, 1998). No studies have been found by this investigator to date describing, from the person's perspective, the meaning of living with a different sense of hearing.

In summary, while dominant scientific perspectives prevail globally, there is a need to study human beings and not just their diseases. It may be no accident that as reliance on technology increases, so are more and more health care professionals, and consumers, refocusing attention on human experience, whether this be the experience of suffering, hope, grieving, feeling understood or as in the case of this thesis, the experience of living with a different sense of hearing. Within health care service, some disciplines are shifting their primary allegiance from the natural sciences to the human sciences, more so than others (Welsh, 1981). Nursing is one of those disciplines in which many practitioners are making the transition.

Phenomenon of Interest and Purpose of the Study

The phenomenon of interest for this dissertation is the lived experience of persons having a different sense of hearing. The purpose of the research is to enhance our understanding of this particular lived experience. This study describes what it is like for persons to live with hearing loss, using their own words. Such descriptions may enhance nurses' understandings, contributing to new ways of structuring care with people who live with a different sense of hearing.

Giorgi's (1970) phenomenological method was the chosen approach for this study. It is a method of qualitative inquiry designed to uncover meaning in human experiences. Living with a different sense of hearing is a human experience which cannot be quantified. Santopinto (1987) cited that phenomenology is a method of inquiry "implemented within a context of discovery rather than within the quantitative context of verification ... (Giorgi, 1985)" (p. 26). Moreover, phenomenological approaches treat target phenomena "not as... problem[s] to be solved, but as...question[s] of meaning to be inquired into" (van Manen, 1990, p. 24). Accordingly, the phenomenological method has been selected as the research method to uncover the meaning of living with a different sense of hearing.

Theoretical Perspective: Parse's Theory of Human Becoming

A theoretical perspective has been chosen to guide this research. It is proposed by Gortner (1984) that, “the goal of nursing science, as is true with other sciences, is to represent nature-in particular human nature-to understand it and to explain it for the benefit of human kind” (Gortner & Schultz, 1988, p. 23). Further, Mitchell (1996) argued that all research is embedded in a theoretical perspective, whether explicitly or implicitly. Even if implicit, the theoretical perspective can be identified from research question to discussion through the epistemology and methodology of the research. M. J. Smith (1989) contended that qualitative findings expand theory, which, in turn, contributes to the enhancement of understanding of a particular phenomenon further guiding practice and advancing research activities. In addition, Mitchell and Pilkington (1990) stated that “[nursing] theories provide specific structures for organizing knowledge, scientific inquiry, and practice activities” (p. 81). The theoretical perspective chosen to guide this research is Parse’s (1981, 1992, 1998) theory of human becoming. Mitchell and Cody (1999) described the human becoming theory as grounded within the human sciences, and having “given rise to a body of literature, multiple rigorous methodologies for research and a practice method—all of which constitute more than a theory alone” (p. 304). Parse’s theoretical work has been referred to in the literature as a school of thought rather than simply as a theory (Mitchell & Cody, 1999).

Parse’s (1981, 1992, 1998) human becoming school of thought is consistent with Dilthey’s (1961) views and with the work of Rogers (1970). Parse’s work has major

tenets and concepts drawn from existential phenomenology. By drawing upon the work of scholars such as: Sartre, Merleau-Ponty, Rogers, Heidegger, Buber, Marcel, Tillich, van den Berg, and van Kaam, Parse built the human becoming school of thought on a solid theoretical and philosophical foundation while bridging with the past, which is necessary for the establishment of scientific work (Parse, 1998). Parse (1981) had first named the theory *man-living health*. It was later renamed: the theory of human becoming (Parse, 1992). This change came about when the word “man” changed from meaning “mankind” to meaning male gender. Parse (1992) stated, “the name human becoming reflects the unity of the construct man-living-health, which is still the focus of the theory” (p. 37). Parse (1998) avowed that the human becoming school of thought posits nursing to be a basic science with “the human-universe-health process as the phenomenon of concern” (p. 4). Health, according to Parse (1998), is the process of human becoming and “a continuously changing process that the human cocreates in mutual process with the universe” (p. 33). With one focus of nursing being quality of life from the person’s perspective, it is the person who is considered the expert in the health process. The nurse, then, is considered an expert in bearing witness to another’s living health and quality of life (Bunkers, 1999).

The meaning of the research phenomenon from Parse’s theoretical perspective will be described further in Chapter Three of this dissertation. The qualitative data shared by the participants with the researcher, will be analyzed through the lens of Parse’s theory of human becoming (see Chapter Six). It is expected that the findings will contribute to the development of nursing knowledge in this area and may also be

used by other health care professionals in understanding the experience of living with a different sense of hearing.

Significance of the Study for Enhancement of Nursing Science

This research has significance for the enrichment of nursing science by enhancing understanding of the experience of living with a different sense of hearing. Knowing more about this phenomenon may add to the body of nursing knowledge, guiding nursing practice, and research.

People who live the experience of having a different sense of hearing continue to be stigmatized, labeled, and judged by nurses, health care professionals, and family members alike. Hearing loss is a silent affliction that cuts a person off from a basic human need—the need to communicate effectively with other human beings.

Danhauer, Johnson, Kasten, and Brimacombe (1985) introduced the phrase the “hearing aid effect” to describe the negative attitudes displayed by people when they observed that a person was wearing a hearing aid (Brooks & Hallam, 1998). Within the natural science paradigm, Backenroth and Ahlner (1998) described the battle that “hearing-impaired” individuals experience “in everyday life trying to conceal their hearing impairment whenever possible or avoiding contact in order to get away from embarrassing human encounters” (p. 331) which results in feelings of alienation and loneliness in working and social life. In contrast, only one descriptive exploratory study (Rowe, 1998) was found which proposed a view of hearing loss within the human science paradigm and through the lens of the human becoming theory (Parse,

1981, 1992, 1998), however, there are some inconsistencies between Rowe's findings and Parse's theoretical perspective (personal communication, R. R. Parse, November, 2002). For example, Rowe's findings suggested that older women experienced hearing loss in individual, yet similar, ways. Rowe described participants' health patterns as evolving out of the experience of hearing loss and having been influenced by past life experiences. Further Rowe reported that some participants found themselves creating or inventing new ways to conceive of the experience, changing the experience by relating to it in new or different ways, and moving with the experience into a meaningful life event. Parse's view of these findings is that they are static and inconsistent with Parse's terminology for the theory of human becoming. As well, descriptions of originating and transcendence were not used. Plus, for Parse, meaning *is* reality one cannot move with the experience *into* a meaningful life event (personal communication, R. R. Parse, November, 2002).

More and more seniors are experiencing hearing loss. In fact, over 50% of those people 60 years and over are considered to be living with hearing loss (Palumbo, 1990). Loss of hearing is an inevitable component of the aging process (Martin et al., 1989). The National Institute on Aging (1990) described hearing impairment as "a common but neglected physical change in the elderly, afflicting approximately 24 million older Americans" (Zhan, 2000, p. 2). Given global demographics (i.e., people are living longer) and the fact that there are many persons employed within the workforce, who live with a different sense of hearing, nurses need to become more aware of personal challenges and accessibility issues (Aquino-Russell, 1998)

experienced by persons who live with a different sense of hearing, as well as, the meaning that persons ascribe to the experience.

This study may have further significance for the nursing profession. In consideration of the invisibility of hearing loss, nurses may benefit from enhanced knowledge and understanding of what life is like for all persons (young and old) who experience hearing loss. Understanding the lived experience of persons having a different sense of hearing, finding out what it is like for them, and illuminating, with the people themselves, their worlds of meaning may expand the knowledge base of nurses and nursing science. For as Mitchell and Heidt (1994) professed, “enhanced understanding about human [lived] experiences leads to an openness that can change the ways nurses interrelate with persons in practice” (p. 119) facilitating “nurse participation in human health, healing, and quality of life” (p. 119). Thus, nurses may learn to choose more innovative ways of being *with* persons who live with a different sense of hearing. The writer of this dissertation believes that nursing is not simply the performance of a set of tasks. Nursing is *not* judging and diagnosing persons and their experiences. Nursing *is* an intentional way of being *with* people. Nursing practice involves living in true presence with others, knowing that each person knows their own way. Therefore, as Sartre (1963) professed, “to understand is to change, to go beyond oneself” (p. 18), it is expected that this study may enhance nurses’ knowledge and understanding, which may change practice and stimulate further research, for the enhancement of quality of life of persons who live with a different sense of hearing.

Research Question

The research question under investigation is: What is the structural description of living with a different sense of hearing?

Objectives of the Study

The objectives of this study are:

1. To describe the meaning of the lived experience of having a different sense of hearing from the perspectives of participants who live the experience.
2. To generate a general structural description of the lived experience of persons who are living with a different sense of hearing.
3. To build on Parse's (1981, 1992, 1998) theory of human becoming for nursing.

Organization of the Thesis

The thesis is set out as follows: Chapter Two presents a selected review of related research, drawing on studies undertaken from within both the conventional (natural) science and the human science paradigms. The purpose of this chapter is to outline what is known about hearing loss, and to identify areas requiring more attention. It will be argued that one area about which little is known is the meaning of the experience of hearing in a different way: what it is like to live with a different sense of hearing. Chapter Three describes the theoretical and methodological context of

the study, beginning with a discussion of the theoretical basis to the research, drawing on Parse's (1981, 1998) theory of human becoming. This will be followed by the rationale for using a phenomenological research method. Also included is an overview of Giorgi's (1970, 1985) modification of the phenomenological method - the research method employed in the study. Chapter Three includes a literature review of computer-mediated communication, a relatively recent development in data collection technique utilized for this research. Chapter Four describes the procedures employed in conducting the research. Chapter Five presents the findings or descriptions generated by the study participants. These will include, from Giorgi's method of analysis, the identification of natural meaning units, central themes, focal meanings, and situated structural descriptions for each participant. Subsequently, a general structural description will be presented. In Chapter Six, a discussion of the findings of this study will be offered in relation to the key findings of the extant research literature along with justification of the rigour, credibility, and limitations of the study. Chapter Seven concludes the study, discussing implications for practice and education; making recommendations for future research; and reflecting on the journey undertaken by the researcher in the course of conducting the study. A series of appendices and references are provided at the end of the dissertation.

Summary

This initial chapter has introduced the thesis, providing an overview of the researcher's perspective, the current state of the field, theoretical orientations underpinning the research, purpose, significance and objectives of the study, and the

research question. The chapter also provided an overview of the structure of the thesis.

CHAPTER II

Hearing loss is invisible.

(Vernon, 1989)

REVIEW OF RELATED LITERATURE

Overview

As stated in Chapter One, the meaning of life experiences is vital for nursing, identified as a humanistic profession that focuses on the individuality of those for whom nurses provide care (Munhall, 1989). The purpose of this chapter is to provide a synthesis of the extant literature as it relates to the study phenomenon. The main research approaches adopted by conventional medical and social sciences in the natural science paradigm are: 1) to develop knowledge about hearing loss; 2) to describe implications of hearing loss; 3) to provide treatment approaches and strategies for dealing with hearing loss (i.e., coping, adaptation, and adjustment); and 4) to assess quality of life for persons who live with hearing loss. These approaches will be delineated. The major perspectives that will be presented include: medical, audiological, psychological, sociological, and nursing perspectives. These disciplines use both quantitative and qualitative research methods to investigate hearing loss. Consistent with the natural science paradigm, research in this area focuses on cause-effect relationships, diagnoses, and descriptions of professional practice focused on fixing and labeling persons and judging their responses to living

with hearing loss. Also included in this chapter are comments and research findings specifically from the perspective of persons who live with hearing loss and from books and articles written for a lay readership.

Within the human science paradigm, of the qualitative research methods embraced by researchers, only a few studies have focused on the phenomenon of hearing loss and on related universal experiences. These studies will be delineated, as they may be relevant to the exploration of the study phenomenon.

Reliance on the natural science paradigm and the lack of research within the human science paradigm have led health care professionals to a poor understanding of the meaning of living with hearing loss, and what it is like for people who live the experience. This lack of understanding, in turn, influences the practice methodologies of practitioners who deal with persons who live with a different sense of hearing. The central argument of this chapter is that studies from both paradigms have failed to focus on a full understanding of the experience of living with a different sense of hearing.

Natural Science Paradigm

Knowledge about Hearing Loss

Knowledge about hearing loss has been gained through rigorous physiological and medical scientific research. Understanding of the etiology, signs and symptoms, and labels of various types and experiences with hearing loss have been described in the literature.

Etiology of Hearing Loss

To appreciate hearing loss one must first comprehend the etiology, the specifics of normal hearing. The scientific, physiological explanation of hearing is that a chain reaction is set off as sound passes through the ear whereby specific parts of the ear transmit information to the brain by sensing, amplifying, and relaying. The outer ear collects sound vibrations and funnels the sound to the eardrum through the ear canal. There are tiny bones within the middle ear, which amplify the vibrations. This amplification causes fluid held in the inner ear to vibrate, which in turn, stimulates tiny nerve endings called hair cells. The hair cells transform these vibrations into electrical impulses that then travel to the brain via the 8th cranial nerve. A stereophonic effect occurs when both ears pick up the vibratory differences, this effect enables the brain to help locate and identify the origin of the sound (Kinderknecht & Garner, 1993).

The two major types of hearing loss described by practitioners of medicine are sensorineural and conductive. If both are present, it is then referred to as mixed hearing loss. Sensorineural, also known as perceptive or nerve, hearing loss is caused by damage or destruction of hair cells and/or nerve fibers in the inner ear. The most common causes of hearing loss are: aging (referred to as presbycusis, a medical diagnosis); high fever (resulting from illnesses such as meningitis); side effects of medications such as antibiotics (gentamycin, kanamycin, neomycin); aspirin or quinine (Goin, 1976); poor diet; genetic factors predisposing a person to hearing loss; diseases (diabetes, hypertension); as well as, sudden or prolonged exposure to loud noise (which damages the hearing mechanisms needed for high

frequency tones). Noise like this may occur in work-related occupations (i.e., rock musicians, equipment operators, boilermakers, pilots, etc.) (Kinderknecht & Garner, 1993; Brunner & Suddath, 1988). Given the availability of this knowledge, physicians nowadays consider all of the options before ordering ototoxic drugs, plus there are campaigns and coalitions for the prevention of occupational hearing loss (Stephenson, 1999) as well as prevention programs for all types of hearing loss (World Health Organization, 2001).

Conductive hearing loss usually involves obstruction whereby the outer or middle ear is unable to conduct sound waves to the inner ear. Causes for this include: excessive wax (cerumen), infection (otitis media), punctured or perforation of the eardrum, foreign bodies, congenital conditions (otosclerosis), or immobilization of the bones of the middle ear. Conductive hearing loss may be treated with hearing aids. However, even though hearing aids may offset hearing loss, they will never restore hearing to normal (Kinderknecht & Garner, 1993). Thus, the etiology of hearing loss is clearly understood, as are the signs and symptoms.

Signs and Symptoms of Hearing Loss

Signs and symptoms of hearing loss have been expressed in the literature (Cavendish, 1998; Brunner & Suddath, 1988; Vernon, 1989). Signs and symptoms include: speech deterioration, fatigue, indifference, social withdrawal, insecurity, indecision, suspiciousness, false pride, loneliness, unhappiness, history of tinnitus (a medical diagnosis for ringing in the ears), history of ear infections, hearing sounds but not understanding, requesting repetition, blaming other persons for poor

articulation, speaking loudly, difficulty understanding speech in group or social situations, turning up the volume of television and/or radio, and watching speaker's mouth unconsciously depending on lip-reading. Thus, it has been written that any of the above mentioned signs and symptoms could indicate loss of hearing. Once persons are deemed to have hearing loss, confusion occurs as to the labels they should be assigned.

Labels

Persons living with hearing loss are referred to in the literature by many names or labels such as: hard of hearing, hearing impaired, Deaf, deaf, deafened (Ramsdell, 1947, 1978; Luey, 1980), early and late onset (Vernon, 1989), post vocationally deaf (Schein & Delk, 1974), late deafened (Hunter, 1978), adventitiously deaf (Benderly, 1980), and sudden severely deafened (Levine, 1981). It is written that early onset includes persons without sufficient hearing to understand speech or those persons who have lost their hearing before having learned language, i.e., by approximately three years of age (Vernon, 1989). Late onset consists of the largest number of people who are hard of hearing or deaf as a consequence of the aging process (Marshall, 1981). These individuals have functioned most of their lives with normal hearing and are now experiencing an increased difficulty understanding conversational speech, television, group discussions, church sermons, and in general the speech of social and professional interaction (Vernon, 1989). David and Trehub (1989) contended that, despite considerable numbers, persons who are deafened have managed to escape public attention, including those individuals having acquired their profound hearing losses in adolescence and adulthood.

The labels *deaf* and *hard of hearing* are being used interchangeably in society. There is a movement afoot to try to change this. For example Getty (1994) explained the differences between being Deaf (with a capital D) and hard of hearing persons stating: Deaf people are typically identified early in life and the majority usually benefit from special education programs and resources. They share a common language (i.e., sign language) and a common culture. On the other hand, most hard of hearing people, develop hearing loss during adulthood which generally progresses insidiously, and unless they wear a noticeable hearing aid, their condition is invisible to others. Earlier, Ashley (1985) explained that the public uses the word ‘deafness’ as an umbrella term to cover all forms of hearing loss. Ashley’s words are still relevant today as he declared, “no wonder deaf people are bedeviled by being misunderstood” (p. 61). Labels and names may or may not be welcomed by individuals living with hearing loss depending on the person’s perspective, culture and/or identity.

Culture, Diversity, and Identity Related to Hearing Loss

Culture, diversity, and identity were described in the literature related to hearing loss (Andersson, 1994; Byrne, 1998; Getty & Hetu, 1994; Lazlo, 1995; Leigh, Corbett, Gutman & Morere, 1996; Luey, Glass & Elliott, 1995; Swain, Finkelstein, French & Oliver, 1993). Culture of the Deaf population and the words deaf and Deaf have been clarified. First, the word deaf usually refers to an audiological condition or absence of hearing, whereas, Deaf (with a capital D) denotes culturally deaf and implies membership in a community with its own language (sign language: ASL-American Sign Language, FSL-French Sign Language, BSL-British Sign

Language). For example, descriptors such as the following have been used: ‘he is not deaf; he is hard of hearing’ or ‘I am not hearing impaired, I’m Deaf’ (Luey et al., 1995). “Culture, itself, has been described as “particular behaviours, norms and beliefs. People in the Deaf community and culture tend to perceive deafness not as a disability but as an alternate lifestyle and culture” (Luey et al., 1995, p. 179). Yet, it has been written that, conflict arises for people who live with hearing loss for they cannot identify with and fully participate in the hearing world, nor can they identify with or perhaps even wish to belong to Deaf culture (Getty & Hetu, 1994). A person’s self-definition, that is being: deaf, Deaf, deafened, hard of hearing, or hearing impaired is a complex issue. Paradoxically, some of the factors involved have little to do with hearing level. Writers believe that the complicated interrelated dimensions of hearing, language, culture, and politics must be considered (Luey et al., 1995) because different meanings can change self-definition.

Many culturally Deaf people have suffered misunderstanding and overt discrimination from the hearing world and may consider themselves victims of oppression. “Hearies” (a label that Deaf people have used when referring to people who can hear) may, for some, represent a world that is at the very least different and at worst oppressive. Deafness is often regarded as a one and only phenomenon and Deaf people are pictured as a unified body of people who share a single problem. From a medical point of view, it is common to work with a classification of deafness and hearing loss related to pathologies attributable to an inner ear disorder or to an outer/middle ear disorder. Medical intervention is most concerned with the origin, degree, onset, type of loss, and structural pathology of deafness or hearing loss than

with communicative challenges and the meaning of living with hearing loss. It has been argued that hearing loss is a complex phenomenon, with many serious consequences for people. Hearing loss involves many factors and issues that require careful examination. The immediate consequence of hearing loss is a breakdown in communication. Some believe that empowering strategies for people with hearing challenges should be focused on the removal of communication barriers (Monoz-Baell & Ruiz, 2000).

The influence of culturally defined social roles on the way hearing impairment is experienced has been further supported by the findings of a pilot investigation conducted with women who have acquired hearing loss (Waridel, Hetu & Getty, 1994). It showed that the experience of hearing loss differed between women and men. Women described the effects that having hearing loss had on their daily lives and how it reduced their pleasure in various activities. Men did not state these effects in the same way. Women expressed their dissatisfaction in their intimate relationships with not being able to play their culturally defined social roles as nurturer and communicator. Further, they felt that support from their spouses was lacking. This finding contrasted with the experience of males in another study (Getty & Hetu, 1994). Getty and Hetu (1994) focused on cultural development in hard of hearing people, suggesting that because of the reluctance to disclose their hearing loss to others, hard of hearing people do not develop a culture of their own. Lazlo (1995) also discussed the lack of a hard of hearing identity by such individuals stating that Deaf identity is rooted in sign language and the Deaf culture. For hard of hearing people, the social dynamics and motivation to develop an identifiable and

distinct cultural identity is different from those of deaf people. This is so because of the wide variations in hearing problems and the fact that people who are hard of hearing have social interactions, which are mostly verbal. Therefore, these authors concurred that the lack of a common identity strongly influences the effort to change societal perceptions of the nature and consequences of hearing loss. With this, one can sense the *victim-blaming* that is prevalent in the conventional approach, i.e., blaming people with hearing loss for not disclosing and not developing a culture of their own which, as a result, leads to societal perceptions and consequences of hearing loss.

There are, however, groups such as SHHH (self-help for hard of hearing people) and ALDA (Association of Late Deafened Adults) who strive to increase community understanding about the rights and needs of hearing impaired people (Luey et al., 1995). Unfortunately, conflicts arise because it is known that SHHH and ALDA endeavor to make spoken English more accessible to their constituents and their agenda is not related to American Sign Language (ASL). Therefore, it is perceived by some members of the Deaf community, that these groups are a threat to Deaf language and culture (Luey et al., 1995).

In addition, one must consider the fact that health care professionals, as interveners, have their own culture including beliefs, behaviours etc., which modulate their interventions. One basic dimension of this culture is the medical (curative) model of professional help from the natural science paradigm. In this model, Getty and Hetu (1994) suggest that health care professionals are known as the experts, who know

the clients' problems, and the clients do not. It is the health care professionals who have, or are expected to have, the solutions to the clients' problems. They continued proposing that this framework tends to make professional interventions uniform across individuals, focusing on short-term results with diagnostic, rehabilitation, and evaluation tools being more or less the same regardless of who is receiving services (whether it is an individual, male or female, an elderly person, a person belonging to a different ethnic group, a couple, or a group). They suggest that this practice be questioned and that diversity of the people be taken into consideration. More specifically, health care professionals must learn from the people themselves by listening to how they talk about their experience with health challenges. Knowledge such as this is a prerequisite for making services accessible and finding a way to reach everyone who needs health care professionals' services (Getty & Hetu, 1994). It is believed that "understanding a person with a hearing loss is a complex and specialized clinical challenge" (Luey et al., 1995, p. 181). It has been suggested that if health professionals are to be of help to people who live with hearing loss they "must join each deaf or hearing-impaired person in a full and multifaceted exploration of all pertinent dimensions of life-hearing, communication, language, culture, and politics" (Luey et al, 1995, p.181).

Within the natural science paradigm, hearing loss is viewed as a disability. However, this notion is changing. Disability has been examined from another perspective that is based on the experience of injustice and the growing collective identity of disabled people. Disability is believed to be caused by the way society is organized and the fact that disabled people are presented with numerous social, structural, and

economic barriers, which deny them opportunities for full citizenship, equal opportunities, and social justice. The notion that disability is either a medical condition or a 'personal tragedy' has been strongly challenged with recommendations made that professional practice and alternative models of support be developed in order to give disabled people control over their own lives (Swain et al., 1993). Such alternatives could be informed by the philosophy of the human science paradigm, which views the person as the leader in his/her own health and lived experience.

In summary, research clarifying the etiology, signs and symptoms, and labels placed on persons living with hearing loss are described in the conventional and social sciences. This information influences further research related to the implications of hearing loss including the consequences, problems, attitudes, and stigmatization related to living with hearing loss.

Implications of Hearing Loss

Implications, consequences, problems, and the ensuing stigmatization of living with hearing loss have been described in the literature (Beck, 1989; Denmark, 1969). The implications of age-related hearing loss for counseling, intervention, and self-management have also been discussed (Jones, Kyle & Wood, 1987; Beck, 1989; Souza & Hoyer, 1996; Tisdelle & St. Lawrence, 1986). Beck (1989) stated “although hearing impairment is associated with the elderly, increasing numbers of younger adults face mild to significant hearing problems” (p. 151). Research has been conducted on hearing loss describing the effects on an individual in six areas:

- 1) Communication, which is considered “the basic problem--the root of most other problems, [that] ... no one with hearing really understands” (David & Trehub, 1989) where persons may struggle to hear, feel out of place in conversation and frequently miss the meaning of the message communicated (Backenroth & Ahlner, 1998; Caissie & Rockwell, 1994; David & Trehub, 1989; Jackson, Dancer & Burl, 1995; Jerger, 1990; Kaplan, 1988; Knutson & Lansing, 1990; Leigh et al., 1996);
- 2) Vocation, job opportunities, and job stress (Backenroth & Ahlner, 1997; Backenroth & Ahlner, 1998; Miller, Kuncze & Getsinger, 1972; Vernon & LaFalce, 1993; Moore, 2001);
- 3) Hampered learning ability (Beck, 1989);
- 4) Recreation and social roles (Kinderknecht & Garner, 1993);
- 5) Social life leading to social isolation (Kinderknecht & Garner, 1993; Stein & Bienenfeld, 1992); and
- 6) Emotional well-being (Kinderknecht & Garner, 1993; Pearson & Beck, 1989) which becomes affected by the culmination of the above five areas.

Denmark (1969) described paranoid reactions, depression, irritability, and loneliness as problems that emerge as a result of hearing loss stating that when persons are unable to understand the conversation of those around them, they no longer feel like they belong. Further, Beck (1989) identified some problems in professional functioning resulting from hearing loss (which he stated, are also problems faced by most hearing impaired adults) including: fear of being forced to retire from practice or work; fear of being found out and of being rejected; feelings of isolation; strain and exhaustion from listening; telephone phobia; undermining of self-confidence;

decreased ability to cope with daily frustration; and difficulty in working with groups. These consequences and problems demonstrate possible areas of concern for those who live with hearing loss. However, practical communication strategies have been suggested for adapting to hearing loss. Kinderknecht and Garner (1993) suggested practical adaptations in the environment that could enhance quality of life by maximizing residual function and safety. These included: reducing or eliminating background noise; strategic seating; good lighting; enhanced speech volume (not shouting); permission to request repetition or amplification devices; and computerized training in speech reading (lip reading).

Earlier, Beck (1989), presented strategies for professionals to deal with their own hearing loss, which were developed by Boone (1985), Harvey (1985), and Tisdelle and St. Lawrence (1986). He suggested that professionals living with hearing loss can: acknowledge the hearing loss and discuss its implications; explore the other's feelings about working with someone with a hearing impairment, without belaboring or apologizing for any inconvenience the loss may cause; sit in close proximity to the person; use a well-lit room out of shadows to enhance lip-reading ability; consider use of an FM transmitter and receiver; ask the speaker to talk louder or slower and make mouth move more visibly; ask the speaker to repeat information if needed; use diagrams for pictorial representation of the topic; become familiar with the person's accent; be well rested; and seek help in sorting out one's own feelings about hearing loss.

One writer believed that professionals living with hearing loss themselves might choose to view it in a positive way. For example,

Personal experience of painful loss can deepen the understanding and empathy of [professionals] for those with whom they work. A loss of hearing need not result in [professionals'] loss of competence or self-esteem, but can rather enhance their sensitivity and skill as professional helpers (Beck, 1989, p.152).

Emotional aspects of otological symptoms (primarily hearing loss, vertigo, and tinnitus) are considered common and deemed by some to be disabling (Jakes, 1989b). Jakes stated most evidence presented seems to suggest that emotional disturbance of more than a transitory nature does occur with hearing loss and that it is reduced when that hearing loss is cured. Yet “it is also clear that not every hearing disabled person is emotionally disturbed” (Jakes, 1989b, p. 78). Zhan (2000), described the profound psychological effects that hearing loss could have on a person such as feeling insecure, rejected, and/or depressed. Conclusions followed that these feelings could lead to stress in the family, social isolation, and a decline in one’s self concept (Chen, 1984; Zhan, 1992).

Hearing loss has been described as having two components: a physical decrease in hearing sensitivity, which is measurable; and the handicap imposed by hearing loss which encompasses the range of psychosocial and situational elements. These latter elements are difficult to evaluate or to measure. It has been suggested that hearing impairment excludes the person from understanding usual conversations and other

auditory stimuli resulting in the person feeling embarrassed, left out, or irritable. At the same time, family members, friends, and health care providers fail to understand the basis for these feelings or behaviours; they in turn often react with anger, frustration, and label the person uncooperative. Calvani (1985) deduced that “diminished auditory information combined with negative feedback in communication with others can result in withdrawal, depression, and social isolation of the hearing impaired older person” (p.16). In the same vein, Christian, Dluhy, and O’Neill (1989) concluded that hearing loss has great potential for social disruption, increased feelings of insecurity, depression, and social consequences.

Jakes (1989b) commented that the majority of people with hearing loss do not consider this experience as a hearing impairment and do not report hearing loss to their doctor. That is, they do not define themselves as hearing impaired (even when they are given indicative audiometric test results—which to the health care professional deems a person to be hearing impaired). Thus, there is inconsistency in perceptions between health care professionals and persons who live with hearing loss. Barcham and Stephens (1980) used open-ended questionnaires to determine the effects of hearing loss. The factor most frequently rated as being ‘most important’, was the inability to hear speech. Other findings included feelings of embarrassment, nervous strain, loneliness, family strain, and lack of confidence. As well, it was found that persons might wish to conceal emotional difficulties by deciding what to report on as well as what not to report. This choice (of revealing or concealing one’s hearing loss) in the natural science perspective is viewed as a problem in need of fixing whereas, in the human science paradigm, choice and paradoxical ways of

being are accepted and not in need of changing or fixing. Further detailed discussion related to these issues will follow later in this dissertation.

Stigmatization and Attitudes about Hearing Loss

Stigma is a multifaceted concept, which implies a negative label being placed on an individual or group. When a person possesses any attribute, trait, or disorder that marks that person as different from “normal” people, it manifests itself as prejudice, discrimination, fear, distrust, and stereotyping (Kenny, 2001). Some literature, described the blame that persons who live with hearing loss must deal with.

Because hearing loss is invisible (i.e., people do not see the handicap), hard of hearing or deaf persons tend to get very little understanding or sympathy.

The public is inclined to blame them for their problems rather than expressing concern and compassion. (Vernon, 1989, p. 152)

Comments such as “he can hear when he wants to”, “she doesn't pay attention”, or “grandfather is just stubborn” show the tendency to stigmatize and blame the hard of hearing person, with no consideration of the hearing loss for difficulties that may arise. Typically, with blame comes the feeling of anger and hostility on the part of both the person who lives with hearing loss as well as the person who has normal hearing (Vernon, 1989). People do not understand what it is like to live with hearing loss and that the value of amplification, with the assistance of hearing aids, varies according to a person's residual hearing and the ability to make sense of what is heard. Amplification (a hearing aid) is not a substitute for normal hearing, but it can sometimes enable the user to recognize environmental sound or speech, depending

on the level of hearing loss and amount of training the user receives (Bess & Humes, 1995).

Redmond (1996) wrote of psychosocial considerations of hearing impairment using what could be viewed (to some people) as belittling and offensive labels and descriptions. For example, Redmond stated that people with hearing impairment experience:

...fatigue and irritability as they constantly strain to hear conversation... are suspicious that people deliberately talk quietly about them... pretend to hear and understand conversation because of pride or fear of the consequences ... become indifferent and depressed or insecure because they fear they may say something foolish. (p. 385)

Further, Redmond provided “how to” guidelines for nurses communicating with hearing impaired patients during the surgical process however, at one point she stated, “Remember at all times that he is hearing impaired but not *necessarily* [italics added] mentally impaired” (p. 385). The above quotations provide examples of the stigma that continues to be prevalent in hospital systems and generally in our society associated with living with a different sense of hearing.

A few decades ago, Denmark (1969) emphasized the “devastating effect, made worse by society's ambivalent attitude and the continuing sense of stigma associated with deafness” (p.158) while, Getty and Hetu (1994) studied stigmatization and found the perceptions of participants to be negative which, they stated, clearly reveals the effects of stigmatization if one discloses one's impairment. “Disclosure

leads to being put aside, being rejected, losing the sense of belonging, and being looked upon as abnormal” (Getty & Hetu, 1994, p. 269). It is believed that the stigma continues today and is associated with blame, for example, Getty and Hetu (1994), in trying to explain why people may choose *not* to wear their hearing aids, described hearing impairment as a condition that needs to be hidden because it leads to a negative self-image (i.e., seeing oneself as diminished, weak or less of a person). They commented that it is understandable with the threat of stigmatization surrounding an invisible impairment; one would do everything to conceal the impairment especially if hearing loss is seen as a weakness providing opportunities for hurtful others to make discrediting jokes. They suggested that these perceptions were definitely not conducive to solving problems in listening or communication that resulted from hearing loss. Within this context, visible hearing aids were associated with the stigma of deafness in a very explicit way. They concluded that it is preferable for persons with hearing loss to *choose* not to understand what is being said rather than to wear a visible hearing aid that would reveal their hearing loss to all. The price of disclosure, they said, is too high to pay because it would mean serious damage to their image of themselves. Jakes (1989b) concurred stating, “most people would prefer to deny hearing loss because of the stigma associated with deafness” (p. 78). Despite significant advances in assessment and treatment that might be expected to contribute to a better quality of life for persons living with hearing loss, stigmatization continues to be associated with the experience.

Along with stigmatization, attitudes toward hearing loss have been studied (Blood & Blood, 1999; Brooks & Hallam, 1998; Dampier, Dancer & Keiser, 1985; Danhauer,

Johnson, Kasten, & Brimacombe, 1985; Fowlkes, 1985; Martin, Barr & Bernstein, 1992; Martin, George, O'Neal, & Daly, 1987; Ralston et al., 1996). It was in 1985 when Danhauer et al. coined the phrase, the “hearing aid effect” in describing the negative attitudes displayed by people when they observed that an individual was wearing a hearing aid. Research results have indicated that many health care professionals lack the knowledge, understanding, and expertise to deal effectively with persons who live with hearing loss. For example, David & Trehub (1989) reported that few professionals have the requisite knowledge and expertise to guide individuals through the emotionally traumatic experience of losing their hearing and beyond. They also have diverse attitudes towards persons with hearing loss.

Ralston et al. (1996) studied physicians' attitudes. They found “physicians surveyed about Deaf patients reported significantly greater difficulties communicating with and different attitudes towards these patients than physicians surveyed about their patients in general” (p. 167). One may assume that physicians' attitudes towards patients who were Deaf could have an effect on medical treatment. Further, audiologists' and clients' attitudes have been investigated illustrating treatment goals and attitudes remain contradictory between both parties (Martin et al., 1987). Moreover, Martin, Barr, and Bernstein (1992) studied contemporary thinking regarding initial counseling of hearing impaired adults of otologists, otolaryngologists, and clinical audiologists. They found various methods of training and diverse attitudes about the effectiveness of their preparation as counselors. It may follow then that health care professionals' attitudes could have an effect on the treatment of persons with hearing loss.

In summary, knowledge of the consequences, problems, implications, stigmatization, and attitudes of hearing loss are written within conventional medical and social sciences. It is held that incorporation of this knowledge into practice will affect the treatment approaches provided by health care professionals to persons who live with hearing loss.

Treatment Approaches to Hearing Loss

Approaches to treatment are adopted by various disciplines, which are based on the discipline's perspective (or paradigm) when it comes to viewing hearing loss. Within the natural science paradigm or conventional science perspective cause-effect relationships, diagnoses, and judgments, as well as the expert knowledge that health care professionals are perceived to possess guide health care professionals' treatment approaches for persons with hearing loss.

Psychiatric Approach

Psychiatry is a medical clinical specialty that focuses on the identification and treatment of persons with mental health problems and disorders. There is controversy in the potential role hearing loss may have in generating or precipitating states of mind like suspiciousness and/or paranoia (Jakes, 1989b). It has been said that hearing loss reduces the ability of persons to communicate with others, which in turn leads to social isolation. Along with this, the possibility of misunderstanding is increased. This, it is believed, makes it easier to develop a delusional structure. Persons with hearing loss have been treated for alterations in mental state. The association of paranoia, suspiciousness, and hearing loss might make the labeling of

a person as “paranoid” by health care professionals more probable if the person is hard of hearing. However, there are other explanations, which should be explored prior to assumptions being made regarding an association between hearing loss and delusions (Jakes, 1989b).

From another psychiatric approach Ramsdell (1970) suggested that hearing performs three major functions and there are consequently three types of deprivation in hearing loss that require treatment. Ramsdell described the functions to be: symbolic or perception of the spoken word; warning, such as hearing shouts or automobile horns; and perception of background noise. It was suggested that the last of these functions (hearing background noise) serves to keep the individual “in touch” with the world and that deprivation of any of these functions produces feelings of unreality and isolation. The experience of hearing loss was compared to watching a silent film (Jakes, 1989a). This view has been controversial, prompting both agreement and disagreement among other researchers in the field (Barcham & Stephens, 1980; Christian et al., 1989; Jakes, 1989b).

It follows then that treatment approaches within this discipline include labeling, diagnosing, and judging persons’ responses to illness and disability.

Audiological Approach

The literature found in the discipline of audiology focused on the psychological impact of hearing loss and ensuing treatment approaches. These include: adjustment issues (Mann, 1991); loss and grief (Tanner, 1980); emotional redirections and

projections (Clark, 1990b); recognition of irrational beliefs (Kelly, 1992); denial and projection (Rousey 1971); grieving process (Clark, 1990a); and implications for persons of employment age (Thomas & Gilhome-Herbst, 1980). The most pronounced implications found in the psychosocial sphere are: social stigma (Hetu, 1996); psychosocial disadvantages (Hetu, LaLonde & Getty, 1987); embarrassment and shame (Rousey, 1971; Jones et al., 1987; Danermark, 1998); loneliness (Denmark, 1969; Thomas & Gilhome-Herbst, 1980); emotional aspects (Luterman, 1999); and withdrawal and isolation (Denmark, 1969). These studies focused on labeling persons' experiences with hearing loss. Other research has been done focusing on functional and psychosocial consequences, such as loneliness (Bess, Logan & Lichenstein, 1990; Murphy & Newlon, 1987); behavioural counseling (Andersson, Melin, Scott & Lindberg, 1994); creation of psychopathological profiles of tinnitus sufferers (Meric, Gartner, Collet & Chery-Croze, 1998); and social effects of acquired hearing loss (Beattie, 1984).

Martin, Krall, and O'Neal (1989) completed a nationwide survey in the United States of America to determine the initial impact of the diagnosis of hearing loss on adults' perceptions of their experiences. They found that subjects who had received a diagnosis of mild to moderate hearing loss were significantly less likely to be fearful than subjects with a diagnosis of severe to profound hearing loss. Females were more likely to express feelings of shock, anger, sadness, fear, and worry than males. In response to an open-ended question within the questionnaire, the researchers stated, "85% of respondents answered this question, often with lengthy, articulate and emotional personal comments" (p. 49). Statements ranged from

“positive suggestions to very negative comments about the pain and isolation experienced due to hearing loss and to the lack of understanding by family members and the community at large” (p. 49). The researchers described three themes: emotional impact, lack of compassion and support, and commercialization of hearing aids and assistive listening devices. Also respondents described a growing sense of isolation, insensitivity, indifference, and cruelty due to the stigma of hearing loss with others’ lack of understanding of hearing loss.

Treatment approaches from the audiological perspective, for persons who live with hearing loss, have been described. May (1986) discussed common “nonproductive responses” in adults (e.g. anger and magical solutions) when they became aware of their own hearing loss. May believed that at whatever age adults experience hearing loss, that particular loss represents a significant change in how they view themselves. It can alter self-image by disrupting activities and relationships, which may have been taken for granted prior to the loss. May continued professing that hearing loss can limit people’s functioning and make them feel vulnerable, dependent, and out of control. Further it was concluded that, “whether or not one will accept rehabilitation recommendations depends upon the readiness of that person at that particular time and nothing can be forced upon anyone successfully” (p. 13). So from a professional practice perspective, May stated, “it is up to the audiologist to accept the position of the patient without giving up trying to *help the patient accept the reality* [italics added] of the rehabilitation measures available” (p.13). The person’s wish for a magical solution is viewed as a stumbling block for health care professionals because it is very difficult for people to “relinquish the

'dream'" (p. 19). This perspective is common and depicts the unintended but serious consequences of conventional medical treatment when health care professional's ideas and perspectives differ from the person's.

Others have described differences in views between health care professionals' and persons living with hearing loss. Kelly (1992) discussed the key to effectively deal with hearing loss is that persons must recognize their own *irrational beliefs* (italics added) that form the basis for many emotional responses. Here, Kelly described the rational-emotive therapy model as a way to view responses to hearing loss. Again, this illustrates the judging, labeling, and negating of a person's beliefs as being irrational, which are common practices found in the natural science perspective if the person's and health care professional's views differ. While Danermark (1998) discussed treatment for shame, which is often hidden, misnamed or avoided, it was suggested that in order to discharge shame, the shame itself must be acknowledged and brought out into the open. In this perspective within the natural science paradigm, feelings such as shame are considered bad and in need of fixing.

Similarly, it has been written that goals from the health care professionals' perspective *do not* differ between professionals. The goal is for each individual to recognize and accept the fact of the hearing loss does exist (May, 1986). Once the person has accepted the reality of the loss, a good aural rehabilitation program by audiologists could present options available where needs *must* be shared openly before solutions can be presented. Aural rehabilitation programs differ depending on the needs presented. It was proposed that the hearing disabled person can pick,

choose, and pursue those which are most suitable for them. May's approach included the audiologist doing *no more* than presenting options and assisting in their implementation. It was professed that the bottom line is the hearing-disabled person must *make* the commitment to the program, *accept* the limitations, and *enjoy* the benefits. This could entail *changing* old patterns, *adjusting* to a new life style, and *developing* new skills (italics were added by the author of this dissertation for magnification of the expectations that health care professionals have for persons living with hearing loss). May continued stating that it might also mean developing a new and deeper self-awareness that can be very rewarding. May acknowledged that it can be difficult, for change is never easy and dealing with hearing loss involves a good deal of change. Change can mean trying to hold on to the impossible; it can mean becoming a recluse; or it can mean accepting the loss and learning new skills. Hearing loss mandates changes in one direction or another. So, on one hand the author (May) said the direction chosen is up to the individual, yet on the other hand it is common for the conventional health care professional to strongly suggest the options because *health care professionals know what is best for people*.

Psychological Approach

The literature from the discipline of psychology has described hearing loss and treatment approaches as well. The psychological literature concerning clinical issues related to abnormalities of hearing has been reviewed (Jakes, 1989a). Experimental studies have resulted in findings describing psychological responses to hearing loss such as: feelings of isolation and being left out; genuine fear or terror at night;

inferiority, imposing on others; being exploited; attracting unasked for attention; being patronized; and self-consciousness (Jakes, 1989a).

Psychological approaches, attempting to specify or categorize the type of problems that persons with hearing loss have and descriptions of various aspects of hearing handicap using scales, have been done. Use of these scales is proposed to enhance understanding and treatment options (Eriksson-Mangold & Carlsson, 1991).

However, (in what could be interpreted in a pejorative tone) Vernon (1989) stated,

Hearing-impaired people are masters at concealing the fact that they do not understand. Intuitively they become skilled users of the neutral response... smiling rather than answering, nodding, giving vague responses, and in general conveying understanding when none has taken place. This is a natural effort on their part not to appear stupid, to conceal their hearing loss, and to reduce the frustration of the person speaking. (p.156)

Those who live with hearing loss may not appreciate the above perspective.

Nursing Approach

Nursing literature related to hearing loss was mostly focused within the natural science paradigm, in that it described psychological and sociological impacts of hearing loss and included: cause-effect relationships, labeling, describing consequences, judging individuals' reactions, and diagnosing persons' experiences (Chen, 1984; Calvani, 1985; Magilvy, 1985; Christian et al., 1989; Limburg, 1989; Pray, 1993; Redmond, 1996; Zhan, 2000; Tsurouoka, Masuda, Ukai, Sakakura, Harada & Majima, 2001). For example, Limburg's (1989) research focused on the

relationship of hearing handicap, coping strategies, and loneliness in elderly individuals with perceived hearing loss. Treatment approaches suggested assessing for early identification of hearing handicap as an important role for nurses to prevent psychological problems from occurring as a result of hearing loss.

Christian et al. (1989) examined the distribution and relationship of hearing loss and loneliness among a sample of elderly men and women. They found that subjects who developed greater hearing impairment as they aged exhibited higher loneliness scores. Implications for nursing were suggested including screening for hearing loss as a primary step for early detection, referral, and treatment. As well, it was recommended that nurses should assist the elderly to follow through with audiologists' advice (i.e., wearing hearing aids) for they found that that many hearing impaired elders had undergone assessment and had hearing aids but they did not use them in social situations, thus these people remained moderately or severely hearing impaired by choice.

In another study (Turbin, 1993) investigation of two psychological constructs were viewed as possible routes towards understanding adaptive and maladaptive responses to hearing impairment. The results generally confirmed the predicted relationships between the locus of control scales and the maladaptive/adaptive responses of participants in that there were positive coping and maladaptive responses to hearing impairment thus affecting treatment approaches.

Palumbo (1990) described the Hearing Access 2000 Program, which included strategies that nurses could use to make a significant improvement in the quality of life of hearing impaired patients who live in long-term care facilities. Components of the program included: inventory of hearing aids, staff in-service education, assistive listening devices, otoscopic examinations, and cerumen removal protocol. Even though quality of life was the desired outcome, as stated in this article, quality of life itself was not clearly articulated. This article implies a relationship in which health care professionals make decisions *for* people rather than *with* them.

Multidisciplinary Approaches

Within the natural sciences paradigm, coping, adaptation, and adjustment are viewed as normal responses to illness or disability from the perspective of multiple disciplines. Coping has been a focus of research in many studies (Calvani, 1985; Getty & Hetu, 1994; Goldstein, 1992; Hallberg, 1999; Hallberg, Erlandsson & Carlsson, 1992; Hetu, Jones & Getty, 1993; Pray, 1993; Tolson & McIntosh 1997; Zhan, 2000). Adaptation and adjustment to hearing loss have been a focus of others (Benoliel, 1985; David & Trehub, 1989; Weisel & Reichstein, 1990; Turbin, 1993). Danermark (1998) stated that there was a need to focus more on the acceptance and coping sides of rehabilitation.

Most conventional researchers discussed their assumptions and definitions of coping prior to commencing their studies. They concluded with indications of how health care professionals could assist persons to better cope with hearing loss. For example, Zhan (2000) examined the relationship between cognitive adaptation processes and

self-consistency in hearing impaired elders based on the assumption that “humans are viewed as holistic adaptive systems, with coping processes acting to maintain adaptation and to promote person and environmental transformation” (p. 158).

Further, Calvani (1985) used a definition of coping process as:

The way a person faced with personal or environmental stressors, evaluates the situation, analyzes accessible supports and alternative actions, chooses a response, and acts on the decision. When a person has properly evaluated the supports and resources available and uses them effectively to compensate, a new equilibrium or adjustment is reached. (p. 17)

Calvani (1985) believed that effective coping was diminished when an individual was unable to choose or carry out a plan and suggested that a comprehensive evaluation, including both objective and subjective components, would make it possible for the health care professional to maximize the person’s and family's involvement in their own adjustment.

Hallberg et al. (1992) have studied coping and communication strategies of adult males with noise-induced hearing loss. They found participants reported escape coping and active coping. Later, Hallberg (1999) researched how individuals and spouses coped with the consequences of acquired hearing loss finding two coping patterns characterized by controlling or avoiding strategies. The focus of professional interventions following this study would be to assist persons to cope with communication difficulties. Additionally, Pray (1993) completed a study to identify patterns of coping with hearing loss and its effects, and to identify perceptions of the attitudes and the helpfulness of other people with respect to

hearing loss. From the findings, Pray described labels of coping types or styles identified among those with hearing loss as: strategizer, denier, criticizer, passive, dependent, resigned reminiscer, activist/advocate, and in transition. Coping types or styles identified among the spouses or significant others were: supporter/encourager, criticizer, protector/manager, uninvolved/hands off, victim, and activist/advocate (Pray, 1993). These types of conclusions are common in research within conventional science. Labeling is recognized as a way of viewing the world, the people within it, and their behaviours. Treatment approaches chosen would begin with judging the person within the model and tailoring interventions appropriately.

In a qualitative study, Israelite and Jennings (1995) explored the perspectives of adults regarding their experiences with hearing loss and the role of aural rehabilitation in their lives. Results described the participants' and how they increased their own understanding of themselves and the positive contributions of their rehabilitation class to this process.

To further determine coping abilities of participants, other researchers have also used assessment tools. Calvani (1985) discussed hearing loss and described the Hearing Handicap Inventory for the Elderly--a tool that was projected to be used in the assessment of coping skills and that might ultimately assist the practitioner in tapping into the patient's and family's strengths and in tailoring interventions appropriately. Andersson et al. (1995) studied coping using a Hearing Coping Assessment tool. They found aspects of handicap present with disability and emotional reactions due to hearing loss and thus concluded that the scale was a

suitable assessment tool for health care professionals to use with persons living with hearing loss.

The above reported research and quotations continue to provide insight into the paradigm where health care professionals are viewed as experts, with good intentions, trying to help people through diagnosing, judging, and quantifying people's experiences. It would follow that the results of these studies lead to treatment approaches designed to intervene and change behaviours and persons' health, with the focus on the perspectives of the professionals rather than the perspectives or wishes of the persons.

Assessing Quality of Life

Kinderknecht and Garner (1993) stated, "our sensory organs are the bridge between the Self and the outside world" (p. 155). It is a common belief that "hearing loss diminishes quality of life and constitutes a threat to safety due to inability to hear alarms and other signals warning of danger" (p. 159). Assessing quality of life has been a focus of research for a few decades using various quantitative and qualitative methodologies (Backenroth & Ahlner 1998; Cacciatore, Napoli, Abete, Maruano, Triassi & Rengo, 1999; Etienne, 1992; Magilvy, 1985; Palumbo, 1990; Pearson & Beck, 1989; Mulrow, Aguilar, Endicott & Velez, 1990; Tolson & McIntosh, 1997; Tsurouoka et al., 2001).

According to the conventional medical and social sciences, at the beginning of any research project on quality of life, the researcher decides what quality of life is. For

example it may be positive responses to events that happen in one's life; it may be viewed as a positive adaptation to stress; or satisfaction expressed by a participant about life at the time of the research. It may be perceived as cause-effect in nature and can be measured by tools in a quantitative way. Also, the researcher judges whether the person responds in the appropriate way, according to the preconceived measures or norms (Parse, 1996a). There are varying results of quality of life studies. For example, recently, quality of life of individuals with hearing loss was evaluated, following participation in a counseling program for hearing aid users (Backenroth & Ahlner, 2000). Results indicated that counseling interventions had: influenced attitudes to hearing impairment; increased awareness of hearing impairment; and increased demands for more understanding from close relatives and friends. Tolson and McIntosh's (1997) research presented evidence, which indicated that improvement of the residents' listening environment, promoted adaptation to hearing aids, and enhanced residents' quality of life. They concluded by stating, "While all continued to use their aids some ambivalence of feelings towards it were reported, particularly if the ward became noisy or they became bored with events" (p. 178). The researchers described a theme that emerged from these conversations as being the importance of a sensitive communication partner. Lack of the desired partner appeared to give rise to low moods and the deliberate withdrawal favouring solitude and quiet over a meaningless listening environment. Therefore, if companionship was not available residents may have chosen to spend time alone rather than spend time in a meaningless listening environment. A question to ponder is: How many of the "normal" hearing residents may prefer the same thing? This was not addressed.

Earlier, Magilvy (1985) surveyed older hearing-impaired women to examine major influences on their quality of life. Quality of life was defined as the satisfaction expressed by individuals about their lives at the present time. A causal model, using the predictors of quality of life, was used with findings indicating women experiencing a high degree of hearing handicap also had a lower perception of quality of life. In a later study, Mulrow et al. (1990) screened elderly male veterans attending a primary care clinic for hearing loss and assessed their quality of life with a battery of disease-specific and generic measuring scales. The researchers stated that the participants' hearing loss was associated with significant emotional, social, and communication dysfunction and most subjects (66%) perceived these dysfunctions as severe handicaps, even though physical audiologic loss revealed only a mild to moderate impairment. Here one sees how the perceptions of the participants and the researchers differed, i.e., the subjects described loss and the resulting effects whereas the researchers thought that with only mild to moderate loss there should not have been such drastically negative descriptions of their quality of life.

Etienne (1992) studied the relationship of individuals' hearing loss with life satisfaction on a daily basis and found that participants with moderate hearing impairment tended to have fewer social contacts and engaged in fewer social activities as compared with their mildly hearing impaired peers. It was concluded that hearing-impaired elderly individuals might manipulate their social environments to their own disadvantage in attempts to reduce the strains associated with hearing loss. When this happened, these individuals received fewer social reinforcements,

thereby reducing their overall life satisfaction. It is with these comments that Etienne appeared to be judging and negating individuals' choices because of the effects that their choices may have had on themselves.

Wiebold (2000) examined quality of life of eight community-dwelling senior citizens (women) with late-in-life acquired dual sensory impairments (hearing and sight losses) considering adaptive functioning to be environmental mastery and life satisfaction. Qualitative methodology with a grounded theory research design was used. The findings suggested that progressive sensory impairments resulted in a self-perpetuating downward cycle of dependence on others and in a reduced quality of life necessitating treatment approaches by health care professionals to effectively deal with these problems.

More recently, Tsurouoka et al. (2001) had set out to find the effects of hearing impairment on quality of life of nursing home residents. They found that hearing loss affected the communication, sociability, and psychological aspects of quality of life for the elderly in nursing homes. Thus, one can see that conventional studies related to quality of life continued with the cause-effect philosophy, judging, labeling, and diagnosing of people's responses or reactions to living with hearing loss. Personal experiences were rarely considered in detail within the above-presented research studies.

Personal Experiences of Research Participants and Other Authors

Noteworthy, qualitative remarks have been found in some quantitative research studies within the natural science paradigm. Magilvy's (1985) study suggested further research was needed after reviewing the following quotations from participants describing the impact that hearing loss has had on their lives. For example,

Hearing loss has made me more drawn into myself, withdrawn...It's made me do other things than I had formerly done, like my social life, and just general conversation. I've had to find new types of entertainment and recreation... There can't be anything worse than not hearing. If you can't see, you get yourself a cane and people help you across the street. But they can't see that you're deaf...You're just like the fifth wheel on a car...Where is that kept? In the trunk! (p. 142-143)

Cowie, Watson, Kerr, and Douglas-Cowie (1995) described participants' own accounts suggesting that their hearing loss led to "distinctive experiences which hearing people simply do not understand" (p. 288). Their questionnaire and interview techniques confirmed that these experiences were widespread and predicted the overall impact of hearing loss better than objective, biomedical measures. Cowie et al. cited specific experiences of loss that people with hearing loss face. They described autobiographical accounts where individuals frequently stressed the effect of intangible experiences.

Some were relatively well-known effects, for example, the negative emotional experiences that accompany impaired communication, the feeling

of being a burden to others that is associated with family difficulties, and the experience of loneliness that accompanies reduced social participation. (p. 293)

It is interesting that the authors seemed surprised to report the following: “Rather unexpectedly, several writers have stressed the positive effects that hearing loss had had on their lives (Abrahams, 1972; Savil, 1988)” (p. 293).

Autobiographical accounts by persons who live with hearing loss stressed that understanding was vital and health care professionals should avoid considering acquired hearing loss as nothing but a malfunction of the ear, a psychological problem, or a family problem.

Evidence provides objective confirmation that the impact of acquired hearing loss depends on deeply subjective elements. Understanding is crucial for an effective response, be it from the significant others who interact with deafened people, or from the professions which aim to support them. (Cowie et al., 1995, p. 293)

Cowie et al. (1995) further deduced the following: “Many informants also indicated that hearing people's inability to understand their experience was a source of distress in its own right. That reinforced our judgment that it was important to understand people's personal experience of hearing loss” (p. 292). Hence, the need to enhance understanding of what it is like to live with a different sense of hearing.

Recently, Kent, Furlonger, and Goodrick (2001) presented an innovative qualitative research report. They used a narrative play format, which was created through an

extended conversation between the authors and the researchers about the experience of living with hearing loss within a family situation. The research participants themselves were authors of the article. They reflected on the experience of living with acquired hearing loss relating the chronology of events, emotions, turning points, and coping strategies.

Personal experiences are presented in the literature in such formats as books (Myers, 2000); or articles (Abrahams, 1972; Ashley, 1985; Beck, 1989; Beck, 1991; Boone, 1985; Harvey, 1985; Kaplan, 1982; Spangenberg, 1982; Kent et al., 2001); and chapters in books (Wooley, 1993; Pope, 1997; Clark & Martin, 1994). Adjustment issues, fears, being misunderstood, other people's attitudes, oppression, loss, personal experiences, and strength from within are some of the topics addressed in these authors' writings.

Wooley (1993) shared personal experiences in exploration of the feelings that accompany acquired hearing loss. Wooley described the oppression experienced as a member of a largely able-bodied society and discussed the liberation movement of deafened people away from social, psychological, and political oppression. Wooley wrote,

On one occasion I rehearsed a question for my ENT specialist and plucked up the courage to say: 'I'm worried about what deafness is doing to me. It's not the fact that I can't hear, but what this is doing to my life.' He looked up and said: 'Oh you mustn't worry; that will only make things worse.'

Eventually you will come to terms with it.' His response made it clear that he regarded the worries of the deafened patient as not his concern at all. (p. 80)

Earlier, Kaplan (1982), a psychiatrist, described strategies for living with hearing loss. Kaplan expressed personal experiences and determination not to let hearing loss stop him from doing what he wanted to do or being who he wanted to be. Beck (1991) concurred with this strength of mind in that hearing loss does not have to stop anyone from experiencing life to its fullest. Beck stated,

Hearing loss, while by no means a gain, can sensitize an individual to human frailties and the difficulties people have in functioning without all the resources usually taken for granted. It would be a stretch to reframe these difficulties as beneficial, or as a loss, which opens exciting new worlds... The new worlds are manageable, but also burdensome and often difficult to live in. Individuals who have a hearing loss would still rather hear perfectly. But in the absence of perfect hearing, the person may be able to continue participating in a process that is dependent on an accurate taking in of what the other person has to say. There is indeed an added burden ... yet if viewed instead as a manageable task, it need not totally interfere with...work. (p. 425)

The above comments from participants in studies and authors themselves, illustrate qualitatively the impact that hearing loss may have on individuals' lives. There is a definite need to enhance understanding of what it is like for people to live with a different sense of hearing.

Therefore, while the focus of the conventional medical and social science research into hearing loss has been on improving assessment and treatment, many people who live with hearing loss continue to experience a poorer quality of life (according to researchers), including ongoing stigma and discrimination. For these issues to be satisfactorily addressed it is necessary to look beyond the assessment of a specific disorder or the prescription of a treatment regime and to take into account what it is like for human beings to live with a different sense of hearing, to try to understand what it is like for people from their perspectives. Another paradigm, namely the human science paradigm may enhance understanding of this phenomenon.

Human Science Paradigm

Research Focusing on the Phenomenon of Living with Hearing Loss

Walsh (1995) described the goals of human science research where the researcher's stance can be explicated in the same way that implicit aspects of the person's experiences are interpreted through qualitative research methods. In the human science paradigm within the discipline of nursing, e.g., (Rogers, 1970; Parse, 1981, 1987, 1990, 1992, 1995, 1998; Mitchell, 1992a, 1993; Mitchell & Heidt, 1994; Gouty, 1996; Moore, 1998), it is the person who is considered the expert in his/her own health. Listening and true presence for understanding are vital to nursing practice which creates the nurse-person process where persons feel understood, cared for, and in control of their own health and destiny. This other way of being involves working *with* people where the person is the teacher (Parse, 1998; Mitchell, 1994; Mitchell & Cody, 1992; Pilkington & Jonas-Simpson, 1996). Other disciplines

concur with the thinking and practice found in the human science paradigm (Simmons, Rosenbaum & Sheridan, 1996; Elwood & Lewson, 1999). Quality of life in this paradigm is viewed as whatever the person says it is (Parse, 1998). Within the nursing literature, in the human science paradigm, there has been only one qualitative (descriptive exploratory) research study found to date, related to the person's perspective of the experience of living with hearing impairment (Rowe, 1998). However, as described in Chapter One, the findings of this study include misinterpretations of Parse's human becoming theory (R. R. Parse, November, 2002). Yet the results enabled the phenomenon of interest ("hearing impairment") to be explored through the principles of multidimensional meanings, rhythmical patterns of relating with the world, and cotranscending with the possibles (Rowe, 1998).

In a similar vein, yet different population of persons, Moore (1998, 2000) researched severe visual impairment in older women. The purpose of this qualitative phenomenological study was to uncover the meaning of severe visual impairment to older women diagnosed with macular degeneration. Eight women were interviewed using a qualitative methodology (Giorgi, 1970, 1985). The meaning in this study emerged as: "persisting toward unfolding ways of being in the world sparked by personal discoveries amidst enveloping losses while embracing a realistic awareness with steadfast positivism" (p. 571). The findings described in this study were stated to be congruent with and supporting the theory of human becoming however, the findings as reported in the article are not consistent with Parse language or meaning (R. R. Parse, personal communication, November, 2002). For example, the use of

the words *realistic* and *positivism* are inconsistent with Parse's human becoming theory. These words are more consistent with the natural science paradigm (R. R. Parse, personal communication, November, 2002). While this meaning was written at a high level of abstraction and in accordance with the methodology, the writer of this dissertation has interpreted the findings to mean: One living with severe visual impairment constantly chooses how to be with it, which enhances personal insight while all-at-once one experiences loss and recognizes the way things are, yet one continues to hold on to the possibles. The findings of the above two studies, even though inconsistent with Parse's theory, may illuminate understanding of living with a different sense of hearing. There are a few other studies within the human science paradigm that have used different methods and are consistent with Parse's theory, which have provided this opportunity as well.

Universal Experiences as Related to the Research Phenomenon

Two research studies have been completed on universal experiences, which may be related to the experience of living with a different sense of hearing (Gouty, 1996; Jonas-Simpson, 1998). Universal experiences, according to Parse (1998), are what people live in their own unique ways that are universal in nature i.e., the experiences are lived by all humans. These studies were completed on entirely different populations of persons however universal experiences are lived experiences of health significant to the quality of human life (Jonas-Simpson, 1998). Health from the human becoming perspective is a "process of becoming as experienced and described by the person" (Parse, 1992, p. 36).

Jonas-Simpson (1998) described feeling understood as “an unburdening quietude with triumphant blissfulness arising with the attentive reverence of nurturing engagements while fortifying integrity emerges amid potential disregard” (p. 97). While this description was written at a high level of discourse this writer’s interpretation, as it relates to the present research, is as follows: When a person, who lives with a different sense of hearing, feels understood, one might experience the satisfaction and happiness that arises when sharing with someone (who understands what it is like) yet as strengthening of the relationship occurs, at the same time, one may never be completely understood.

In addition, Gouty’s (1996) work uncovered a structure of the lived experience of feeling alone while with others to be “the recognition of diversity amidst an exhausting turmoil, as the disclosing-not disclosing in flight for solace arises with the ambiguous possibilities in engaging-disengaging” (p. 75). Again, this writer’s interpretation of Gouty’s structural definition ensues as: A person who lives with a different sense of hearing may recognize the differences between self and others as tiring and as one chooses to disclose or not disclose in the paradoxical process of wanting to be alone, yet wanting to be with others this experience is mixed with possibilities of being together and being apart. Both of these studies demonstrated how one might use the findings of lived and universal experiences for expanding the knowledge base of nursing science by increasing understanding of these lived experiences.

Summary

In summary, the literature is replete with research from the natural science paradigm related to hearing loss. A large proportion of the existing literature focused on the elderly because hearing loss is a natural degenerative process associated with aging. Findings from research in this paradigm drive the treatment approaches of health care professionals. Each study, however, overlooked the person's perspective and what living with a different sense of hearing is like for each individual. There is a dearth of and need for further research in the human science paradigm to enhance understanding of what it is like for people living the experience of having a different sense of hearing. No research has been completed on what it is like for persons to live the experience using Parse's human becoming theory as a guide. Thus, the intent of this research is to enhance understanding of what it is like for people to live the experience of having a different sense of hearing. It is expected that this research, guided by Parse's theory, will enhance nursing science and nurses' knowing, which has the potential to change the way that nurses structure practice with people who live with a different sense of hearing.

CHAPTER III

A theoretical perspective is essential for discipline specific science.

(Giorgi, 1986)

METHODOLOGY:

THEORETICAL FRAMEWORK AND RESEARCH METHOD

Overview

The main purpose of this chapter is to describe the ontological and methodological context of this study. The specific procedures used to conduct the research will be described in the next chapter. It is essential a theoretical perspective guide research (Giorgi, 1986). With this in mind, Chapter Three will convey the ontological basis of this research, which is heavily informed by Parse's (1981, 1992, 1998) human becoming school of thought. The chapter begins with a comparison of the differences between the natural science and human science paradigms. This is followed by a thorough description of the assumptions, themes, and principles of the human becoming theory, as these relate to the epistemology of living with a different sense of hearing. To the extent to which the methodology of any research should be situated in a congruent ontology and epistemology, the rationale for employing Giorgi's (1970, 1975) phenomenological method to conduct the study will be

provided. In addition, differing approaches to the use of phenomenological research methods in nursing will be presented. The chapter comes to a close with a discussion of a new and innovative strategy for collection of research data descriptions through the use of computer mediated communication.

Ontology, Epistemology, and Methodology

The decision to conduct any research project is inevitably shaped by the researcher's worldview, which encompasses a range of assumptions regarding ontology, epistemology, and methodology. The ontological grounding of the researcher is revealed by the phenomenon of interest (epistemology). The research question arises from what it is that the researcher wants to know, and from this an appropriate research method is determined (Parse, 2001). While many studies have been conducted into various aspects of hearing loss, these have been mostly undertaken within a natural science perspective and have sought to test existing theories, to investigate cause-effect relationships, and to predict, control, and/or measure. As was indicated in the literature review, no research has been conducted to uncover the meaning of the lived experience of having a different sense of hearing.

The phenomenon of interest of this research is the human experience of living with a different sense of hearing. With this focus, the approach to inquiry is grounded in the belief that human experiences are unitary and ever changing with absolute truths *not* being sought. The congruent methodology chosen to answer the research question:

“What is the structural description of living with a different sense of hearing?”

necessitates focusing on human experiences from the human sciences perspective. Giorgi's (1970, 1985, 1989) phenomenological method is a rigorous, appropriate, and congruent method to employ for investigating personal lived experiences (Parse, 2001).

Ontological Basis: Parse's Human Becoming School of Thought

Parse's human becoming theory is the lens through which this research is viewed. It is grounded in the human science paradigm of nursing (Parse, 1981, 1992, 1998). As has been discussed in a preceding chapter, in using the human science (or simultaneity) paradigm "one seeks enhanced understanding of the unitary whole, (unique person), rather than from the sum of parts perspective found in the natural science or totality paradigm" (Pilkington & Jonas-Simpson, 1996, p. 9). Nursing research based in the totality paradigm reflects traditional natural science underpinnings. So, research and practice situated within that paradigm seek explanation and prediction of cause-effect relationships (Parse, 1987). In contrast, nursing research and practice based in the human science paradigm is directed toward exploring "unitary human experiences in all their richness, complexity and meaning" (Mitchell, 1998, p. 37). Table I provides a comparison of the differences between the natural science and human science paradigms, drawing on the work of two Parse scholars.

Table I: Comparison of Human Science and Natural Science Perspectives

Human Science Perspective: A Human Becoming View	Natural Science Perspective:
<p>Human as Unitary</p> <p>Humans cannot be reduced: they are different from the sum of bio-psycho-social-spiritual parts. Human beings are characterized by patterns of relating.</p>	<p>Human as Sum of Parts</p> <p>Humans are characterized by bio-psycho-social-spiritual aspects.</p>
<p>Human as Coauthor/Coparticipant</p> <p>Humans actively participate in the unfolding of their lives. They are like authors, and their unfolding lives are like an unfinished novel, which they are constantly creating. Humans are in mutual process with the universe. They are free to choose in situations as they weave the tapestries of their lives.</p>	<p>Humans and Linear Causality</p> <p>Humans are shaped by cause-effect relationships with the universe. Persons like machines, can be broken into parts for analysis and fixing, and are considered predictable. They are confined by their situation.</p>
<p>Health is Living Values</p> <p>Health is living value priorities; it is living that which is important. It is quality of life.</p>	<p>Health is Objective</p> <p>Health is viewed and assessed as good or bad in relation to standardized norms.</p>
<p>Health is the process of becoming the who that one is.</p>	<p>Health is the absence of disease, or optimum well-being; something to be attained, maintained, and kept functioning.</p>
<p>Health can only be described by the person living the life.</p>	<p>Health is something that we can alter, fix or make better for another person.</p>

(Pilkington & Jonas-Simpson, 1996, p. 5)

Three main assumptions are associated with the human becoming theory. First, that human becoming is *freely choosing personal meaning in situation in the intersubjective process of living value priorities*. Second, that human becoming is *cocreating rhythmical patterns of relating in mutual process with the universe*. Third, that human becoming is *cotranscending multidimensionally with emerging possibles* (Parse, 1998, p. 28). These three assumptions are reflected in three major theme areas: meaning, rhythmicity, and transcendence (Parse, 1998).

The first theme of meaning is of fundamental importance to the research reported in this thesis. Many scholars have described the importance of meaning to humans as they live their lives. Cody (1994) described meaning as being a central focus of the human sciences. This reflects an earlier view by Dilthey (1961), which stated,

Meaning is what expressions express and understanding understands... to have meaning, an expression must point beyond itself. Meanings are the valued images of the is, was, and will be languaged in the now with and without words, with and without movement (Parse, 1998, p. 29).

Meaning has been described as being “both personal and shared, representation and event, and all these without boundaries” (Cody, 1994, p. 50). Finally, it is thought that meaning is essential to living life as a human: “Every person from birth to death is engaged in a search for meaning” (Barnlund, 1976, p. 716). The search for meaning is evident in everything that humans do and believe. The main purpose of the research reported in this thesis is to uncover what it might mean to live with a different sense of hearing.

According to Parse (1998), the theme of rhythmicity refers to:

The cadent, paradoxical patterning of the human-universe mutual process. Unrepeatable patterns are revealed and concealed all-at-once ... The patterns are paradoxical in that they are not opposites, but, rather, dimensions of the same rhythm lived all-at-once... Human with universe connect and separate all-at-once ... and is enabled and limited by the infinite numbers of opportunities and restrictions inherent in all choosings. (p. 29-30)

Life holds with its constant rhythms and paradoxes. These rhythms and paradoxes happen all at the same time in our everyday experience of life. Exploring how these rhythms and paradoxes are played out in the lives of people who experience a different sense of hearing is a key objective of this study.

Parse's (1998) theme of transcendence is:

reaching beyond with possibilities—the hopes and dreams envisioned in multidimensional experiences. The possibilities arise with the human-universe process as options from which to choose personal ways of becoming... The human propels with the creation of new ventures, as struggling and leaping beyond shift the view of the now, expanding horizons and bringing new light to other possibilities (p. 30).

Each of us spends time thinking about what will happen in the future, our tomorrow. Transcendence is the wonder of living, not knowing what will happen, but experiencing life moment-to-moment, day-to-day (Mitchell & Heidt, 1994). It is believed that persons living with a different sense of hearing live transcendence with

their choices, hopes, dreams, and experiences, all of which shed new light on their views of their world.

Three theoretical principles based on Parse's (1998) themes of meaning, rhythmicity, and transcendence can be used as the basis for developing an understanding of the experience of persons who live with a different sense of hearing. The first principle is "structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging" (Parse, 1981, p. 42). As with all human beings, persons who live with a different sense of hearing assign meaning to their lived experiences. Following Parse (1981), meaning is assigned to the lived experience from multiple realms of the universe and the structuring of this meaning is linked to imaging (reflecting one's personal world view-as do all concepts-and one's way of knowing) (R. R. Parse, personal communication, November, 2002). The meanings that persons choose are revealed in the way that they speak of their unique way of being with the world (Mitchell & Heidt, 1994). Therefore, the experience of living with a different sense of hearing is expressed in the meaning one gives to the experience and how one's personal world view, values, choices, and ways of speaking, hearing, and moving are expressed.

Parse's second principle is "cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating" (Parse, 1981, p. 50). Rhythmical patterns characterize the ways that all persons (including persons who live with a different sense of hearing) relate with one another and with the universe. Through the paradoxical pattern of revealing-

concealing persons show some aspects of themselves while keeping other aspects of themselves hidden. As persons choose their way of being, they are both enabled and limited. By moving in one direction, one is presented with opportunities while at the same time one is restricted in moving toward other possibilities. As one makes a choice to move in a certain way, there is a connecting with what one values and a separating from what may not be valued (Mitchell & Heidt, 1994). When one lives with a different sense of hearing there is rhythmical patterning of revealing and concealing of self, which holds both opportunities and limitations in the connecting-separating rhythm of being with others who may or may not live with a different sense of hearing.

Last, is Parse's third principle: "cotranscending with the possibles is powering unique ways of originating in the process of transforming" (Parse, 1981, p. 55). "This principle relates to a person's unfolding ... [with] the human-health-universe process" (Mitchell & Heidt, 1994, p. 120). The concept of cotranscending is about reaching beyond and transforming possibles (R. R. Parse, personal communication, November, 2002). Powering is the pushing-resisting rhythmical paradox, which is inherent when one is moving beyond and is engaging possibles through choosing what is valued. The way one uniquely chooses to be and live with a different sense of hearing "reflects the creative or originating nature of the human-universe interrelationship" (Mitchell & Heidt, 1994, p. 120). One paradoxical aspect of originating, while living with a different sense of hearing, is the certainty-uncertainty of living one's choices. A person may anticipate outcomes of certain choices, yet there is always the living of the unknown when being with others while

living with a different sense of hearing. Transforming is propelled by powering and originating, which is the continuous changing of the human-universe process.

“Transforming is shifting the view of the familiar-unfamiliar, the changing of change in coconstituting anew in a deliberate way” (Parse, 1998, p. 51).

Transforming reflects evolving and unfolding with the new and familiar that changes a person’s perspective in becoming (Mitchell & Heidt, 1994). “People are always changing as lived experiences reflect the chosen priorities of the moment” (Parse, 1989a, p. 255). Living with a different sense of hearing involves choosing how to be with it (a different sense of hearing) and how to be with others, which holds both certainty and uncertainty. A person cannot know all of the consequences of one’s choosing. New insights are discovered with others (who may or may not live with a different sense of hearing) and with one’s unfolding of self.

The goal of nursing in Parse’s theory of human becoming is quality of life as viewed from the person’s own perspective (Parse, 1998). “Quality of life is the incarnation of lived experiences in the indivisible human’s views on living moment to moment (becoming) as the changing patterns of shifting perspectives weave the fabric of life through the human-universe process (Parse, 1994a)” (Parse, 1998, p.31-32). For Parse (1998), “the human’s health is becoming; it is not a linear entity that can be interrupted or qualified by terms like good, bad, more or less” (p. 32). Health is not adapting to or coping with the environment. Such a description or definition of health breaks up and denies the human’s unitary nature and the human’s mutual process with the universe. Parse (1998) stated, “unitary human’s health is a synthesis of values, a way of living” (p. 32). It is held that, “the goal of nursing is quality of

life from the perspective of the one living the life (Parse 1998)” (Mitchell & Cody, 1999, p. 304).

The differences between the human becoming theory from the human science perspective and the natural science perspective are evident. To date, living with a different sense of hearing has not been investigated from the human science perspective. This qualitative research study will draw on Parse’s human becoming theory as the lens through which to view the lived experience of having a different sense of hearing. Thus, one can see the congruency between the ontology and epistemology of this research project. The method chosen for this study was Giorgi’s modification of the phenomenological method. The congruency among the ontology, epistemology, *and* methodology will be further discussed.

Methodological Foundation: Qualitative Inquiry and Phenomenology

Given the chosen phenomenon of interest, qualitative inquiry has been chosen as the research approach. Qualitative inquiry has been used in the social sciences for decades. In general, qualitative research offers opportunities to identify patterns, uncover meaning, and expand knowledge of human experiences and interpersonal processes (Parse, 1989b). It leads to narrative findings, using individuals’ own written or spoken words, which are presented in linguistic fashion for the purpose of description (Denzin & Lincoln, 1994). The goal of qualitative research is to document and interpret or describe as fully as possible the whole of what is being studied from the frame of reference of the persons involved. Qualitative research

leads to knowledge of the whole and phenomenology, as a research method, is a way of perceiving people experiencing their world (Phillips, 1989).

Phenomenology in Human Science Research

Phenomenology is known as a discovery-oriented approach, which seeks to gain an in-depth understanding of the nature and meaning of phenomena as lived and experienced by human beings (which is congruent with Parse's human becoming theory as previously discussed). The term "phenomenology" is derived from the Greek verb, meaning to show or to appear. Hence, phenomenology means the study of something as it appears (Parse, 1989b). "The purpose of this method is to uncover meanings and structures of lived experiences by following a particular process of inquiry; it does not seek to show causal relationships" (Parse, 1989b, p. 292). In 1985, Hoshino proposed that the phenomenological method had growing significance and provided a viable humanistic alternative to traditional empirical and quantitative research methods. This perspective has continued to develop over time. Others have concurred professing phenomenology as an alternative to the natural science approach, research, and methods (Cloonan, 1995).

Foundational to phenomenology is the notion that "experiences are coconstituted; the methodology takes into account the human's participation in life situations related to choices made by the person so the experience is given personal meaning through the way it unfolds" (Parse, 1989b, p. 292). The principles of qualitative, phenomenological research require that the researcher achieve the following: attempt to understand entire phenomenon rather than specifics; stress the importance

of human interpretation of lived experience; capitalize on subjective descriptions as a means of understanding and interpreting human experience; and collect and analyze data simultaneously in an intuitive manner (Polit & Hungler, 1995). These principles are congruent with Parse's theory of human becoming.

An important feature of phenomenological research, from the human science perspective, is the role that the researcher has with the research process. The researcher in human science methodologies is recognized as intimately involved in the research process with no subject-object split. Mitchell (1992a) cited, "the researcher's focus remains on the experience of the unitary human as the person structures it - as it is lived with-the-world (Dilthey, 1977a)" (p. 38).

This research is concerned with enhancing understanding of what it is like to live with a different sense of hearing, to uncover the meaning of this lived experience, and to develop a structural description of living with a different sense of hearing. As Keen (1975) professed, lived experiences must be our guide in understanding what things mean to people. Phenomenology has been described as both a philosophy and a science or method, that is, a systematic way to uncover and describe the internal meaning structures of lived experience (van Manen, 1990). This research will focus on phenomenology as a method of inquiry, which is congruent with the epistemology of this study.

Within the literature many writers have described phenomenology as a method for qualitative research (Spiegelberg, 1975; Merleau-Ponty, 1964; Giorgi, 1970, 1985;

Bogdan & Taylor, 1975; Carpenter, 1995; Duffy, 1986; Field & Morse, 1985; Gortner & Schultz, 1988; Keen, 1975; Omery, 1983; Parse et al., 1985; Wagner, 1983). It has been said, “lived experience of the world of everyday life is the central focus of phenomenological inquiry” (Carpenter, 1995, p. 31). Lived experience is what is true or real to an individual in one’s own life. It gives meaning to each individual's perception of any particular phenomenon and is influenced by everything internal and external to the individual. The interest in lived experiences has increased over the past few decades and continues. Lived experiences have been well researched and reported within the literature (e.g., Bannonis, 1989; Giorgi, 1975, 1985, 1992; Kraynie, 1985; Merleau-Ponty, 1982, 1983; Mitchell, 1994, 1998; Parse, 1990; Santopinto, 1987, 1989; van Manen, 1990; Moore, 1998, 2000).

It is accepted that the phenomenological method “asks the question: What is it like to have a certain experience?” (Duffy, 1986, p. 238). With this in mind, phenomenology was chosen for this research because the goal of phenomenology is to describe human experience as it is lived (Merleau-Ponty, 1964) and the goal of this research, based on the human sciences tradition, is to find out what it might be like for a selected group of individuals to live with a different sense of hearing and then to synthesize their meanings into a general structural description.

Phenomenology in Nursing

Phenomenological research is important in nursing (Cohen, 1987) because nurses are interested in human experiences and phenomenological research is a rigorous, critical, systematic, investigative method to study human experiences. (This is

especially so within the simultaneity paradigm.) Phenomenology encompasses a way of interpreting and bringing the world of the individual to the field of nursing (Beck, 1994). Phenomenology involves developing relationships with participants of the research process, just as the nurse-person process is foundational in the human becoming theory of nursing. It is believed that phenomenological research is a way for nurses to enhance their knowledge about lived experiences (Parse, 2001) which can lead to the development or enhancement of nursing knowledge, and stimulate changes in the nurse-person process. Phenomenological research is seen as a cocreation between researcher and participants rather than an observation of objects or behaviours. It is also said that phenomenology strives to bring language, perceptions, and descriptions of human experience, with all types of phenomena, for enhancement of understanding. These ideas are compatible with Parse's human becoming theory. Beck (1994) stated that phenomenology is a way to interpret the individual's relation to the world in the field of nursing. Indeed, since "professional nursing practice is enmeshed in the life experiences of people, the phenomenological research method is well suited to the investigation of phenomena important to nursing" (Carpenter, 1995, p. 29). Parse's human becoming theory (ontology) is congruent with both the methodology (phenomenological method) and epistemology (phenomenon of interest) of this research, which is vital for building discipline-specific science (Parse, 2000).

Contrary Opinions about Phenomenology in Nursing

While some nurse researchers have enthusiastically embraced phenomenology as a method, (Benner, 1994; Boyd 1989; Knaack, 1984; Parse et al., 1985; Munhall &

Oiler, 1993; Oiler, 1993; Omery, 1983; M. C. Smith, 1989), others have been critical of what are seen as its pitfalls (Salsberry, Smith & Boyd, 1989; Koch, 1995). These differences of opinion, it has been said, can follow either of two paths. The first and oldest path is that conceptualized by Husserl (1931, 1962, 1991). His transcendental phenomenology (method) is aimed at capturing pure essences of consciousness with the studying of phenomena by means of bracketing preconceived beliefs about the particular phenomenon. “This tradition is upheld by some nurse authors (Omery, 1983; Knaack, 1984; Field & Morse, 1985; Morse, 1989; Munhall & Oiler, 1993) who believe that researchers can approach a phenomenon holding in abeyance all beliefs about it.” (Parse, 1996a, p.13). With this approach, there is no nursing theory or perspective to guide the study or to interpret the findings. The major criticism about this approach is the question of how one can hold all beliefs in abeyance when studying any phenomenon? The findings may be about lived experiences, yet are not connected to any specific discipline. It is believed that nurses may use the findings in their practice but the findings are not considered nursing knowledge because there was no guiding nursing theory.

The second path that nurses may choose to follow is the Heideggerian tradition. Heidegger (1962) combined Husserl’s ideas with Kierkegaard’s (an existential philosopher). He abandoned the notion of bracketing and conceptualized the phenomenological method from an existential perspective. Parse (1996a) described this tradition of research as having been used and supported by “several nurse scholars (Banonis, 1989; Coward, 1990; Parse, 1981, 1990, 1992, 1994a; Parse et al., 1985; Santopinto, 1989)” (p.13). This method requires that the researcher make

explicit any preconceptions at the outset of the research study while remaining open to the possibility of discovery. It is believed that the entire process is a joining of the participants' and the researcher's perspectives. There are no specific categories or classification of meanings, the method "simply elaborates the meaning world of the researcher relative to the phenomenon under study" (Parse, 1996a, p. 13). Parse provided two reasons the researcher's perspective should be made explicit at the outset of any research project. First, so that other researchers can follow the path of inquiry of the scientist, and second, so that disciplinary relevance is preserved. Parse also explicated that the participants' own words are used during the first level of analysis in order to capture essential meanings and to discover the unknowns of the phenomenon under study. At a deeper level (or higher level of discourse), hermeneutic interpretations are made in light of the researcher's theoretical perspective where "interpretation is the gradual weaving of the findings into the theory to enhance understandings of the lived experience at the level of science" (Parse, 1996a). Thus, it is the second path, the Heideggerian tradition that will be followed for this particular study looking at the lived experience of persons having a different sense of hearing.

Crotty (1996), an Australian scholar criticised the ways in which nursing researchers have adapted phenomenology. It is said that his arguments have caused researchers working with the methodology to take greater care in explaining what they are doing and why they are doing it (M. Hazelton, personal communication, February, 2003).

Phenomenological inquiry requires that the integrated whole be explored. As a method, it is compatible with the discipline of nursing and is a suitable method for investigation of phenomenon important to nursing. For example, caring for only one part of the person is inconsistent with professional nursing practice and so too, is the study of human beings by breaking them down into parts (at least within the simultaneity paradigm). The lived experience of individuals as it is presented in their everyday worlds is important to nursing. Therefore, phenomenology is a fitting method to be used to study the lived experience of persons having a different sense of hearing.

Phenomenological Method

As stated earlier in this chapter, methodological approaches for phenomenology differ from other qualitative approaches and may also differ from each other. The following will be addressed and delineated in this section: presuppositions and general steps of the phenomenological research process; background of Giorgi's (1970, 1985) modification of the phenomenological method; as well as, computer mediated communication as a data collection tool.

Prepositions and General Steps of the Phenomenological Research Process

As an introduction to the phenomenological method and the basis from which other methods or modifications (such as Giorgi's) have been created, explanation of the presuppositions, major activities, and the guiding principles of phenomenological analysis are included. Parse (1989b) described the presuppositions of the phenomenological method which necessitate the researcher to:

- Remain faithful to the phenomenon as described by the participant within the context of the emerging everyday life situation;
- Use description for data collection and reporting of findings; and
- Search for meaning while adhering rigorously to the rules of phenomenological analysis.

Spiegelberg (1976) and Parse et al. (1985) articulated the general steps of the phenomenological research process to be:

1. *Investigating the particular phenomena.* There are three operations, which constitute the major processes of phenomenological analysis, including: intuiting, analyzing, and describing. They are closely related and though discrete, they occur simultaneously. The researcher lives these processes all-at-once while dwelling with the participants' descriptions of the phenomenon. Intuiting is coming to know the phenomenon as described by the participant; analyzing is the intentional tracing of the phenomenon's elements and structure in order to come to know the nature of the lived experience; and describing is the process of affirming the connection between the phenomenon and what is written about it, thus culminating in an elaboration of the meaning of the elements and the structure of the lived experience.
2. *Investigating the general essences.* This occurs through eidetic intuiting, where the researcher examines the particulars reflecting on the

remembered experiences as written by the participant leading to apprehension of general essences.

3. *Apprehending the essential relationships among essences.* This process involves the examination of the internal relationships between the particulars in a single general essence and relationships among several general essences.
4. *Watching modes of appearing.* This process includes exploration of the way in which something appears, which is significant to understanding the phenomenon as a whole, as it unfolds through dwelling with the participants' descriptions.
5. *Watching the constitution of phenomena in consciousness.* This is an activity of exploring the phenomenon through the process of integrating the familiar with the unfamiliar.
6. *Suspending belief in the existence of the phenomena.* This process is also known as bracketing where the researcher suspends beliefs about a specific phenomenon. The researcher holds in abeyance any preconceived notions about the phenomenon of interest. (As described earlier, this particular step is the foundation of conflicting opinions between phenomenological researchers.)
7. *Interpreting the meaning of the phenomena.* Hermeneutical interpretation is the final activity in the phenomenological analysis process. It is an attempt to interpret the sense of the phenomenon. There is a shift in the level of discourse from the concrete to the abstract.

These general steps in the phenomenological method provide the foundation upon which Giorgi (1970, 1975) built his methodological approach.

Giorgi's Modification of the Phenomenological Method

Giorgi developed his modification of the phenomenological method in the 1970's and focused on uncovering the meaning of lived experiences. His method is rooted in the Heideggerian tradition and is one of three methods that are frequently published in the nursing literature which use a nursing framework or theory and which enhance the knowledge base of the discipline of nursing (Parse, 1996a). His method has been utilized in nursing and psychological research since that time. However, most of the work in nursing has been undertaken since the mid 1980's (e.g., Banonis, 1989; Santopinto, 1987, 1989; Costello-Nickitas, 1994; Kraynie, 1985; Moore, 1998, 2000).

Giorgi (1986) first developed his method in association with the view that "if humans, as scientists, can, under proper conditions, use descriptive reports with precision, then... humans, as subjects, should also, under proper conditions be able to generate valid descriptive reports" (p. 5). Giorgi believed that descriptions of situations could form the basis of a research program when the meanings of such descriptions are being sought rather than the seeking of objective facts. With his method he met two criteria. First, the criteria of science where science, as a cultural institution, seeks to obtain knowledge through methodological, systematic, and critical means; and second, the criteria of phenomenology, that is, the study of phenomena as experienced, where phenomenologists seek patterns and structures of

the phenomena they are studying. “The aim of the researcher is to discover and describe the structure of the given as experienced” (Giorgi, 1989, p. 41).

Similar to Kockelmans (1985) and Parse (1981, 1987), Giorgi (1985) has advocated that phenomenological inquiry, like all inquiry, is inherently theory driven (Mitchell, 1994). The research reported in this thesis was guided by Parse’s (1981, 1992, 1998) human becoming theory. As described earlier, it is believed that theoretical perspectives are necessary for discipline specific research. For example,

Giorgi proposes that a theoretical perspective is essential for discipline specific science. He contends that, while there are presuppositions in such an approach (disciplines do have certain phenomena of central concern and some prior understanding of these phenomena), they are not specific enough to delineate categories in an exclusionary way. Thus, genuine discoveries can be made with respect to the phenomenon under study. (Mitchell & Cody, 1993, p. 175)

It is believed that even when a theoretical perspective is not made explicit it shows itself in the words and phrases that researchers select to discuss their findings (Mitchell & Cody, 1993). As such, researchers should make their preconceptions explicit. Parse et al. (1985) and Parse (2001) proposed that researchers describe the personal meanings of the researched phenomenon including beliefs from a theoretical perspective and from an experiential frame of reference. The reader may note that the researcher’s perspective and experiential frame of reference were put forth at the outset of this research study. Hence, utilization of a nursing theory and

the researcher's perspective made explicit are important components of Giorgi's modification of the phenomenological method and are included in this study.

The phenomenological method systematized by Giorgi (1970, 1975, 1986, 1989, 1992) was designed to use a discovery oriented, phenomenological approach, and seeks to gain an in-depth understanding of the nature and meaning of phenomena as lived and experienced by human beings. Giorgi's method allows for participants' descriptions to emerge in a natural setting with minimal external interference; interpretation of the data accounts for the researcher's inevitable influence; and participants are engaged rather than detached within the research framework (Santopinto, 1987). Van Manen (1990) stated, "phenomenological research is fundamentally a writing activity. Research and writing are aspects of one process..." (p.7). So in consideration of these facts, written descriptions were elicited and received via email correspondence from participants and were analyzed by the researcher generating situated structural descriptions as well as the ensuing synthesis of a general structural description of the study phenomenon. These processes and findings are further articulated in this dissertation.

The Giorgi phenomenological method preserves the meaning of the phenomenon within the context of each participant's experience through in-depth study of participants' descriptions. As stated earlier, Giorgi's method allows for specification of a nursing perspective (or theory) and it encourages connection of findings with the perspective in order to enhance disciplinary knowledge (R. R. Parse, personal communication, spring, 2000). Giorgi's modification of the phenomenological

method is consistent with the epistemology (what is to be studied) and ontology (guiding theory) underpinning this research study (Mitchell & Cody, 1992; R. R. Parse, personal communication, spring, 2000).

Human science research is both descriptive and interpretive. The descriptions come from the participants and the interpretation comes from the researcher (R. R. Parse, personal communication, spring, 2000). Only four authors have described studies within the literature, which have integrated Giorgi's methodology with Parse's theory (Banonis, 1989; Costello-Nickitas, 1994; Kraynie, 1985; Santopinto, 1987, 1989). No studies have been found researching the meaning of living with a different sense of hearing. Therefore, this research is considered unique related to epistemological, methodological, and theoretical perspectives.

Computer Mediated Communication for Collection of Research Descriptions

Computer application in qualitative research has been happening since the 1980's (Brent, 1984; Tesch, 1991) including word processing, data management, and specialized analysis (Bournes, 2001). The use of asynchronous computer mediated communication (email correspondence between researcher and participants) for collecting research descriptions was used for this research and is considered a relatively new concept (Jones, 1999; Mann & Stewart, 2000; Schonlau, Fricker & Elliott, 2001). The use of the computer connected to the Internet has been linking computers for "international communication and resource sharing for education and research" (Norris, 1999, p. 197) and has created a powerful force with a momentum

all its own (Mann & Stewart, 2000). This communicative power has been harnessed to further this qualitative research.

Qualitative researchers have used many methods to collect rich, descriptive data to seek understanding of human experience. Computer mediated communication (CMC) may challenge more traditional methods of data collection (i.e., face-to-face interviews) but the possibilities are endless (Bourne, 2001). Until recently, the suitability of the Internet for conducting research remains relatively unexplored. Groundbreaking books (Jones, 1999) examine a range of theoretical and practical aspects associated with researching the Internet, yet they stop short of considering the Internet as a data-gathering tool (Mann & Stewart, 2000). Mann and Stewart (2000) sought to provide information and research regarding the suitability of using the Internet for conducting qualitative research. For example, the Internet was chosen for this present research study because it offered an effective way of dealing with the constraints of time and where the researcher and the participants were in different continents on opposite sides of the world and in opposite time zones. It is said that, "email may be the most commonly used service of the Internet" (Mann & Stewart, 2000, p. 9). Emails are similar to letter documents that are typed on the screen, then mailed electronically via the Internet to an Internet service provider's computer of the recipient. This process may take a few minutes or seconds. It operates in non-real time and messages may be written and read at different times and in different places (Mann & Stewart, 2000).

An extensive literature review was completed on CMC (Mann & Stewart, 2000). Qualitative researchers, it is said, have chosen to adopt CMC because it is a logical, authentic, and congruent method for investigating various forms of Internet usage (Mann & Stewart, 2000). Rafaeli, Sudweeks, Konstan, and Mabry (2001) carried out a quantitative study of CMC. Mann and Stewart (2000) have listed many online research projects using individual and group interviews in the following areas: education; virtual worlds; rural women's use of interactive communication technology; Web-site use; email mediated help services; use of virtual focus group technology; on-line subculture; and empowering use of technology for persons with disabilities.

Within the nursing literature there were a few studies, pertinent to this research, which were found to have utilized email for data collection. For example, Collins (2000) studied women with eating disorders in a multiple-case investigation of the Internet email correspondence of their lived experience. Data included written correspondence of four participants over four months via email. Using an interpretive paradigm the data were analyzed using a constant comparative method that employed thematic analysis and axial coding. Overall the participants indicated that participating in the Internet-based study via email was a positive experience for them. Also, Norris (2001) investigated the experience of employed adults living with serious chronic illness and found that using the Internet was an effective strategy for seeking participants and for data collection. Collins (2000) suggested that future research should continue to explore the viability of the Internet as a medium for data collection.

Internet research has also focused on computer-accessible populations. For example, Mann and Stewart (2000) cited some examples of accessible populations including: young people and health risk; women with disabilities in higher education; Asian entrepreneurs in Africa; and Graduates of the Millennium. Persons living with a different sense of hearing with access to the Internet were considered an appropriate population for research using email as a data collection tool.

Opportunities of Computer Mediated Communication

Using computers in qualitative nursing research was described by Bournes (2001) while some of the opportunities of CMC described in other literature by Mann and Stewart (2000) as being appropriate to this particular research project and population of participants included:

- Connecting a wide geographical access. For example, email provided a practical way to collect descriptive writing from individuals who were geographically distant. The researcher and participants lived in different continents.
- Involving hard-to-reach populations. Persons living with a different sense of hearing may have found it difficult to be in face-to-face situations and thus preferred to connect via the Internet.
- Possibility of sensitive information being shared. Some personal issues may cause reluctance to disclose on the part of some participants but revealing may have been easier using email.

- Cost savings (but not necessarily cost-free) related to time, travel, and transcription. The researcher did not need to transcribe the written descriptions, the participants did not need to travel, and both the participants and researcher could decide on the timing of their respective email correspondence.
- Accessibility of venue for participants. Location and timing of computer access was at participants' leisure.
- Complete record of entire interaction was available on the researcher's computer. Email messages could be recalled, printed, and stored on a diskette.
- Textual data were linked to individual usernames, which were handled ethically by the researcher (see ethical procedures in the following chapter).
- Participant friendly related to rapid connections (within Canada). The environment for writing email correspondence was of the participants' and researcher's own choosing. Using email was convenient and rapid, with no need to buy stamps, pen, and paper or to keep face-to-face appointments.
- Conducive to easy dialogue between researcher and participants. Email was accessible to the everyday writer.
- A safe environment was created with CMC because it offered participants a venue where they could open up to the researcher if that was their desire.

Challenges of Computer Mediated Communication

There are also challenges when using CMC (Mann & Stewart, 2000). The challenges that were pertinent to this research included:

- Computer literacy requirements were needed, for the researcher had to have some degree of technical expertise.
- Ensuring cooperation and involvement of participants was an issue. Some have stated, scholarly research has attempted to enlist altruistic support of participants, however it is believed that today in order to obtain good response rates the research must be viewed as relevant to people's lives. This point was relevant for the participants of this research; for example, the participants chose to take part in the research because the topic was considered important and relevant to their lives.
- The researcher required interactive skills. The development of rapport and mutual respect between the researcher and participants was necessary for this qualitative research. However, the only means of developing rapport was through written communication, although the researcher was personally acquainted with each of the participants prior to conducting this research.
- At the time of this study losing Internet access was an issue because the researcher was living in Indonesia where there were inadequate telecommunications infrastructures (i.e., unreliable phone lines and power supplies in that developing country).

- Ethical issues related to confidentiality and anonymity had to be considered with CMC. Descriptions of how these were addressed are included in the next chapter.

In this research asynchronous computer mediated communication (in the form of email correspondence) was used which allowed participants to type extended messages (descriptive text) at their leisure and transmit them electronically to the researcher. This strategy for collection of data descriptions provided opportunities for back and forth dialogue between the researcher and participants, which was considered a component of Giorgi's (1970, 1985) phenomenological method. There were other advantages to using email. These included: no need for stamps; flexibility in timing: collection could happen whenever the recipient wished or had the time; it took only minutes for email to arrive; and descriptions received by the researcher were already typed and ready to be analyzed (i.e., no transcription was necessary).

Summary

This chapter has described Parse's (1981, 1992, 1998) human becoming theory as the ontological basis for this research. Congruent with this theoretical framework was the utilization of Giorgi's (1970, 1975) modification of the phenomenological method. Giorgi's method was an appropriate method given the purpose, and phenomenon of interest (epistemology) of this research. This study revolves around a theoretical and methodological framework with aims to assure and value scientific

rigor of qualitative research. Standards for qualitative research will be discussed in Chapter Six.

CHAPTER IV

*Parse (1986) articulated the stages of Giorgi's modification
as being sequenced in concept,
in research they are performed simultaneously.
(Santopinto, 1987)*

RESEARCH PROCEDURE

Overview

The research process is articulated in this chapter. Written descriptions elicited and received via email correspondence from seven study participants were analyzed, using Giorgi's (1970, 1975) modification of the phenomenological method, resulting in the generation of situated structural descriptions as well as a synthesized general structural description of the phenomenon: living with a different sense of hearing.

Research Question

The research question for this research was:

What is the structural description of living with a different sense of hearing?

Sampling and Participant Selection

Purposeful sampling was utilized. Seven persons (both men and women) ranging between 25 and 70 years, residing in Canada, employed full-time in professional positions, and living with a different sense of hearing were engaged to participate in this study. Data descriptions were gathered through email correspondence and were analyzed using Giorgi's (1970, 1975) modification of the phenomenological method.

“Selection of and number of participants are decided by the researcher in conjunction with the specifications of the method” (Parse, 2001, p. 15) not by some external criteria. Purposeful sampling is used most commonly in phenomenological research. Giorgi (1975) suggested that the researcher may be acquainted with the participants. In this sampling method the researcher selected individuals for participation in the study based on their particular knowledge of the phenomenon for the purpose of sharing that knowledge with the researcher. The researcher knew the participants by way of the Canadian Hard of Hearing Association or through personal acquaintances or working relationships. The participants were selected based on their ability to write and describe their own personal experiences and feelings, as well as their willingness to connect and exchange with the researcher using email correspondence.

As stated, the sample size of this study included seven participants. It is not unusual for phenomenological researchers to use small sample sizes (Bogdan & Taylor 1975; Denzin & Lincoln, 1994; Parse et al., 1985). Of the four studies (of various foci)

that have been found in the literature to date, which integrated Giorgi's methodology with Parse's theory, three researchers used sample sizes of two participants (Banonis, 1989; Koach, 1999; Santopinto, 1987, 1989) and the fourth researcher used seven participants (Costello-Nickitas, 1994). It has been said that samples of two to ten participants have been found to yield data redundancy or saturation meaning that no new themes or essences emerge in the data and that the data are repeating or that the participants start to say the same things (Parse et al., 1985). Conversely, others alleged that saturation might never be achieved. Morse (1989) stated "saturation is a myth" and "new data may always be revealed" (p. 44). The concept of saturation was not a consideration in this study. Giorgi (1970) believed there is the possibility of new data being introduced with every thought expressed by the participants. As an update in perspective, Parse (2001) stated "there is no required number of participants for phenomenological research, but all participants are to be protected by ... ethical standards..." (p. 81).

Role of the Researcher

The role of the researcher in phenomenological research is to help participants to describe their lived experience without leading. For example, the researcher may use open-ended questions such as: What comes to mind when you think about quality of life? Or describe what it is like for you to live with a different sense of hearing. In accordance with Giorgi's (1970) modification, the participants were asked to write a descriptive response to an interrogatory statement (see section: Gathering of

Research Descriptions). Participants then individually wrote extensive descriptions and emailed them directly to the researcher for analysis-synthesis.

Ethical Considerations and Protection of Participants' Rights

It has been written that “complete anonymity, confidentiality, or security ... is not always possible on the Internet” (Im & Chee, 2002, p. 269), however, measures were taken by the researcher to protect the rights of the participants to confidentiality, anonymity, and freedom from discomfort. Computerized (email correspondence) data collection techniques described by Norris (2001) assisted in determining strategies for ethical consideration. The researcher ensured that protection of the rights of the participants occurred in the following ways:

1. Full disclosure of the research study's purposes, procedures, and intent was emailed to each participant (see Appendix A- Information for Participants).
2. Participants' rights to confidentiality and anonymity were honoured.
3. Participants were informed that they might withdraw from the study at any time.
4. Informed consent was obtained from all participants. They kept a copy of the consent for their records (see Appendix B-Consent Form).
5. The proposal was submitted to appropriate ethical and research review committees at Curtin University of Technology, Perth, Australia and was granted approval by both reviewing committees.
6. The researcher's email address, phone number, and mailing address, as well as the email addresses of her supervisor and the contact person for the Ethics

Committee at Curtin University, were given to all participants, for any questions or concerns about the study.

Nothing in electronic communication is considered totally private; those who use email should understand this. There is always the possibility of intrusion by hackers (Im & Chee, 2002). To the best of the researcher's knowledge, intrusion did not occur. Once email correspondence was received, it was placed on diskettes and transferred to another personal computer without external access to the Internet and potential "hackers".

To ensure anonymity, code numbers were assigned to each participant so that only the researcher knew the identifiers. When reporting the data, identifying characteristics of the participants were deleted or altered to ensure anonymity (Norris, 2001). There were no known risks related to this research. Participants may have disclosed or withheld any information they so chose. Participants did not indicate any discomfort during the research project. Indeed, at the end, most persons commented to the researcher about the contentment they experienced after having had the opportunity to participate in the study and to write their descriptions in their own ways.

Gathering of Research Descriptions

The use of asynchronous computer mediated communication (email correspondence between researcher and participants) was utilized for collecting descriptions of the

research phenomenon. Following appropriate ethical considerations and procedures, the researcher emailed the participants individually to invite them to participate (see Appendix A). Once they indicated their desire to participate, the researcher emailed each participant the consent form (Appendix B). The participants returned the consent forms via email after typing in their names using the font of their individual choice. The consent forms were printed by the researcher and kept in a secured place. Following this, the researcher requested that they write in response to the interrogatory statement:

Please write about an experience or situation that describes what it is like for you to live with a different sense of hearing.

The participants of this research then responded to the interrogatory statement, which is the primary instrument for gathering descriptions of the research phenomenon in Giorgi's modification of the phenomenological method. This statement was designed in a deliberate fashion to be sparsely worded and without cues, which reflected the researcher's desire not to claim knowledge of the situation until enough information was collected (Santopinto, 1987). The researcher refrained from elaborating upon the meaning of the interrogatory statement by simply inviting the participants to respond. Moreover, in following Santopinto's (1987) lead, the investigator chose specifically "not to use medical terminology in order to avoid locking the participants into stereotypical expectations (Valle & King, 1978)" (p.29).

The participants were asked to share their thoughts and feelings related to the experience and to write until they could write no more. They were not required to

send a specific length of description. However, in consideration of timing for the researcher's PhD, the participants were requested to complete their descriptions within a two-month time frame if possible. The participants emailed the researcher their descriptions and the process of analysis-synthesis was undertaken. The researcher returned to one participant via email for clarification and elaboration of some components of the participant's description that needed further illumination. This seeking of clarification was also considered a component of Giorgi's method.

Storage of Research Descriptions

In relation to storage of the research participants' descriptions and ensuring confidentiality, email submissions of the individuals' descriptions were printed, and then original emails were copied to diskettes. Both types of data were stored in a locked cabinet. Because a personal computer was used in the researcher's home only the researcher herself had access to the email descriptions. All information, electronic (on diskettes) or written (on paper), will be maintained for 10 years after completion of the study and then will be destroyed according to the regulations of Curtin University of Technology.

Analysis

During analysis-synthesis of this phenomenological research, the researcher became immersed in the descriptions through identifying and extracting significant statements. The major processes involved in phenomenological analysis are

intuiting, analyzing, and describing (Spiegelberg, 1976; Parse, 1989b). Parse (1986) articulated that the sequencing the stages of Giorgi's modification occur only in concept, in the actual practice of research they are performed simultaneously (Santopinto, 1987).

The works of Giorgi (1975) and others (Parse et al., 1985; Banonis, 1989; Costello-Nickitas, 1994; Santopinto, 1987, 1989) were used to depict and describe the seven steps and processes of analysis-synthesis of Giorgi's modification of the phenomenological method. These included:

1. *Contemplative dwelling with the descriptions.* This involved the researcher completing a rigorous process of intuiting, analyzing, and describing the raw data descriptions. The researcher did this through reading and rereading the entire description of each participant's experience to get a sense of the whole.
2. *Returning to participants for elaboration on ambiguous areas of description.* If the researcher had any questions about an area of description, the participant was emailed to seek clarification or elaborations using open-ended questions, i.e., Please explain this area further; or What was this like for you? This was done on only one occasion with one participant.
3. *Identifying natural meaning units.* The raw data descriptions were examined for spontaneously occurring shifts in meaning or transition. Discrete passages of text, called natural meaning units were identified. Each natural meaning

unit is a part of the intuited whole rather than a separate element (Giorgi, 1975). Natural meaning units are context-laden constituents, rather like words in a paragraph (Giorgi, 1975). Natural meaning units were established by going through the text and every time the researcher experienced a transition in meaning, a slash was placed in the description of the text (Giorgi, 1989). The researcher operated with spontaneity while constituting natural meaning units (thinking: *something important is happening here or there is a change here or something interesting is going on*). By doing this, the researcher was able to dwell with the description longer than when it was first read (Giorgi, 1989). The natural meaning units may not actually appear in the elaborated description but were perceived by the investigator while actively searching for emerging meanings (Costello-Nickitas, 1994). Yet in clarifying natural meaning units, the researcher constantly self-corrected for the natural meaning units were not clear-cut or arbitrary (Giorgi, 1985). Natural meaning units were expressed in the participants' own words.

4. *Identifying central themes*. Each natural meaning unit was read repeatedly in a spirit of contemplative dwelling using reflection and free imaginative variation (i.e., adding, subtracting, or substituting critical attributes to enhance understanding) (Spiegelberg, 1971). With this process the researcher then reformulated the natural meaning unit into a central theme using the language of the participant. The central themes corresponded to the natural meaning units. By identifying central themes, redundant material from the

natural meaning units was eliminated (Santopinto, 1987). The researcher paraphrased to encapsulate the essence of the participant's words.

5. *Identifying focal meanings.* The central themes were then raised to a higher level of discourse (to the abstract) and were reformulated again by the researcher to become focal meanings in the language of the researcher. Parse (1986) articulated the transposition from the language of the participant to the language of the researcher as being an intuitive leap (Santopinto, 1987), while Giorgi (1986) noted,

The descriptions of situations by the subject and the description of the meaning of the situation for the subject as grasped by the researcher are not reducible to each other. The two do not have to be identical because the experience of the situation as described belongs to the subject, but the meaning transcends the subject and is available to others once it has been expressed. The experience takes place prereflectively, but the discovering of the meaning requires reflection.
(p. 21)

At this stage in the process, hidden meanings were uncovered (Spiegelberg, 1971) and the analytical phase of data description interpretation was complete.

6. *Synthesizing situated structural descriptions.* Each set of focal meanings was then synthesized into a situated structural description for each participant. It is the situated structural description that grasps the meaning of living with a

different sense of hearing from the perspective of the participant. The situated structural descriptions are written in an effort to try to understand the world of each participant (Giorgi, 1975). The situated structural description is considered the first stage in the development of a consistent description of the phenomenal pattern (Santopinto, 1987). The situated structural description is grounded in the concrete setting of each participant (Giorgi, 1985). All focal meanings of each participant are relayed in that participant's situated structural description. The investigator synthesized and integrated the insights contained in all of the focal meanings into a consistent statement for each of the seven participants' experiences of living with a different sense of hearing.

7. *Synthesizing a general structural description.* This stage has been referred to as the second stage of the phenomenal description, which grasps the most general significance of the phenomenon under study (Giorgi, 1985) and was aimed at capturing the meaning of the lived experience described by the participants in an insightful and focused way (Giorgi, 1975). The general structural description of living with a different sense of hearing was generated from the synthesis of all seven of the participants' situated structural descriptions. Giorgi (1975) stated the general structural description "leaves out the particulars of the specific situation and centers on those which... while not necessarily universal are at least trans-situational or more than specific" (p. 88). The researcher remained fluid to the rhythmical process of advancing in analysis yet returning to the natural meaning units as

the home base for reflection in order to build the general structural description (A. Santopinto, personal communication, fall, 2002). “The general description has a nomothetic value for use in relating other findings about the phenomena in a more theoretical context” (Giorgi, 1975, p. 97). The general structural description for this research has been woven with Parse’s (1981, 1998) theory of human becoming for nursing.

Bracketing

Two forms of bracketing have been previously described in this dissertation, i.e., Husserl’s and Heidegger’s interpretations. Husserl (1931, 1962, 1965, 1991) believed that in order to achieve true meaning of the phenomenon, bracketing must be instituted *while* Heidegger (1962) was of the mind that bracketing could never be fully achieved because humans are bound to see phenomenon from their own perspectives (Parse, 2001). Giorgi (1970) said that one can hold beliefs in abeyance (bracket them) but believed that ultimately one’s interpretation does come into play. He meant for researchers to refrain from jumping in and labelling something in a particular way the first time it is read or reviewed, based on their own point of view. The researcher (from Giorgi’s perspective) must be available to seeing/hearing/understanding what it is that the participant is saying about the phenomenon (R. R. Parse, personal communication, spring, 2000). In this study, the researcher has made explicit any preconceptions at the outset of the research study while remaining open to the possibility of discovery. It is believed that the entire process is an amalgamation of the participants’ and the researcher’s perspectives.

Methodological Expertise

The researcher enlisted the expertise and mentoring of a person who is well versed in Giorgi's modification of the phenomenological method to ensure consistency and clarity of process. This involved the mentor reviewing the researcher's writings and offering suggestions to the researcher related to synthesis of the general structural description and clarity of expression of the participants' descriptions within Giorgi's methodology. Also, the mentor assisted with ensuring that appropriate levels of abstraction were achieved.

Summary

In summary, this chapter has described the research process for this dissertation. Giorgi's modification of the phenomenological method has been a demanding and rigorous process yet intellectually challenging and pleasurable for this researcher. Findings from the research process are depicted in the following chapter.

CHAPTER V

During the times without my hearing aids,

I live in a world that bounces between complete calm and utter paranoia.

(Participant Four)

PRESENTATION OF FINDINGS

Overview

What follows is a presentation of the descriptions and findings that emerged from seven study participants' lived experiences of having a different sense of hearing. The participants spoke about what living with a different sense of hearing was like for each of them as individuals.

The general structural definition of the lived experience of persons having a different sense of hearing arose using Giorgi's (1970) modification of the phenomenological research method. The findings from this study emerged through a rigorous process of intuiting, analyzing, and describing by the researcher in which the raw descriptions were raised increasingly to higher levels of discourse and into the language of science. The analytical process of raising the natural meaning units to central themes, to focal meanings, and then to the situated structural description will be presented for each of the participants' descriptions. This information will be written in a juxtaposed fashion to facilitate auditability of the researcher's

interpretive decision trail. The structural descriptions will then be listed for each participant prior to the introduction of the general structural description.

The natural meaning units are direct quotations from the participants' written descriptions. However, in an effort to maintain participant confidentiality and anonymity, descriptions of persons, places, chronologies, or any other potentially identifiable characteristics have been changed or omitted.

Findings

The natural meaning units, central themes, focal meanings, and situated structural description for each participant are as follows:

Participant One

Natural Meaning Units, Central Themes, and Focal Meanings

1. A. Natural Meaning Unit

“Coping with a hearing loss has been a gradual challenge for me and the most effective way for me to explain how I have met this challenge is to explain the history of its development through the various stages. This “problem” escalated over a number of years, gradually creating more and more difficulties for me and my family, as well as for others who communicate with me.

Most of my story talks about situations in the workplace and the challenges I faced there. This is not to say that I do not experience the same challenges as other

hearing impaired people in social and family situations. Of course I do, however, I find it easier and less stressful dealing with family and social situations than I do workplace issues.

Family and friends are more tolerant and understanding and I have more control over the situation. I don't go to restaurants that are too loud and I can sit where it is most convenient for me. And, if I miss part of the conversation, it is no big deal. In these situations, my loss of hearing is an inconvenience but it is not a "problem". Losing friends because they don't want to go to the trouble of dealing with you (after all, they obviously weren't friends to begin with) does not compare to losing your job because you cannot function in the workplace.

In workplace situations, I don't have the same level of flexibility as to where the meetings are held, where I sit or who have to deal with. And, missing part of the conversation can be a major big deal since good communication skills are essential in the workplace. So it is for this reason, that I focus my story on my workplace challenges."

1. A. Central Theme

The participant regards her experiences as similar to others who live with hearing loss. She has found family situations an inconvenience but easier to deal with than work situations because she has more control and flexibility at home.

1. A. Focal Meaning

Engaging with relatives and colleagues is the same-yet-different when living with a different sense of hearing.

1. B. Natural Meaning Unit

“I first discovered my hearing impairment about 12 years ago. I use the term “discovered” because I now know that I had difficulty hearing for a long time. I just didn’t recognize that I had the impairment---that is, any more than the average person. I always had trouble hearing on the phone with my left ear and hearing my children when they were in the next room. My kids would say I wasn’t paying attention to them. In spite of these things, it really never occurred to me that I had a significant hearing impairment until I went to a specialist (referred by my family doctor) for an ear infection.

The Doctor suggested that I get my hearing tested. The results were that I had a significant hearing impairment in my left ear (50 percent) and some loss in my right ear (20 percent). However, the specialist went on to say, he didn’t know what caused it (whether the ear infection had any impact), that nothing could be done to correct the problem and that hearing aids would not help since my problem was distinction (particularly with consonants) rather than loudness. This meant that I misunderstood what was being said. An example is that if someone said, “the cat is at the door”; I might think they said, “the mat is on the floor”.

The Doctor advised that he didn't know if and when it would worsen however people often lose their senses (hearing, smell, vision, taste) as they age. Ironically, I was not overly concerned. I had been functioning quite well up to this point so I only considered it a slight inconvenience but not a "big" problem. I told my family and a few of my close friends and no one made an issue of it. My family and friends tried to accommodate me. Although people would sometimes suggest that I should see about getting a hearing aid, I didn't bother to tell them that I had already been told it would not work. I really didn't want to draw attention to the issue so I just laughed it off."

1. B. Central Theme

The participant discovered that she had hearing impairment in situations with family members and through confirmation with a physician.

1. B. Focal Meaning

Coming to discover one is living with a different sense of hearing unfolds through observations with trusted others.

1. C. Natural Meaning Unit

"Even at this point, I knew that people did not understand the problem so I just didn't bother to educate them."

1. C. Central Theme

The participant knew that people did not understand the problem of living with hearing loss and chose not to educate them.

1. C. Focal Meaning

Choosing-not choosing to explain one's experience with a different sense of hearing unfolds amidst misunderstanding.

1. D. Natural Meaning Unit

“My job, at this point in time, was one where communication was, for the most part, one on one. So the impairment never interfered with my work. I truly felt that if the only inconvenience I experienced was in social situations, I wouldn't complain. I felt fortunate compared to many others with disabilities since I now had some insight what it was like to be disabled and I was so thankful for what I had.”

1. D. Central Theme

Comparing self to other people with disabilities, the participant is thankful for being able to communicate in one-to-one dialogue.

1. D. Focal Meaning

Feelings of gratitude surface as one relates to the limitations seen in others.

1. E. Natural Meaning Unit

As time went on, however, more and more people were saying, “why don’t you get a hearing aid?” I began to be a little self-conscious of this problem and tried to pay more attention to the conversation. I knew my affliction was inconveniencing people and I hated to do that. Sometimes I stayed out of conversations deliberately so as not to have to ask people to repeat what they said.

1. E. Central Theme

Feelings of inconveniencing people and self-consciousness led to the participant choosing to pay more attention or to stay out of conversations.

1. E. Focal meaning

One lives a constant and paradoxical rhythm of relating-distancing as one moves amongst intimate and anticipated feelings of self and others.

1. F. Natural Meaning Unit

“More and more I thought about finding some aid that would help. It was at about this point that I started working in another environment. My hearing loss was becoming more than a social issue. I recall one incident where I was on a job with one of our senior management and was suppose to be taking down serial numbers of equipment for him. A few days after the job ended, he called me into his office and noted that I had misheard all the numbers and that I should have told him I didn’t hear them. Although it was noisy and I had trouble hearing, I was surprised that I hadn’t heard them correctly. I was bothered that my hearing impairment had

interfered with my ability to do my job however I accepted that it was an isolated incident and, I believe, so did he.”

1. F. Central Theme

The participant thought more about finding a hearing aid as times and work environments changed.

1. F. Focal Meaning

New challenges and possibilities are encountered as one's world shifts.

1. G. Natural Meaning Unit

“When I started my next position, I immediately told my employer that I had trouble hearing. This was a small company and everyone co-operated 100 percent. We talked and joked openly about my trouble hearing both at home and at work and I became more aware of the hearing loss and wanted to “fix” it. I heard there were new things on the market that might help, so, I got an appointment with a “new” specialist.

The Doctor referred me to an audiologist who was very honest about the effectiveness of the hearing aid. However, he did feel that so long as I knew that it wouldn't be perfect, I should try it. This aid was referred to as a “cross hearing aid”. It moved the sounds from my left side to my “good” ear and I could adjust the volume up and down. Although the aid did help, it was not “great”, as the audiologist had warned.”

1. G. Central Theme

When choosing to reveal hearing trouble, the participant met with co-operation and mutual joking at home and at work.

1. G. Focal Meaning

One co-creates enlivening collaboration and playful repartee through the rhythms of revealing-concealing having a different sense of hearing.

1. H. Natural Meaning Unit

“I was not self-conscious about my hearing impairment and so when I decided to again make a career move, I immediately told my potential employer about my hearing loss. They didn’t even notice the loss since I never had any trouble in quiet surroundings with 2 or 3 people. This was a mid-sized organization and I sometimes had to attend large meetings with 60 or more people. In these situations, I used my hearing aid however it was not very effective. Most of the people I dealt with didn’t even notice I had trouble hearing since my colleagues were very helpful in these meetings and I had no trouble asking people to repeat themselves.

I do recall one meeting where there were about 25 committee members. At this meeting, there was a fan running in the room and my hearing aid was not working. After the meeting, the committee chairman asked my boss what was wrong with me--it was obvious to him that I had trouble hearing. My boss explained I had a hearing impairment. The immediate reaction was “we have to fix it”. The Chairman called offering to pay for whatever was available-----he was sure help must be

available in another country. His compassion was appreciated however; I was convinced there was nothing that could be done. I did agree to go back to my audiologist for advice.

My audiologist assured me there was no help available, other than the aid I already had. He also confirmed that my hearing had not deteriorated in the past 5 years. Again, I accepted that nothing could be done and remained convinced that my hearing was not that bad. I gained comfort in the fact that my hearing had not deteriorated. I began however, to be aware that my hearing impairment did create some issues for me in the work place. I knew that I was missing some things and that, more importantly, people could take advantage of my shortcoming-----“you misunderstood what I said”. Although, as a senior manager, this could have been a problem, my boss was empathetic and refused to allow people to take advantage of or exploit the situation.”

1. H. Central Theme

The participant felt good most times about how she was dealing with her hearing loss yet she was also concerned about not being able to do anything to improve her hearing. She encountered people who understood and those who made things worse.

1. H. Focal Meaning

Living with a different sense of hearing surfaces all-at-once feeling good-feeling concerned amidst others' potential regard-disregard.

1. I. Natural Meaning Unit

“All in all, my hearing difficulty was still an inconvenience but not a “problem”. I felt very self-confident at this point in my life. I had an excellent career going, was well respected by all my colleagues and superiors. My hearing impairment had in no way restricted my career opportunities to date. In fact, because of my strong work ethic and competence, I had exceeding my own expectations and certainly those of my colleagues.

I was again ready for another challenge so I made the plunge to join a large organization, with a significant increase in responsibilities. I was certain that my hearing impairment did not significantly affect my work, however I was aware that some employers might consider my impairment a disadvantage.

I wanted to be totally upfront and honest about it. I informed the interviewers, that I had a hearing loss. They quickly replied it was not a problem. Later they told me, they hardly noticed it in the interview and certainly never expected it to be a problem and neither did I.

In spite of the “isolated” incidents, I refused to believe that my hearing loss was a problem for me in the workplace. I now believe it may have been more of an issue than I wanted to admit and perhaps that is why I was always upfront, admitting I had a hearing loss in case it might become a problem. I didn’t want anyone to accuse me of being dishonest in representing myself.”

1. I. Central Theme

The participant admitted hearing loss not wanting to be accused of misrepresenting self.

1. I. Focal Meaning

Prereflecting-reflecting the rhythm of disclosure-non-disclosure surfaces all-at-once potential regard-disregard by others.

1. J. Natural Meaning Unit

“In the large organization, my day was filled with meetings. Some meetings were with 3 or 4 people, while others involved 40, 50 or more. I knew I had some trouble in these large meetings and often became frustrated that I was unable to hear all that was said. I strived to cope by preparing diligently for the meetings, always reading the minutes and following up on any questions. My biggest frustration however was not in the large meetings.

The learning curve in a new Organization was made even more challenging because of my difficulty hearing all that was being said. Although I tried diligently to overcome this and prove my competence by working harder and putting in more hours, I certainly had a challenge on my hands. And to make matters worse, as I noted earlier, I work in a management position and there are always people who challenge your authority and competence. I had one employee who was determined to undermine me-----why, I’m not sure but she was definitely on a mission. My hearing loss, as had happened in the past, provided the perfect opportunity for this

person to take advantage of my shortcoming. The day-to-day challenges of learning the ropes at a new job and coping with an uncooperative employee were wearing me down.

Although I continued to deny that my hearing loss interfered with my competence, I now admitted that I had to work harder and more diligently to succeed. Although the employee was giving me a hard time, I had the confidence of my boss or at least I thought so.

About eight months into the job, I was asked to sit in for my boss in a large meeting. I had a very bad cold and my ears were plugged so my hearing was worse than usual. This meeting was huge---about 35 people, most of whom I had not met before. After I gave the presentation, there were questions. I could not hear the questions even after they were repeated two or three times. People started trying to fill in and obviously this just created even more problems. I was frustrated with my impairment. This time I couldn't pass it off as another isolated incident. It was time I faced up to the fact that I needed some help.

My self-confidence was beginning to shatter. And, when my boss asked me about the incident, I was almost relieved. When my boss suggested that I should get my hearing checked and see if there was a better hearing aid, I immediately agreed.”

1. J. Central Theme

The participant feels that having to work harder results from having a hearing difficulty. While meeting people who take advantage of the situation is frustrating and tiring it does provide opportunity to search for a better hearing aid.

1. J. Focal Meaning

Challenging situations, fatiguing experiences, and others' misunderstanding prompt one's searching for possibilities when living with a different sense of hearing.

1. K. Natural Meaning Unit

“The testing proved to be a significant blow. My hearing had deteriorated –40 percent loss in my right ear and 80 percent in my left ear. My “cross” hearing aid was not working well at all. I was really taken back but remained determined to find help. I started seeing an audiologist who recommended a “better” hearing aid for my right ear. There was nothing they could do for my left ear. I was determined to get help. I had finally accepted that my hearing loss was a real “problem” that was beginning to have a negative impact on my career.

About this point in time, I attended a seminar given by the local hearing society. I sat in the seminar and quietly cried as the lady described all the feelings I had experienced over several years, particularly the denial that I had a “problem”, which resulted in pretending that I heard even though I had not fully understood what was being said. I realized that I had become more and more quiet over the past couple years since I couldn't hear what people were talking about and I didn't want to

answer inappropriately. My personality had changed so gradual that I hadn't even noticed it.

At the end of the seminar, I spoke to the speaker and to one of the other people in the group who had a hearing loss. I realized, I was not alone with this problem. For me, this was the beginning of accepting my "disability" and the beginning of really learning to cope with it and the reality that my hearing was getting worse. I will forever be thankful that I attended this seminar. Without this information, I don't know where my story would have headed."

1. K. Central Theme

While attending a seminar on the effects of hearing loss the participant realized that a hearing disability had changed her very personality, gradually but significantly. The participant was suddenly moved and came to the point of acceptance.

1. K. Focal Meaning

All-at-once explicit knowing of having a different sense of hearing is cocreated with others and situation through seeing the familiar in a different light.

1. L. Natural Meaning Unit

"I got my new digital hearing aid. This aid was much more advanced than my first one and could be adjusted to my type of hearing loss. Immediately, I found it improved my hearing. I could hear birds singing and sounds I had not heard in years. I really did have a significant hearing loss. Within six months, my life had

changed. The acceptance of my hearing loss was a major step forward in my life. I started coping much better at home and was beginning to be comfortable in social situations again. My hearing aid was working and I wore it constantly. I soon became so comfortable with it that I forgot I had it on. My self-confidence was really growing. I was learning the ropes at work and felt really good about what I was accomplishing. I thought my problems were over and I was not prepared for the next stage in this problem.”

1. L. Central Theme

With feelings of happiness, the participant’s new hearing aid brought back sounds and self-confidence that had been absent for years.

1. L. Focal Meaning

All-at-once, forgotten-familiar sounds and qualities of self surface with use of technology.

1. M. Natural Meaning Unit

“Just as my life was really on track, three incidents happened within a two month time frame that really made me realize that my problems were far from over.

The first incident happened when I was asked to chair a committee and report findings to our superiors. I had gained considerable respect among my peers in the past few months and was thrilled to have been chosen to represent the group. I worked very hard to prepare for the meeting however I was not prepared for the size

of the group. There were about 50 people and there were no microphones.

Questions were being asked and I thought I heard them. One of the superiors made a comment. I piped up to give further clarification. I thought I was adding to what was being said but later found out I was actually contradicting the statement. When I discovered my error, I was devastated. Although my boss passed it off, this was a turning point in my career.

The second incident occurred within the next four weeks. There was an important meeting that under normal circumstances, I would be asked to attend. My boss came apologetically to inform me that they “could not take a chance on my not hearing” and had decided to take one of my employees in my place. This decision was catastrophic to me. I had a large team of people working under me and this was the perfect chance for my disgruntling employee to make her mark. The decision would take away all my credibility in the organization, not to mention that in my own department. In spite of the fact, we were able to find a compromise; I was losing my self-confidence and seriously began to doubt my ability to do my job with my hearing loss. My boss continued to insist this was an isolated incident and declared that my hearing impairment did not, for the most part, interfere with my job. I was not convinced.

The final blow came a few days later and I knew my concerns were valid. This time my boss came in to say there was a committee being set up that I should be on. However, to protect me from “embarrassing myself” should I misunderstand what was being said, someone else was to take my place. I protested. This type of thing

could not continue. I could not do my job as a manager if I were replaced at all important meetings. But, what could I do? I felt so helpless with no control over my life. I had little choice but to agree or resign.

My boss remained sympathetic. If I would just accept that I had limitations, everything would be fine. My career was in jeopardy and I concluded that I may not be able to accomplish all that I had planned to do with my life.

My self-esteem had fallen desperately. I was becoming withdrawn and afraid to speak in case I misinterpreted what was being said and would be criticized. I had to get help in finding new ways to cope with, not only my hearing impairment, but also my loss of self-esteem.

The first step was to meet with a psychologist to help me put my disability in perspective. I began to regain my self-esteem and began to be able to talk freely with my family and friends about my impairment.

At the same time, I started to look at other options for improving my hearing. I tried to join the local support group, as I mentioned earlier, to learn “speech reading” and gain some insight on better ways to cope with my hearing loss. This option did not prove to be the right one for me however it did make me more determined than ever to overcome the odds of giving up.

As I started to talk openly about my hearing loss, I was surprised with the support I was receiving. My colleagues outside the Organization were eager to help. I was advised that equipment would be made available for my meeting with them. Although it was very expensive, they were adamant that they were going to help me. This proved to be a major step forward for me. The equipment was a major improvement. For the first time, I realized how much easier the meetings were when you could actually hear everything that was going on. It was a major boost to my self-esteem. As well, I could see significant acceptance among the attendees and recognized that this was the best form of awareness. And, there was another option to improve my hearing----implant surgery. Over the next few months, I experienced several ups and downs as I investigated this option. My family was very supportive however the more we investigated the possibility, the less convinced we were that it was an option. Finally, I spoke with the surgeon. He was hopeful that the surgery would work however he advised my impairment was not sufficient to warrant surgery. This actually was good news----my hearing wasn't as bad as everyone thought. Again, I reverted back to the denial stage, however maybe denial is sometimes necessary when you're coping with something you can't do anything about.

My coping strategies were working. There were fewer problems hearing at home and I was becoming my old self again. And, things were changing at work. I had a new boss, one without a history so maybe a fresh start and an opportunity to prove myself.

Things had been going quite well at work. I was taking on a lot of responsibility it had been quite some time since there were any negative incidents at work involving my hearing problem so even though I knew there was additional equipment available, I didn't feel the need to go after it.

A few months after my new boss arrived, we were involved in an important presentation. At the meeting, it became apparent that I had trouble hearing and although there was equipment available for me, at least one member of the audience did not have the patience for me to adjust the equipment. I was very annoyed at the lack of tolerance however I still felt I handled myself well under the circumstances.

Then one day, I happened to be in my boss' office to discuss something and he said--"are you sure you heard this right"? I was not offended with the question and replied, "I always double check these things---I am well aware of my shortcoming."

My boss quickly went on to say my hearing was a "big" problem and it was getting worse by the day. I was totally shocked. I thought things were going quite well in the past few months as I learned to cope better and people had gotten to know and understand my impairment.

I explained that there were opportunities to improve the situation however I had not explored them since I thought things were going okay. I would investigate better equipment that was available, and was being used off-site. This was not acceptable.

My only option was to step back and let my staff take over for me in meetings.

Needless to say, I was devastated.

In my view, my career was over and my hearing was getting a lot worse. I could not work under the conditions that were offered to me. I decided it was time for me to admit that my "disability" was too much for me to keep working and I would have to resign.

Three days after I made the decision to resign, my boss called me and asked me to return to work. He offered to provide whatever equipment I needed and that I had the complete support and respect of management. Finally, I agreed to give it another try.

I was very reluctant to return to work. I knew that at least some of what he said was true. I did have difficulty hearing at work and it was an inconvenience to people. Further, I knew and appreciated that some people are not willing to tolerate any inconvenience and will take advantage of the situation to further their own end. However, I didn't want to give up, so I returned to work, however with a different attitude.

I have accepted the fact that there will always be some people who refuse to cooperate. My troublesome employee has since left. I am open and honest every day and have accepted that I can't force people to help me cope with this problem. I can however, continue to educate people in the hopes that they will become more

accepting of people with disabilities in general and those with hearing disabilities, in specific.

As far as coping goes, I continue to seek out every method to improve my hearing ability. Recently, I purchased a listening device, just new on the market, that allows me to hook up at every meeting. It contains 2 small microphones and a transmitter put in the middle of the table. I wear a receiver and headset. It is a major improvement over my hearing aid in large groups. The device is very portable; the microphones are about 1 1/2 inch triangular---fits in a case about the size of a small purse.

The greatest advantage of this device is that since I wear headsets all the time, everyone in the room knows and understands I have a hearing problem. I have received overwhelming support both within and outside the Organization. There are of course a few exceptions but I don't worry about that anymore.

Although my hearing has deteriorated to about 50 percent in one ear and zero in the other, my listening skills have increased from 60 to 80 percent with lip reading.

I am now ready and willing to accept that my "disability" is an inconvenience and sometimes even a "problem". I also accept that at some point I may decide I no longer want to cope in the workplace. I am learning to delegate and obtain help when I need it and I feel comfortable with that. I am much happier and feel more confident than I have for the past 4 years. I now believe I am finally in the "coping"

stage of my life. I can cope with the challenges because I have finally accepted that having a hearing loss does not mean that I have to accept a lesser quality of life.

I do know however that the story will not end here. Living with a disability means that you have to keep coping. There will always be people and situations that you have to deal with but that's life. About six months after the above incident, another situation arose. Below is an excerpt from an email, which I used to document the incident:

I would like to respond to a couple issues that came up in our conversation (regarding other things) yesterday regarding my hearing difficulty.

Two issues:

1. You asked me if I always use the equipment in meetings and you wondered what happened in the meeting that I took it off.

As I told you, there was a lot of noise off the overhead and I couldn't hear at all because of it---it took me a while to figure out what the problem was and once I did, I moved the microphone and was able to hear much better. I emailed the assistant after that meeting and requested that she assist me in providing a separate table in the middle of the room to put my equipment on and she has arranged that.

This is however just one example when the equipment was not helpful. Sometimes the equipment will not improve the situation. It also will not work in large rooms

meant for an audience (rather than a meeting) or at restaurants, anyplace where there is a lot of background noise.

As you know, I do have a hearing aid and it works better than the microphone in groups of 2 or 3 people. And, sometimes I actually can hear better without any aids. Outside, I can hear better without anything---the aids just magnify the natural noises, like birds singing. So you see it all depends on the situation and environment and I have to experiment in each situation.

If people ask you why I don't use the equipment at all meetings, please explain that I have to make the judgment call as to when it works best for me. And please ask them not to judge my motives-----the only thing I want is to improve my hearing to the greatest extent possible and I certainly am not inhibited in any way from using any equipment that will suit best.

2. You also mentioned that some people have little tolerance for inconveniences. I do know and understand that people don't have time for this or any other inconvenience. I guess I feel sorry for them because they too may someday have a disability---you know I would give anything to not have to deal with this problem. As I said to you if at any time my disability becomes too much for people to tolerate in the course of our everyday activities, I can and will understand that. All I can say is that until the Organization is ready to ask me to step down, I will do everything I can to overcome my problem and do the best job possible. I urge you to come to me

if you feel my hearing impairment is interfering with my job--to not do that is unfair to me and to the Organization.

And finally, people have often found my disability quite a convenience for them when they want to change what they said-----"you must have misunderstood". The truth is that sometimes I do misunderstand and misinterpret things just like everyone else and maybe we all hear what we want to hear at times. Since I have been using this equipment and hearing much better I notice that a lot of people fail to answer questions correctly and appropriately----maybe intentional, maybe they simply misunderstood the question. So, I also ask people to give me the same benefit of the doubt that they would anyone else when I make a mistake---it isn't always my hearing that is at fault.

You talk to a lot of people and I trust you will tell them that if any time I misunderstand them or misinterpret them, they should just tell me. It won't embarrass me or hurt my feelings because I just want to do a good job for as long as I am able to work. And, if they wonder why I don't use the equipment, they should just ask. I would be pleased to discuss it with them. Some people have already talked to me about how it does and does not work. The more open people are, the easier it is for me and for them.

This and other incidents are bound to come up from time to time. I believe that I am learning to cope with these incidents and not take them personally. I have come to grips with the fact that it is lack of education that causes people to react the way they

do those of us who are unfortunate enough to have a disability. We must learn to be tolerant and understanding and use these challenges as opportunities to teach people to be more understanding and tolerant. I know now that I am not the only person coping with this impairment.

Conclusion:

My hearing loss is significant and could well deteriorate to the point of my being deaf. I have accepted that fact however that is no different that the risk that all people take every day. We never know when we will lose some of our physical capabilities and when we do, we must learn to cope with that impairment.”

1. M. Central Theme

Devastated by setbacks and colleagues’ lack of understanding yet determined not to let the feelings of powerlessness overcome, the participant continues to seek out opportunities to enhance hearing, to educate people, and to see things and individuals differently.

1. M. Focal Meaning

Amid the oscillating rhythm of helping-hindering and the pushing-resisting of powering, determination, seeking possibles, and choosing to see the familiar differently enhance personal and others’ understanding of living with a different sense of hearing.

1. N. Natural Meaning Unit

“Coping with a hearing impairment is certainly not easy especially for someone like me who insists on working at a challenging career and maintaining a “normal” life. Although the incidents described here did have an impact on my life for a time, I got over them and grew a little stronger, a little more determined with each incident. My hearing loss is an inconvenience and sometimes, even a “problem” but I refuse to let it lower my quality of life and my goal of being the best person that I can be.

I will not give up and I will not accept a lesser quality of life.”

1. N. Central Theme

The participant is determined to maintain a challenging career by gaining strength with troubling incidents. Hearing loss is an inconvenience but the participant refuses to allow it to diminish her quality of life or being the best person possible.

1. N. Focal Meaning

Amid strength gleaned from adversity, one maintains steadfast determination for future possibilities.

List of Focal Meanings for Participant One

- A. Engaging with relatives and colleagues is the same-yet-different when living with a different sense of hearing.
- B. Coming to discover one is living with a different sense of hearing unfolds through observations with trusted others.

- C. Choosing-not choosing to explain one's experience with a different sense of hearing unfolds amidst misunderstanding.
- D. Feelings of gratitude surface as one relates to the limitations seen in others.
- E. One lives a constant and paradoxical rhythm of relating-distancing as one moves amongst intimate and anticipated feelings of self and others.
- F. New challenges and possibilities are encountered as one's world shifts.
- G. One co-creates enlivening collaboration and playful repartee through the rhythms of revealing-concealing having a different sense of hearing.
- H. Living with a different sense of hearing surfaces all-at-once feeling good-feeling concerned amidst others' potential regard-disregard.
- I. Prereflecting-reflecting the rhythm of disclosure-non-disclosure surfaces all-at-once potential regard-disregard of others.
- J. Challenging situations, fatiguing experiences, and others' misunderstanding prompt one's searching for possibilities when living with a different sense of hearing.
- K. All-at-once explicit knowing of having a different sense of hearing is cocreated with others and situation through seeing the familiar in a different light.
- L. All-at-once, forgotten-familiar sounds and qualities of self, surface with use of technology.
- M. Amid the oscillating rhythm of helping-hindering and the pushing-resisting of powering, determination, seeking possibilities, and choosing to see the familiar differently enhance personal and others' understanding of living with a different sense of hearing.

N. Amid strength gleaned from adversity, one maintains steadfast determination for future possibles.

Situated Structural Description for Participant One

For this participant, coming to discover that one is living with a different sense of hearing unfolds through observations with trusted others while new challenges and possibles are encountered as the participant's world shifts. The participant believes that engaging with relatives and colleagues is the same-yet-different while living a constant and paradoxical rhythm of relating-distancing as one moves amongst intimate and anticipated feelings of self and others. Choosing-not choosing to explain one's experience with a different sense of hearing unfolds amidst misunderstanding yet challenging situations, fatiguing experiences, and others' misunderstanding prompt the participant's search for possibles while feelings of gratitude surface as one relates to the limitations seen in others. For this person, all-at-once explicit knowing of living with a different sense of hearing was cocreated with others and situation through seeing the familiar in a different light. This participant's different sense of hearing surfaces all-at-once feeling good-feeling concerned while prereflecting-reflecting the rhythm of disclosure-non-disclosure amidst others' potential regard-disregard.

Over time, the participant co-creates enlivening collaboration and playful repartee through the rhythms of revealing-concealing having a different sense of hearing while all-at-once forgotten-familiar sounds and qualities of self surface with the use of technology. The participant has discovered, amid the oscillating rhythm of

helping-hindering and the pushing-resisting of powering, that determination, seeking possibles, and choosing to see the familiar differently enhance personal and others' understanding of living with a different sense of hearing. Amid strength gleaned from adversity, the participant maintains steadfast determination for future possibles.

Participant Two

Natural Meaning Units, Central Themes, and Focal Meanings

2. A. Natural Meaning Unit

“Serenity is not freedom from the sandstorm but calm within the sandstorm’

(Anonymous)

There have been many sandstorms in my life ... and many times I have found myself in the eye of the storm... Serenity (the state of) is where I am, in many respects...

As I sit here and think (mindfully) about “living with a different sense of hearing” the first thing that comes to mind is how I have moved to a different place of understanding and acceptance of my hearing challenge. I remember not so long ago (3 years? +) being very frustrated particularly in my career and also socially. I was feeling vulnerable and I was beginning to feel sorry for myself... it was a stage, I know, and I wanted everyone to know about my frustrations. I felt verbal communication was essential in my work and socially. It is of course, and nothing has changed about that fact. However what has changed is my perception of my vulnerability, my perception of how others reacted to my hearing challenge. Most

people don't particularly make it an issue... they take it in stride (i.e. if *you* do).

There are some people who are more demanding or less understanding but I now realize that they are probably insecure and very frightened people. All people have some degree of discomfort and insecurity with regards to handicaps /challenges, or dis-abilities (if I may use those words...they may not be politically correct, however I am occasionally reminded of my own attitude toward people who have physical and mental challenges that I don't have) and I am surprised that I feel uncomfortable with some challenges i.e. someone who is disfigured, or someone who is excessively obese etc. We all have insecurities with what we do not understand and what we perceive to be frightening and intolerable... for some people it may be blindness, for some it is a spinal injury, for others yet it is something else. If it frightens us we have a tendency to avoid it, shun it, criticize it, judge it, be indifferent to it (as if it would go away if we ignore it) be impatient with it and even intolerant of it. Through my own attitude towards those who have challenges, I have come to realize that we all have prejudices and fears of some kind. When those fears kick in, we may have an "attitude": I may act indifferently, angrily, defensively or otherwise, out of fear (ignorance)... I also realize that the person who "owns" the (handicap) challenge has a lot to do with how people react to our own fears and impatience and non-acceptance of it... I cannot possibly EXPECT that others will accept and welcome my challenge if I myself am resentful of it or of the consequences of it whether on a *conscious* level of *unconscious* level."

2. A. Central Theme

The participant has moved to another place of understanding related to living with a hearing challenge. Before, there were times of feeling frustration and vulnerability in career and social situations. Now, if the participant chooses to take it all in stride, then others do too.

2. A. Focal Meaning

Moving with the possibles is a unique way of being oneself while living with a different sense of hearing.

2. B. Natural Meaning Unit

“Because I have a different sense of hearing, it has given me the opportunity to become conscious (sensitive and accepting too). I may have that lesson to learn as well. As I well know, all hardships and challenges have a lesson for the bearer of the challenge. It is not always a lesson of “learning to live with it” but a much more profound lesson: learning to love your life because of it.”

2. B. Central Theme

Opportunity for enhanced consciousness has been made possible through living with a different sense of hearing. Learning not just to live with it but to love life because of it is one opportunity that has arisen for this participant.

2. B. Focal Meaning

Tacit-explicit knowing emerges through living with a different sense of hearing.

2. C. Natural Meaning Unit

“Also, as an added bonus, (I) learned that life will bring a different quality, a higher self, a less fearful self, an enhancement of other senses and sensibilities and some remarkable surprises: such as, people I have met because of my hearing loss (directly or indirectly) (ex. my mindfulness mentor... he also has a different sense of hearing), recognizing a sense of power (self) rather than one of “control”, listening to the sounds of silence (in the practice of meditation I find it to be beneficial) etc.”

2. C. Central Theme

Living with hearing loss, for this participant, brings a higher self, a less fearful self, an enhancement of other senses and sensibilities plus meeting new people and recognizing the power of self and benefits of listening to personal sounds of silence during meditation.

2. C. Focal Meaning

A different sense of hearing enlivens an uplifted and a sundry view of self, new acquaintances, proliferated senses, and appreciation of one’s own sound of silence.

2. D. Natural Meaning Unit

“As I look back, to recall all the emotions, trails, hardships, that accompany a hearing loss, there is a vagueness about it now. I did know that I was angry/frightened, I did think it was unfair that it was me (feeling sorry for myself stage), I certainly remember the denial (it lasted at least a year... I even let my hair grow over my ears (covering my ears) saying and believing it was to change the

style) yet on some level I knew it to be in preparation for the possibility of wearing hearing aids... I wanted to hide the hearing aids... so people wouldn't know..."

2. D. Central Theme

For this participant, vague memories of the anger, fear, unfairness, and desires for hiding her hearing aids comes with recalling emotions, trials, and hardships of living with hearing loss.

2. D. Focal Meaning

Choices, experiences, and sentiments of living with a different sense of hearing, surface in vague prereflective-reflective recollection of revealing-concealing.

2. E. Natural Meaning Unit

"...essentially, all the stages of grief... As with any loss, it beckons to be grieved and grief is not (should not be) a final state, but an ending of one thing and a beginning of a new (life experience)."

2. E. Central Theme

For this participant, the loss of hearing beckons to be grieved. Yet the participant believes that grief is not a final state but an ending of one thing and a beginning of a new life experience.

2. E. Focal Meaning

Living with a different sense of hearing is an ending and a beginning all-at-once.

2. F. Natural Meaning Unit

“Most people, in my experience, have had to grieve some important loss(es), and yet for many, it seems to be the end of their life as they have know it... Many fail to see the opportunity that is there for a higher quality of life. I am at that stage (with regards to the hearing loss), where I am (work in progress) glad that it is so. Without the loss or impairment, I would not be the person that I am today: Much more understanding, tolerant (yes, even accepting) of people who’s values are so much different than mine, (much) less judgemental, less attached (attachment is often our downfall) to expectations, things, and beliefs... I have an open mindedness that I never knew was there. I like who I am (everyday I discover (and like) who I am at a more profound level than ever...including the shadow side of me... the side of me that I concealed from everyone... the side that I thought would be my downfall, yet now I am discovering that it may be my strength after all...”

2. F. Central Theme

Living with hearing loss has created opportunities for a higher quality of life and strength for who the participant is becoming: more understanding, tolerant, accepting, less judgmental and attached. The participant likes the person the participant is becoming/discovering at a more profound level including the shadow side, the side that was concealed from everyone.

2. F. Focal Meaning

Through seeing the familiar differently prospects for enhanced quality of life emerge with the who one is becoming while living with a different sense of hearing

2. G. Natural Meaning Unit

“All that I have shared with you may not be as a direct result of living with a different sense of hearing, however I have no doubt that such an important change (in my life) has enhanced my life on some level(s) and will continue to enhance my life more as time goes on. I will, no doubt, know more about myself, my strengths, and sense of purpose as time goes on. I will also meet more (new) people who will inspire me to be who I am, and to do what I must do...”

2. G. Central Theme

Living with a different sense of hearing may not be the origin of the participant’s enhanced quality of life, yet living this experience has uplifted life and will continue to do so as time goes on.

2. G. Focal Meaning

Interconnectedness in living with a different sense of hearing today befalls other experiences as one lives one’s past, present, and future all-at-once.

2. H. Natural Meaning Unit

“I will continue to cherish the people who are presently in my life (either by choice or by design) as they too are instrumental in reflecting to me what my strengths and weakness are (and it is seldom a difference sense of hearing that is an issue in my most important relationships), and through them also, I define my purpose in life.”

2. H. Central Theme

Cherished persons reflect to the participant, personal strengths and weaknesses, yet seldom is a different sense of hearing regarded as a weakness.

2. H. Focal Meaning

Treasured others do not dwell on one's different sense of hearing.

2. I. Natural Meaning Unit

“I cannot say that a different sense of hearing is not a challenge in a more practical sense, but my perceptions and reactions are quite different than they used to be and it does not aggravate me (as it did, even up to a year ago) to misunderstand what is being said. There is always a way to work around it... and if (when) I make a mistake and misunderstand what is being said, it is seldom the end of the world. Actually, I often make people laugh (and I laugh too... now... when I respond in a silly inappropriate way... I am not nervous or tense...(as I used to be) thinking that I will be judged...If I am, so be it... It will be the misfortune of those who judge me...”

2. I. Central Theme

Living with a different sense of hearing is a challenge but the participant's perceptions and reactions have changed over time, from aggravation in misunderstandings to laughter in understanding with the possibility of peoples' judgments.

2. I. Focal Meaning

Past-present feelings of exasperation-amusement emerge with misunderstanding-understanding amid potential disregard-regard.

2. J. Natural Meaning Unit

“I am not saying that struggle, isolation, fear and other states of mind, spirit and body are not to be considered when developing strategies to help those, with a different sense a hearing, integrate life (work, social, economic, health, etc.) Services, education, developing our full potential, are all-important and must be pursued at all levels. However, as with anything else in life, ignorance, expectations, attachments are major obstacles to our “*épanouissement*” (*blooming, opening or lighting up*). We often are our own worst enemy when it comes to determining quality of (our own) life. We often judge our own situation in a disfavorable way and thus are unable to extract anything positive from it even though things around us are indeed changing for the better. Some people are still despairing in the loss (of what was, what should be, etc.) rather than moving forward and getting things done, using their sense of hearing for the betterment of their own life or other’s, either through example, affirmative action, being pro-active (rather than defensive) or just by touching people’s lives, etc.”

2. J. Central Theme

This participant believes that struggle, isolation, fear, and other states of mind, spirit, and body coexist when living with a different sense of hearing and that some people stay on their own in one place because of the loss rather than move on.

2. J. Focal Meaning

With a different sense of hearing one lives the ease-struggle of the paradoxical patterns of becoming with confidence-apprehension and being together-being alone.

2. K. Natural Meaning Unit

“I speak for myself-it is my story. It is my perspective, my state of mind (at this point in time... and it keeps changing...so who knows...?) my perception(s) my “knowing”. I have no doubt that I will evolve and grow as my sense of hearing evolves as well. As I define myself today, will not be so tomorrow, as I will have grown and changed. I do not dwell on the past and do my best to live in the present moment. To date, I have gained insight from this experience (adjusting to a different sense of hearing) but I must say that I have gained much insight from other life altering experiences as well.”

2. K. Central Theme

The participant’s meaning of living with a different sense of hearing continues to change and grow as the participant’s sense of hearing evolves.

2. K. Focal Meaning

Dancing with the ebb and flow of rhythmical patterns revealed explicitly and implicitly unfold when living with a different sense of hearing.

2. L. Natural Meaning Unit

“I became a widow early (I had an *extraordinary* husband / friend /partner/father of my children. I also brought up our children (alone) through the difficult teen years, supported them through university and worked full time since my husband’s illness and death. I have had other life changing experiences along the way. Living with a different sense of hearing was not as devastating or frightening an experience as some of the other experiences. Living through the 90’s was exceptional yet ordinary in that it was my life, my perceptions, my growth and many times my choices (i.e. the way that I *chose* to live these experiences). I have learned from all my experiences and will continue to grow and find happiness as a result.”

2. L. Central Theme

In consideration of life-changing experiences, the participant considers living with a different sense of hearing not to be as devastating or as frightening as other experiences the participant has had. The participant lives an exceptional yet ordinary life making choices to live personal experiences individually.

2. L. Focal Meaning

Living with a different sense of hearing entails choosing how to be with it in living value priorities, while abiding with the joy-sorrow and ease-struggle of everydayness.

2. M. Natural Meaning Unit

“I wish to end this story by sharing, with you, a comic strip that made me laugh so much and still brings a smile to my lips every time I see it on my wall (I had it framed). It taught me to laugh at the challenge, and laughter brought healing! I learned that laughter can (help) cure anything and that is one thing my husband taught me... He always made me laugh. This was his favourite cartoonist...

although he never did see this particular strip. I dedicate this Herman cartoon to my husband who would laugh harder than anyone and he would think that “real life” could/should be so funny.



Herman® is reprinted with permission from LaughingStock Licensing Inc., Ottawa, Canada. All rights reserved.

It was a great exercise for me to share my thoughts. I recognize the progress I have made (and the progress I am making) and I realize that I have learned much when I see it in writing.”

2. M. Central Theme

For this participant, laughing along with a different sense of hearing brings healing.

2. M. Focal Meaning

Partaking in merriment while living with a different sense of hearing cocreates healing.

List of Focal Meanings for Participant Two

- A. Moving with the possibles is a unique way of being oneself while living with a different sense of hearing.
- B. Tacit-explicit knowing emerges through living with a different sense of hearing.
- C. A different sense of hearing enlivens an uplifted and a sundry view of self, new acquaintances, proliferated senses, and appreciation of one's own sound of silence.
- D. Choices, experiences, and sentiments of living with a different sense of hearing, surface in vague prereflective-reflective recollection of revealing-concealing.
- E. Living with a different sense of hearing is an ending and a beginning all-at-once.
- F. Through seeing the familiar differently prospects for enhanced quality of life emerge with the who one is becoming while living with a different sense of hearing.
- G. Interconnectedness in living with a different sense of hearing today befalls other experiences as one lives one's past, present, and future all-at-once.
- H. Treasured others do not dwell on one's different sense of hearing.

- I. Past-present feelings of exasperation-amusement emerge with misunderstanding-understanding amid potential disregard-regard.
- J. With a different sense of hearing one lives the ease-struggle of paradoxical patterns of being confident-apprehensive and being together-being alone.
- K. Dancing with the ebb and flow of rhythmical patterns revealed explicitly and implicitly unfold when living with a different sense of hearing.
- L. Living with a different sense of hearing entails choosing how to be with it in living value priorities, while abiding with the joy-sorrow and ease-struggle of everydayness.
- M. Partaking in merriment while living with a different sense of hearing cocreates healing.

Situated Structural Description for Participant Two

For this participant moving with the possibles is a unique way of being oneself while living with a different sense of hearing. The participant's tacit-explicit knowledge of living with a different sense of hearing emerged with an uplifted and a sundry view of self, new acquaintances, proliferated senses, and an appreciation of the sound of one's silence.

The participant's choices, experiences, and sentiments of living with a different sense of hearing, surface in vague prereflective-reflective recollection of revealing-concealing yet the participant believes it to be an ending and a beginning all-at-once. Through seeing the familiar differently prospects for enhanced quality of life emerge with the who the participant is becoming while living with a different sense of

hearing. The participant believes that the interconnectedness in living with a different sense of hearing today befalls other experiences as one lives one's past, present, and future all-at-once.

The participant has found treasured others do not dwell on one's different sense of hearing yet, at the same time the participant recognizes the ease-struggle of paradoxical patterns of being confident-apprehensive and being together-being alone with past-present feelings of exasperation-amusement emerging amid misunderstanding-understanding and potential disregard-regard. For this participant partaking in merriment while living with a different sense of hearing cocreates healing.

This person believes that living with a different sense of hearing unfolds through dancing with the ebb and flow of rhythmical patterns revealed implicitly-explicitly while choosing how to be with it, living value priorities, and abiding with the joy-sorrow and ease-struggle of everydayness.

Participant Three

Natural Meaning Units, Central Themes, and Focal Meanings

3. A. Natural Meaning Unit

“Just to give a bit of history, I was first fitted with hearing aids 7 years ago. My hearing loss came on gradually, so I was not totally aware of inconveniences my hearing impairment may have been causing me.”

3. A. Central Theme

Hearing loss was gradual for the participant who was not totally aware of resulting inconveniences.

3. A. Focal Meaning

Living with a different sense of hearing is a tacit-explicit experience lived all-at-once.

3. B. Natural Meaning Unit

“Indeed, I was not experiencing great difficulties in my work place at that time. My job involves attending numerous meetings and recording minutes, and I did not appear to be missing any crucial information, and upon questioning, my colleagues told me they had no difficulty with my hearing. My greatest stress factor at that time was my roommate (who has very acute hearing) who kept pressuring me that “you’re deaf – you need hearing aids”. She had no interest in following the rules of etiquette when dealing with a hearing impaired person, e.g., getting my attention before speaking to me, speaking a bit louder, etc. She also had no patience with me when I did not respond to a question or comment (often made from another room) or asked her to repeat herself.”

3. B. Central Theme

For the participant, being able to hear at work was inconsistent with accusations made by roommate at home.

3. B. Focal Meaning

Explicit knowing of having a different sense of hearing surfaces through paradoxical experiences with significant others.

3. C. Natural Meaning Unit

“As a result, I gave in to these pressures and was tested by an audiologist. She felt I would benefit from two hearing aids, and referred me to an otorhinolaryngologist for assessment. Following a review of my audiogram and a personal examination, he confirmed that I did have some hearing loss, but his opinion was that it was minimal and I “could live without hearing aids for now”. This news was not accepted well at home, and after a couple of months of “the doctor doesn’t have to live with you – you’re deaf”, I gave in and ordered the hearing aids.

My difficulty at that time was two-fold. First, I felt I was getting the hearing aids for the wrong reason, but because of the ongoing stress at home, I really didn’t have a choice.”

3. C. Central Theme

The participant accepted medical advice of being able to live without hearing aids yet, later gave in to external pressures from house mate by ordering hearing aids resulting in a feeling that choice was taken away.

3. C. Focal Meaning

Feeling powerless, one succumbs to coercion by purchasing and wearing technology designed to enhance hearing.

3. D. Natural Meaning Unit

“Second, I was of the notion that “hearing aids are for old people”, and I wasn’t old. I fully realized that my hearing loss was a physical problem and had nothing to do with age, but nonetheless I was really bothered by this self-inflicted stigma. I didn’t tell anyone I was getting them, considered wearing my hair longer so no one could see them, and really felt quite miserable about the whole thing.”

3. D. Central Theme

The participant was bothered by the stigma that only the elderly wear hearing aids and the participant was not old. The participant considered concealing the hearing aids so no one would know.

3. D. Focal Meaning

Vexing feelings from stigmatization awaken contemplation of concealing-revealing one’s different sense of hearing.

3. E. Natural Meaning Unit

“I went through what I assume is a normal adjustment period for a first time user of hearing aids. The day I picked them up, I was given cursory instructions on their use and sent on my way. My car radio was set at a pre-hearing aids level and its loudness startled me when I turned on the car. In addition to this, it was a hot summer day so I had the windows down, and the traffic noise was deafening. I don’t think I have ever felt such despair as I did at that moment. Although I had been

shown, in my anxiety state I couldn't figure out how to turn the volume down, so after I broke into tears, I took them out and drove home with them in my purse. As is the case in most situations in life, things improved as I adjusted to them and I even had to admit that I could hear better!"

3. E. Central Theme

In the beginning cursory instructions by the dealer, along with the participant's feelings of anxiety, led to feelings of great despair yet with time, as most things in life, things improved and came the acknowledgment that the participant's hearing was indeed improved.

3. E. Focal Meaning

Living with a different sense of hearing is a rhythmical journey from despair to contentment travelled over time.

3. F. Natural Meaning Unit

"As the approximate five-year life span of these hearing aids approached, they began to have the mechanical problem, as well as the fact that I found I was not hearing as well. I had an audiogram, which showed additional hearing loss, and was prescribed with two completely in canal (CICs) aids. Receipt of the first set of CICs early in 2000 was the beginning of my current and continuing frustration. Having been a hearing aid user for five years, unlike the first time, I was familiar with external sounds and the sound of my own voice. The first time I inserted the CICs, I was confronted with feedback and occlusion, even though I could hear significantly

better. I should note that one major adjustment for me was that I could not control the volume on the CICs as I had been able to do on my old aids. The CICs were computerized and adjustments to volumes, tones, etc. had to be done in the agency's office on their computer. During numerous visits back for adjustment, I was told that my problem "probably" was that I wasn't used to not being able to adjust the volume and I would just have to get used to it. Incidentally, the feedback problem was partially corrected by the adjustments. Although I was able to hear better, I could not get used to the occlusion. My own speaking voice was very strange sounding to me, and I could not judge the volume at which I was speaking. Also, I found that when I tried to speak in a crowded place with lots of surrounding noises, I had no idea whether I was speaking too softly to be heard or too loudly. Although I am not a singer, I do enjoy singing the hymns in Church, and I found that because of the occlusion, I had no idea whether or not I was even close to being in tune. I found this very frustrating and stopped trying to sing. In spite of the fact that the agency told me this was the best I was going to get, I insisted that because of my experience over the past five years, I knew it could get better, and I think to pacify me they agreed to reorder the CICs. During this period I was also in consultation with another audiologist. She tested my hearing with the new aids and it was excellent – at a normal hearing level. She supported me in my problem with occlusion, and said that there **was** a way it could be corrected even though she didn't quite know what that was. She said she had fitted these types of aids many times and people were happy with them. During this time she made several suggestions for the agency to try, which they willingly did, but to no avail."

3. F. Central Theme

When working with a hearing aid agency and audiologists in obtaining new hearing aids, the participant experienced a frustrating process of being listened to and not listened to. The participant was instructed to live with not hearing as well as was known to be possible.

3. F. Focal Meaning

While transcending with enhancement of one's hearing one encounters rhythmical, powering struggles entangled with health care professionals who paradoxically: listen-do not listen, know-do not know, and understand-do not understand.

3. G. Natural Meaning Unit

“In the spring of 2000, the agency made new molds and sent the aids back for re-make in case the fit wasn't quite right. I should note that by now, the aids were very important to me in my work, and the agency was very cooperative in putting a rush on the re-make and I had them back within a week. My audiologist tested my hearing with them, and it was excellent. But again, I still had some feedback and the same occlusion. After many more adjustments, I was told by the agency's audiologist that there was nothing more to be done and I would just have to live with it. Another note – the technician at the agency was excellent. He agreed that I shouldn't have this problem, but he really didn't know how to fix it. One thing I continually told them through this process was that if I pressed on the aids from the outside in a certain way, I could eliminate the occlusion. Thus, the acknowledgement that perhaps they didn't fit properly. Well, live with it I did for a

few months, continually rearranging the aids in my ears to stop the feed back, and pressing them on the outside to get rid of the occlusion.

One afternoon I went to a funeral and during the fairly large reception after (where there were lots of conversations going on at the same time), I became frustrated to the point of tears with not being able to speak to people in a tone of voice which sounded normal to me. So I decided that since I had paid \$2,500 for these hearing aids, I wasn't going to live like this for the next five years and decided to go back to the agency. My thinking at that time was that thankfully I did have hearing aid experience and knew it did get better than this. I also felt sorry for elderly people, like my parents, who in many cases readily accept the word of health care professionals without exception, and would have indeed lived with this situation. How many are there out there like that? So, in the beginning of 2001, the aids were sent back once again. This was done with the blessing of the agency's technician who kept telling me all along not to give up, but not so with the agency's audiologist. She consented to the re-make simply to appease me, telling that she would send them back but it wouldn't help – there was nothing to be done. My personal audiologist was not involved at this time. When they came back, I saw no appreciable improvement. By this time, the audiologist seemed to have washed her hands of me, and most of my contact since that time has been with the technician who, I must stress, has been most sympathetic to my problem and has done everything in his power to resolve it. Again, many computer adjustments were made but nothing seemed to help. The occlusion problem remained the same, and the feedback problem was worse if anything. The technician contacted a company

representative in Quebec for advice who said he would see me the next time he was in town. Before that happened, he left the company!!!

Again I tried them for several months, and in spite of my frustration with living with them like that, was close to giving up. But the constant feedback was more than I could stand, and as the warranty period was about to expire, I decided to try one more time. In spring, 2001, new molds were taken, and they were sent back for re-make, this time with instructions to make the vents on the top and to make them as large as possible. This did help the feedback problem significantly, but there was no change in the occlusion. I should note that each time they were sent back, the time span for their return became longer and longer as obviously the “rush” was not included with the order. Also, I had my old hearing aids for back up, so I was able to get along.

At this point I was probably the most discouraged I had been so far. The warranty had now expired so it didn't seem there was any hope for a “fix”. Someone along the way said that perhaps I should go back to the mini-canals like I had the first time, but I didn't have the money to start all over again, and my health insurance will not kick in for another four years. So in desperation I made an appointment to see the agency's audiologist and technician together and I asked them point blank if I had expended all my options. Incidentally, I had to wait three weeks to get to see the two of them together. They decided to send the CICs back, along with my old mini-canals, with a request that new CICs be made exactly the same size as the minis, and with a large vent on the top. This was in fall, 2001. This time I was left with no

hearing aids at all, and through confusion unclear to me between the agency and the manufacturer, it was over three weeks before they came back. Fortunately I was on vacation for about half of this time, and when I did go back to work, I had no meetings where it was critical that I have my hearing aids. It was, however, a great inconvenience and very frustrating to me – not being able to hear on the telephone, having to ask people to repeat themselves all the time, etc., etc. One fortunate thing, however, was that I did not have to pay, so some arrangements must have been made to extend the warranty.

Again, disappointment. There was no change in the occlusion, and the feedback was back. Again, the agency audiologist disappeared from my life. The poor technician felt as badly as I did. At his urging, I saw my own audiologist again. She was appalled that my problem had not been corrected in all this time, talked with the agency technician, and called the manufacturer with a suggestion, which had not yet been tried. So in late fall, 2001, the aids went back again. I have just had them back a few days, and although the occlusion problem appears to still be there, only one set of adjustments have been made, and my audiologist has not seen them yet to be sure they manufactured them as she requested. I will be seeing her within the next week or two.”

3. G. Central Theme

The participant experienced frustration and discouragement in knowing that hearing could be better with new aids as a health care professional neglected the participant.

3. G. Focal Meaning

Aggravation, despair, and tacit-explicit knowing escort one with the possibilities amid health care professional abandonment.

3. H. Natural Meaning Unit

“This may seem long and rambling, but I couldn’t think of any other way to vent my frustrations, disappointments, feelings, etc., without going into this much detail.

This has been a long and arduous process for me. The first day of my first hearing aids pales in comparison. Although friends, family, and co-workers have been very supportive and sympathetic, there is no way they can really comprehend what I’ve been going through as this is one of life’s problems that you have to live to understand.”

3. H. Central Theme

The participant feels that getting new hearing aids that work has been a long and arduous process. The participant’s first day with hearing aids was bad but pales in comparison to this process. The participant feels that family, friends, and coworkers do not understand the painful process of trying to hear because they have not experienced it.

3. H. Focal Meaning

Seeking enhancement of one’s hearing is an elongated and onerous course diminishing other dire experiences in comparison, which others could not understand.

3. I. Natural Meaning Unit

“All of the CICs I have had have had good correction of my hearing deficit, so I have not had great difficulty in that respect. My difficulty has been from within, and I think that has been the most frustrating part. I’ve seen a side of me that I don’t really like as on occasion I vented my frustrations to the agency people, but as much as I might feel it was justified, I know it’s not right. I’ve also seen a young professional who may have all the latest technical knowledge, but lacks compassion and understanding for at least one of her clients, and I can only hope that this will come as she gains experience. I’ve learned that correcting this problem is important for my personal well-being, and hopefully perseverance will pay off eventually. Reality, however, tells me that I’m nearing the end of the road on this, and I may have to fall back on the Serenity Prayer and ask for help “...to accept the things I cannot change”. Hopefully I’ll know when I reach the end of the road.

Just as an addendum, the second audiologist decided recently that because of the shape of my ear canals, I can't wear CICs. So they have gone back and I'm getting mini-canals which is what I had in the first place. Too bad it took someone a year and a half to figure that out!!! Now it's going to cost me \$99 each for the mini canals after paying \$1,250 each for the CICs which are now in the garbage. Do I sound frustrated??? You bet. Oh well . . . I'll be thankful just to get it settled.”

3. I. Central Theme

The participant does not like some chosen means of self-expression or a health care professional's lack of compassion that have surfaced through this experience yet lives with hope for change and for knowing.

3. I. Focal Meaning

Hope emerges amid revealed darkness of self and others.

List of Focal Meanings for Participant Three

- A. Living with a different sense of hearing is a tacit-explicit experience lived all-at-once.
- B. Explicit knowing of having a different sense of hearing surfaces through paradoxical experiences with significant others.
- C. Feeling powerless, one succumbs to coercion by purchasing and wearing technology designed to enhance hearing.
- D. Vexing feelings from stigmatization awaken contemplation of concealing-revealing one's different sense of hearing.
- E. Living with a different sense of hearing is a rhythmical journey from despair to contentment travelled over time.
- F. While transcending with enhancement of one's hearing one encounters rhythmical, powering struggles entangled with health care professionals who paradoxically: listen-do not listen, know-do not know, and understand-do not understand.

- G. Aggravation, despair, and tacit-explicit knowing escort one with the possibilities amid health care professional abandonment.
- H. Seeking enhancement of one's hearing is an elongated and onerous course diminishing other dire experiences in comparison, which others could not understand.
- I. Hope emerges amid revealed darkness of self and others.

Situated Structural Description for Participant Three

For this participant, living with a different sense of hearing is a tacit-explicit experience lived all-at-once, with the participant's explicit knowing surfacing through paradoxical experiences with significant others. To the point of feeling powerless, the participant succumbed to coercion by purchasing and wearing technology designed to enhance hearing while, at the same time, vexing feelings from stigmatization awakened contemplation of concealing-revealing.

This participant has discovered transcending with enhancement of one's hearing to be an elongated and onerous course diminishing other dire experiences in comparison, which others could not understand. The participant believes this to be a journey from despair to contentment travelled over time as one encounters rhythmical, powering struggles entangled with health care professionals who paradoxically: listen-do not listen, know-do not know, and understand-do not understand. With aggravation, despair, and tacit-explicit knowing the participant has been escorted with the possibilities amid health care professional abandonment. Yet, the participant's hope emerges amid revealed darkness of self and others.

Participant Four

Natural Meaning Units, Central Themes, and Focal Meanings

4. A. Natural Meaning Unit

“I finally accepted that I had a hearing loss about seven years ago while I was working in an office. The boss came to me early in the afternoon one day and said something to me. I responded with what I thought was the appropriate answer to what I surmised he had asked, an answer which was based on where we were standing and the direction he appeared to be looking: “No, she’s not back from lunch yet,” I said. He had a blank look on his face and repeated his question, and this time his face was right in front of mine: “No, I asked you what your home address is.” I knew for sure, then and there, that I had a different sense of hearing from everyone else.”

4. A. Central Theme

Seven years ago, after an experience of responding inappropriately to a surmised question and receiving a blank look from the questioner, the participant knew for sure, at that moment, of having a different sense of hearing from everyone else.

4. A. Focal Meaning

Tacit-explicit knowing of having a different sense of hearing surfaces through experiences with significant others.

4. B. Natural Meaning Unit

I made do with this sense of hearing for two more years before an E.N.T. specialist suggested I “get hearing aids on a trial basis.” Five years later these things are no longer on trial, but have been embraced for some time by me as necessary for everyday life. Had I chosen to go without them, I would be continuing to miss out on a lot of sounds and experiences that in the years my hearing began its decline, I had forgotten even existed.

4. B. Central Theme

For two more years the participant made do with this sense of hearing until choosing to follow a specialist’s suggestion of trying out hearing aids. Now, five years later, the participant has embraced the hearing aids as necessary for everyday life. The participant believes that if not having made the choice, the participant would continue to miss sounds and experiences, which, through the participant’s hearing deterioration were forgotten.

4. B. Focal Meaning

Through choosing to trial technology for enhancing hearing, and subsequent espousal, forgotten, cherished sounds and experiences have emerged.

4. C. Natural Meaning Unit

“However, I remain with a “different” sense of hearing regardless of what these things have allowed me to hear. I find I can pick up some noises that others with normal hearing don’t or can’t hear without the tiny machines I make use of.

Conversely, I also miss many more sounds that others can hear and I still confuse sounds/words that occur or are spoken around me - hearing aids in, or not.”

4. C. Central Theme

The participant lives with a different sense of hearing with and without hearing aids through picking up on some sounds that others do not or cannot hear and similarly missing out on more sounds that people hear or say.

4. C. Focal Meaning

Living with a different sense of hearing is living a paradoxical rhythm of not hearing-hearing sounds that others hear-do not hear, all-at-once.

4. D. Natural Meaning Unit

“During the times without my hearing aids, I live in a world that bounces between complete calm and utter paranoia. It is so peaceful to be in a room without a sound being heard and thinking that everything and everyone is resting. Then, other times I’m left thinking I am hearing noises such as screams, bumps, crashes etc. Often I’ll run to find the source of these “sounds,” only to discover an empty room or a sleeping/reading/TV-watching housemate in the place where my mind (and hearing loss) fooled me into checking for a person in distress or something broken. The sounds I thought I heard, I’ve figured out, are tricks that my weakened hearing plays on my brain.

4. D. Central Theme

When not wearing hearing aids the participant's world bounces between calm and utter paranoia. At some times feeling peaceful in silence while at other times feeling tricked after responding to the sounds of screams, crashes, or bumps and finding nothing had made the sound.

4. D. Focal Meaning

The paradoxical rhythms of one's silent world oscillate abruptly from tranquility to turmoil all-at-once when, in silence, sounds sound, yet are discovered soundless.

4. E. Natural Meaning Unit

“Just as an experiment, I am presently sitting at the computer with my hearing aids in my ears, and I'm easily making out the sound of a sluggish fly buzzing on the window beside me, as well as the fan in the computer, and the crisp clicking of the computer keys as I type. Now, with the aids out, I can only see that same frustrated fly banging himself off the glass, but now his wings seem silent. I “feel” the computer keys clicking more than I actually hear the faint sound being made by my fingers pressing them. The computer fan has apparently stopped working, according to my hearing, but somewhere in my head/ears I hear some bass-like tones being produced.”

4. E. Central Theme

In one moment of time, the participant demonstrates differences of perceptions, through wearing and not wearing hearing aids. First, hearing the buzz of a fly and

not seeing it and hearing the clicking of the keyboard keys and not feeling them, then, seeing the same silent fly and feeling the noiseless keyboard all the while, somewhere in the participant's head hearing the sound of base-like tones.

4. E. Focal Meaning

One moment in time is the same-yet-different with paradoxical senses of hearing-not hearing, not seeing-seeing, not feeling-feeling while all-at-once a constant base-like tone sounds inside.

4. F. Natural Meaning Unit

“I’ve learned that my powers of observation have increased since discovering I was hearing differently. I notice immediately when something I cannot hear is causing others to pay extra attention. The changes in expressions on their faces when they hear something important on a TV I’m not looking at or radio I’m not listening to, tell me that I’ve missed something.”

4. F. Central Theme

Since discovering a hearing difference, the participant's powers of observation have increased to show what has been missed.

4. F. Focal Meaning

Enhanced senses demonstrate evidence of veiled sounds when living with a different sense of hearing.

4. G. Natural Meaning Unit

“As well, and maybe I’ve always been this observant, but it seems my ability to immediately spot a person wearing hearing aids is heightened since I underwent my transformation from a normal-hearing being into one whose sense has been altered. It’s as if those contraptions in or around a fellow hard of hearing person’s ears jump out at me because of some telepathic connection between the wearer and me.”

4. G. Central Theme

The participant has a heightened ability to spot a fellow hard of hearing person believing the hearing aid creates some telepathic connection between them.

4. G. Focal Meaning

Connection and unspoken understanding is sensed with others who live with a different sense of hearing.

4. H. Natural Meaning Unit

“There’s also an embarrassment factor involved. As mentioned in my opening example, it’s embarrassing not hearing things that are obvious to everyone else. Having to ask for something to be repeated, or clarification of a joke made during a TV show, etc. makes me feel like I’m annoying and/or imposing on another person who heard the joke or spoke the words I didn’t hear.”

4. H. Central Theme

For the participant, it is embarrassing when not hearing things that are obvious to other people and when having to ask for repetition or clarification. It creates a feeling of imposition or of annoying people.

4. H. Focal Meaning

Hidden feelings of discomfiture and burden emerge when voicing requisite for replication of sounds-past.

4. I. Natural Meaning Unit

“As well, invariably once a week one of my hearing aid batteries will go dead while I’m in a public place, or on the telephone or somewhere where it is not easy to conceal the quick operation that must take place so I can hear properly again. Due to my private nature, I prefer keeping it less-than-public knowledge that I am hard of hearing, even though many of my friends and family members are aware.”

4. I. Central Theme

Regularly, each week the participant attempts to conceal hearing differently when the batteries of the participant’s hearing aids need changing.

4. I. Focal Meaning

Living the rhythm of revealing-concealing one’s different sense of hearing to others is habitual.

4. J. Natural Meaning Unit

“Even in the dressing room at my weekly hockey game I am shy about pulling the hearing aids out in front of the other men in the room prior to heading out onto the ice, so I do it as covertly as possible. Usually, after the game, I undress, shower and leave the room quickly so as not to get “caught” not hearing the conversations going on and into which others might try to draw me. As well, there’s the problem of having to re-insert the hearing aids in front of the other guys. Not only am I uncomfortable because of the thought of someone seeing me do it, but because if I do put them in, the watery-waxy combination resulting from sweat and the post-game shower can clog the aids, so that I’m left with an earplug rather than an assistive device and again I “risk” having to take one or both out to perform an unclogging in front of everyone. Also, the fact I leave the room so quickly means I miss out on a social aspect of gentlemen’s hockey: the ritual of sitting around chatting and male-bonding over a beer or two, all because of this different sense of hearing.”

4. J. Central Theme

When with others, feeling shy about wearing hearing aids and attempting to care for them as covertly as possible means missing out on the social aspect of the game for the participant.

4. J. Focal Meaning

Being clandestine and feeling reticent about living with a different sense of hearing and choosing surreptitious actions cocreate lost camaraderie all-at-once in engaging-withdrawing.

4. K. Natural Meaning Unit

“I’m even fearful of traveling to foreign countries in case of any number of things that could happen to my hearing aids. I’m afraid they could be lost or damaged, and subsequently, I’d be “lost” without them to help me hear, thereby creating many difficulties.”

4. K. Central Theme

With the possibility of loss or damage to hearing aids, the participant is apprehensive of foreign travel for fear of being “lost” without them.

4. K. Focal Meaning

Gaining new experiences is bound by reservations of potential lost possibles as surfaced in moving-being still.

4. L. Natural Meaning Unit

“I have had to accept that I will never have normal hearing again and I do try to encourage others with normal hearing to take necessary steps to protect what they often take for granted. Some take my advice and protect themselves at concerts, on

lawn mowers, etc. while others blow off my warnings and consider earplugs as being a nuisance. I can't blame them, though, as I used to be like that.”

4. L. Central Theme

The participant's acceptance of hearing differently creates opportunities to encourage others to protect their hearing, yet the participant recognizes that blame is not an option for choices made.

4. L. Focal Meaning

Speaking-being silent of hearing preservation cocreates explicit-tacit knowing that others will live individualistic chosen value priorities.

List of Focal Meanings for Participant Four

- A. Tacit-explicit knowing of having a different sense of hearing surfaces through experiences with significant others.
- B. Through choosing to trial technology for enhancing hearing, and subsequent espousal, forgotten, cherished sounds and experiences have emerged.
- C. Living with a different sense of hearing is living a paradoxical rhythm of not hearing-hearing sounds that others hear-do not hear, all-at-once.
- D. The paradoxical rhythms of one's silent world oscillate abruptly from tranquility to turmoil all-at-once when, in silence, sounds sound, yet are discovered soundless.

- E. One moment in time is the same-yet-different with paradoxical senses of hearing-not hearing, not seeing-seeing, not feeling-feeling while all-at-once a constant base-like tone sounds inside.
- F. Enhanced senses demonstrate evidence of veiled sounds when living with a different sense of hearing.
- G. Connection and unspoken understanding is sensed with others who live with a different sense of hearing.
- H. Hidden feelings of discomfiture and burden emerge when voicing requisite for replication of sounds-past.
- I. Living the rhythm of revealing-concealing one's different sense of hearing to others is habitual.
- J. Being clandestine and feeling reticent about living with a different sense of hearing and choosing surreptitious actions cocreate lost camaraderie all-at-once in engaging-withdrawing.
- K. Gaining new experiences is bound by reservations of potential lost possibles as surfaced in moving-being still.
- L. Speaking-being silent of hearing preservation cocreates explicit-tacit knowing that others will live individualistic chosen value priorities.

Situated Structural Description for Participant Four

For this participant, tacit-explicit knowing of having a different sense of hearing surfaced through experiences with significant others. It was through choosing to trial technology for enhancing hearing, and subsequent espousal, that forgotten, cherished sounds and experiences have emerged. This participant believes that living with a

different sense of hearing is living a paradoxical rhythm of not hearing-hearing sounds that others hear-do not hear, all-at-once.

The paradoxical rhythms of the participant's silent world oscillate abruptly from tranquility to turmoil all-at-once when, in silence, sounds sound, yet are discovered soundless. The participant finds that one moment in time is the same-yet-different with paradoxical senses of hearing-not hearing, not seeing-seeing, not feeling-feeling while all-at-once a constant base-like tone sounds inside.

The participant's enhanced senses demonstrate evidence of veiled sounds when living with a different sense of hearing. This person senses a connection and unspoken understanding with others who live with a different sense of hearing while hidden feelings of discomfiture and burden emerge when voicing requisite for replication of sounds-past. Being clandestine and feeling reticent about living with a different sense of hearing while choosing surreptitious actions cocreate lost camaraderie, all-at-once with rhythms of engaging-withdrawing and revealing-concealing. For this person, gaining new experiences is bound by reservations of potential lost possibilities as surfaced in moving-being still while, speaking-being silent of hearing preservation cocreates explicit-tacit knowing that others will live individualistic chosen value priorities.

Participant Five

Natural Meaning Units, Central Themes, and Focal Meanings

5. A. Natural Meaning Unit

“I am honoured to share my experiences about living with a hearing loss. I feel valued that someone is taking the time to listen, to read and to try and lend some deeper understanding of what it is like to live with a hearing loss. In a way, this is also about understanding the sense of difference that a hard of hearing person has. This is something that I know well and I am impacted by it everyday of life. Here is my story as I know and understand it.

I was born with a binaural, sensorineural moderate hearing loss, which was not identified until age 5. The earliest days of childhood were spent in a rural community and my family moved to a city when I was 5-6 and then to the country just outside the city 2 years later where we lived until I left home.”

5. A. Central Theme

For this participant, feeling valued comes when someone attempts to understand what it is like to live with hearing loss.

5. A. Focal Meaning

Feeling esteemed is savored with others’ desire for understanding of living with a different sense of hearing.

5. B. Natural Meaning Unit

“While I do not recall, some of the things I have been told by my mother, a housekeeper who lived with us, and other people:

- A lot of acting out.
- Very hyperactive and in perpetual motion.
- Being harnessed in my crib at night so that I wouldn't wander around the house.
- Being harnessed when going anywhere with my parents.
- I seemed not to be afraid of anything.
- One day I was missing and was found in the pigpen on the next-door neighbour's farm. There was a sow and several piglets in the pen at the time. My mother said that was the scariest moment in her life, particularly since I could not hear her soft words asking me to get out.
- One day, I was discovered walking down the middle of the highway near our farmhouse.
- On our small farm property, a tall fence built around the property to keep me in, apparently I scaled it on the first try.
- We lived in a rural area of the province 3-5 miles from a large city, and on moving day, I was found walking on the streets of the city.
- I have been told by many that I was slow to learn to speak and thought to be slow and stupid and I would not respond at times when others spoke to me.
- When we went to the beach, I would wade into the water without regard for my safety and would not respond when called.

- When my mother read stories to my older sister, brother and I, I was apparently not interested and very disruptive.
- Photographs of those early days often showed me as trying to get away and always with an angry look.

To put this in perspective, when I was in my mid-30s, my former wife and I were in a store in the city. At the cash, I paid for the purchase with a cheque. The middle-aged cashier read my name on the cheque and asked if I was _____'s son to which I responded "yes". She blurted out "You were the worst kid I ever knew". It turns out that she was a first cousin of my mother and knew me well in my younger days! At the time of the incident, I was embarrassed as everyone in the store probably heard her comment and I was angry at her. Most of all, I was perplexed. I knew that my life wasn't perfect; my self-esteem was not the greatest, and that I had been in lots of difficulties along the way, but I did not think of myself as really "bad". We talked about the incident some years later and she felt terrible about having made the remark. She did share with me how she got that impression, by the end of our conversation; we were more understanding of each other."

5. B. Central Theme

For this participant, living with hearing loss as a child was treated with means for control, labels, fear, and not understanding.

5. B. Focal Meaning

In childhood others' misunderstanding of living with a different sense of hearing surfaced branding, powering, and apprehension.

5. C. Natural Meaning Unit

“My first memory related to my hearing was when we moved from one province to another. I had the mumps, on both sides. Quickly that became the accepted explanation for my hearing loss. This belief was not dispelled until I was in my mid-20s at which time an esteemed otolaryngologist said that there was no medical evidence of double mumps causing my type of hearing loss -- both ears, symmetrical, and nerve damage.

The next memory was having my tonsils removed at age 7. This operation was his approach to fixing my hearing; "nerve deafness" was apparently not well understood, at least by that physician. That operation was difficult on my family. At that time, Medicare did not exist and my parents had to pay both the doctor and the hospital for an operation that was not necessary. At the time that I was young, the nation was involved in a war and hearing loss was certainly not considered a priority. Even so, I am left with some feelings about that time. I am resentful that my parents paid for useless surgery, even though the removal of tonsils was an accepted approach of the day. I can still smell the ether and, even though the doctor is long deceased, I remember his name and never liked him. I am also regretful that the surgery didn't work. How remarkable it would have been to have my hearing restored at such a tender age!”

5. C. Central Theme

Having experienced old-fashioned diagnoses and treatments, the participant is left feeling resentful yet contemplating what could have been.

5. C. Focal Meaning

Past encounters with archaic medical therapies purport feelings of umbrage while all-at-once the pondering of possibles for what might have been.

5. D. Natural Meaning Unit

“It is important to note that I am middle of five children. I should also like to point out that my father was an alcoholic and while he was never abusive in a physical or sexual manner, his drinking did affect the family. Even though he always held his job and provided for the family, we were affected financially and emotionally. My father stopped drinking and became an active member of AA. Unfortunately, he died of lung cancer shortly thereafter, a week shy of his 36th birthday. I was young at the time. I mention this, as it is difficult at times to sort out how my father's alcoholism and premature death and my congenital hearing loss affected me. I know that both did, sorting out how each affected me is not always so easy though.”

5. D. Central Theme

Living with congenital hearing loss is not isolated but joins with other experiences to make the participant who he is today.

5. D. Focal Meaning

Who one is today is a composition of living with a different sense of hearing cocreated with other experiences.

5. E. Natural Meaning Unit

“At a young age, I learned the art of exaggeration and even lying when it was necessary. I learned early on that I was not the same as everybody else, besides my hearing loss, I was a "runt", small but tough. I had to be better than others to be accepted, so I believed and acted accordingly. In order to get out of trouble, I stretched the truth, told stories, refused to be wrong, and got in to fights, even with kids much bigger than I. I used to tell this next point with pride, but now I realize the folly of it; I used to say -- no one ever made me say "uncle", meaning no one could make me give up. I could endure considerable pain in order to maintain the tough image, hence gain acceptance and respect. I also developed these coping strategies to cover up not hearing or not understanding. I desperately wanted to be the same as everyone else, but I was not. So I compensated as best I could. As well, I grew up feeling that I was not as good as everyone else and I had to prove myself. I was always living up to the expectations of others, often trying to please others and be accepted by them. There remain vestiges today. I was really impacted by a low self-esteem and lack of confidence. I did a lot of denying, avoiding, manipulating, and controlling, whatever it took to get by. There was not much peace of mind, let alone contentment throughout most of my life.”

5. E. Central Theme

In desperate attempts to be like everyone else and cover-up not hearing and not understanding, the participant developed strategies to gain acceptance and respect of peers.

5. E. Focal Meaning

In the conformity-nonconformity of coming to be, desiring to be like others yet knowing it is not so, one shapes one's way of being in the face of potential regard-disregard.

5. F. Natural Meaning Unit

“As for how I feel about myself today, I now feel strong and confident most of the time, but getting there was a lifelong process for me. I should note that there were some parts of this that provided payoffs for me. For instance, even though it might have been for the wrong reasons, I was accepted in some circles. Another valuable point, I learned the art of organizing in elementary school. At our country school, we played ball every possible living moment. When we needed bats and balls, others dared me to get them, and I did. Door to door canvassing at age 10 or so. I organized ball and hockey games, and sometimes arranged for us to play against other nearby schools. I was usually chosen captain when we had our games and naturally, I played the tough positions -- pitcher in softball and baseball and goaltender in hockey. Those were proud moments for me, I relished them, reveled in them, lived for them. In terms of athletics, I was not an exceptional athlete, but generally somewhat better than average. This was the result of endless hours of

practice and play not to mention grit and determination. This was best illustrated by my making the high school rugby team while weighing 128lbs. lightest player in the provincial league. Nothing like gaining recognition and acceptance by going to the greatest of lengths to prove myself!”

5. F. Central Theme

Today, for the participant, feeling strong, and confident, most of the time, has been a life-long process as a result of going great lengths to demonstrate self-value.

5. F. Focal Meaning

Strength and confidence accompanies persistence in proving one’s way of being in the world.

5. G. Natural Meaning Unit

“On a social level, even today, I can be in a room with 100 other people and still feel lonely. I grew up with grandparents, aunts, uncles and older neighbours as my best friends. I related better to older people; I am convinced that was because they were genuinely more accepting, more understanding and certainly more patient. When I was between the ages of 9 and 13, I lost all but one grandparent and of course my father. That period was the most difficult of my life because I felt like I was betrayed and abandoned by the very people that I felt safe with. Suddenly they were almost all gone. Death and loss became difficult for me to deal with throughout life and it is only in the past few years that I came to terms with their passing, particularly the death of my father. For me, I lost those precious people who I

believed cared for me more than other people did. Who else really cared for this hard of hearing kid? Not many, so I believed. Hence I was left going into my adolescence without the support I needed and no longer surrounded by the people I counted on. I can't say that I was aware of how I felt then, but looking back, I was vulnerable, I was angry, I was lonely and I was scared. I had 2 sets of close childhood friends; one lived next door (S) and the other up the road (J). S was older, but we played lots of games together and innovated a lot. My fondest memory with him was the countless hours and weekends we played with his hockey game. Eventually he quit school and moved to another country to work and has been there ever since. We keep in-touch now and then. Three summers ago, we got together at his cottage and guess what we did. Right, we played hockey in the middle of summer. For a whole afternoon, we sat at a table playing just like we were kids. Again hearing was not an issue. He knew I couldn't hear and it didn't matter to him. As I am writing these words, there are tears in my eyes because this reflects how important S was to me then and how sad I feel for the kid in me that missed out because I didn't have very many friends then. I spent a lot of time alone as a kid -- playing with a village of cars, trucks, garages, etc. made from the dividers between the layers of Nabisco Shredded Wheat, picking blueberries by myself to sell, playing with my cart or riding my bike, going back in the woods, etc. I was happier many of those times. I didn't have to worry about whether I could hear the characters I made up. Even though I was alone a lot, I often preferred than to being around hearing friends and feeling left out anyway.

My other friend, J, lived up the road. His family was fairly well to do, as his father was a successful businessman. We played together, mostly at his house. Again, hearing was not an issue for any of his family members. I felt at home there, in some ways, more than anyplace else. Unfortunately, his father became ill and the family moved to a place for its dry climate. That was many years ago and certainly a very sad time for me. As I write, I realize more than ever why loss has been so difficult to cope with. Not only did I lose my father and my grandparents, but I also lost my 2 closest childhood friends, all within a span of 4 or 5 years. Recently, I began efforts to relocate J. I would dearly love to see him. Should I find him, I would not hesitate to visit him anywhere on the continent.”

5. G. Central Theme

The participant may be with people, yet still feel lonely.

5. G. Focal Meaning

Living with a different sense of hearing entails feeling alone when with others.

5. H. Natural Meaning Unit

“In retrospect, I was awkward in relationship with communication with peers; hearing was always getting in the way. I hung around kids that I was older than, tougher than, better than as in sports, etc. Hearing was not so much an issue. I was also very competitive, big surprise! I was probably the most accomplished marble player in the school. Every spring, we played marbles morning, noon, and night. It was a game that hearing was not an issue. The rules were simple and we could see

whose marbles were in the pot or measure whose were closest to the mark. It is no accident that I have a couple of bottles of old marbles, which I keep at home, some day to be given to my grandchildren. I think that playing marbles meant more to me than any other childhood game. I was in the game, I was good at the game, and I could play without worrying about hearing.”

5. H. Central Theme

In communication, not hearing always got in the way, yet some games did not require hearing, those were the games in which the participant excelled.

5. H. Focal Meaning

The rhythm of steering-yielding with engagement arises through seeking pleasures with minimal communication requirements while living with a different sense of hearing.

5. I. Natural Meaning Unit

“I did not come into my own until grade 11. Suddenly I was sprouted from a runt to 5' 9 1/2", joined a club at the YMCA and began dating and even had a steady girlfriend in grade 12, my first love. I felt more accepted, more comfortable with myself and was especially proud of the relationship with my girlfriend. We really cared for each other and she was one of the few normal hearing persons in my whole life that understood my hearing loss. We were close to each other and, while we didn't make plans for the future, I think that we assumed that we would be together forever. In the end, I broke up with her. I did not understand why at the time, but I

do now. Then, at the tender age of 18, this vibrant, wonderful, young woman loved me and I could not handle that. I was afraid that she was getting too close to me and would see me for what I was, reject me and not love me. I had neither the confidence nor the experience to know better. I also could not handle the fact that a woman might actually love me and want to be with me. You see if my hearing loss contributed anything negative in my life, it helped me not to trust. I don't know how many hundreds, maybe thousands of times I have misheard in my life, but I do know that I learned not to trust what I heard, and worse still, I learned not to trust myself nor to trust others. As well, I was scared, scared to trust, scared to believe that I was worthy to be loved, scared that I would not be good enough, and scared that I would not meet her expectations. Of all of the mistakes I have made in my life, that was the biggest. I have loved this woman my whole lifetime and will always. She was special and I was fortunate to have been with her in my formative years so far as relationships are concerned. She married, and of course, I have long since accepted that and simply hold her as an important person in my life. I had the occasion to speak with her a few years ago and told her what happened when I broke off with her. She was grateful to know the reason as she had often wondered what really happened. My breaking off with her because I could not handle the intimacy and was unable to trust myself or trust her, had a major impact in my life. In the end, I broke off 2 other relationships for similar reasons. It has taken me until the last few years to deal with trust. I am most fortunate to now be in a relationship with my partner where trust is no longer an issue, but simply there and assumed. Speaking of my partner, she too is hard of hearing and is the first person I have lived with who has a hearing loss. I feel understood by her, respected for the contributions I have

made to the hard of hearing movement, and most of all, loved by her for the person I am. This is the first time in my life that I have been able to accept that from anyone, perhaps maturity, perhaps too much pain along the way, perhaps it is the person she is, or maybe just a combination of all of them. I have learned much from her about caring, trusting and making a lifelong commitment. That it took so long and adversely affected prior relationships, I am regretful, but I am deeply grateful to be with her now.”

5. I. Central Theme

For this participant, being hard of hearing contributed negatively in the past to not being able to trust self, to trust other people, and to trust what was heard, yet today, with enhanced understanding the participant is grateful for a partner (who is also hard of hearing) and trust is no longer an issue.

5. I. Focal Meaning

Past misunderstandings beguile mistrust while present understandings surface gratitude.

5. J. Natural Meaning Unit

“Another aspect of relationships and intimacy related to hearing is the moments of affection. I have never heard the whispered "sweet nothings", be they affection or sexually intimate. I learned at elementary school parties that I could not hear whispering and softly spoken words. Playing childhood games with words was not my forté. I never looked forward to them and often refused to participate. As for

the moments of affection, I feel cheated never having experienced them with words other than exaggerated mouthing like an oral interpreter. I feel frustrated at times watching a movie or talking with others when voice tones and volumes change to softness and gentleness, and I feel left out and even envious. There are of course ways to compensate, nevertheless, if I could hear normally for a few minutes, I would want to hear someone whisper in my ear! I would like to know that kind of human contact and closeness.”

5. J. Central Theme

The participant longs for a brief moment to experience the human closeness of hearing someone whispering.

5. J. Focal Meaning

The experience of but a whisper is a cherished and unrealized possible.

5. K. Natural Meaning Unit

“Regarding my education, this was definitely affected by my hearing loss. I remember as early as grade 1, going up to the teacher's desk and telling her that I had a hearing problem and I have done so ever since. From the outset, I always sat at the front of the class, hand cocked behind my left ear. That carried me through elementary grades, high school and Teachers' College. I missed a lot and I knew it, and even though I was an honour student until grade 8, I felt stupid, a lot! I recall some of the countless times when I answered a question not asked, gave an answer already given by another student, made a comment completely out of context.

Those experiences resulted in my feeling stupid, and it was reinforced over and over again. Even today when I make that kind of mistake, I really have to remind myself that the error was about not hearing, not about stupidity.”

5. K. Central Theme

Living with hearing loss affected the participant’s learning leaving constantly reinforced feelings of stupidity even though the participant understands that the mistakes were in not-hearing, not in stupidity.

5. K. Focal Meaning

Apprehending knowledge is hindered through being mistaken-not mistaken all-at-once amid tacit-explicit knowing why.

5. L. Natural Meaning Unit

“From elementary school, I went from leader and accomplished student in a small rural school to virtually a "nobody" in a high school with marble floors and walls with 1200 students and large classrooms. Social relationships, such as they were in the country school, were even more limited in the first three years at high school. I was awkward socially and found conversations difficult. I was very shy, very much a loner and carefully selected friends who also found themselves on the fringe. If I were to indicate only one metaphor about my hearing loss, it would be about one on the outside looking in, like a little boy at Christmas, with face pressed against a store window, longing for the ball glove or hockey skates inside, yet knowing he could not have them. For some reason, I decided to be a fighter and not give up. I am not

so resilient now, but I sure grew up with more than enough determination. I never accepted “no” as an answer and found ways to achieve what I wanted. Over the years, guts and determination were tempered with stronger self-esteem, confidence and wisdom. Nevertheless, schooling was tough. While never tested, I am convinced that I have some kind of learning disability. My reading skills are poor, learning is concrete and by repetition and it seems that I learn best when I write on paper or on computer what it is I am trying to learn, integration only comes then. I did not discover that until I was taking French as an adult.”

5. L. Central Theme

For the participant living with a hearing loss is like being on the outside looking in, knowing and determined to make it different.

5. L. Focal Meaning

With explicit- tacit resolve, living with a different sense of hearing unfolds through viewing the world extraneously, gazing in while weaving patterns of shifting perspectives.

5. M. Natural Meaning Unit

“University was difficult. Hearing was a problem, material was advanced, sometimes too difficult for me to comprehend at the expected pace, and there was just a hell of a lot of work. Not so easy for me, especially when I had to work part-time throughout my years of university. One of the biggest shocks of my life occurred in 1st year when a friend and I alternated lectures in an introductory course

offered in a large auditorium. This was at a time when there were no assistive listening devices developed. One day, my friend and I both attend the lecture and took notes. Upon comparing them, one would think that we had attended two different lectures. Being the stubborn one that I was, I insisted that we check with an agreed upon third party. My friend's notes were reasonably accurate and mine were not. That was devastating. How much else did I miss in the lectures? How much did I miss in other classes? How much did I miss in my work? How much did I miss in communicating with others? Need I say more about how easy it was to feel uncertain and not trusting what I heard as being what was said or intended? Nevertheless, I plodded on, graduated from a university and then enrolled in a masters degree program in a helping discipline at another university. Before my first year, against the advice of the respected doctor, I purchased a set of M hearing aids. Previously, I bought a body aid just after completion of high school for \$50.00 at a local drug store. What a waste! The M hearing aids assisted somewhat, but it was not until I was in my mid-30s before I had a decent set. All the while, I went through elementary school, high school, Teachers' College, undergraduate and graduate studies without hearing aids or with hearing aids that were not suitable. When I think about it, I wonder how I did it! It was frustrating, and generated all of the feelings of inadequacy that I grew up with. On the other hand, I say to myself, not bad for a kid from a small rural town, and with some pride. Sometimes I have thought whether I would have been happier being a truck driver, with a wife a couple of kids and having a beer and getting laid on Saturday night. In the end, I don't regret the roads I have traveled as they have taken me where I am now, and I am grateful to be where I am.

Before concluding my comments on education, I should like to note that I am a doctoral student at another university. I have long since completed my academic requirements, only my thesis remains. The title of my thesis is “The Impact of Hearing Loss on the Identity of Hard of Hearing Adults”. It is ironic that I know so much about my experience with hearing loss, I am reasonably familiar with the literature, and I write well, yet the thesis remains dormant. I have done much soul searching about this. My best explanation is that I am afraid to complete it, just in case it may be, and therefore, I may be good enough. To some, that observation may seem trite and even defensive, but the idea of my not being good enough strikes as close to the depth of me as any theme about life could ever reach. And don’t think that doesn’t eat away at me, specially when I look at some of my accomplishments – university graduate, professor, visiting professor in a foreign country, married, lived in foreign countries, leader in the hard of hearing movement locally, provincially and nationally, accomplished writer and published in the fields of hearing loss, disability and social welfare, co-organizer of a national conference of a hearing association, while not fluent, learned French as an adult, and on it goes. I ask myself, when will it be enough, when will I have proven myself? I believe that I am nearing that point; I still have steps to climb. Perhaps when I complete my doctoral program that will be enough. That would indeed be a long ways from the country kid who picked up pop bottles and beer bottles in the early years so he could buy baseball cards! This is all about proving that I am as good as everyone else. The belief that I am not still remains, and I believe that my hearing loss had a great deal to do with that.”

5. M. Central Theme

At university, discovering missed communication was devastating for the participant leading to questions about self, frustration, and fears of inadequacy on one hand, yet, on the other hand, the participant is grateful for where, and who, the participant is today.

5. M. Focal Meaning

Journeying with tacit-explicit knowing of lost communication surfaces all-at-once diminished-enhanced feelings of self.

5. N. Natural Meaning Unit

“Along the way, many people helped me, especially teachers at all levels. One sticks out above all the others – Mr. S, my grade 10 physics teacher. He was an inspiration. He wore a body aid and he was the first person that I ever met who had a hearing loss. He was a hero, a self-taught man and a great one. We did not speak of hearing loss until a few years ago. I admired him greatly.”

5. N. Central Theme

Inspirational persons, who live with hearing loss, have influenced the participant.

5. N. Focal Meaning

On life’s journey encountering persons living with a different sense of hearing enliven inspirational moments.

5. O. Natural Meaning Unit

“I would like to describe my most difficult experience with hearing loss. During my second year of university where I was having trouble hearing and understanding lecture and material, there was an advertisement in the Montreal Gazette by a faith healer. He was seeing people at his hotel room. At that time I had nowhere to turn - I was having trouble hearing at university, at work, and with friends, and the hearing aid I bought after high school was of no value. Nothing seemed to be working and my hearing was certainly not improving. I had nothing to lose by calling him so in desperation I did. While in earlier years I was a believer in God and Christianity, I was changing my thinking about religion and I wasn't sure about my beliefs anymore. Nevertheless, I went. I recall going to the hotel room like it was yesterday. After entering the room, I explained why I was there and I remember this evangelist placing his hands over my ears and asking me to pray with him, which I did. I did not hear the words of his prayer and I did not feel any unusual kind of emotion during the prayer that lasted a minute or so, maybe even just a few seconds. When he was finished, nothing had changed and I simply left and went back to my place. I had a variety of feelings -- ashamed, degraded, unwanted, selfish, deserted and abandoned, and anger. This is best expressed by the words of the title of the film "Children of a lesser God"; I felt like a child of a lesser God, one that would not bother to heal. I have told this to very few people in my life. For some, going to a faith healer would be a positive experience, not for me. I think of that incident now and then, especially that I have lost more of my hearing and now find myself in the severe range. There are moments when I cry out silently to God – why me and why not me? But generally, I am grateful to have the hearing that I

have remaining, truly there is solace in that. I must say however that deep down, my greatest fear in life is not dying, but losing all of my hearing.”

5. O. Central Theme

Having no where to turn, the participant went to a faith healer resulting in no hearing changes yet being left feeling ashamed, degraded, unwanted, selfish, deserted, abandoned, and angry. The participant cries out silently to God, yet is grateful for having some hearing. The participant’s greatest fear is not in dying but in losing all ability to hear.

5. O. Focal Meaning

Living with a different sense of hearing unfolds in seeking meaning, fearing banishment, and dreading complete loss of sounds, yet living cherished moments all-at-once.

5. P. Natural Meaning Unit

“I want to conclude this sharing of my experience with hearing loss by highlighting the main impact it had on me -- grew up with a "chip" on my shoulder, reactions to authority, had to be right, had to prove myself and seemed driven to do so, developed selective hearing, talked a lot, missed a lot of what was said, became determined and tough, lots of frustration and anger, didn't accept "n", felt left out, felt stupid, and not just in school, became serious and intent, had difficulty completing things for fear they would not be good enough, became a "loner", developed a poor self-image, vocabulary was underdeveloped, difficulties reading

and spelling, became an over-achiever and had difficulties handling intimate relationships. Usually, I focus on the negative impact, but there were some positives -- developed lots of grit and determination, learned to listen to the sounds of the world as I hear them with my ears including classical music, graduated from university, have the ability to work with people, I am a good educator, organizer, writer and advocate. I am generous and give everything of myself in relationships, I have learned to love and trust and learned to accept them from others, and I have developed a good relationship with my sons and daughters-in-laws. Finally, I have developed a stronger sense of myself and a greater appreciation of my worth and value in the world.

I hope this short account will contribute in some small way to understanding what it is like to live with a hearing loss.”

5. P. Central Theme

Living with a hearing loss is mixed with negative and positive impacts in the development of a greater appreciation of who the participant is in this world.

5. P. Focal Meaning

Living with a different sense of hearing is the all-at-once creation of the paradoxical patterns of who one was, is and will be.

List of Focal Meanings for Participant Five

- A. Feeling esteemed is savored with others' desire for understanding of living with a different sense of hearing.
- B. In childhood others' misunderstanding of living with a different sense of hearing surfaced branding, powering, and apprehension.
- C. Past encounters with archaic medical therapies purport feelings of umbrage while all-at-once the pondering of possibles for what might have been.
- D. Who one is today is a composition of living with a different sense of hearing cocreated with other experiences.
- E. In the conformity-nonconformity of coming to be, desiring to be like others yet knowing it is not so, one shapes one's way of being in the face of potential regard-disregard.
- F. Strength and confidence accompanies persistence in proving one's way of being in the world.
- G. Living with a different sense of hearing entails feeling alone when with others.
- H. The rhythm of steering-yielding with engagement arises through seeking pleasures with minimal communication requirements while living with a different sense of hearing.
- I. Past misunderstandings beguile mistrust while present understandings surface gratitude.
- J. The experience of but a whisper is a cherished and unrealized possible.
- K. Apprehending knowledge is hindered through being mistaken-not mistaken all-at-once amid tacit-explicit knowing why.

- L. With explicit- tacit resolve, living with a different sense of hearing unfolds through viewing the world extraneously, gazing in while weaving patterns of shifting perspectives.
- M. Journeying with tacit-explicit knowing of lost communication surfaces all-at-once diminished-enhanced feelings of self.
- N. On life's journey encountering persons living with a different sense of hearing enliven inspirational moments.
- O. Living with a different sense of hearing unfolds in seeking meaning, fearing banishment, and dreading complete loss of sounds, yet living cherished moments all-at-once.
- P. Living with a different sense of hearing is the all-at-once creation of the paradoxical patterns of who one was, is and will be.

Situated Structural Description for Participant Five

In childhood, the participant experienced others' misunderstanding of living with a different sense of hearing surfacing in branding, powering, and apprehension while past encounters with archaic medical therapies purport feelings of umbrage yet all-at-once the pondering of possibles for what might have been. On life's journey encountering persons, desiring understanding and living with a different sense of hearing, enliven inspirational moments and savoured feelings of being esteemed for this person.

In the conformity-nonconformity of coming to be, desiring to be like others yet knowing it is not so, the participant shapes a way of being in the face of potential

regard-disregard. Apprehending knowledge has been hindered for this person through being mistaken-not mistaken all-at-once amid tacit-explicit knowing why. While journeying with tacit-explicit knowing of lost communication, all-at-once diminished-enhanced feelings of self surface amid strength and confidence accompanying persistence in proving one's way of being in the world.

For the participant living with a different sense of hearing entails feeling alone when with others while viewing the world extraneously, gazing in, and weaving patterns of shifting perspectives with explicit-tacit resolve. Steering-yielding with engagement unfolds where past misunderstandings beguile mistrust while present understandings surface gratitude and the participant seeks pleasures with minimal communication requirements while the experience of but a whisper is a cherished and unrealized possible.

Living with a different sense of hearing, with other experiences, is the all-at-once creation of paradoxical patterns of the who the participant was, is and will be, unfolding in seeking meaning, fearing banishment and dreading complete loss of sounds, yet living cherished moments all-at-once.

Participant Six

Natural Meaning Units, Central Themes, and Focal Meanings

6. A. Natural Meaning Unit

“Ten years ago my father passed away at the age of 84. I recall that he always spoke rather loudly, but I attributed that to his line of work. He was a lithographer who

worked for a company that made bottle caps - a very noisy work environment and I figured he spoke loudly at work and it just carried over to home. I knew little if anything about hearing loss.

I noticed he had difficulty hearing when he was about 75. His physician indicated he did not need a hearing aid. I knew he liked listening to the radio and watching TV and would have the volume very loud. Eventually, when his loss became more severe I gave him a set of headphones to connect to the radio so he could hear. It was so loud I could hear the radio very clearly through the headphone across the room. In his last years of life his eyesight was poor and he developed a profound hearing loss. Headphones no longer helped. He seemed to move out of our world and into his own world. I wish I knew then what I know now about hearing loss.”

6. A. Central Theme

The participant’s father lived with profound hearing loss. With his move from “our world to his own” the participant wishes for having known more about hearing loss then.

6. A. Focal Meaning

In recollection of a cherished other’s choice of another way of being while living with a different sense of hearing, one longs for present knowledge to revisit the past.

6. B. Natural Meaning Unit

“I first noticed something different in myself 9 years ago when I was taking a conversational French course at a community college. I would be sitting in class and many people would be speaking and I was not able to understand anyone. For those who did not understand its affect, I explained it was like the teacher who mumbled on the Charlie Brown TV show - that they could understand.

At any rate I did not twig into a hearing loss and muddled through the course. Eight years ago, I secured employment and was basically working on my own and when I had to deal with people it was on the phone or one-on-one. The problem was no more. Seven years ago I secured a high position and had to take minutes and attend meetings. Things began to get a little more complicated.”

6. B. Central Theme

The participant found it difficult to hear when in group situations, yet did not realize that it might be hearing loss.

6. B. Focal Meaning

Living with a different sense of hearing is explicit-tacit knowing all-at-once.

6. C. Natural Meaning Unit

“Six years ago I met my partner who has a congenital hearing loss. He picked up on my hearing loss before I did. He recognized all the signs. At his invitation, I attended the monthly meetings of a hearing association.”

6. C. Central Theme

The participant's partner recognized the presence of hearing loss before the participant did.

6. C. Focal Meaning

Personal discovery of living with a different sense of hearing is illuminated with significant others in candid-cautious ways.

6. D. Natural Meaning Unit

"I went to see my family physician to ask about my hearing. I was told to take Sudafed for a month as I probably had an infection, which was affecting my hearing. I did not follow his advice and after a while I returned to try again. Only to be told there was nothing wrong with my hearing. I changed physicians and asked my new physician for a referral for an audiology test at a local hospital. The waiting list was in excess of six months.

In the meantime I went for a hearing test at a local hearing aid dealer. This was not a very good experience. I had the test, sat down with the audiologist who then advised me I needed a hearing aid; she then proceeded to put three hearing aids in front of me, describe them and asked me which one I wanted. I told her I would like to go home and think about it and could I please have a copy of my audiogram. She provided me with this and I left. I was in the initial stages of grieving a loss and she was giving me a sales pitch.

I was quite distraught and decided to have my hearing checked by another audiologist. The tests came out basically the same but this experience was much more professional, positive and pleasant. In the winter, 4 years ago I acquired my first behind the ear (BTE) hearing aid. I only needed one hearing aid for my left ear at that time. I was told only to wear it one hour at a time until I adjusted so as not to overload.”

6. D. Central Theme

The participant’s seeking confirmation of hearing loss was met with non-listening health care professionals and sales pitches.

6. D. Focal Meaning

One encounters inconsiderate, insensitive health care professionals in quests for confirmation of living with a different sense of hearing.

6. E. Natural Meaning Unit

“I could not believe the things I was hearing - my footsteps on the ground, cars and trucks going by and a noise that I could not figure out which turned out to be the fridge.

Initially, I adjusted quite well to my newfound hearing.

Prior to my hearing loss I had the ability to block out all kinds of background noise. I now had another major set back. I was no longer able to block out background noises. As time went by my life gradually began to change. I use to love music,

dinner parties, social gatherings, theatre, concerts, etc. but these events were no longer pleasant experiences. Music started to bother me. It was still music but sounded more like noise. Trying to communicate with the noise at dinner parties and social gatherings became extremely frustrating. I would go, socialize for about an hour and then just check out because it was too overwhelming and it was too hard a struggle to hear. For those who do not know me well, they probably thought I was anti-social. The things I enjoyed the most were fast becoming my worst nightmares - eating out in restaurants, concerts, theatres, and social gatherings.

The office environment and meetings were now fast growing on my list of new enemies. Noise from photocopiers, printers, people talking, phones ringing - the solution take out the hearing aid when I was working alone. Even with my hearing aid in, if I was out of the range of the phone in the office I would not hear it ring or I would hear a ringing and not know which phone it was and would automatically run in to answer my phone whether ringing or not. Other staff would tell me when my phone was ringing. Even with my hearing aid in, people would come in my office to talk to me, and I would not hear them come in and would be startled. Meetings were becoming very testing and I found myself leaving them with headaches and being completely exhausted.”

6. E. Central Theme

The participant’s hearing aid brought newfound hearing however, blocking out background noises was now impossible so that formerly pleasant sounds became enemies and enjoyable experiences became nightmares.

6. E. Focal meaning

Technology brings back lost sounds yet all-at-once previously pleasant sounds and experiences metamorphose into dire adversaries and horrendous occurrences.

6. F. Natural Meaning Unit

“People without a hearing loss seemed to think hearing aids were like glasses.

Glasses 20-20 vision, hearing aid- no problem hear perfectly.”

6. F. Central Theme

People, who do not live with hearing loss, mistakenly believe that hearing aids improve one’s hearing to normal-this is not so.

6. F. Focal Meaning

Others lack awareness and comprehension of what it is like to live with a different sense of hearing.

6. G. Natural Meaning Unit

“In the fall, 4 years ago, my two grandchildren came to live with us for 6 months. They were aged 2-1/2 and 5. We talked to them about our hearing loss, my partner showed them his hearing aids and explained how they worked. They adapted quite well to understanding about our respective hearing losses and after a few weeks they knew the routine of how to get our attention, look at us when they spoke, tap us if we were asleep, etc. My big horror throughout all of this was, what if something was wrong and they called to me in the middle of the night and neither one of us

would not be able to hear them. That seemed to sort itself out as B, our dog, who normally slept on his couch in our bedroom took responsibility for the night shift commenced sleeping in the hall between all the bedrooms. If I didn't hear something he thought I should he'd come and give me a nudge and let me know. He appeared to understand and to sense my fear.”

6. G. Central Theme

The participant experienced grandchildren learning how best to communicate while the dog appeared to understand and sense the participant's fears.

6. G. Focal Meaning

Children appreciate one's different sense of hearing while pet companions intuitively understand.

6. H. Natural Meaning Unit

“A few years ago, I changed jobs and began working for an organization that provided services to people with physical disabilities. At last, I thought, an understanding work environment. More challenges were on the front. Class instruction and staff meetings were held via video conferencing. The picture was small and sometimes not clear, the sound system snapped and crackled. Some voices were soft; others loud and I had difficulty understanding at times. Staff took turns taking minutes. I declared up front that this was one task that I would not be able to do. Papers were shuffled which drove me nearly crazy. Attending outside meetings in groups and conferences that did not have hearing access systems, which

included most, were very stressful and taxing. This was the one job that I was not able to do without my hearing aid.”

6. H. Central Theme

The participant thought that working for an organization which specializes in services for people with physical disabilities would be understanding of what it is like to work with hearing loss-this was not so.

6. H. Focal Meaning

Employers have been uninformed about living with a different sense of hearing.

6. I. Natural Meaning Unit

“People would talk about one thing and my interpretation would be completely different - one example they were talking about a FACT sheet, I heard FAX sheet, I asked them to repeat it three or four times and finally asked them to spell it. FAX just did not fit in the picture. Sometimes at meetings I would be so frustrated I would just check out, not participate and rely on the minutes.”

6. I. Central Theme

The participant experienced many misunderstandings in communication. Frustration led to a choice of checking out and not participating in meetings.

6. I. Focal Meaning

Misinterpretation with communication transcends to frustration and choosing another way of being with others and situation in the rhythm of engaging-withdrawing.

6. J. Natural Meaning Unit

“I finally requested an assistive listening device (pocket talker and loop) in spring 2001- this was put on a wish list and never acquired.

I attended a two-day First Aid workshop and a CPR course in mid spring. As a result of not having a pocket talker, I struggled desperately to hear and as a result developed migraines. I told my employer this was not a wish list item but rather a have to have item. A letter was requested by my employer from my audiologist justifying the need for a pocket talker and neck loop. When I asked why this required a letter from the audiologist it was indicated it was needed to negotiate with services clubs to try and obtain the equipment at no cost to the employer. I felt very demoralized by this process - it made me feel as though my employer was asking for proof of my disability.”

6. J. Central Theme

The participant felt demoralized at having to prove to the employer the need for further assistive listening devices.

6. J. Focal Meaning

Discouragement is acknowledged with requirements to personally justify the requisite of technology for enhancing one's hearing.

6. K. Natural Meaning Unit

“I received a copy of the letter sent to my employer from my audiologist. Stark reality set in when I read it. I never had a problem with wearing a BTE, to me it was like wearing glasses only with a different purpose, it enabled me to hear better. Relating to the audiogram wasn't a problem and I had come to terms early on with telling people I was hard of hearing. I practiced this statement in front of a mirror - the first time, as with all things, was the hardest but after that it was just a matter of fact statement. Seeing in writing the exact nature of my loss, what I required in terms of an assistive listening device and why it was necessary was just too much to handle. As they say a picture is worth a 1,000 words - in this case 500 words were a very big REAL picture. Did I ever get my pocket talker- NO. I had one on loan with headsets, which was not really of any use to me, as I required a loop. I was off on sick leave - work related stress for 4 months and my employment was terminated two weeks after my return to work. Am I sorry about this, Yes and No. Yes, because I was able to make a significant contribution and difference in the lives of many people with disabilities and enjoyed my work. No because I do not need the stress of an employer who treats its employees unfairly.”

6. K. Central Theme

It was too much for the participant to handle when seeing an actual description of the hearing loss that the participant had.

6. K. Focal Meaning

When a different sense of hearing transcends from tacit to explicit knowing all-at-once in prereflective-reflective ways, living it is exigent.

6. L. Natural Meaning Unit

“All that having been said, evenings and weekends were welcomed. First thing I did and continue to do when I get in the door was to remove my hearing aid and enjoy the sweet sound of silence. Communication at home was a little different as my partner took his hearing aids out too when he arrived home but we managed quite nicely. A few misinterpretations and understandings but that was fine it didn't create any great major problems. However this was not to continue – my partner lost 10 decibels of hearing which put him at the severe level. He now needs to wear his hearing aids if we are holding conversations at home. I too have lost more hearing, how much I do not know - my next hearing test will reveal that, but I suspect two hearing aids will be in order.”

6. L. Central Theme

The participant enjoys the sweet sound of silence at home without wearing a hearing aid. However, this may change with further loss of hearing.

6. L. Focal Meaning

The sound of one's silence is blissful yet perhaps lost while pondering the possibles and potential further diminishment in one's sense of hearing.

6. M. Natural Meaning Unit

"These times are very stressful for me, and I am fortunate to have a very understanding partner and support group."

6. M. Central Theme

During times of stress, the participant feels fortunate to have a very understanding partner and support group.

6. M. Focal Meaning

Feelings of joy-sorrow surface with supportive others during turbulent times.

6. N. Natural Meaning Unit

"In my deepest, darkest private moments, I think of my father and how lonely it must have been for him to live out his last year in a world of his own in almost complete silence. This sometimes leaves me to wonder if and when my hearing reaches that point if I too will be living alone in my own world because family and friends do not understand."

6. N. Central Theme

With thoughts of the participant's father's life, today, the participant wonders about choosing in the future to live alone in the world because family and friends do not understand.

6. N. Focal Meaning

One lives one's past, present, and future all-at-once pondering choices and possibilities of living with a different sense of hearing cocreated with cherished others.

List of Focal Meanings for Participant Six

- A. In recollection of a cherished other's choice of another way of being while living with a different sense of hearing, one longs for present knowledge to revisit the past.
- B. Living with a different sense of hearing is explicit-tacit knowing all-at-once.
- C. Personal discovery of living with a different sense of hearing is illuminated with significant others in candid-cautious ways.
- D. One encounters inconsiderate, insensitive health care professionals in quests for confirmation of living with a different sense of hearing.
- E. Technology brings back lost sounds yet all-at-once previously pleasant sounds and experiences metamorphose into dire adversaries and horrendous occurrences.
- F. Others lack awareness and comprehension of what it is like to live with a different sense of hearing.

- G. Children appreciate one's different sense of hearing while pet companions intuitively understand.
- H. Employers have been uninformed about living with a different sense of hearing.
- I. Misinterpretation with communication transcends to frustration and choosing another way of being with others and situation in the rhythm of engaging-withdrawing.
- J. Discouragement is acknowledged with requirements to personally justify the requisite of technology for enhancing one's hearing.
- K. When a different sense of hearing transcends from tacit to explicit knowing all-at-once in prereflective-reflective ways, living it is exigent.
- L. The sound of one's silence is blissful yet perhaps lost while pondering the possibles and potential further diminishment in one's sense of hearing.
- M. Feelings of joy-sorrow surface with supportive others during turbulent times.
- N. One lives one's past, present, and future all-at-once pondering choices and possibles of living with a different sense of hearing cocreated with cherished others.

Situated Structural Description for Participant Six

In recollection of a cherished other's choice of another way of being while living with a different sense of hearing, the participant longs for present knowledge to revisit the past.

For this participant, living with a different sense of hearing is explicit-tacit knowing all-at-once where personal discovery of living with it was illuminated with significant others in candid-cautious ways. In quests for confirmation of living with a different sense of hearing the participant encountered inconsiderate, insensitive health care professionals. While the participant's technology brings back lost sounds all-at-once previously pleasant sounds and experiences metamorphose into dire adversaries and horrendous occurrences.

This participant believes that others, including employers, lack awareness and understanding and are uninformed about what it is like to live with a different sense of hearing yet, the participant has experienced children appreciating it, while pet companions intuitively understand it.

For the participant, misinterpretation with communication transcends to frustration and choosing another way of being with others and situation in the rhythm of engaging-withdrawing. The participant has experienced the feeling of discouragement with requirements to personally justify the requisite of technology for enhancing hearing and has discovered that when a different sense of hearing transcends from tacit to explicit knowing all-at-once in prereflective-reflective ways, living it is exigent yet during turbulent times all-at-once feelings of joy-sorrow surface with supportive others.

The participant's own sound of silence is blissful yet perhaps lost while pondering of possibles and potential further diminishment in one's sense of hearing. The

participant lives the past, present, and future all-at-once pondering choices and possibilities of living with a different sense of hearing cocreated with cherished others.

Participant Seven

Natural Meaning Units, Central Themes, and Focal Meanings

7. A. Natural Meaning Unit

“When I was four years old I suffered severe infection in both ears, the aftermath of whooping cough. Among my earliest memories is that of mother walking with my legs tight around her waist, my hands on my ears, howling with pain. At the doctor's office my eardrums were pierced, an experience I also remember vividly. My reaction now is one of anger that there was no better treatment than damaging my ears.”

7. A. Central Theme

Today, anger comes with the participant's earliest memories of the vivid and painful experience of having eardrums pierced because there was no better treatment at the time.

7. A. Focal Meaning

At present fury arises with remembered experiences of archaic medical therapy afflicting one with a different sense of hearing forever.

7. B. Natural Meaning Unit

“When I started school I did not realize my hearing was substandard. I just naturally chose to sit in a front row seat. If I did not quite catch a new word etc., I assumed I just had to work harder than my brighter classmates.”

7. B. Central Theme

The participant naturally selected seating arrangements close to the teacher and assumed that she just had to work harder than other, brighter classmates.

7. B. Focal Meaning

Tacit-explicit choices enabled hearing while assumptions of self-limitations happened all-at-once.

7. C. Natural Meaning Unit

“It was a shock when I was an adult in my thirties to learn my hearing was defective. I developed an ear infection after swimming in a cold river and had my first ear test; the result, negligible hearing in my right ear and 50 % in my left. Surgery replaced my damaged eardrum in my left ear, followed by a hearing aid.”

7. C. Central Theme

Feelings of shock followed by panic occurred when came the realization that the participant’s hearing ability was negligible requiring surgery and a hearing aid.

7. C. Focal Meaning

Pervasive distress unfolds with the tacit-explicit knowing of living with a different sense of hearing.

7. D. Natural Meaning Unit

“After learning of my deficient hearing I panicked and then decided I must prepare for the possibility of total loss as I aged. I decided to join a class for the hard of hearing where I might learn lip reading etc. The teacher was incredible. She had been born deaf and had learned to speak. Her speech was so strange it upset me and the whole scene depressed me so much I had to quit the class.”

7. D. Central Theme

With the learning of deficient hearing panic set in, yet the participant began a process of preparation for total loss of hearing. However, the participant became very upset when listening to the strange speech patterns of the Deaf teacher. At this point, the participant felt depressed and had to quit.

7. D. Focal Meaning

With feelings of panic-calm, preparations for the future ensue, while all-at-once plans are stymied by new more powerful fears of different possibles in one's becoming.

7. E. Natural Meaning Unit

“I have never dwelled on it but at times am sharply reminded of my Disability. I mean that I accepted my disability and carried on as usual but situations would occur to remind me; for instance, not hearing the announcements at an airport, the missed laughter when someone says something amusing and I haven't heard it, hearing my aging little Yorkshire Terrier bark for help and I don't know which way to go search for him, the sadness at a symphony concert when I see the bows drawn across the strings and hear no music, the pain of having a little grandchild run to tell me something and I can hear his voice but not enough to understand the words.”

7. E. Central Theme

The participant does not dwell on the disability but at times is sharply reminded with sadness, pain, and frustration for significant sounds that are not heard.

7. E. Focal Meaning

Without explicit dwelling, the sorrow of not hearing arises with illumination of lost communication and missed possibles.

7. F. Natural Meaning Unit

“The most annoying experience I have had was when I was flying home from an international location where I had been visiting my daughter and her family. Our flight from one airport was an hour late leaving but the long wait was forgiven when they showed a movie I had been hoping to see for some time. After the movie I had noticed my hearing aid had fallen out. I expect I was moving the earphones and

dislodged my hearing aid. I rang for help and was relieved when the stewardess said she found it in the aisle. When she returned after sometime, she explained it had been thrown in the garbage and could not be retrieved.

It is annoying that loss of sight is treated with sympathy and kindness; the reaction to loss of hearing is impatience or laughter. Glasses are made glamorous and almost a fashion statement, whereas the use of a hearing aid seems to be an embarrassment. I personally am not ashamed of wearing a hearing aid I view it the same as wearing glasses. I think this is improving slightly but not much. I have difficulty persuading my husband to wear his.”

7. F. Central Theme

Situations arise when the participant feels annoyed at people’s lack of understanding and differences in their reactions; for example, loss of sight is treated with sympathy and kindness whereas loss of hearing is reacted to with impatience and laughter.

7. F. Focal Meaning

Disconcerting feelings arise with potential regard-disregard of others.

7. G. Natural Meaning Unit

“I was travelling alone and felt very vulnerable without my hearing aid. I was travelling executive class and there were not that many passengers. It amazed me that no effort had been made to find the owner-that two adult women, trained to look after passengers on a commercial airline would not realize the seriousness of

throwing away a hearing aid. Obviously the owner would need it and they knew I was travelling alone, yet they made no effort to see I would be included in the group to be helped to their connecting flights. As we approached the large city there was an apparently a message that, because of our late arrival, anyone making a connection would be assisted to their departure gate. I, of course did not hear the message and no one had the kindness to check with me. So I ignored my luggage and ran all the way to my gate. Fortunately the plane was still waiting for me and member of the staff had been sent to look for me.”

7. G. Central Theme

The participant felt very vulnerable without a hearing aid and amazed that people working in a service industry would not know enough to assist.

7. G. Focal Meaning

Disbelief surfaces amidst trusted others’ lack of understanding of what it is like to live with a different sense of hearing.

7. H. Natural Meaning Unit

“I reported my experience to the airline and after no response I wrote the President and some time later received a letter from the legal department that I was entitled to the basic lost luggage amount of \$400.00.”

7. H. Central Theme

The participant reported her experience to superiors in the service industry and felt no consolation with the response.

7. H. Focal Meaning

No solace is found with significant others' disregard.

7. I. Natural Meaning Unit

“Additional note: At a grocery store checkout counter the cashier asked me what I thought was the usual question whether I would like help to my car. So I replied "No thank you". She looked astonished and said, "You don't want to receive the 10% customer appreciation discount?" I said, "Yes thank you. I misunderstood the question". The other customers in line were grinning and I felt a little stupid.

I went on to a little gift shop; I had been looking for a little easel for a picture of my daughter in a slightly heavy frame. The only one that was possible was in this shop so I returned to have another look at it. I had been told the price was \$70.00, which seemed rather expensive, but I had found nothing else. When on my return I asked for the price again I found it was \$17.00 not \$70.00. I could have saved myself considerable time and effort if I had heard the price correctly the first time. And so it goes – shopping with a “special kind of hearing”.”

7. I. Central Theme

The participant feels that she has wasted time and effort and also has experienced feelings of stupidity when misunderstandings occur.

7. I. Focal Meaning

Sentiments of foolishness and unnecessary time lost emerge with the rhythm of understanding-misunderstanding when living with a different sense of hearing.

List of Focal Meanings for Participant Seven

- A. At present fury arises with remembered experiences of archaic medical therapy afflicting one with a different sense of hearing forever.
- B. Tacit-explicit choices enabled hearing while assumptions of self-limitations happened all-at-once.
- C. Pervasive distress unfolds with the tacit-explicit knowing of living with a different sense of hearing.
- D. With feelings of panic-calm, preparations for the future ensue, while all-at-once plans are stymied by new more powerful fears of different possibles in one's becoming.
- E. Without explicit dwelling, the sorrow of not hearing arises with illumination of lost communication and missed possibles.
- F. Disconcerting feelings arise with potential regard-disregard of others.
- G. Disbelief surfaces amidst trusted others' lack of understanding of what it is like to live with a different sense of hearing.
- H. No solace is found with significant others' disregard.

- I. Sentiments of foolishness and unnecessary time lost emerge with the rhythm of understanding-misunderstanding when living with a different sense of hearing.

Situated Structural Definition for Participant Seven

At present, fury arises with remembered experiences of archaic medical therapy, afflicting the participant with a different sense of hearing forever. In school, the participant's tacit-explicit choices enabled hearing while assumptions of self-limitations happened all-at-once. The participant experienced pervasive distress unfolding with the tacit-explicit knowing of living with a different sense of hearing. With feelings of panic-calm, preparation for the future ensued, while all-at-once, plans were stymied by the participant's new, more powerful fears of different possibles in becoming. Today, without explicit dwelling on living with a different sense of hearing, the participant experiences the sorrow of not hearing arising with illumination of lost communication and missed possibles.

The participant has found disconcerting feelings arise with potential regard-disregard of others. For this participant, disbelief surfaces amidst trusted others' lack of understanding of what it is like to live with a different sense of hearing while no solace is found with significant others' disregard. Still today, the participant experiences sentiments of foolishness and unnecessary time lost emerging with the rhythm of understanding-misunderstanding when living with a different sense of hearing.

General Structural Description

As stated earlier, the *general structural description* of living with a different sense of hearing was created from the synthesis of all seven of the participants' situated structural descriptions through a process of intuiting and grasping the most general significance of the phenomenon and aiming to capture the meaning of the experiences described by the participants in an insightful and focused way (Giorgi, 1975). The general structural description of living with a different sense of hearing was generated using a rhythmical, flowing synthesis of the participants' situated structural descriptions. It does not include the particulars of a participant's specific situation yet centers on essentials which are trans-situational or more than specific. The researcher remained fluid to the rhythmical process of advancing in analysis yet returning to the meaning units as the home base for reflection in order to build the general structural description.

All seven of the participants' situated structural descriptions are listed here for the reader prior to introduction of the general structural description.

Participant One: Situated Structural Description

For this participant, coming to discover that one is living with a different sense of hearing unfolds through observations with trusted others while new challenges and possibilities are encountered as the participant's world shifts. The participant believes that engaging with relatives and colleagues is the same-yet-different while living with a constant and paradoxical rhythm of relating-distancing as one moves amongst

intimate and anticipated feelings of self and others. Choosing-not choosing to explain one's experience with a different sense of hearing unfolds amidst misunderstanding yet challenging situations, fatiguing experiences, and others' misunderstanding prompt the participant's search for possibles while feelings of gratitude surface as one relates to the limitations seen in others. For this person, all-at-once explicit knowing of living with a different sense of hearing was cocreated with others and situation through seeing the familiar in a different light. This participant's different sense of hearing surfaces all-at-once feeling good-feeling concerned while prereflecting-reflecting the rhythm of disclosure-non-disclosure amidst others' potential regard-disregard.

Over time, the participant co-creates enlivening collaboration and playful repartee through the rhythms of revealing-concealing having a different sense of hearing while all-at-once forgotten-familiar sounds and qualities of self surface with the use of technology. The participant has discovered, amid the oscillating rhythm of helping-hindering and the pushing-resisting of powering, that determination, seeking possibles, and choosing to see the familiar differently enhance personal and others' understanding of living with a different sense of hearing. Amid strength gleaned from adversity, the participant maintains steadfast determination for future possibles.

Participant Two: Situated Structural Description

For this participant moving with the possibles is a unique way of being oneself while living with a different sense of hearing. The participant's tacit-explicit knowledge of living with a different sense of hearing emerged with an uplifted and a sundry view

of self, new acquaintances, proliferated senses, and an appreciation of the sound of one's silence.

The participant's choices, experiences, and sentiments of living with a different sense of hearing, surface in vague prereflective-reflective recollection of revealing-concealing yet the participant believes it to be an ending and a beginning all-at-once. Through seeing the familiar differently prospects for enhanced quality of life emerge with the who the participant is becoming while living with a different sense of hearing. The participant believes that the interconnectedness in living with a different sense of hearing today befalls other experiences as one lives one's past, present, and future all-at-once.

The participant has found treasured others do not dwell on one's different sense of hearing yet, at the same time the participant recognizes the ease-struggle of paradoxical patterns of being confident-apprehensive and being together-being alone with past-present feelings of exasperation-amusement emerging amid misunderstanding-understanding and potential regard-disregard. For this participant partaking in merriment while living with a different sense of hearing cocreates healing.

This person believes that living with a different sense of hearing unfolds through dancing with the ebb and flow of rhythmical patterns revealed implicitly-explicitly while choosing how to be with it, living value priorities, and abiding with the joy-sorrow and ease-struggle of everydayness.

Participant Three: Situated Structural Description

For this participant, living with a different sense of hearing is a tacit-explicit experience lived all-at-once, with the participant's explicit knowing surfacing through paradoxical experiences with significant others. To the point of feeling powerless, the participant succumbed to coercion by purchasing and wearing technology designed to enhance hearing while, at the same time, vexing feelings from stigmatization awakened contemplation of concealing-revealing.

This participant has discovered transcending with enhancement of one's hearing to be an elongated and onerous course diminishing other dire experiences in comparison, which others could not understand. The participant believes this to be a journey from despair to contentment travelled over time as one encounters rhythmical, powering struggles entangled with health care professionals who paradoxically: listen-do not listen, know-do not know, and understand-do not understand. With aggravation, despair, and tacit-explicit knowing the participant has been escorted with the possibles amid health care professional abandonment. Yet, the participant's hope emerges amid revealed darkness of self and others.

Participant Four: Situated Structural Description

For this participant, tacit-explicit knowing of having a different sense of hearing surfaced through experiences with significant others. It was through choosing to trial technology for enhancing hearing, and subsequent espousal, that forgotten, cherished sounds and experiences have emerged. This participant believes that living with a different sense of hearing is living with a paradoxical rhythm of not hearing-hearing sounds that others hear-do not hear, all-at-once.

The paradoxical rhythms of the participant's silent world oscillate abruptly from tranquility to turmoil all-at-once when, in silence, sounds sound, yet are discovered soundless. The participant finds that one moment in time is the same-yet-different with paradoxical senses of hearing-not hearing, not seeing-seeing, not feeling-feeling while all-at-once a constant base-like tone sounds inside.

The participant's enhanced senses demonstrate evidence of veiled sounds when living with a different sense of hearing. This person senses a connection and unspoken understanding with others who live with a different sense of hearing while hidden feelings of discomfort and burden emerge when voicing requisite for replication of sounds-past. Being clandestine and feeling reticent about living with a different sense of hearing while choosing surreptitious actions cocreate lost camaraderie, all-at-once with rhythms of engaging-withdrawing and revealing-concealing. For this person, gaining new experiences is bound by reservations of potential lost possibles as surfaced in moving-being still while, speaking-being silent of hearing preservation cocreates explicit-tacit knowing that others will live individualistic chosen value priorities.

Participant Five: Situated Structural Description

In childhood, the participant experienced others' misunderstanding of living with a different sense of hearing surfacing in branding, powering, and apprehension while past encounters with archaic medical therapies purport feelings of umbrage yet all-at-once the pondering of possibles for what might have been. On life's journey encountering persons, desiring understanding and living with a different sense of

hearing, enliven inspirational moments and savoured feelings of being esteemed for this person.

In the conformity-nonconformity of coming to be, desiring to be like others yet knowing it is not so, the participant shapes a way of being in the face of potential regard-disregard. Apprehending knowledge has been hindered for this person through being mistaken-not mistaken all-at-once amid tacit-explicit knowing why. While journeying with tacit-explicit knowing of lost communication, all-at-once diminished-enhanced feelings of self surface amid strength and confidence accompanying persistence in proving one's way of being in the world.

For the participant living with a different sense of hearing entails feeling alone when with others while viewing the world extraneously, gazing in, and weaving patterns of shifting perspectives with explicit-tacit resolve. Steering-yielding with engagement unfolds where past misunderstandings beguile mistrust while present understandings surface gratitude and the participant seeks pleasures with minimal communication requirements while the experience of but a whisper is a cherished and unrealized possible.

Living with a different sense of hearing, with other experiences, is the all-at-once creation of paradoxical patterns of the who the participant was, is and will be, unfolding in seeking meaning, fearing banishment and dreading complete loss of sounds, yet living cherished moments all-at-once.

Participant Six: Situated Structural Description

In recollection of a cherished other's choice of another way of being while living with a different sense of hearing, the participant longs for present knowledge to revisit the past.

For this participant, living with a different sense of hearing is explicit-tacit knowing all-at-once where personal discovery of living with it was illuminated with significant others in candid-cautious ways. In quests for confirmation of living with a different sense of hearing the participant encountered inconsiderate, insensitive health care professionals. While the participant's technology brings back lost sounds all-at-once previously pleasant sounds and experiences metamorphose into dire adversaries and horrendous occurrences.

This participant believes that others, including employers, lack awareness and understanding and are uninformed about what it is like to live with a different sense of hearing yet, the participant has experienced children appreciating it, while pet companions intuitively understand it.

For the participant, misinterpretation with communication transcends to frustration and choosing another way of being with others and situation in the rhythm of engaging-withdrawing. The participant has experienced the feeling of discouragement with requirements to personally justify the requisite of technology for enhancing hearing and has discovered that when a different sense of hearing transcends from tacit to explicit knowing all-at-once in prereflective-reflective ways,

living it is exigent yet during turbulent times all-at-once feelings of joy-sorrow surface with supportive others.

The participant's own sound of silence is blissful yet perhaps lost while pondering of possibles and potential further diminishment in one's sense of hearing. The participant lives the past, present, and future all-at-once pondering choices and possibles of living with a different sense of hearing cocreated with cherished others.

Participant Seven: Situated Structural Definition

At present, fury arises with remembered experiences of archaic medical therapy, afflicting the participant with a different sense of hearing forever. In school, the participant's tacit-explicit choices enabled hearing while assumptions of self-limitations happened all-at-once. The participant experienced pervasive distress unfolding with the tacit-explicit knowing of living with a different sense of hearing. With feelings of panic-calm, preparation for the future ensued, while all-at-once, plans were stymied by the participant's new, more powerful fears of different possibles in becoming. Today, without explicit dwelling on living with a different sense of hearing, the participant experiences the sorrow of not hearing arising with illumination of lost communication and missed possibles.

The participant has found disconcerting feelings arise with potential regard-disregard of others. For this participant, disbelief surfaces amidst trusted others' lack of understanding of what it is like to live with a different sense of hearing while no solace is found with significant others' disregard. Still today, the participant

experiences sentiments of foolishness and unnecessary time lost emerging with the rhythm of understanding-misunderstanding when living with a different sense of hearing.

The central finding of this study, that is, the *general structural description* of living with a different sense of hearing for the participants of this study, cocreated by the researcher, and woven with Parse's (1981, 1998) theory of human becoming is:

Coming to discover that one lives with a different sense of hearing is illuminated through candid-cautious observations cocreated with cherished others in situations through seeing the familiar in a different light.

One lives a different sense of hearing experiencing joy-sorrow in not hearing-hearing sounds that others hear-don't hear, with enhanced senses unveiling sounds while all-at-once through technology forgotten, cherished sounds, experiences, and aspects of self emerge over against looming possibilities of dire consequence.

At times, vexing feelings from stigma awaken contemplation of concealing-revealing one's different sense of hearing with constant and paradoxical rhythms of relating-distancing, engaging-withdrawing, and disclosing-not-disclosing as one moves amongst intimate and anticipated feelings of self and others unfolding lost camaraderie and feeling alone when with others in enabling-limiting.

Transcending with a different sense of hearing, one encounters rhythmical, powering struggles entangled with others' listening-not listening, knowing-not knowing, and understanding-not understanding. Yet, amid the oscillating rhythms of helping-hindering and regard-disregard seeking possibles through enlivening collaboration and partaking in merriment enhances understanding and cocreates healing. Encountering persons who also live the experience cocreates inspirational moments of unspoken understanding.

Living with a different sense of hearing is ending and beginning all-at-once cocreated with other experiences, unfolding amid possibles for enhanced quality of life emerging with the conformity-nonconformity of who one is becoming.

Summary

This chapter has described the analysis-synthesis processes involved in the use of Giorgi's (1970) modification of the phenomenological method for the descriptions generated by the study participants. The research process has provided the meaning of living with a different sense of hearing as it emerged from the lived experiences of the seven participants. The meaning is the response to the research question: What is the structural description of living with a different sense of hearing? Discussion of the findings will be further illuminated in the following chapter.

CHAPTER VI

*Cocreating rhythmical patterns of relating is living
the paradoxical unity of revealing-concealing and enabling-limiting
while connecting-separating.
(Parse, 1998)*

DISCUSSION OF FINDINGS

Overview

This study was conducted to answer the research question: *What is the structural description of living with a different sense of hearing?* In the preceding chapter, central themes and focal meanings for each participant were identified from the participants' own written descriptions (natural meaning units). Situated structural descriptions were then synthesized to generate the general structural description of living with a different sense of hearing. In this chapter, the findings that have emerged from this phenomenological study will be discussed in relation to the descriptions from the participants and the theoretical perspective that guided this research, namely Parse's (1981, 1998) human becoming theory for nursing. In addition, the study findings will be discussed in relation to the review of pertinent literature. Rigor and credibility of this qualitative research will also be addressed.

Discussion of the General Structural Description

Components of the general structural description will be presented in *italics* for readability:

Coming to discover one is living with a different sense of hearing is illuminated through candid-cautious observations cocreated with cherished others in situations through seeing the familiar in a different light.

The participants described coming to know or discovery that they heard differently than others. They described how cherished others illuminated this in candid-cautious ways and how their worlds changed with seeing or hearing the familiar in a different light. For example, Participant One described the discovery of hearing loss, always knowing that there was “trouble hearing” yet not recognizing it until a physician’s diagnosis. As well, Participant One described seeing the familiar in a different light following participation in a seminar when the realization of gradual changes in personhood came into view. Participant Three compared work situations, where others did not voice concerns about the participant’s hearing, versus candid accusations at home. This participant found it difficult to understand how there could be such a difference between the two. While Participant Four’s discovery of hearing differently appeared unmistakably at one moment in time after responding inappropriately to a surmised question. Participant Six accounted the experience of seeing the familiar in a different light as having been illuminated by a cherished other and how the other person cautiously introduced the concept of hearing loss. All of the participants’ discoveries and other written descriptions held within the literature (Glass & Elliot, 1992; Myers, 2000) depict “transforming”, from the

human becoming perspective in seeing the familiar differently. Parse (1998) described transforming as:

Shifting the view of the familiar-unfamiliar, the changing of change in coconstituting anew in a deliberate way....Deliberate innovative discoveries and shifts in worldview are also coconstituted through mutual process as the human attends to discoveries, and the phenomena are available to be discovered. (p. 51)

The participants discovered their different sense of hearing when seeing or hearing what was familiar in a different light.

One lives with a different sense of hearing experiencing joy-sorrow in not hearing-hearing sounds that others hear-don't hear, with enhanced senses unveiling sounds while, all-at-once through technology, forgotten, cherished sounds, experiences, and aspects of self emerge over against the looming possibles of dire consequence.

Participants described the paradoxical experience of joy-sorrow with hearing-not hearing, by way of and devoid of the use of technology to enhance their hearing. The sounds that they *hear-do not hear* are sounds that others *do not hear-hear*. For example, Participant Four described the times without hearing aids, which "...bounce between complete calm and utter paranoia." While Participant Three explained how hearing aids altered what was heard with "feedback and occlusion". Further, Participant Four explicated the importance of hearing aids in everyday life stating, "Had I chosen to go without them, I would be continuing to miss out on a lot of sounds and experiences that in the years my hearing began its decline, I had forgotten even existed." Participant Six described the paradox of perception of what

was heard and not heard such as "...footsteps on the ground, cars and trucks ... [and] the fridge" while not being able to "block out background noises" to the point where "the things I enjoyed the most were fast becoming my worst nightmares..." Participant Two described an "enhancement of other senses" while Participant Four echoed enhanced senses that have developed with having a different sense of hearing stating, "I've learned that my powers of observation have increased since discovering I was hearing differently." The literature (Bess & Humes, 1995; Kinderknecht & Garner, 1993) suggested the fact that hearing aids or amplification are *not* substitutes for normal hearing, they cannot return a person's hearing back to normal but can sometimes enable the user to recognize environmental sounds or speech, depending on the level of hearing loss. Thus, people who have a different sense of hearing may indeed hear sounds that others do not hear and will not hear sounds that others do hear.

Parse (1998) described paradoxical rhythms that "appear to be opposites, but are really dimensions of the same rhythm present all-at-once. One dimension is in the foreground, the other is in the background" (p. 43). From the rhythm of hearing-not hearing comes connecting-separating, the rhythm of becoming which Parse (1998) wrote as "being with and apart from others, ideas, objects, and situations all-at-once" (p. 45). There is a rhythm of *connecting with-separating from* sounds when one lives with a different sense of hearing. No other record of this rhythm has been found in the literature to date. Therefore, this may be the first time that the rhythm of *connecting with-separating from* sounds themselves has been explored in research.

Study participants described an enhancement of self with the use of technology. For example, Participant One explained that upon beginning to wear hearing aids, new aspects of self emerged: “Within six months, my life had changed.... My self-confidence was really growing.” Participant Two discussed the enhanced qualities of self and benefit of listening to the sound of silence during meditation. While, Participant Five described both diminished and enhanced feelings of self when living with a different sense of hearing stating, “...[I] missed a lot of what was said... felt left out, felt stupid...[yet] I have developed a stronger sense of myself and a greater appreciation of my worth and value in the world.” Participant Six described the joy of the sound of silence, yet pondered the possibility of further diminishment in hearing leading to lost communication in the future.

Further, participants shared feelings related to communication that might be lost or gained. Participant Five described the effect that lost communication had when it was discovered, that is, how badly this made the participant feel. Yet at the same time the participant has uncovered an enhanced feeling of self amidst the losses. The participant shared: “One of the biggest shocks of my life occurred [when] my friend and I ... attend[ed a] lecture and took notes. Upon comparing them, one would think that we had attended two different lectures....That was devastating.” Yet Participant Four shared thoughts after reviewing the participant’s own educational success even without the use of hearing aids stating “ ... I say to myself, not bad for a kid from a small rural town, and with some pride.” As well, Participant Seven confided the anguish, “the sadness”, and “the pain” of coming to the explicit knowing of lost communication such as: “missed laughter”, not knowing where to

look when the participant's little aging dog "bark[ed] for help", hearing no music at a concert, and hearing but not understanding a grandchild's story. As well, this participant described the feelings of foolishness and time lost when misunderstanding occurred, stating, "I could have saved myself considerable time and effort if I had heard the price correctly the first time. And so it goes – shopping with a *special kind of hearing.*"

The previous quotations describe a rhythmical journey with diminished-enhanced feelings of self that participants experienced when living with a different sense of hearing. Considering these experiences through Parse's (1998) concept of imaging, one finds and structures meanings with one's worldview, i.e., "the history of one's choosings in the was and will-be as they are appearing now" (p. 37). As well, participants described joy-sorrow as a paradoxical rhythm lived by all humans (Parse, 1997). When participants described joy-sorrow, they lived this dialectical struggle in the meaning of the moment. The above quotations shed light on what it is like to experience the rhythm of joy-sorrow while living with a different sense of hearing. Being able to hear sounds can joyfully enhance qualities of self, yet may also bring feelings of frustration and loss when becoming aware of communication that has been lost. The rhythm of joy-sorrow is lived all-at-once.

At times, vexing feelings from stigma awaken contemplation of concealing-revealing one's different sense of hearing with constant and paradoxical rhythms of relating-distancing, engaging-withdrawing, and disclosing-not-disclosing as one

moves amongst intimate and anticipated feelings of self and others unfolding lost camaraderie and feeling alone when with others in enabling-limiting.

Participants described what it was like to live the stigma of hearing loss. They revealed how they contemplated concealing their hearing loss to others, and how they chose the rhythms of relating-distancing, engaging-withdrawing, and disclosing-not-disclosing as ways of moving on. They considered their own feelings as well as the feelings that others may have toward them. They also told of lost camaraderie and isolation even when with other people. For example, Participant Three confided feelings related to the stigma of hearing loss when requiring hearing aids stating: “I was of the notion that *hearing aids are for old people*, and I wasn’t old.” Participant Seven compared the stigma of hearing loss to the loss of sight, stating: “It is annoying that loss of sight is treated with sympathy and kindness; the reaction to loss of hearing is impatience or laughter.” Participant Three considered desires for concealing the hearing aids stating: “I didn’t tell anyone I was getting them; I considered wearing my hair longer so no one could see them.” As well, Participant Two felt similarly with necessity of wearing hearing aids commenting: “I ... let my hair grow over my ears ... saying ... it was to change the style yet... I knew it to be ... for the possibility of wearing hearing aids... I wanted to hide [them]... so people wouldn’t know...” Participant Four described choosing to keep the need to wear hearing aids clandestine because of the participant’s “private nature”. Participant One discussed discomfort in inconveniencing people when having to ask them to repeat, revealing the participant lived with a different sense of hearing. Participant One also described moving with anticipated feelings of self and others by accepting “the fact that there will always be some people who refuse to co-

operate. I am open and honest every day and have accepted that I can't force people to help me cope with this problem." While Participant Six described frustration and choices made to relate with others through engaging-withdrawing, stating: "Sometimes at meetings I would be so frustrated I would just check out, not participate and rely on the minutes." Participant Four described how choosing to conceal having a different sense of hearing cost the participant camaraderie, stating: "Usually, after the game, I ... leave the room quickly so as not to get "caught" not hearing the conversations ... [this] means I miss out on a social aspect of gentlemen's hockey... all because of this different sense of hearing." Participant Five described feeling alone when with others. The participant described what it was like as a child living with a different sense of hearing, which led to choices of engaging-withdrawing. For example, this participant said, "I can be in a room with 100 other people and still feel lonely." The participant continued, "... I spent a lot of time alone as a kid ... I didn't have to worry about whether I could hear the characters I made up... I often preferred that to being around hearing friends and feeling left out anyway." As well, this person described ways of being with others where hearing was not required. This person wrote, "I think that playing marbles meant more to me than any other childhood game. I was in the game, I was good at the game, and I could play without worrying about hearing."

The above components of the general structural description and quotations from participants support paradoxical patterns described in principle two of the human becoming theory: "Cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-

separating” (Parse, 1998, p. 42). Paradoxical patterns are not opposites, but are dimensions of the same rhythm lived all-at-once. Research participants connected and separated all-at-once with others and situations through revealing-concealing and being enabled and limited by opportunities and restrictions inherent in their choosings. Parse (1998) described revealing-concealing as disclosing-not disclosing all-at-once. “Humans choose to reveal and conceal all-at-once in mutual process with others. There is always more to a person than what the other experiences in the immediate situation; there is always that which is all-at-once concealed” (p. 43-44). Study participants described how feeling stigmatized related to their choice to conceal their different sense of hearing. They spoke of the cocreation of opportunities for connecting and separating with sounds and with others all-at-once. Participants portrayed the rhythm of their individual choices of revealing and concealing their different sense of hearing to others.

The natural science literature supports these findings. Some authors have written that stigmatization causes people to *not* disclose (or to conceal) their hearing loss, which in turn leads to isolation. For example, Denmark (1969) emphasized the “devastating effect, made worse by society's ambivalent attitude and the continuing sense of stigma associated with deafness” (p.158). Martin et al. (1989) stated that “several respondents described a growing sense of isolation due to the lack of understanding of hearing impairment... [and] that they were victims of insensitivity, indifference, and cruelty due to the stigma of hearing loss” (p. 49). Getty and Hetu (1994) found research participants would rather deny or conceal their hearing loss because “disclosure leads to being put aside, being rejected, losing the sense of belonging,

and being looked upon as abnormal” (p. 269), which, they argued clearly reveals the effects of stigmatization if one discloses one’s impairment. Evidently, stigma continues today and is associated with blame. Findings of Getty and Hetu’s study support the notion that with the threat of stigmatization surrounding an invisible impairment one would do everything to conceal it, especially if hearing loss is seen as a weakness providing opportunities for hurtful jokes. Within this context, visible hearing aids were associated with the stigma of deafness and hearing loss in a very explicit way. Persons with hearing loss may prefer to *choose* not to understand what is being said through concealing their hearing loss, rather than to wear visible hearing aids that would reveal hearing loss to other people. The price of disclosure might be deemed too high to pay. It would mean serious damage to their self-image (Getty & Hetu, 1994). Jakes (1989b) concurred stating, “most people would prefer to deny (or conceal) hearing loss because of the stigma associated with deafness” (p. 78). Myers (2000) differentiated

blindness as a handicap of mobility, [and] deafness [as]one of communication...In the hearing world, deaf people tend to be solitary and ignored if they are lucky, lonely and rejected if they are not. Deafness is referred to as the most desperate of human calamities”. (p. 34).

Stigmatization is prevalent in our society. Understanding the choices that people, who live with a different sense of hearing may make in revealing-concealing, relating-distancing, and disclosing-not disclosing illuminate Parse’s (1998) rhythm of enabling-limiting all-at-once. For example, Parse (1998) wrote,

Enabling-limiting is living the opportunities-restrictions present in all choosings all-at-once. In choosing, the human moves in one direction, which

restricts movement in another and there are both opportunities and restrictions in what is chosen and opportunities and restrictions in what is not chosen. (p. 44)

When persons living with a different sense of hearing choose various strategies for communication with others through connecting-separating or engaging-withdrawing, they may be both enabled and limited by their choices. As persons find themselves feeling alone when with others, choices are made through connecting-separating. It is “being with and apart from others... all-at-once” (Parse, 1998, p. 45). Feeling alone when with others surfaces all-at-once in choices to communicate amidst the noise, or to be silent observers.

Transcending with a different sense of hearing, one encounters rhythmical, powering struggles entangled with others' listening-not listening, knowing-not knowing, and understanding-not understanding. Yet, amid the oscillating rhythms of helping-hindering and regard-disregard seeking possibles through enlivening collaboration and partaking in merriment enhances understanding and cocreates healing. Encountering persons who also live the experience cocreates inspirational moments of unspoken understanding.

Participants described powering struggles with others in the process of moving beyond, while living with a different sense of hearing. During these times, participants have described being ignored by health care professionals and others who do not understand, or seem to want to understand. Participant Three described health care professionals, who paradoxically were helpful-not helpful, who listened-did not listen, and who understood-did not understand what it was like to live with a

different sense of hearing. The participant described in detail the helping-hindering that emerged with the experience of trying to be heard, trying to be understood, and trying to ameliorate hearing capability which the participant knew was possible. The participant concluded the experience by stating, "I've... seen a young professional who may have all the latest technical knowledge, but lacks compassion and understanding for at least one of her clients, and I can only hope that this will come as she gains experience." Participant Six acknowledged how lost communication led to new choices amidst potential disregard of cherished others stating, "In my deepest, darkest private moments... [I] wonder if and when my hearing reaches that point if I too will be living alone in my own world because family and friends do not understand." As well, Participant Seven described frustration with others' (especially those working in the service industry) lack of understanding of the importance of a hearing aid for the person required to wear one. The previous comments support the human becoming theory and the concept of powering (from principle three). Powering can be seen as the tension of "struggling between pushing and resisting while engaging with others, issues, ideas, desires, and hopes all-at-once in striving to reach new possibles" (Parse, 1998, p. 48). As well,

Powering is the pushing-resisting process of affirming-not affirming being in light of non-being. Powering refers to being rejected, threatened, or not recognized in a manner consistent with expectations. Pushing-resisting patterns emerge in the human-universe process and are present in every human engagement, creating tension and sometimes conflict. (Parse 1998, p. 47)

Powering is each human being's unique way of being in the world. Powering is illuminated in the above examples of the participants' descriptions of not feeling: understood, listened to, or respected by others.

The literature supports the ideas of not feeling understood, listened to, or respected by others. For example, David and Trehub (1989) reported "...no one with hearing really understands" (p. 203) and few professionals have the knowledge and expertise to guide individuals through the experience of losing their hearing and beyond. Health care professionals have diverse attitudes towards persons who live with a different sense of hearing (Ralston, et al, 1996). While Glass and Elliot (1992) described the small number of professionals who understand or have experienced

...how tiring and frustrating it is to try and try--every waking hour or every waking day--to understand information conveyed by voice and never succeed completely no matter how hard one tries. They really don't know....What is irritating ... is they not only don't seem to know, they don't seem to want to know--or to care. (p. 27)

Within the natural science paradigm, many health care professionals consider themselves the experts of people's health rather than helpers (Kroth, 1987). Kroth described it as the way they have been taught, yet, health care professionals report that it is very painful to admit when they cannot help (Glass & Elliott, 1992). It subtly undercuts their sense of competence—the feeling that they are adequate as healers. Consequently, "the professional's sense of inadequacy can be expressed as rejection of the client or as denial of the client's needs" (Glass & Elliot, 1992, p 27). It is held that "when most people speak, they want to be heard; in particular, they

would like their message to be understood” (Kroth, 1987, p. 3). As all persons have a right to be treated with respect, accordingly, health care professionals should be able to respond in ways to meet the needs of people (Kroth, 1987).

Participants described how others often have failed to adequately understand this lived experience. For example, Participant One stated, “I have come to grips with the fact that it is lack of education that causes people to react the way they do to those of us who are unfortunate enough to have a disability.” As well, Participant Three commented, “Although friends, family, and co-workers have been very supportive and sympathetic, there is no way they can really comprehend what I’ve been going through as this is one of life’s problems that you have to live to understand.”

Furthermore, Participant One described how others have affirmed-not affirmed the experience of living with a different sense of hearing, for example, “people have often found my disability quite a convenience for them when they want to change what they said [stating]"you must have misunderstood". ... I notice that a lot of people fail to answer questions correctly and appropriately----maybe intentional, maybe they simply *misunderstood* the question.” Yet Participant One has also described moving with the possibles when describing: “...other incidents are bound to come up from time to time. I believe that I am learning... not take them personally....We must learn to be tolerant and understanding and use these challenges as opportunities to teach people to be more understanding and tolerant.”

Further, Participant Four described moving with the possibles writing, “I have had to accept that I will never have normal hearing again and I do try to encourage others with normal hearing to take necessary steps to protect what they often take for

granted.” Through the struggle of others’ understanding-not understanding, persons living with a different sense of hearing and close others cotranscend with what is not-yet. In addition, Parse (1998) described powering as: “a continuous rhythmical process incarnating intentions and actions in moving with the possibles” (p. 49) and “an everyday occurrence and a recognizable feature of human becoming” (p. 49). These study participants, living with a different sense of hearing, are living a powering process of moving with whatever possibles come their way.

Nevertheless, amidst all of the feelings and experiences of not being understood, participants described how laughter and amusement with others might cocreate enlivening collaboration and playful repartee as well as a sense of healing.

Participant Two shared a funny comic strip stating, “that [it] made me laugh so much and still brings a smile to my lips... It taught me to laugh at the challenge, and laughter brought healing! I learned that laughter can (help) [to] cure anything...”

This participant also described the use of laughter when mistakes are made while living with a different sense of hearing, while Participant One discussed how revealing a different sense of hearing has surfaced playful repartee and the desire to make things better. The use of humour and laughter is a way that some of the participants have chosen to live with their different sense of hearing. This supports Parse’s (1998) theme of meaning and concept of languaging in the human becoming theory, which are contained in principle one: “Structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging” (p. 35). Parse (1998) stated,

Meaning refers to the linguistic and imagined content of something and the interpretation that one gives to something. It arises with the human-universe process and refers to ultimate meaning or purpose in life and the meaning moments of everyday living. (p. 29)

Choosing meaning is what people do; it is what the researcher described in the researcher's perspective in Chapter One. People who live with a different sense of hearing seek meaning in their experiences. Meaning has been described as being fundamental to personhood (Howell, 1998). Thus, choosing meaning is fundamental to being human. Languaging, (i.e., expressing oneself with words through writings, conversation, speaking, or silencing) according to Parse (1998) is "signifying valued images through speaking-being silent and moving-being still", which means "that the cocreated images one chooses as values give unique meaning to multidimensional experiences and are symbolized through languaging" (p. 39).

When Participant Two shared a comic strip, it was a way to picture the experience of living with a different sense of hearing in which incongruities arose, creating laughter and bringing new meaning to the situation (Parse, 1994b). Sharing laughter has been noted to promote intimacy, belongingness, warmth, and friendliness (Block, Browning et al., 1983). As well, studies have found the experience of laughing at oneself helped to maintain health and well-being (Parse, 1993; Malinski, 1991) and that, *laughter* is connected to *health*, which are *both* universal lived experiences. (Parse, 1994b). Languaging is also described in the literature as being important, for "it is through language that humans enter fully into our human estate, culture, communicate freely with our fellows, acquire and share information" (Myers, 2000, p. 56).

Moreover, participants described feelings of inspiration when meeting others who live with a different sense of hearing, or who understand it. For example, Participant Five stated, “I am honoured to share my experiences [with] ...hearing loss. I feel valued that someone is taking the time to listen, to read and to try and lend some deeper understanding of what it is like.” Participant Five and Participant Two described cherished others who understand and have been inspirations in their lives. In addition, Participant Four confided the connection the participant feels when in the company of others who live with a different sense of hearing stating, “... it seems my ability to immediately spot a person wearing hearing aids is heightened ... It’s as if those contraptions in ...a... person’s ears jump out at me because of some telepathic connection between... [us]”.

The participants have found meaning and inspirational moments of unspoken understanding with the valuing of others who also live with a different sense of hearing. Their experiences confirm Parse’s human becoming theory through the concept of valuing (from principle one) in which, Parse (1998) stated, “valuing is confirming-not confirming cherished beliefs in light of a personal worldview...a value is a symbol that signifies meaning” (p. 37-38). The participants have found meaning and inspirational moments of unspoken understanding with the valuing of others who also live with a different sense of hearing.

Living with a different sense of hearing is ending and beginning all-at-once cocreated with other experiences, unfolding amid possibles for enhanced quality of life emerging with the conformity-nonconformity of who one is becoming.

The participants described the paradoxes of ending-beginning and conformity-nonconformity with the cocreation of other experiences in *who* they are becoming. For example, Participant Two described the paradox of ending-beginning all-at-once when living with a different sense of hearing as the ending of one way and the beginning of another way of being. While Participant Five confided, the conformity-nonconformity of becoming, the desire to be like everyone else, but knowing this was not so. As well, Participant One described the challenges in conformity-nonconformity of coming to be amidst determination for enhancing quality of life stating, “I felt fortunate compared to many others ... I will not give up and I will not accept a lesser quality of life.” Participant Five similarly described the unfolding of possibles for quality of life stating, “I look at some of my accomplishments ... I have developed a stronger sense of myself and a greater appreciation of my worth and value in the world... In the end... I am grateful to be where I am”. Further, Participant Two described the fact that hearing loss together with other experiences have created the *who* that the participant is becoming. This person reflected, “I speak for myself-it is my story. ... I have no doubt that I will evolve and grow as my sense of hearing evolves as well. As I define myself today, will not be so tomorrow ...”.

The above quotations may be understood in relation to the concept of originating in Parse’s (1998) principle three: “Cotranscending with the possibles is powering unique ways of originating in the process of transforming” (p. 46). This principle speaks of changing diversity; it is “moving beyond with intended hopes and dreams while pushing-resisting in creating new ways of viewing the familiar and

unfamiliar” (p. 46). Originating is the creation of one’s unique personal way of being. As one seeks to be like others, yet at the same time seeks not to be like others. There is a focus on commonalities along with a focus on what is distinctively different from others.

Other Literature Related to the Findings

While there has been research completed on hearing loss in a wide variety of areas, the meaning of living with a different sense of hearing has yet to be studied or described to the extent that it has been in this research study. There are further similarities as well as differences between the findings of the present research and the results of studies found in the literature. Similarities include perspectives on misunderstanding, personal feelings, descriptions, and health patterns, while differences are observed based on the underlying intent of research studies themselves.

The similarities between this research and findings from other studies include descriptions of a lack of understanding of what it is like to live with hearing loss (Ashley, 1985; Glass & Elliot, 1992; Lass, Woodford, Lundeen & English, 1990; Wood, 1987). All of the participants in this research described the lack of understanding that health care professionals, family members, friends, and acquaintances exhibit when encountering someone who lives with a different sense of hearing. The participants commented that persons who do not live it do not understand it. The feelings of misunderstanding can cocreate understanding or

paradoxical experiences with others amid personal choices to carry on with relating-distancing, engaging-withdrawing, and/or revealing-concealing.

Further, Table II represents the similarity of personal feelings and experiences expressed by authors and researchers that have been described qualitatively in the literature with those of study participants’.

Table II: Similarities between Literature Review and Research Findings

<u>Personal Feelings and Experiences</u>	<u>Literature</u>	<u>Research Participants</u>
Feeling that others do not understand what it is like	Ashley (1985); Cowie, et al., (1995)	Participants Two, Three, Four, Five, Six, and Seven
Fear of being forced to retire	Beck (1989)	Participants One and Six
Feelings of isolation	Kinderknecht & Garner (1993); Stein & Bienenfeld (1992)	All participants
Feeling that others have been hurtful	Getty & Hetu (1994)	Participants One, Three, Four, Five, and Seven

Table II con't

Experiencing strain and exhaustion from listening	Glass & Elliot (1992)	Participant Six
Telephone phobia	Beck (1989)	Participants Three and Six
Undermining of self-confidence	(Beck (1989); Chen (1984); Zhan (1992)	All Participants
Feelings of decreased ability to cope with daily frustrations	Calvani (1985); Hallberg (1999); Hallberg et al. (1992); Pray (1993)	Participants One, Five, Six, and Seven
Experienced difficulty working in groups	Beck (1989)	Participants One and Five
Discussion of practical adaptations	Beck (1989); Kinderknecht & Garner (1993)	Participants One, Two, Four, and Five
Not defining self as 'hearing impaired'	Getty & Hetu (1994)	Participants Two, Four, and Seven
Experienced stigma of living with hearing loss	Denmark (1969); Getty & Hetu (1994); Jakes(1989b)	Participants Two, Three, and Four
Feeling of not being listened to or heard	Glass & Elliot (1992); Wooley (1993)	Participant One, Three and Five
Differing attitudes between health care professionals and persons living the experience	Getty & Hetu (1994); Kroth (1987); Jakes (1989b); Martin, et al. (1987); Wood (1987)	Participant Three

Ashley (1985) wrote a personal account of making the “bleak journey from the world of hearing to the world of silence” (p. 61). Ashley’s description contains similarities to the findings of this study when describing having been “painfully and permanently aware of what I had lost” (p. 61). Participant Six described the effects that were experienced when: “Stark reality set in when I read it. ... Seeing in writing ... was just too much to handle. As they say a picture is worth a 1,000 words - in this case 500 words were a very big REAL picture.” In addition, Ashley’s description of finding himself “encompassed in an extraordinary invisible glass cage” (p. 64) has similarities to Participant Four’s description of “being on the outside looking in”. Ashley also described, “groping in a fog of silence” which parallel’s Participant Seven’s descriptions of:

Not hearing the announcements at an airport, the missed laughter when someone says something amusing ... hearing my aging little Yorkshire Terrier bark for help and [not knowing] which way to go search for him, the sadness at a symphony concert when I see the bows drawn across the strings and hear no music, the pain of having a little grandchild run to tell me something and I can hear his voice but not enough to understand the words.

Ashley’s account of his journey included comments about the “restrained reaction of colleagues who had no wish to wound but no wish to help” (p. 64). Similarly, all of the participants in this study described the helpful-hurtful attitudes and actions of others. As a final point, Ashley (1985) stated,

So few people understand the profundity of total deafness and the difficulty of lip reading strangers—especially if they merely raise their voices and speak quickly—that when they approach me for a chat about my latest

campaign and I cannot follow them, they become embarrassed. I then have to decide whether simply to shrug the whole thing off with a casual and friendly word or to start reassuring them, bring out paper and pen, and clarifying the issues. (p. 69).

These comments relate to the findings of this study, in which participants described the paradoxical processes of relating-distancing and engaging-withdrawing as choices that people make to carry on.

Differences between the findings described in the literature and those of this research, centered on alternative paradigms and worldviews as described in Chapter One. This research, coming from the human science perspective, viewed persons as unitary wholes with ways of being that were impossible to separate. The lived experience of having a different sense of hearing was gleaned from the participants' descriptions and not compared to objective realities or predefined norms (Mitchell & Cody, 1992). Meaning of the experience of living with a different sense of hearing as lived by persons themselves has been uncovered, in effect, enhancing understanding of the lived experience. In research related to and within the natural science perspective, humans are characterized using bio-psycho-social-spiritual aspects and are seen as being shaped by cause-effect relationships with the universe and like machines, can be broken into parts for analysis and fixing. With this perspective, people are considered predictable and are confined by their situations (Pilkington & Jonas-Simpson, 1996). Health is viewed and assessed as good or bad and judged in relation to standardized norms. The majority of the studies found in the natural science paradigm considered these perspectives and the findings reflected

this worldview. For example, people who live with hearing loss were categorized as: compliant/non-compliant, strategizer, denier, criticizer (Pray, 1993); labeled as hard of hearing, hearing impaired, or deaf (Andersson, 1994; Luey et al., 1995; David & Trehub, 1989); and judged for the consequences of their actions, such as choosing not to wear hearing aids resulting in loneliness (David & Trehub, 1989; Jakes, 1989a; Turbin, 1993). The major focus was on quantitative evidence. Conversely, the purpose of the present study was to uncover qualitatively the perceptions of participants who live with a different sense of hearing and only what the participants disclosed was sought. The most straightforward approach, from the human science perspective, was to go directly to the people living the experience (Getty & Hetu, 1994).

Having said this, however, it is recognized that both paradigms (natural and human science) are necessary in our present health care system for the betterment of client care. The importance of both have been written and described as:

Medical science has helped us to understand physiology, pathophysiology, and the reparative powers of many medicines and procedures. Human science enhances understanding of lived experiences. If either approach is not present in healthcare systems, there will be (and there are) serious gaps in understanding human beings. Medical science does not answer questions about lived experiences, and human science does not examine physiology; however, together they help create meaningful understandings that then direct practices for different groups of care providers according to their responsibilities and intentions. (Mitchell & Cody, 1999, p. 308)

Therefore, the integration of both paradigms within the health care system will provide comprehensive care for all persons.

The value of sound amplification was described in the literature more in the form of what hearing aids *cannot do* i.e., they cannot return one's hearing back to *normal* (Kinderknecht & Garner, 1993) while in this study persons wearing hearing aids described the surfacing of sounds that were welcome, unwelcome, and forgotten all-at-once. Wearing hearing aids brought paradoxical descriptions of enhanced senses revealing traces of veiled sounds.

The human becoming theory describes living paradoxical patterns of relating as the cocreation of rhythmical patterns of relating, which is living the paradoxical unity of revealing-concealing, enabling-limiting while connecting-separating (Parse, 1998). Paradoxical experiences of living with a different sense of hearing have not been described in the literature to the extent that they have been in this study, although Mitchell (1998) analogously described this concept with a different population of persons-those living with diabetes. For example, persons who live with a different sense of hearing may choose: to reveal or conceal their different sense of hearing; to engage or withdraw from conversations or encounters; or to relate or distance themselves from others as ways to carry on. These are all choices that people make with others in situations. These choices are to be understood by nurses and other health care professionals as the right that individuals have to choose to live their experiences and quality of life as unique human beings.

While each participant described apparently unrelated and varied life experiences in response to the interrogatory statement, many similarities emerged. These have been related to the researcher's perspective and findings in the literature. The findings reveal congruence with the human becoming theory.

Through further dwelling with the structural description, the study phenomenon, living with a different sense of hearing, thus emerged from the findings as the following theoretical proposition:

Living with a different sense of hearing is experiencing the joy-sorrow of hearing-not hearing unfolding through discovering gained-lost communication surfacing all-at-once with diminished-enhanced feelings of self while choosing the rhythm of revealing-concealing amid potential regard-disregard of others.

One will note the relationship between the previously described principles of Parse's (1998) human becoming theory and this proposition through: living paradox, valuing, and transcendence.

Rigor and Credibility: Qualitative Research Standards

Carpenter (1995) has suggested the challenge of trustworthiness in qualitative research: always a concern for researchers (Beck, 1993; Krefting, 1991; Younge & Stewin, 1988). As well, the issue of rigor in qualitative research is of fundamental importance to the advancement of science (Burns, 1989; Parse, 2000). Giorgi (1986) and Parse (1989b) contended that descriptive or phenomenological work is not

motivated by the same criteria that other systems use. Therefore cannot be judged according to quantitative criteria such as reliability and validity. Hence, different criteria are required for evaluation of the rigor of qualitative research than for quantitative research. Comparable with established standards for conventional research methods, Burns (1989), Parse et al. (1985), and Parse (1996b) have developed standards for ensuring rigor and credibility of qualitative research.

The following five standards for qualitative research by Burns (1989) were achieved within this research process: a) descriptive vividness; b) methodological congruence; c) analytical preciseness; d) theoretical connectedness; and e) heuristic relevance.

a) Descriptive Vividness

The researcher sought descriptive vividness by providing clear, credible, and detailed essential descriptive information.

b) Methodological Congruence

This standard included: rigor in documentation, procedural rigor, ethical rigor, and auditability. Rigor in documentation was maintained given that the elements of the study were all presented and sources have been cited. Parse's (1996b) criteria added conceptual congruence to this standard where "not only all the elements are present, but they are conceptually logical and congruent" (p. 1). The elements of this study were logically presented and the method is congruent from the perspective of ontology and epistemology. Procedural rigor was achieved in this research through the accurate recording of the research process. Bracketing has been explained previously as holding

one's beliefs in abeyance with the researcher's interpretation coming forth through the presentation of the researcher's perspective, the guiding theory. This was accomplished. Giorgi's method involved a fluid process of intuiting and analyzing, always returning to the original meaning unit for guidance. Parse's (1996b) criteria included the following which have been satisfied: "an adequate sample, an appropriate data gathering process, description of the participant selection process, data gathering, process for data analysis-synthesis, and findings made explicit" (p. 1-2). Ethical rigor was maintained as participants gave informed consent and were ensured of their rights for confidentiality and that they may withdraw at any time without jeopardy. A person experienced in Giorgi's research method mentored the investigator to ensure auditability. It mattered not if the expert's readings were different than the researcher's; they simply had to be compatible with the researcher's interpretation (Sandelowski, 1986). The expert's readings were compatible with the researcher's interpretation of the data.

c) Analytic Preciseness

This standard ensured that transformation of concrete data happened across several levels of abstraction; interpretive statements corresponded with findings, themes were logical and consistent; samples were representative; themes set forth a whole picture and were inclusive of data that existed; and data descriptions were assigned appropriately to themes and were consistently followed. Analytic preciseness was achieved.

d) Theoretical Connectedness

This standard required that the theoretical schema were developed from the study and were clearly expressed, logically consistent, reflective of the data descriptions, and compatible with nursing's knowledge base. Theoretical connectedness occurred.

e) Heuristic Relevance.

This standard required that readers may recognize the study phenomenon and that the phenomenon had theoretical significance, application to nursing practice, and could influence future research activities. Parse (1996b) suggested, one must reflect on how well the findings cohered with the pragmatic implications for theory development, research, and practice. There were three dimensions: "intuitive recognition; relationship to existing body of knowledge; and applicability" (p.48-51). This standard has been achieved through the application of the current research findings to Parse's (1981, 1992, 1998) human becoming theory.

Parse (1996b) and Parse et al. (1985) stipulated four categories for qualitative research credibility and rigor. These were: conceptual, ethical, methodological, and heuristic, which have all been addressed above. However, included in the four categories are three subcategories: substance, clarity, and integration. Substance was reflected in the soundness of ideas as supported by evidence in this study. There was evidence of appropriate movement of ideas through levels of abstraction. Major ideas were differentiated and developed with care. Clarity has been accomplished in

the logical presentation of ideas, i.e., use of words and correct grammatical structure. Integration or the coherent flow of ideas has been realized as well. These standards were used as a guide to ensure rigor and credibility of the findings of this qualitative research.

Limitations of the Study

The findings of this study must be considered in light of the fact that the researcher was acquainted with all study participants, they were all middle-class, and lived in Canada. One should bear in mind that there may be other perspectives which would be illuminated with persons from other countries or social networks. One must reflect on the research findings from those particular cultural perspectives. However, given these limitations, it might be posited from the perspective of the theory that all human beings will choose their own personal meaning with any given situation or experience. This study explored the meaning of living with a different sense of hearing from the perspectives of those persons who live it in their own ways.

Summary

In summary, each person's experience of living with a different sense of hearing is unique and different from any other person's. Parse's (1981, 1998) human becoming theory enabled the investigator to illuminate the meaning of the lived experience. The study findings supported Parse's human becoming theory and expanded its usefulness as a nursing framework for the investigation of human experiences. It is

held that only the person living with a different sense of hearing can describe the meaning of living it. With a fundamental tenet of the human becoming theory being: personal quality of life is whatever a person says it is, one may conclude that the meaning of living with a different sense of hearing is precisely what the person living it says it is.

Standards for qualitative research and limitations of the study have been described. The methodological aims and criteria for scientific rigor of phenomenology are unquestionably linked. The values of phenomenology in this research are directed toward enlargement, generosity, and complexity rather than toward reduction, economy, and simplicity, the dominant quantitative values governing natural science inquiry (Santopinto, 1987).

CHAPTER VII

Each of us must be the change we want to see in the world.

(Ghandi, n.d.)

REFLECTIONS, RECOMMENDATIONS, AND CONCLUSIONS

Overview

This final chapter will begin and end with reflections on the investigative journey undertaken by the researcher together with the stories of the participants in the course of the research. Also included will be recommendations for nursing research, practice, and education.

General Structural Description

The purpose of this research was to generate a general structural description to enhance understanding of the meaning of living with a different sense of hearing using Giorgi's (1970, 1975) modification of the phenomenological method and Parse's (1981, 1998) human becoming theory. The central findings of this study, that is, the *general structural description* or meaning of living with a different sense of hearing for the participants, generated by the researcher is:

Coming to discover that one lives with a different sense of hearing is illuminated through candid-cautious observations cocreated with cherished others in situations through seeing the familiar in a different light.

One lives with a different sense of hearing experiencing joy-sorrow in not hearing-hearing sounds that others hear-don't hear, with enhanced senses unveiling sounds while all-at-once through technology forgotten, cherished sounds, experiences, and aspects of self emerge over against looming possibles of dire consequence.

At times, vexing feelings from stigma awaken contemplation of concealing-revealing one's different sense of hearing with constant and paradoxical rhythms of relating-distancing, engaging-withdrawing, and disclosing-not-disclosing as one moves amongst intimate and anticipated feelings of self and others unfolding lost camaraderie and feeling alone when with others in enabling-limiting.

Transcending with a different sense of hearing, one encounters rhythmical, powering struggles entangled with others' listening-not listening, knowing-not knowing, and understanding-not understanding. Yet, amid the oscillating rhythms of helping-hindering and regard-disregard seeking possibles through enlivening collaboration and partaking in merriment enhances understanding and cocreates healing. Encountering persons who also live the experience cocreates inspirational moments of unspoken understanding.

Living with a different sense of hearing is ending and beginning all-at-once cocreated with other experiences, unfolding amid possibilities for enhanced quality of life emerging with the conformity-nonconformity of who one is becoming.

Reflections

The research method and theoretical guidance proved effective for enhancing understanding about what it is like to live with a different sense of hearing.

Throughout the study participants described transcendence as familiar aspects of living with a different sense of hearing were viewed in new and different ways. Similarities and differences with studies on hearing loss have been reviewed. A major similarity was that others do not understand what it is like to live with a different sense of hearing. Differences centered on the differing paradigms and worldviews (i.e., natural science versus human science traditions).

A theoretical proposition of living with a different sense of hearing emerged from this study, through the researcher's further dwelling with the structural description, as: *the joy-sorrow of hearing-not hearing unfolding through discovering gained-lost communication surfacing all-at-once with diminished-enhanced feelings of self while choosing the rhythm of revealing-concealing amid potential regard-disregard of others*

It is proposed that living with a different sense of hearing may cross population samples. For example, humans labeled under the medical model with a psychiatric

diagnosis may experience living with a different sense of hearing, as they hear things that others may not (A. Santopinto, personal communication, fall, 2000).

Paradoxical experiences have also been illuminated further, as ways to carry on, for those persons who live with a different sense of hearing. It appears that any human, even those *without* a medical diagnosis of “hearing impairment”, may experience living with a different sense of hearing at times. For example, “normal hearing” colleagues have described to this researcher the frustration and individual choices they have made of engaging-withdrawing, revealing-concealing, and connecting-separating when they could not hear others while using telecommunications systems for distance meetings. For example, at varying times, they may choose to tell colleagues at the other end of the teleconference system that they cannot hear what is being said. At other times, they may not choose to tell and may choose to work on other things (i.e., marking papers) while the meeting is in progress. In addition, it is believed that all humans experience times when they may hear sounds that others do not, whether it be a message, a sound, a song...it happens within one’s being and is one’s own experience.

The data collection technique espoused by Giorgi (1975) and adapted for the study, using the Internet, proved to be a fitting methodology for this researcher, given her own different sense of hearing, as well as for the participants themselves to share perspectives. Receiving written descriptions from the participants, already typed, in their own words enabled the researcher to read and reread the data to get a sense of the whole without requirements of the physical sense of hearing, which would have been required for interviewing and transcribing audio or video taped interviews.

Giorgi (1975) stated, phenomenologists want to be sure that data collected include the participants' context as well as their specific expressions. It is precisely the participants' viewpoints of situations, which provide the rich data descriptions. Since the participants were free to write their own descriptions of living with a different sense of hearing, it is clear that their viewpoints were obtained and neither the participants nor the researcher in this process required the physical sense of hearing to partake in this research. This, in fact, was considered invaluable for this researcher, because straining to hear and to understand at the same time was not a requirement in this methodology, yet much of the richness of the data descriptions appears preserved.

The reader may notice that some of the participants used diagnoses, vocabulary, and labels from conventional medical sciences to describe their experiences. For example, they used the words such as: coping, problem, disability, etc. While these words are inconsistent with the human science paradigm, the investigator acknowledges the prevalence of the natural science paradigm in our everyday language. This dominance was also visible in the differences between the present research results and the findings reported in the literature. Given the intent of this research, implications for nursing research, practice, and education have emerged from the findings of this study.

Recommendations

Implications for Further Nursing Research

Giorgi's modification of the phenomenological method, used in this study, was developed by a sister discipline within the human sciences—Psychology. Santopinto (1987) advocated the importance of using bridging methodologies to link research to the unique perspectives of nursing science, hence the investigative power of combining Giorgi's method with Parse's theory. Giorgi (1986) recorded, "it is the act of speech [or writing] that expresses meaning and the act of hearing [or reading] that detects it" (p. 19). This quotation, adapted by this researcher, calls for further studies using Giorgi's modification with other persons of various age categories and cultures, who live with a different sense of hearing. These studies could uncover the meaning of the lived experience for those particular individuals. We cannot know all there is to know about the meaning of individuals' lived experiences from simply one study, as meanings change for people from moment to moment. In addition, Parse's (2001) research method could be utilized to promote research findings from within a nursing perspective, to further advance nursing science. It is recommended that supplementary research be conducted to advance nursing science utilizing Parse's human becoming theory and the Parse research method, should the researcher desire to study universal experiences (e.g., feeling alone when with others, feeling understood) with this particular population.

Additional research on the meaning of living with a different sense of hearing will augment the body of nursing knowledge. Uncovering the views of persons living the experience may shed light on common experiences and meanings, while at the same time clarify unique individual perspectives. Nursing studies related to the lived experience of having a different sense of hearing with *normal hearing* persons might further promote enhanced understanding of the lived experience. As well, research related to the paradoxical rhythms of: relating-distancing, engaging-withdrawing, revealing-concealing, enhanced-diminished feelings of self, connecting-separating with sounds, and conformity-non-conformity while living with a different sense of hearing would be interesting. Also, fascinating would be the study of the use of humour by persons who live with a different sense of hearing. The findings of a study on *using humour* could illuminate that specific universal lived experience with this particular population of persons.

Living with a different sense of hearing could be investigated with different populations. For example, one could invite participation of those people who hear sounds or voices that others do not hear (Martin, 200); or persons with medical diagnoses of tinnitus, complete deafness or psychosis; or persons with normal hearing who have temporary experiences of having a different sense of hearing. The writer of this dissertation believes that as understanding the experience of living with a different sense of hearing is enhanced, so too is the opportunity for creativity in practice.

Recommendations for Nursing Practice

The possibilities for innovative, science-based practice approaches that honour persons' values and beliefs are unlimited (Mitchell, 1996). Nurses gain specific insights about how to be truly present with others in their cocreation of quality of life through the use of qualitative research findings (Mitchell, 1996). Nursing practice within the simultaneity paradigm highlights:

Not (italics added) searching for cause-effect and associative relationships to control and predict human behavior. It is rather to focus on enhancing understanding of the multi-dimensional nature of human existence in order to shed light on the paradoxes of personal lived experiences. From this view, the mysteries of health and healing will never 'be solved' since all essences of human experiences cannot be extracted nor can paradoxes be completely understood. With a clearer understanding of human existence, however, nurses are able to be with people in ways that respect and inspire individuals as the individuals make personal choices in living their health. (Parse, 1991, p. 94)

As nursing unfolds both as a discipline, and with growing understanding of lived experiences, Parse's (1998) theory of human becoming creates opportunities for nurses to join with persons struggling with complex lived experiences. This belief is reflected by Grudin (1996), who proposed that to understand a person is *not* to cut the person down to size but to expand one's *own* view. Parse's theory of human becoming is a knowledge base for nursing that expands knowledge of human lived experiences. For it is through growth, that persons, themselves, have the opportunity

to discover fresh insights or meaning through dialogue with others (Mitchell & Pilkington, 2000).

Findings from this study may expand and further specify concepts of Parse's human becoming theory. While it is known that research expands theory, it is also believed by some that theory guides practice. Nurses guided by Parse's theory live the practice method with others in dialogue and silence, illuminating meaning through explicating, synchronizing rhythms through dwelling with, and mobilizing transcendence through moving beyond (Parse, 1987). Parse suggests that each human being knows his or her own way toward health. In human becoming nursing practice, nurses live true presence with health care consumers. The nurse, in true presence, does not direct others' thoughts, choices, or actions. The nurse is truly present with persons as they reveal their own ways of being, opportunities and choices, their paradoxical rhythms of living. The nurse does not judge or expect anything from persons who live with a different sense of hearing. The nurse's intent is to seek innovative ways to be with human beings as they clarify their own purposes, intentions, fears, affirmations, constraints, hopes, and dreams (Mitchell & Heidt, 1994). With enhanced understanding of the research phenomenon (i.e., living with a different sense of hearing), the nurse intentionally chooses true presence, which conveys that as human beings speak about the meaning of their personal situations of living with a different sense of hearing, the meanings will change for the person, and the person moves beyond in the unfolding process of life (Mitchell, 1991). True presence is a refined skill whereby nurses can *be with* persons through being attentive to the moment-to-moment shifts in meaning, while bearing witness to

persons' living of their own value priorities (Parse, 1998). Parse's practice method is not a problem solving process, but rather a process of exploration of what unfolds in the nurse-person process when the nurse is truly present with the person.

Understanding personal meaning is important to people. Howell (1998) described the following perspective, which could be related to the findings of this research: "To feel understood is to experience the fact that one's personal meaning is shared by another" (p. 15). The participants of this research described inspirational moments of unspoken understanding with others who live with or who understand living with a different sense of hearing. It is held that "the very nature of nursing practice necessitates hearing *and* (italics added) understanding the language of another" (Howell 1998, p. 15). Hence, nurses' enhanced understanding of what it is like to live with a different sense of hearing can be lived in nursing practice through the choices nurses make about how to be *with* others.

Parse's theory guides the nurse in practice to structure innovative ways to be *with* individuals, who live with a different sense of hearing, in unique ways that focus on the quality of life as defined *by* the individuals themselves. It is proposed that rather than view themselves as experts concerning people's health, nurses (and other health care professionals) must learn from the people living the experience by: listening to people describe their experiences and assisting people with their own needs rather than focusing on the needs that health care professionals feel are important. For example, the nurse, in exploring strategies for communication with persons who live with a different sense of hearing, may uncover what it is that would open

communication between them. The nurse may find out how to be with that person in a creative way. This practice itself may enhance the nurse's awareness and sensitivity to the lived experience of having a different sense of hearing. The nurse may recognize the meaning the lived experience has for the person, as well as the choices that the particular person may make in creating paradoxical experiences with others while at the same time moving moment to moment with the person's possibilities. It is vital for nurses to be open to the mystery of human experience so nurses can be better prepared to help those who live with a different sense of hearing. Meaning occurs through entering into the world of the person and understanding that world (Howell, 1998). When exploring the meaning of living with a different sense of hearing, with persons who live it, the nurse may say: "Please help me to understand what it is like for you. What strategies might we try to make our communication better for you?" The responses to these types of questions will guide the nurse's practice with people.

Enhanced understanding of the lived experience prepares nurses to discover how individuals define and live with this experience. Each person knows his or her own way. As the study participants have said, we can never truly understand what it is like yet, nurses have the responsibility to listen to people describe what it is like--if they wish to speak about it. Nurses also must respect those who do not wish to tell of their experiences. It is interesting to note that "Parse proposes that speaking about something is a way of being with it and thus silence may, for some [people] be a strategy for continuing on" (Carson & Mitchell, 1998, p. 1247).

Further, nurses have a responsibility to learn how persons wish to be helped, if they do, and what is important to persons living the experience. People who live with a different sense of hearing know the simple and intricate ways that help or hinder. They know what they want, and when it would be best to try (or not to try) new or different strategies. All persons should be invited to share their personal strategies. It is believed that: “life and quality of living and dying are not things to know but rather processes... [through] which to engage and opportunities to be appreciated by professionals who can make...important difference[s] in the lives of others” (Mitchell & Cody, 1999, p. 308).

Today, within the complex health care systems where nurses are employed, the natural science and human science domains shift in a continuous fashion related to their importance and urgency. More recently, because both paradigms contribute important perspectives and information, the human science paradigm can actually complement the natural science paradigm (Mitchell & Cody, 1999; Major, 2000). Major (2000) stated, “the coexistence of paradigms deserves the respect of the different visions and the engagement to evaluate the theories of the discipline in relation with the values grounding our service to society” (p. 9). Perhaps we will witness a decline in the polarization that has come about in the past decades. This may open doors for the implementation of both paradigms for the nursing profession. There may be times when the focus will be on life-saving medical procedures, and other times when the nurse will explore what lived experiences mean to people and integrate these into nursing practice.

Enhanced understanding emerging from this study may change the way that nurses are with people. The “knowledge housed in a guiding theory shapes the way the professional thinks and acts with clients” (Mitchell, 1993, p. 63). When a nurse chooses to live Parse’s theory in nursing practice, it requires a commitment of that nurse to *live* a certain set of values and beliefs, rather than to simply *apply* something separate (Mitchell, 1993). Mitchell (1993) also stated,

The nurse guided by Parse’s theory in practice does not translate the lived experience into diagnostic labels or other biomedical terms. Rather, the nurse stays with persons, and uses language spoken in everyday living; in the person’s own words for recording personal health descriptions, nurse-person actions, and hopes and dreams (p. 68).

Practice guided by Parse practice method is therefore recommended for nurses working with persons who live with a different sense of hearing.

Implications for Education

As stated earlier in this study, people who live with a different sense of hearing believe that many health care professionals and family members do not understand what it is like. Therefore, the findings of this research may have implications for education of both nurses and non-nurses. Sharing the study findings with students in undergraduate and graduate programs of nursing (and other professions) to enhance understanding of the lived experience of having a different sense of hearing might help these individuals work with clients in various clinical situations. Short continuing education sessions for nurses and other health care professionals working

in various health care settings, could enhance understanding and diminish the pejorative judgments passed upon persons who live with a different sense of hearing. For example, understanding the paradoxical concept of engaging-withdrawing as described in this research (and in Parse's (1981) connecting-separating concept) may help nurses to incorporate activities reflecting "the many ways that persons engage and disengage at multidimensional realms of the universe" (Mitchell, 1996, p. 143). The researcher has begun to discuss and present the research findings at professional conferences and with support groups at monthly meetings of the Canadian Hard of Hearing Association. As well, the researcher is considering writing a book to enhance the general population's understanding of what it is like to live with a different sense of hearing in an effort to illuminate the stigma endured by persons who live with hearing loss, and suggest ways to diminish stigmatization through enhanced understanding.

Conclusions

As the researcher, I am deeply indebted to the participants who freely shared their moving thoughts, ideas, experiences, stories, and perspectives. The insights conveyed through this research created awe-inspiring feelings and transformation for me related to the similarities and differences in our experiences. The participants themselves have in turn, indicated to me their gratitude for taking the time to "listen" and truly hear what it was they were saying. While this research is far from ending, it is viewed as a beginning step towards enhanced understanding of what it is like for people to live with the experience of having a different sense of hearing.

Summary

In summary, the Giorgi (1970) modification of the phenomenological method was initially designed as a technique for non-nursing human science research. Within the human science paradigm, Giorgi's method was used for this study in conjunction with a nursing theoretical framework-Parse's (1998) human becoming theory. The methodology and ontology provided a systematic research process to uncover the epistemology-the structural meaning of living with a different sense of hearing. Nurses may use the information found in this study to enhance their understanding and their professional nursing practice, for *living with a different sense of hearing may be invisible but intent to understand it is not*. In exploring the meaning of living with a different sense of hearing the nurse may ask persons what it is like and what strategies for communication might make it helpful for sharing. Understanding the lived experience of a different sense of hearing begins and ends with each nurse, each person, for "each of us must be the change we want to see in the world" (Ghandi, n.d.).

REFERENCES

- Abrahams, P. (1972). The effects of deafness. *Hearing, 27*, 295-297.
- Andersson, G., Lennart, M., Lindberg, P., & Scott, B. (1995). Development of a short scale for self-assessment of experiences of hearing loss: The Hearing Coping Assessment. *Scandinavian Audiology, 24*(3), 147-154.
- Andersson, G., Melin, L., Scott, B., & Lindberg, P. (1994). Behavioural counselling for subjects with acquired hearing loss: A new approach to hearing tactics. *Scandinavian Audiology, 23*(4), 249-256.
- Andersson, Y. (1994). How is deaf culture? Another perspective on a fundamental concept: Comment. *Sign Language Studies*(83), 127-131.
- Aquino-Russell, C. (1998). *Access program for persons who are hard of hearing or deaf at the South-East Health Care Corporation in Moncton, New Brunswick Canada*. Paper presented at the International Council of Nurses, London, England.
- Ashley, J. (1985). A personal account. In H. Orlans (Ed.), *Adjustment to adult hearing loss* (pp. 59-70). San Diego: College Hill Press.
- Backenroth, G. A. M., & Ahlner, B. H. (1997). Hearing loss in working life. Psychosocial aspects. *Reports from the Department of Psychology, U. Stockholm, (837)*, 1-13.
- Backenroth, G. A. M., & Ahlner, B. H. (1998). Hearing loss in working life--some aspects of audiological rehabilitation. *International Journal of Rehabilitation Research, 21*(3), 331-333.

- Backenroth, G. A. M., & Ahlner, B. H. (2000). Quality of life of hearing-impaired persons who have participated in audiological rehabilitation counselling. *International Journal for Advancement of Counselling, 22*(3), 225-240.
- Banonis, B. (1989). The lived experience of recovering from addiction: A phenomenological study. *Nursing Science Quarterly, 2*(1), 37-43.
- Barcham, L. J., & Stephens, S. D. G. (1980). The use of an open-ended problems questionnaire in auditory rehabilitation. *British Journal of Audiology, 14*, 49-58.
- Barnlund, D. C. (1976). The mystification of meaning: Doctor-patient encounters. *Journal of Medical Education, 51*, 716-725.
- Beattie, J. A. (1984). Social aspects of acquired hearing loss in adults. *International Journal of Rehabilitation Research, 7*(2), 215-216.
- Beck, C. T. (1993). Qualitative research: The evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research, 10*(2), 210-213.
- Beck, C. T. (1994). Phenomenology: Its use in nursing research. *International Journal of Nursing Studies, 31*(6), 499-510.
- Beck, R. L. (1989). Hearing-Impaired Social Workers: Something lost, something gained. *Social Work, 34*(2), 151-153.
- Beck, R. L. (1991). The hearing impaired psychotherapist: Implications for process and practice. *Clinical Social Work Journal, 19*(4), 417-426.
- Benderly, B. L. (1980). *Dancing without music: Deafness in America*. Garden City, NJ: Anchor Press/Doubleday.

- Benner, P. (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.
- Benoliel, J. Q. (1985). Loss and adaptation: Circumstances, contingencies, and consequences. *Death Studies*, 9(3-4), 217-233.
- Bess, F. H., & Humes, L. E. (1995). *Audiology: The fundamentals* (2nd ed.). Baltimore: Williams & Wilkins.
- Bess, F. H., Logan, S. A., & Lichenstein, M. J. (1990). Functional impact of hearing loss on the elderly. *ASHA Reports Series (American Speech-Language-Hearing Association)*, 19, 144-149.
- Block, S., Browning, S., & McGrath, G. (1983). Humor in group psychology. *British Journal of Medical Psychology*, 56, 89-97.
- Blood, I. M., & Blood, G. W. (1999). Effects of acknowledging a hearing loss on social interactions. *Journal of Communication Disorders*, 32(2), 109-120.
- Bockman, D. F., & Rieman, D. J. (1987). Qualitative versus quantitative nursing research. *Holistic Nurse Practitioner*, 2, 71-75.
- Bogdan, R., & Taylor, S. (1975). *Introduction to qualitative research methods: A phenomenological approach to the social sciences*. New York: Wiley.
- Boone, M. A. (1985). On losing ears in mid career. *SHHH A Journal About Hearing Loss*, 6(6), 10-12.
- Bournes, D. (2001). Qualitative research and the use of computers. In R. R. Parse (Ed.), *Qualitative Inquiry: The Path of Sciencing* (pp. 283-300). Sudbury, Massachusetts: Jones & Bartlett Publishers and National League for Nursing.
- Boyd, C. O. (1989). Dialogue on a research issue: Phenomenological research in nursing: Clarifying the issues. *Nursing Science Quarterly*, 2(1), 16-19.

- Brent, E. (1984). Qualitative computing: Issues and answers. *Qualitative Sociology*, 7(1-2), 34-59.
- Brooks, D., & Hallam, R. (1998). Attitudes to hearing difficulty and hearing aids and the outcome of audiological rehabilitation. *British Journal of Audiology*, 32, 217-226.
- Brunner, L. S., & Suddath, D. S. (1988). *Textbook of Medical-Surgical Nursing* (Sixth ed.). Philadelphia: J. B. Lippincott Company.
- Bunkers, S. S. (1999). The meaning of new age: The judging and misjudging of values and beliefs. *Nursing Science Quarterly*, 12(2), 100-105.
- Burns, N. (1989). Standards for qualitative research. *Nursing Science Quarterly*, 2(1), 44-52.
- Byrne, M. R. (1998). Diversity within the deaf or hard of hearing population: Wisdom from seeing the whole. *Early Child Development & Care*, 147, 55-70.
- Cacciatore, F., Napoli, C., Abete, P., Marciano, E., Triassi, M., & Rengo, F. (1999). Quality of life determinants and hearing function in an elderly population: Osservatorio geriatrico campano study group. *Gerontology*, 45(6), 323-328.
- Caissie, R., & Rockwell, E. (1994). Communication difficulties experienced by nursing home residents with a hearing loss during conversation with staff members. *Journal of Speech-Language Pathology & Audiology*, 18(2), 127-134.
- Calvani, D. (1985). How well do your clients cope with hearing loss? *Journal of Gerontological Nursing*, 11(7), 16-20.

- Carpenter, D. R. (1995). Phenomenological research approach. In H. J. Streubert & D. R. Carpenter (Eds.), *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. Philadelphia: Lippincott.
- Carson, M. G., & Mitchell, G. J. (1998). The experience of living with persistent pain. *Journal of Advanced Nursing*, 28(6), 1242-1248.
- Cavendish, R. (1998). Clinical Snapshot. Adult hearing loss. *American Journal of Nursing*, 98(8), 50-51.
- Chen, H. (1984). Relation of hearing loss: Loneliness and self-esteem. *Journal of Gerontological Nursing*, 20(6), 22.
- Christian, W., Dluhy, N., & O'Neill, R. (1989). Sounds of silence: Coping with hearing loss and loneliness. *Journal of Gerontological Nursing*, 15(11), 4-9.
- Clark, J. (1990a). The "don't worry, be happy" professional response. *The Hearing Journal*, 43(4), 20-23.
- Clark, J. (1990b). Emotional response transformations. Redirections and projections. *American Speech-Language-Hearing Association*, 32, 67-68.
- Clark, J. G., & Martin, F. N. (Eds.). (1994). *Effective counseling in audiology: Perspectives and practice*. New Jersey: Prentice Hall.
- Cloonan, T. (1995). The early history of phenomenological psychological research in America. *Journal of Phenomenological Psychology*, 26(1), 46-126.
- Cody, W. (1994). Meaning and mystery in nursing science and art. *Nursing Science Quarterly*, 7(2), 48-51.
- Cody, W. (1995). All those paradigms: Many in the universe, two in nursing. *Nursing Science Quarterly*, 8(4), 144-147.

- Cohen, M. Z. (1987). A historical overview of the phenomenological movement. *Image: Journal of Nursing Scholarship*, 19(1), 31-34.
- Collins, P. L. (2000). Eating disorders: A multiple-case investigation of the internet e-mail correspondence of women's lived experience. *Dissertation Abstracts International, A (Humanities and Social Sciences)*, 60(11-A), 3916.
- Costello-Nickitas, D. (1994). Choosing life goals: A phenomenological study. *Nursing Science Quarterly*, 7(2), 87-92.
- Coward, D. D. (1990). The lived experience of self-transcendence in women with advanced breast cancer. *Nursing Science Quarterly*, 3, 162-169.
- Cowie, R., Watson, D., Kerr, P., & Douglas-Cowie, E. (1995). Psychology and hearing impairment: Focusing on the people with the loss. *Irish Journal of Psychology*, 16(4), 288-298.
- Crotty, M. (1996). *Phenomenology and nursing research*. South Melbourne: Churchill, Livingstone.
- Dampier, K., Dancer, J., & Keiser, H. (1985). Changing attitudes toward older persons with hearing loss: Comparison of two audiotapes. *American Annals of the Deaf*, 130(4), 267-271.
- Danermark, B. D. (1998). Hearing impairment, emotions and audiological rehabilitation: A sociological perspective. *Scandinavian Audiology*, 27(Suppl 49), 125-131.
- Danhauer, J., Johnson, C., Kasten, R., & Brimacombe, J. (1985). The hearing aid effect: Summary, conclusions, and recommendations. *Hear Journal*, 38, 12-14.

- Darbyshire, J. O. (1985). The hearing loss epidemic: A challenge to gerontology. *Research on Aging, 6*(3), 384-394.
- David, M., & Trehub, S. E. (1989). Perspectives on deafened adults. *American Annals of the Deaf, 134*(3), 200-204.
- Degner, L., & Russell, C. Aquino. (1988). Preferences for treatment control among adults with cancer. *Research in Nursing and Health, 11*, 367-374.
- Denmark, J. (1969). Management of severe deafness in adults. *Proceedings of the Royal Society of Medicine, 62*, 965-967.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Dilthey, W. (1961). *Pattern and meaning in history: Thoughts on history and society* (H. P. Rickman, Trans.). New York: Harper & Rowe.
- Dilthey, W. (1976). *Selected writings*. (H. P. Rickman, Trans.). Cambridge: Cambridge University Press.
- Dilthey, W. (1977a). Ideas concerning a descriptive and analytic psychology. (Original work published 1894). In R. M. Zaner & K. L. Heiges, (Trans.) (Eds.), *Descriptive psychology and historical understanding* (pp. 23-120). The Hague, Netherlands: Nijhoff.
- Dilthey, W. (1977b). The understanding of other persons and their expressions of life. (Original work published 1927). In R. M. Zaner & K. L. Heiges, (Trans.) (Eds.), *Descriptive psychology and historical understanding* (pp. 123-144). The Hague, Netherlands: Nijhoff.
- Dilthey, W. (1988). *Introduction to the human sciences*. (R.J. Betanzos, Trans.). Detroit: Wayne State University Press. (Original work published 1883).

- Duffy, M. E. (1986). Qualitative research: An approach whose time has come. *Nursing and Health Care*, 7(5), 237-239.
- Elwood, K. H., & Lewson, B. (1999). Art therapy and audiology: Joining hands to hear the story of a resident in long term care. *Perspectives*, 23(4), 18-23.
- Eriksson-Mangold, M., & Carlsson, S. G. (1991). Psychological and somatic distress in relation to perceived hearing disability, hearing handicap and hearing measurements. *Journal of Psychosomatic Research*, 35(6), 729-740.
- Etienne, J. E. (1992). Life satisfaction of hearing-impaired elderly persons. *Dissertation Abstracts International*, 52(8-B), 4107.
- Field, P. A., & Morse, J. M. (1985). *Nursing research: The application of qualitative approaches*. Rockville, MD: Aspen Systems.
- Fowlkes, T. E. (1985). Hearing loss in elders: Perceptions of older and younger adults (attitudes, presbycusis, simulation). *Dissertation Abstracts International*, 46(3-B), 783.
- Getty, L., & Hetu, R. (1994). Is there a culture of hard-of-hearing workers? *Journal of Speech-Language Pathology & Audiology*, 18(4), 267-270.
- Giorgi, A. (1970). *Psychology as a human science. A phenomenologically based approach*. New York: Harper & Row Publishers.
- Giorgi, A. (1971). Phenomenology and experimental psychology: II. In A. Giorgi , W. Fischer & R. von Eckartsberg (Eds.), *Duquesne studies in phenomenological psychology* (Vol. 1, pp. 3-29). Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. Fischer & E. Murray (Eds.), *Duquesne studies in*

phenomenological psychology (Vol. II). Pittsburgh: Duquesne University Press.

- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh: Duquesne University Press.
- Giorgi, A. (1986). Theoretical justification for the use of descriptions in psychological research. In P. D. Ashworth, A. Giorgi & A. J. deKoning (Eds.), *Qualitative research in psychology: Proceedings of the international association for qualitative research in social science*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1989). One type of analysis of descriptive data: Procedures involved in following a systematic phenomenological method. *Annual Edition of Methods: A Journal for Human Science*, 39-61.
- Giorgi, A. (1992). Description versus interpretation: Competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology*, 23(2), 119-135.
- Glass, L., & Elliot, H. (1992). The professionals told me what it was, but that's not enough. *SHHH Journal (Self-Help for Hard of Hearing People)*, Jan/Feb, 26-28.
- Goin, D. W. (1976). Trauma of the middle and inner ear. In G. M. English (Ed.), *Otolaryngology: A textbook* (pp. 189-199). New York: Harper & Row.
- Goldstein, R. M. (1992). Mild to moderate hearing loss in older adults: How normal hearing spouses cope with their partner's acquired hearing loss. *Dissertation Abstracts International*, 52(7-A), 2412.

- Gortner, S. R. (1984). Knowledge in a practice discipline: Philosophy and pragmatics. In *Nursing research and policy formation: The case of prospective payment*. (pp. 5-17). Kansas City, MO: American Academy of Nursing.
- Gortner, S. R., & Schultz, P. R. (1988). Approaches to nursing science methods. *Image: Journal of Nursing Scholarship*, 20(1), 22-24.
- Gouty, C. A. (1996). *Feeling alone while with others*. Unpublished doctoral dissertation, Loyola University, Chicago, IL.
- Grudin, R. (1996). *On dialogue*. Boston: Houghton Mifflin.
- Hallberg, L. R. (1999). Hearing impairment, coping, and consequences on family. *Journal of Academy of Rehabilitative Audiology*, 32, 45-59.
- Hallberg, L. R., Erlandsson, S. I., & Carlsson, S. G. (1992). Coping strategies used by middle-aged males with noise-induced hearing loss, with and without tinnitus. *Psychology & Health*, 7(4), 273-288.
- Harvey, M. A. (1985). Between two worlds. *SHHH A Journal About Hearing Loss*, 6(4), 4-5.
- Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York: Harper & Row.
- Hetu, R. (1996). The stigma attached to hearing impairment. *Scandinavian Audiology*, 25, 12-24.
- Hetu, R., Jones, L., & Getty, L. (1993). The impact of acquired hearing impairment on intimate relationships: Implications for rehabilitation. *Audiology*, 32(6), 363-381.

- Hetu, R., LaLonde, M., & Getty, L. (1987). Psychosocial disadvantages associated with occupational hearing loss as experienced in the family. *Audiology*, 26(3), 141-152.
- Hoshino, F. H. (1985). Phenomenological method: A comparison of Husserl and Giorgi. *Dissertation Abstracts International*, 46(8-B), 2810.
- Howell, D. (1998). Reaching to the depths of the soul: Understanding and exploring meaning in illness. *Canadian Oncology Nursing Journal*, 8(1), 12-23.
- Hunter, C. C. (1978). *A pilot study of late deafened adults*. Unpublished master's thesis, University of California State, Northridge.
- Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (W. R. B. Gibson, Trans.). New York: Collier.
- Husserl, E. (1962). *Ideas: General introduction to pure phenomenology* (W. R. Boyce Gibson, Trans.). New York: Collier Books.
- Husserl, E. (1965). *Phenomenology and the crisis of philosophy* (Q. Laver, Trans.). New York: Harper and Row.
- Husserl, E. (1991). *Cartesian meditations: An introduction to phenomenology* (D. Cairns, Trans.). Dordrecht: Kluwer Academic Publishers. (Original work published 1931).
- Im, E., & Chee, W. (2002). Issues in protection of human subjects in Internet research. *Nursing Research*, 51(4), 266-269.
- Israelite, N. K., & Jennings, M. B. (1995). Participant perspectives on group aural rehabilitation: A qualitative inquiry. *Journal of Academy of Rehabilitative Audiology*, 28, 26-36.

- Jackson, L., Dancer, J., & Burl, N. (1995). Comparison of two questionnaires determining elderly individuals' perception of handicap caused by their hearing impairments. *Volta Review*, 97(2), 135-141.
- Jakes, S. (1989a). Emotional factors in hearing loss. In A. K. Broome (Ed.), *Health psychology: Processes and applications* (pp. 362-374). London, England UK: Chapman & Hall.
- Jakes, S. (1989b). Otological symptoms and emotion: A review of the literature. *Advances in Behaviour Research & Therapy*, 10(2), 53-103.
- Jerger, S. W. (1990). The behavioural sciences: Current research findings and implications for clinical audiology. *ASHA Reports Series (American Speech-Language-Hearing Association)*, (20), 14-25.
- Jonas-Simpson, C. (1998). *Feeling understood: A melody of human becoming*. Unpublished doctoral dissertation, Loyola University, Chicago, IL.
- Jones, L., Kyle, J., & Wood, P. (1987). *Words apart: Losing your hearing as an adult*. London, England UK: Tavistock/Routledge.
- Jones, S. (1999). *Doing Internet research: Critical issues and methods for examining the Net*. Thousand Oaks, CA: Sage Publications.
- Kaplan, E. H. (1982). As my hearing failed, my listening got even better. *Medical Economics*, 149-158.
- Kaplan, H. (1988). Communication problems of the hearing-impaired elderly: What can be done? *Pride Institute Journal of Long Term Home Health Care*, 7(1), 10-22.
- Keen, E. (1975). *A primer of phenomenological psychology*. New York: Holt, Rinehart & Winston.

- Kelly, L. J. (1992). Rational-emotive therapy and aural rehabilitation. *Journal of Academy of Rehabilitative Audiology*, 25, 43-50.
- Kenny, J. E. (2001). Mental Illness. Cloaked in secrecy and shame. *The Canadian Nurse*, 97(1), 20-24.
- Kent, B., Furlonger, B. E., & Goodrick, D. A. (2001). Toward an understanding of acquired hearing loss in a family: Narrative play format as a new voice in qualitative methodology. *The Qualitative Report* [on-line], 6(4). Available: <http://www.nova.edu/sss/QR/QR6-4/furlonger.html>. Retrieved: January 14, 2002
- Kinderknecht, C., & Garner, J. D. (1993). Living productively with sensory loss. In J. D. Garner & A. A. Young (Eds.), *Women and healthy aging: Living productively in spite of it all* (pp. 155-180). New York, NY, USA: Harrington Park Press/Haworth Press, Inc.
- Knaack, P. (1984). Phenomenological research. *Western Journal of Nursing Research*, 6(1), 107-114.
- Knutson, J. F., & Lansing, C. R. (1990). The relationship between communication problems and psychological difficulties in persons with profound acquired hearing loss. *Journal of Speech and Hearing Disorders*, 55(4), 656-664.
- Koach, R. (1999). A psychological study of the lived-experience of love as a 'miracle': A transcendental phenomenological research study. *Dissertation Abstracts International: Section B: the Sciences & Engineering*, 60(3-B), 1304.
- Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21(5), 827-836.

- Kockelmans, J. J. (1985). *Heidegger and science*. Washington DC: Center for Advanced Research in Phenomenology & University Press of America.
- Kraynie, L. (1985). The lived experience of persisting in change. A phenomenological study. In R. R. Parse, A. Coyne & M. Smith (Eds.), *Nursing Research: Qualitative methods*. Bowie, MD: Brady.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214-222.
- Kroth, R. L. (1987). Mixed or missed messages between parents and professionals. *Volta Review*, 89(5), 1-10.
- Lass, N., Woodford, C. M., Lundeen, C., & English, P. J. (1990). Health educators' knowledge of hearing, hearing loss, and hearing health practices. *Language, Speech & Hearing Services in the Schools*, 21(2), 85-90.
- Lazlo, C. (1995). Is there a hard-of-hearing identity? *Journal of Speech-Language Pathology & Audiology*, 18(4), 248-252.
- Leigh, I. W., Corbett, C. A., Gutman, V., & Morere, D. A. (1996). Providing psychological services to deaf individuals: A response to new perceptions of diversity. *Professional Psychology - Research & Practice*, 27(4), 364-371.
- Levine, E. S. (1981). *The ecology of early deafness*. New York: Columbia University Press.
- Limburg, D. A. (1989). Relationship of hearing handicap, coping strategies used and loneliness in elderly individuals with a perceived hearing loss. *Dissertation Abstracts International*, 50(2-B), 496.
- Luey, H. S. (1980). Between worlds: The problems of deafened adults. *Social Work in Health Care*, 5, 253-265.

- Luey, H. S., Glass, L., & Elliot, H. (1995). Hard-of-hearing or deaf: Issues of ears, language, culture, and identity. *Social Work, 40*(2), 177-182.
- Luterman, D. (1999). Emotional aspects of hearing loss. *Volta Review, 99*(5), 75-83.
- Macquarrie, J. (1973). *Existentialism*. Harmondsworth: Penguin.
- Magilvy, J. K. (1985). Quality of life of hearing impaired older women. *Nursing Research, 34*(3), 140-146.
- Major, F. (2000). Le centre d'intérêt de la discipline infirmière: Une clarification à l'aide des bases ontologiques. *Recherche en soins infirmiers, (60)*, 9-16.
- Malinski, V. M. (1991). The experience of laughing at oneself in older couples. *Nursing Science Quarterly, 4*(2), 69-75.
- Mann, C., & Stewart, F. (2000). *Internet communication and qualitative research: A handbook for researching online*. Thousand Oaks, CA: Sage Publications.
- Mann, M. (1991). Adjustment issues of hearing impaired adolescents. In J. Feigin & P. Stelmachowicz (Eds.), *Pediatric Amplification: Proceedings of the 1991 National Conference*. Omaha, Nebraska: Boys Town National Research Hospital.
- Marshall, L. (1981). Auditory processing in aging listeners. *Journal of Speech and Hearing Disorders, 46*(3), 226-240.
- Martin, P. J. (2000). Hearing voices and listening to those that hear them. *Journal of Psychiatric and Mental Health Nursing, 7*, 135-141.
- Martin, F. N., Barr, M., & Bernstein, M. (1992). Professional attitudes regarding counseling of hearing-impaired adults. *American Journal of Otology, 13*(3), 279-287.

- Martin, F. N., George, K., O'Neal, J., & Daly, J. (1987). Audiologists' and parents' attitudes regarding counseling of families of hearing-impaired children. *American Speech-Language-Hearing Association, 29*(2), 27-33.
- Martin, F. N., Krall, L., & O'Neal, J. (1989). The diagnosis of acquired hearing loss: Patient reactions. *ASHA: A Journal of the American Speech & Hearing Association, 31*(11), 47-50.
- Mathers, C., Vos, T., & Stevenson, C. (1999). The burden of disease and injury in Australia-Summary report. Australian Institute of Health and Welfare, Canberra: AIHW. [on-line]. Available: <http://www.aihw.gov.au/publications/health/bdiasr/bdiasr.pdf>. Retrieved: February 13, 2003.
- May, J. (1986). Personal adjustment to hearing loss. *Hearing Rehabilitation Quarterly, 11*(3), 12-13 19.
- Meric, C., Gartner, M., Collet, L., & Chery-Croze, S. (1998). Psychopathological profile of tinnitus sufferers: Evidence concerning the relationship between tinnitus features and impact on life. *Audiology & Neuro-Otology, 3*(4), 240-252.
- Merleau-Ponty, M. (1964). *The primacy of perception*. Evanston, IL: Northwestern University Press.
- Merleau-Ponty, M. (1974). *The phenomenology of perception* (C. Smith, Trans.). New York: Humanities Press.
- Merleau-Ponty, M. (1982,1983). The experience of others (1951-1952). *Review of Existential Psychology & Psychiatry, 18*(1-3), 33-63.

- Miller, D. E., Kunce, J. T., & Getsinger, S. H. (1972). Prediction of job success for clients with hearing loss. *Rehabilitation Counseling Bulletin*, 16(1), 21-28.
- Mitchell, G. J. (1991). Distinguishing practice with Parse's theory. In I. E. Goertzen (Ed.), *Differentiating nursing practice into the twenty-first century* (pp. 55-58). New York: American Nurses Association.
- Mitchell, G. J. (1992a). *Exploring the paradoxical experience of restriction-freedom in later life: Parse's theory-guided research*. Unpublished doctoral dissertation, University of South Carolina, Columbia, SC.
- Mitchell, G. J. (1992b). Parse's theory and the multidisciplinary team: Clarifying scientific values. *Nursing Science Quarterly*, 5(3), 104-106.
- Mitchell, G. J. (1993). Parse's theory in practice. In M. E. Parker (Ed.), *Patterns of nursing theories in practice* (pp. 62-80). New York: National League for Nursing Press.
- Mitchell, G. J. (1994). The meaning of being a senior: A phenomenological study and interpretation with Parse's theory of nursing. *Nursing Science Quarterly*, 7(2), 70-79.
- Mitchell, G. J. (1996). Clarifying contributions of qualitative research findings. *Nursing Science Quarterly*, 9(4), 143-144.
- Mitchell, G. J. (1998). Living with diabetes: How understanding expands theory for professional practice. *Canadian Journal of Diabetes Care*, 22(1), 30-37.
- Mitchell, G. J., & Cody, W. (1992). Nursing knowledge and human science: Ontological and epistemological considerations. *Nursing Science Quarterly*, 5(2), 54-61.

- Mitchell, G. J., & Cody, W. (1993). The role of theory in qualitative research. *Nursing Science Quarterly*, 6(4), 170-178.
- Mitchell, G. J., & Cody, W. (1999). Human becoming theory: A complement to medical science. *Nursing Science Quarterly*, 12(4), 304-310.
- Mitchell, G. J., & Heidt, P. (1994). The lived experience of wanting to help another: Research with Parse's method. *Nursing Science Quarterly*, 7(3), 119-127.
- Mitchell, G. J., & Pilkington, B. (1990). Theoretical approaches in nursing practice: A comparison of Roy and Parse. *Nursing Science Quarterly*, 3(2), 81-87.
- Mitchell, G. J., & Pilkington, B. (2000). Comfort-discomfort with ambiguity: Flight and freedom in nursing practice. *Nursing Science Quarterly*, 13(1), 31-36.
- Monoz-Baell, I. M., & Ruiz, M. T. (2000). Empowering the deaf. Let the deaf be deaf. *Journal of Epidemiology & Community Health*, 54(1), 40-44.
- Moore, C. L. (2001). Disparities in job placement outcomes among deaf, late-deafened, and hard-of-hearing consumers. *Rehabilitation Counseling Bulletin*, 44(3), 144-150.
- Moore, L. W. (1998). The meaning of severe visual impairment to older women. *Dissertation Abstracts International: Section B: the Sciences & Engineering*, 59(5-B), 2125.
- Moore, L. W. (2000). Severe visual impairment in older women. *Western Journal of Nursing Research*, 22(5), 571-595.
- Morse, J. M. (Ed.). (1989). *Qualitative nursing research: A contemporary dialogue*. Newbury Park, CA: Sage.

- Mulrow, C. D., Aguilar, C., Endicott, J. E., & Velez, R. (1990). Association between hearing impairment and the quality of life of elderly individuals. *Journal of American Geriatrics Society*, 38(1), 45-50.
- Munhall, P. (1989). Philosophical ponderings on qualitative research. *Nursing Science Quarterly*, 2(1), 20-28.
- Munhall, P., & Oiler, C. (1993). *Nursing research: A qualitative perspective* (2nd ed.). New York: National League for Nursing.
- Murphy, J. S., & Newlon, B. (1987). Loneliness and the mainstreamed hearing impaired college student. *American Annals of the Deaf*, 132(1), 21-25.
- Myers, D. G. (2000). *A quiet world: Living with hearing loss*. New Haven and London: Yale University.
- Nagle, L. M., & Mitchell, G. J. (1991). Theoretic diversity: Evolving paradigmatic issues in research and practice. *Advances in Nursing Science*, 14(1), 17-25.
- National Institute on Aging. (1990). *Hearing problems common in older people studied*. National Institute on Deafness and other communication disorders, Baltimore: U.S. Department of Health and Human Services, Washington, D.C.: Government Printing Office.
- Norris, J. (1999). The Internet: Extending our capacity for scholarly inquiry in nursing. *Nursing Science Quarterly*, 12(3), 197-201.
- Norris, J. (2001). *Investigating the experience of employed adults living with serious chronic illness. A study using the Internet*. [On-line]. Available: <http://www.ualberta.ca/~jrnorris/chronic/about.htm>. Retrieved: April 1, 2001.

- Oiler, C. (1993). Phenomenology: The method. In P. Munhall & C. Oiler (Eds.), *Nursing research: A qualitative perspective* (2nd ed., pp. 99-133). New York: National League for Nursing.
- Omery, A. (1983). Phenomenology: A method for nursing research. *Advances in Nursing Science*, 5(2), 49-63.
- Palumbo, M. (1990). Hearing Access 2000. Increasing awareness of the hearing impaired. *Journal of Gerontological Nursing*, 16(9), 26-31.
- Parse, R. R. (1981). *Man-living-health: A theory of nursing*. New York: Wiley.
- Parse, R. R. (1986). *The phenomenological method*, (Cassette Recording No. D11-202 A & B). Pittsburgh.
- Parse, R. R. (1987). *Nursing Science: Major paradigms, theories, and critiques*. Philadelphia: Saunders.
- Parse, R. R. (1989a). Man-Living-Health. In J. Riehl-Sisca (Ed.), *Conceptual Models for Nursing Practice* (3rd ed., pp. 253-257). Norwalk, CT: Appleton & Lange.
- Parse, R. R. (1989b). The phenomenological research method: Its value for management science. In B. Henry & M. J. Arndt, M. DiVincenti & A. Marriner-Tomey (Eds.), *Dimensions of nursing administration: Theory, research, education, and practice* (pp. 291-296). Cambridge, MA: Blackwell Scientific.
- Parse, R. R. (1990). Parse's research methodology with an illustration of the lived experience of hope. *Nursing Science Quarterly*, 3(1), 9-17.
- Parse, R. R. (1991). Mysteries of health and healing: Two perspectives. *Nursing Science Quarterly*, 4(3), 94.

- Parse, R. R. (1992). Human becoming: Parse's theory of nursing. *Nursing Science Quarterly*, 5(1), 35-42.
- Parse, R. R. (1993). The experience of laughter: A phenomenological study. *Nursing Science Quarterly*, 6(1), 39-43.
- Parse, R. R. (1994a). Laughing and health: A study using Parse's research method. *Nursing Science Quarterly*, 7(2), 55-64.
- Parse, R. R. (1994b). Quality of life: Sciencing and living the art of human becoming. *Nursing Science Quarterly*, 7(1), 16-21.
- Parse, R. R. (1996a). Building knowledge through qualitative research: The road less traveled. *Nursing Science Quarterly*, 9(1), 10-16.
- Parse, R. R. (1996b). Criteria for critical appraisal of qualitative research (modified). In R. R. Parse, A. Coyne & M. Smith (Eds.), *Nursing research: Qualitative methods* (pp. 115-116). Bowie, MD: Brady.
- Parse, R. R. (1997). Joy-sorrow: A study using the Parse research method. *Nursing Science Quarterly*, 10(2), 80-87.
- Parse, R. R. (1998). *The human becoming school of thought. A perspective for nursing and other health care professionals*. London: Sage Publications.
- Parse, R. R. (2000). Criteria for appraisal of qualitative research, *Qualitative Research Course-GNUR530*. Chicago, IL: Loyola University.
- Parse, R. R. (2001). *Qualitative inquiry: The path of sciencing*. Sudbury, Massachusetts: Jones & Bartlett Publishers, Inc. and National League for Nursing.
- Parse, R. R. (Ed.). (1995). *Illuminations: The human becoming theory in practice and research*. New York: National League for Nursing Press.

- Parse, R. R., Coyne, A., & Smith, M. (Eds.). (1985). *Nursing research: Qualitative methods*. Bowie, MD: Brady.
- Pearson, B. P., & Beck, C. M. (1989). Physical health of elderly women. *Journal of women & Aging, 1*(1/2/3), 149-174.
- Phillips, J. R. (1989). Qualitative research: A process of discovery. *Nursing Science Quarterly, 2*(1), 5-6.
- Pilkington, B., & Jonas-Simpson, C. (1996). *The human becoming theory: A manual for the teaching-learning process*. Toronto, Canada: International Consortium of Parse Scholars.
- Polit, D., & Hungler, B. (1995). *Nursing research principles and methods* (4th ed.). Philadelphia: J.B. Lippincott Company.
- Polkinghorne, D. (1983). *Methodology for the human sciences*. New York: State University of New York Press.
- Pope, A. (1997). *Hear: Solutions, skills and sources for people with hearing loss*. New York: Dorling Kindersley.
- Pray, J. L. (1993). Aging and hearing loss: Patterns of coping with the effects of late onset hearing loss among persons and their spouses/significant others. *Dissertation Abstracts International, 53*(10-A), 3636-3637.
- Rafaeli, S., Sudweeks, F., Konstan, J., & Mabry, E. (2001). *Project H Overview: A quantitative study of computer-mediated communication*. [On-line]. Available: <http://www.ascusc.or/jcmc>. Retrieved: April 2001.
- Ralston, E., Zazove, P., & Gorenflo, D. (1996). Physicians' attitudes and beliefs about Deaf patients. *Journal of the American Board of Family Practitioners, 9*(3), 167-173.

- Ramsdell, D. A. (1947, 1978). The psychology of the hard of hearing and the deafened adult. In D. Davis & A. Silverman (Eds.), *Hearing and Deafness* (1st ed., 4th ed.). New York: Holt, Richard & Winston.
- Ramsdell, D. A. (1970). The psychology of the hard of hearing and the deafened adult. In D. Davis & A. Silverman (Eds.), *Hearing and Deafness*. New York: Holt, Richard & Winston.
- Redmond, M. (1996). Perianesthesia communications with hearing impaired patients. *Journal of PeriAnesthesia Nursing*, 11(6), 384-389.
- Rogers, M. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia: Davis.
- Rousey, C. L. (1971). Psychological reactions to hearing loss. *Journal of Speech and Hearing Disorders*, 36(3), 382-389.
- Rowe, L. R. (1998). The experience of hearing loss in older women: Patterns of human becoming. *Dissertation Abstracts International: Section B: Sciences & Engineering*, 58(12-B), 6492.
- Salsberry, P. J., Smith, M. C., & Boyd, C. O. (1989). Phenomenological research in nursing: Commentary and responses. *Nursing Science Quarterly*, 2(1), 9-19.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8(3), 27-37.
- Santopinto, M. D. A. (1987). The relentless drive to be ever thinner: A phenomenological study. Unpublished masters thesis, University of Western Ontario, London, Ontario.
- Santopinto, M. D. A. (1989). The relentless drive to be ever thinner: A study using the phenomenological method. *Nursing Science Quarterly*, 2(1), 29-36.

- Sartre, J.-P. (1963). *Search for a method*. New York: Knopf.
- Savil, S. (1988). Acquired hearing loss: A personal view. *Deafness*, 4, 6-7.
- Schein, J. D., & Delk, M. T. (1974). *The deaf population of the United States*. Silver Spring, MD: National Association of the Deaf.
- Schonlau, M., Fricker, R. D., & Elliott, M. N. (2001). *Conducting Research Surveys via E-mail and the Web*. Santa Monica, CA: Rand.
- Simmons, M. K., Rosenbaum, M. S., & Sheridan, K. M. (1996). Counseling your client with hearing loss. *Journal of Mental Health Counseling*, 18(1), 80-88.
- Smith, M. C. (1989). Dialogue on a research issue: Phenomenological research in nursing. Response: Facts about phenomenology in nursing. *Nursing Science Quarterly*, 2(1), 13-16.
- Smith, M. J. (1989). Qualitative findings: What to do with them? *Nursing Science Quarterly*, 2(1), 3-4.
- Souza, P. E., & Hoyer, W. J. (1996). Age-related hearing loss: Implications for counseling. *Journal of Counseling & Development*, 74(6), 652-655.
- Spangenberg, C. P. (1982). Getting to know you--hearing impaired style. *Volta Review*, 84(4), 239-243.
- Spiegelberg, H. (1971). *The phenomenological movement: A historical introduction*. Vol. II. (2nd ed.). The Hague: Martinus Nijhoff.
- Spiegelberg, H. (1975). *Doing phenomenology*. The Hague: Martinus Nijhoff.
- Spiegelberg, H. (1976). *The phenomenological movement (Vols. I & II)*. The Hague: Martinus Nijhoff.

- Stein, L. M., & Bienenfeld, D. (1992). Hearing impairment and its impact on elderly patients with cognitive, behavioral, or psychiatric disorders: A literature review. *Journal of Geriatric Psychiatry, 25*(1), 145-156.
- Stephenson, J. (1999). Wising up about hearing loss. *JAMA: Journal of the American Medical Association, 282*(3), 226.
- Swain, J., Finkelstein, V., French, S., & Oliver, M. (Eds.). (1993). *Disabling barriers--Enabling environments*. Milton Keynes, England UK; London, England UK: Open University Press; Sage Publications Inc.
- Tanner, D. (1980). Loss and grief: Implications for the speech-language pathologist and audiologist. *American Speech-Language-Hearing Association, 22*, 916-928.
- Tesch, R. (1991). Computer programs that assist in the analysis of qualitative data: An overview. *Qualitative Health Research, 3*(1), 91-111.
- Thomas, A., & Gilhome-Herbst, K. (1980). Social and psychological implications of acquired deafness for adults of employment age. *British Journal of Audiology, 16*, 39-43.
- Tisdelle, D. A., & St. Lawrence, J. S. (1986). Social skills training to enhance the interpersonal adjustment of speech and hearing impaired adults. *Journal of Communication Disorders, 19*(3), 197-207.
- Tolson, D., & McIntosh, J. (1997). Listening in the care environment-chaos or clarity for the hearing impaired elderly person. *International Journal of Nursing Studies, 34*(3), 173-182.

- Tsurouoka, H., Masuda, S., Ukai, K., Sakakura, Y., Harada, T., & Majima, Y. (2001). Hearing impairment and quality of life for the elderly in nursing homes. *Auris, Nasus, Larynx*, 28(1), 45-54.
- Turbin, M. B. (1993). Locus-of-control, learned helplessness, demographic variables and adjustment to hearing loss in adults. *Dissertation Abstracts International*, 53(11-B), 6001.
- Valle, R., & King, M. (1978). *Existential-phenomenological alternatives for psychology*. New York: Oxford.
- van Manen, M. (1990). *Researching lived experience. Human science for an action sensitive pedagogy*. London, Ontario Canada: The Althouse Press, University of Western Ontario.
- Vernon, M. (1989). Assessment of persons with hearing disabilities. In T. Hunt & C. J. Lindley (Eds.), *Testing older adults: A reference guide for geropsychological assessments* (pp. 150-162). Austin, TX, USA: Pro-Ed, Inc.
- Vernon, M., & LaFalce, E. (1993). Gifted hard of hearing persons. *Journal of the American Deafness & Rehabilitation Association*, 27(1), 38-43.
- Wagner, H. R. (1983). Practicing phenomenological writing. *Phenomenology and Pedagogy*, 2, 36-69.
- Walsh, R. A. (1995). The approach of the human science researcher: Implications for the practice of qualitative research. *Humanistic Psychologist*, 23(3), 333-344.

- Waridel, S., Hetu, R., & Getty, L. (1994). *Handicaps associated with acquired hearing loss experienced by employed women*. Paper presented at the XXI International Congress of Audiology, Halifax, Nova Scotia.
- Weisel, A., & Reichstein, J. (1990). Acceptance of hearing loss and adjustment of deaf and hard of hearing young adults. *Journal of the American Deafness & Rehabilitation Association*, 24(1), 1-6.
- Welsh, L. J. (1981). A survey of the acceptance of the natural scientific paradigm in the field of psychology. *Dissertation Abstracts International*, 42(2-B), 107.
- Wiebold, J. L. (2000). Quality of life among community-dwelling senior women with late-in-life acquired dual sensory impairments. *Dissertation Abstracts International*, 61(2-A), 513.
- Wood, P. L. (1987). The world we have lost. In J. Kyle (Ed.), *Adjustment to acquired hearing loss: Analysis, change and learning* (pp. 156-162). Bristol: Center for Deaf Studies, University of Bristol.
- Wooley, M. (1993). Acquired hearing loss: Acquired oppression. In J. Swain, V. Finkelstein, S. French & M. Oliver (Eds.), *Disabling barriers--Enabling environments* (pp. 78-84). London, England UK: Sage Publications, Inc.
- World Health Organization. (2001). *Prevention of deafness and hearing impairments*. [On-line]. Available: www.who.int/pbd/pdh/pdh-home.htm. Retrieved: April 3, 2002
- Younge, O., & Stewin, L. (1988). Reliability and validity: Misnomers for qualitative research. *The Canadian Journal of Nursing Research*, 20(2), 61-67.

- Zazove, P., & Doukas, D. (1994). The silent health care crisis: Ethical reflections of health care for Deaf and hard-of-hearing persons. *Family Medicine, 26*, 387-390.
- Zhan, L. (1992). *Interviewing with hearing impaired older persons*. Unpublished manuscript, Boston College School of Nursing, Chestnut Hill, MA.
- Zhan, L. (2000). Cognitive adaptation and self-consistency in hearing-impaired older persons: Testing Roy's adaptation model. *Nursing Science Quarterly, 13*(2), 158-162.

Appendix A

INFORMATION FOR PARTICIPANTS

Invitation to Participate in a Research Study

A research study on: What it is like to live with a different sense of hearing.

Hi (Name of Person)

You are being invited to participate in a research study conducted by me, Catherine Aquino-Russell, a doctoral student at the School of Nursing, Curtin University of Technology, Perth, Australia. This study is about uncovering what it is like to live with a different sense of hearing.

Participation will involve you writing about what it is like for you to live with a different sense of hearing. You will be asked to ***write about an experience or situation that describes what it is like for you to live with a different sense of hearing***. You will be asked share your thoughts and feelings about the situation and to write until you can write no more. Then, you will email your description to me.

As you know, I am presently living in Jakarta, Indonesia. This may take as little or as much time as you choose and you may share only what you wish. However, in consideration of timing for my PhD, it would be appreciated if you could complete this description within a 2-month time frame--if possible.

Your original emails will be accessible only to Catherine, copied to a zip disk and kept in a locked cabinet. Your name and email address will be removed from the

description and will not appear in any other written report or publication of the research study. The information that you share will be strictly confidential and your descriptions will be kept for 5 years after the research study is complete then will be destroyed.

If you choose not to participate at any time, for any reason, your choice will be respected. You are free to email me at any time about any concerns or questions you may have regarding this study at: caquinor@ccajak.or.id

My telephone number is: 61 21 750-5422

My mailing address is:

Pondok Club Villas, B-09, Jl. Jagorawi Cilandak, Lebak Bulus

Jakarta, 12430 Indonesia

The Human Research Committee at Curtin University of Technology has approved this study. If you wish to contact my supervisor (Prof. Mike Hazelton) or the Human Research Ethics Committee (Tania Lerch) the email addresses are:

m.hazelton@curtin.edu.au Supervisor; T.lerch@curtin.edu.au Contact person of

Ethics Committee.

Thank you for considering participating in this research study. If you agree to participate, you may simply email me indicating your decision. After that, I will email you a consent form.

Thank you again and take care,

Catherine ☺

Appendix B

CONSENT FORM

What it is like to live with a different sense of hearing.

I am willing to participate in the study to uncover what it is like to live with a different sense of hearing, which is being conducted by Catherine Aquino-Russell, doctoral student, School of Nursing, Curtin University of Technology, Perth, Australia. The purpose and procedure of the study have been fully explained to me and I realize that I can end my participation at any time and my choice will be respected.

I understand that I will be asked *to write about an experience or situation that describes what it is like for me to live with a different sense of hearing*. I will share my thoughts and feelings related to the situation. I will write until I can write no more. Within 2 months (if possible) I will email my description to Catherine, who is living and studying in Jakarta, Indonesia. Catherine may seek clarification (via email) of my description if needed.

My name and email address will be removed from my description and will not appear on any written reports or published papers. However, quotations may be used anonymously in the report of the research study.

I have also been informed that all written materials will be kept in a locked cabinet and computer email will be accessible to Catherine alone. My original emails will be

copied to a zip disk and kept in a locked cabinet. All data, written and electronic will be destroyed 5 years after completion of the study.

I understand that there are no known benefits or risks to my participation. I understand that I may withdraw my participation for any reason and my decision will be respected.

I understand that I may email, phone or mail Catherine, at any time, to share any concerns or to ask questions about my participation in the study. (Note: Jakarta is 11 hours ahead in time from Moncton, New Brunswick. I may reach Catherine at:

Email--caquinor@ccajak.or.id phone--61 21 750-5422

Mailing address-- Pondok Club Villas, B-09, Jl. Jagorawi Cilandak, Lebak Bulus
Jakarta, 12430 Indonesia

I freely and voluntarily consent to participate by typing my name (in the font of my choice) on the signature line and date on the date line, then emailing this consent form back to Catherine. I may print off a copy of the consent form for my own records.

Signature

Date

Catherine Aquino-Russell

Researcher's Signature

Date