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PSYCHOLOGICAL ISSUES AMONG HEARING IMPAIRED ADOLESCENTS

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Abstract:
In this study, an effort was made to investigate the psychological problems of hearing impaired adolescent students. Data was collected from 150 hearing impaired adolescent students (78 males and 72 females) in and around Coimbatore city, Tamil Nadu state, India. Taylor's scale of manifest anxiety (MAS), frustration test, aggression scale and Adolescent Adjustment Inventory (AAI) was employed. The results showed that adolescent students with hearing impairment do not differ in anxiety, frustration and aggression levels. There was a positive correlation between the levels of anxiety, aggression and adjustment excluding frustration among hearing impaired adolescents. Some of the demographic variables showed significant influence on the psychological variables studied. Anxiety, frustration, aggression and adjustment measures are positively correlated.

Keywords: *Anxiety, frustration, aggression, hearing impaired, adolescent, gender.*

Introduction:

Children are unique. If we survey a busy playground, we see a spectacle of this uniqueness. Some children move more quickly and with better coordination than others. Some children are surrounded by admiring friends whereas others sit alone at some distance. The differences we observe on the playground are more obvious than those we might see inside the classroom. The field of special education is concerned with children who deviate from normal children to the extent that matters very much for learning in schools and successfully elsewhere. There are seven critical dimensions related to successful learning in school and successful adaptation elsewhere. These seven dimensions are vision, hearing, movement, communication, perceptual-motor, social-emotional and intelligence. An exceptional child deviates from normal children on any one dimension or more, either in positive or in negative direction. Hewett and Forness (1984) have given a comprehensive definition of an exceptional learner: "An exceptional learner is an individual who because of uniqueness in sensory, physical, neurological, temperamental or intellectual capacity and or in the nature and range of previous experience requires adaptation of the regular school programme in order to maximize his or her functioning level". All children traditionally labelled as exceptional, fall under this definition.
India has identified the exceptional population very recently. Various statistical surveys have been conducted so far. It would be worth-while, which is evident from the statistics provided by National Sample Survey in 1981. In India, about 1.8% of the population suffers either from locomotor, speech, hearing or visual disabilities.

As mentioned in the above survey, there are about 13.6 million disabled people in India. The disability wise break-up works as, disability due to locomotor functions (5.43 million individuals), Visually challenged (3.47 million), Hearing impaired (3.02 million) and speech impaired (1.75 million). The sample survey conducted by NSSO (National Sample Survey Organization) in 1991

ISSN 1512-1232

estimated the prevalence of disability in India as approximately 5% of the total population. Among the disabled, about 1.9% was estimated as physically disabled and 0.3% as mentally disabled.

Hearing impairment is one of the serious anomalies next to visual impairment. According to Dash (2000), hearing impairment refers to a defect in or damage to the hearing mechanism. Hearing impairment leads to hearing disability or loss of hearing. Hearing disability or loss of hearing may range in severity from mild to moderate and moderate to profound. A person may become deaf or hard-of-hearing depending upon the nature of impairment and the degree of hearing loss. Depending on the degree of hearing loss, the hearing impaired subjects are classified into two groups such as the deaf, and the hard-of-hearing. The total inability to hear is called deafness. The deaf are those who, even with the best auditory training, cannot learn to understand speech mainly through hearing. The hard-of-hearing subjects have some residual degree of hearing and can be benefited through amplification.

Hearing impairment may occur since birth or it may be acquired at any age in life. Thus, depending on the age of onset of the hearing loss, the hearing impairment can be classified as congenitally deaf and adventitiously deaf. The congenitally deaf child is one who is born with impaired hearing. Such a child has not heard any sound or speech. The adventitiously deaf child is one who is born with normal hearing. He has acquired speech, but later lost hearing ability due to infection, disease or some damage to the hearing mechanism. The effects of hearing loss are not always straight forward or easy to identify. Hearing impairment leads to generalized learning difficulties and difficulties in specific areas. Hearing impairment affects not only the language development of the child but also many aspects of the child's social, emotional and educational development. In case of severe sensorineural loss, early social interactions between the parent and the child are disrupted. These early stages are crucial to later language development (Reddy *et al*., 2005).

Myklebust (1996) observed that severely deaf people think and behave differently from hearing people in order to make sense of the world. Abstract thinking is more difficult for hearing impaired population than concrete thinking. He further argued that the problem is symptomatic of a rigid, literal and egocentric learning style which cannot cope with hypothesis or inference. Severely hearing impaired persons have been variously described as impulsive and socially immature; less able to care to their own needs; lacking self direction; and more dependent on adults, than normally hearing peers. According to Panda (1997), hearing impaired subjects feel inferior, helpless, have poor self-concept, temper tantrums, are submissive, have poor gross motor coordination, delayed hand preference, hyperactivity, short attention span, emotional inability, slightly low IQ than normal persons, poor language and communication skills. They experience difficulty in understanding abstract concepts and have difficulties in vocational adjustments.

Hearing impairment is not only a communicative problem but also a community problem. Communication handicap reduces an individual's working ability and performance, thus, diminishing one's participation in growth and development of a community. Adams (1987) observed that the effects of auditory deprivation leads to poor communication are paramount. This can affect social, psychological and many other aspects of life. According to him, the hearing impaired and visually impaired adolescents are having social and psychological problems, because of their communication difficulties. In spite of their impairment and communication difficulties they are affected by the adjustment problems in personal and social life. Adjustment in terms of the mental health criteria depends largely upon how an individual interacts with his environment, his social environment in particular, in satisfying his needs and in meeting demands placed upon him. Changes in behavior in response to demands upon the organism are termed adjustment (Miller, 1959). From psychological point of view, adjustment is the process by means of which the individual attempts to maintain a level of psychological and physiological equilibrium.

ISSN 1512-1232

Monzani et al., (2008) while investigating the psychological distress dimension of the hearing-impaired subjects, it emerged that they were more prone to depression, anxiety, interpersonal sensitivity, and hostility than subjects with no hearing problems ($p < 0.05$). It is argued that the sensory impairment, with its associated disability, may discourage hearing-impaired individuals from exposing themselves to socially challenging situations, producing isolation that leads to depression, irritability and feelings of inferiority. Keilmann et al., (2007) evaluated the psychological and physical well-being in 6 to 11 year old hearing impaired subjects. Subjects in special schools saw themselves in a less favorable light than subjects in mainstream schools. They were less confident and less assertive. They reached lower scores in making friends, and were more anxious and sad. The physical well-being, however, was not affected in subjects with hearing impairment. Tidball (1990) found deafness leading to a lot of psychological problems and sociological maladjustment. According to Dharitri and Murthy (1990), hearing impaired subjects were found to be more restless, distractible, irritable, hypersensitive, aggressive, lack perseverance, self conscious, crying over minor annoyances, shy, suggestible, lack self confidence, show temper outbursts, demanding and nail biting. Further they reported that the anxiety level was found to be significantly more among hearing impaired subjects

It is generally felt that the thinking and behaviour of the hearing impaired adolescent students will be the same as in the case of pupils having normal hearing. It is hypothesized that there are no mental health and adjustment problems in hearing impaired adolescent students. Therefore, the present study has been undertaken to know whether anxiety, frustration, aggression, age and gender significantly influences social adjustment of the hearing impaired adolescents.

Method:

In this study, an attempt was made to examine the levels of anxiety, frustration, aggression and social adjustment among different age groups of hearing impaired adolescent students. As indicated earlier the above set variables have a major impact on the life style of the subjects under study. Survey of the past research findings also substantiate this assumption. In order to meet out the above objectives, 150 hearing impaired adolescent students studying in schools, in and around Coimbatore city, Tamilnadu, India were involved in this study. The four tools *viz.,* anxiety, frustration, aggression and adjustment scales were put into pre-test to know the validity and reliability of it in realizing the objectives of the study. It was pre-tested to assess the relevance, validity and accurateness of the constructed tool. Thirty respondents were interviewed and based on the collected data, with few alterations the tools were enhanced to get outcomes as per the objectives of this research.

For the purpose of this study, purposive sampling technique was used to collect primary data from 150 respondents. One hundred and fifty hearing impaired students in adolescent ages were picked up from five schools, which include both government and private schools in Coimbatore city. Among them, 78 were male students and 72 of them are female students.

Tools used:

Personal information profile questionnaire:

The questionnaire was used to collect the data regarding the individual aspects of the students namely, sex, age, class, number of siblings, nature and reason of impairment, type of birth, residential area, monthly income, economic status of the family, parent’s marriage details and

ISSN 1512-1232

number of psycho-physiological disorders. The major impairment categories consisted of 1) due to congenital reasons 2) due to sickness and 3) due to accident.

Taylor's scale of manifest anxiety:

In 1951, Taylor published his results of an experiment in which the performance of adults in a classical conditioning situation was found to be related to the scores on a questionnaire relating to anxiety. The questionnaire now more familiarly known as Taylor's scale of manifest anxiety was published with the description of the history of its development and standardization data. The Taylor's Manifest Anxiety Scale (MAS-Taylor, 1953), one of the earliest self report inventories, has been used extensively in experimental results. The MAS consists of 50 items from the Minnesota Multiphasic Personality Inventory (MMPI), with item content reflecting symptoms of manifest anxiety. These items were selected on the basis of consensual agreement of five clinical psychologists. When responding to the MAS, subjects report how they generally feel by checking either true or false for each item. To assess the degree of anxiety of hearing impaired students, Taylor's anxiety scale (Taylor, 1953) was used. These questionnaires have been filled by writing 'T' (for true) or 'F' (for false) for each of the 50 statements. A score that was higher than average (14 or 15) indicates high degree of anxiety. Low scores indicated low level of anxiety and scores much higher than the average suggested that the person experienced an unusually high degree of anxiety.

Frustration test:

Frustration behaviour lacks goal orientation and appears more or less senseless. It is the end of need deprivation. Frustration test (Chauhan and Tiwari, 1972) studies the effect of frustration upon the quality of a person's behaviour as a whole. Scores above 35 in each of the categories are matters of concern because of high frustration level. Frustration clear lines are indicated by scores below 15. This scale consists of 40 items out of which each of the four modes of frustration has 10 items. Regression, fixation, resignation and aggression are the four modes of frustration. Each of the 40 item has five answers (multiple choice) graded on a 5 point scale on the positive dimension and a zero point on the negative dimension. Operationally defined all the items of the scale are matters of behaviour in daily life. They are thus immensely meaningful and interesting. There is no obscurity or complexity in them. The level of frustration was assessed based on the scores obtained by the subject as mentioned below.

S.No.	Category	Range of scores
1	Very high	35 and above
2	High	30 – 34
3	Average	20 – 29
4	Low	15 – 19
5	Clean	14 and below

Aggression scale:

Aggression has been defined as "An act whose goal response is injury to an organism or organism-surrogate" (Dollard *et al.*, 1939). Aggressive behaviour is a logical and expected consequence of frustration. Frustration produces instigations to a number of different types of responses, one of which is instigation to some form of aggression.
The aggression scale is the extended version of Chauhan and Tiwari's frustration scale with necessary modification done by Romapal and Naqui (1980) in which aggression has been taken as a

ISSN 1512-1232

mode of frustration. These items were related to reactionary attitudes to irritation, drive for dominance, love for fighting, strong retaliation, anger behaviour, aggressive tendency against existing rude traditional social customs and rules, preference for the fighters and counter behaviour, appreciation for rebellion and competitiveness. This scale has 30 items. Each of the item has five alternate answers (multiple choice) graded on five point scale on the positive dimension and a zero point on the negative dimension. This test is valid for the measurement of aggression of 11 to 24 years of age group. The level of aggression was assessed based on the scores obtained by the subject as mentioned below.

S.No	Category	Range of scores
1	The saturated	107 and above
2	The high	90 – 106
3	The average	61 – 89
4	The low	46 – 60
5	The clean	45 and below.

Adolescent adjustment inventory:

There are many instruments for measuring adjustment and problems. Of these the adolescent adjustment inventory by Reddy (1964) is one of the well-standardized inventories for adolescents. It measures social and personal adjustment. Items on personal adjustment measure neurotic tendencies, feelings of inferiority, guilt, personal wrath and attitude towards future. Social adjustment items measure the adjustment towards home and school as well as sex adjustment. It contains 87 items. Each of the 87 items has three answers (always, sometimes, never) graded on 3-point scale.

Sample Characteristics:

The age of the respondents ranged from 13 to 19 years. The domicile, socio-economic status, reason for impairment, parents' marriage details and type of birth of the respondents varied from one another. The student participants were from high school to higher secondary school (from eighth standard to twelfth standard). Out of the 150 student participants, majority of the students (64.3%) were at middle adolescence; followed by early adolescence (28.7%) and late adolescence (7.0%) stage. Among the 150 hearing impaired students, most of them were at their middle adolescence (60.0%); followed by early adolescence (32.7%) and less of late adolescence (7.0%) stage. Among 150 hearing impaired students, it was found that a majority of them were impaired due to birth defects (70.7%,) followed by various illnesses they suffered after birth (19.3%) and due to accidents (10.0%). Majority of the hearing impaired respondents (63.3%) with consanguine married parents' were impaired, when compared to the respondents with un-related parents (36.7%).

Majority of the respondents who suffered hearing impairment (79.0 %) were naturally born without medical intervention, when compared to the Caesarian born respondents (21.0 %). Most of the respondents (52.0 %) had a family history with either one or more disability. Majority of the hearing impaired respondents (64.7 %) had family background of disabilities. Most of the students hailed from low-income families (65.7%) and dwelt in rural areas (52.0%). Majority of the hearing impaired respondents had either one or more psycho-physiological disorders (60.0%).

ISSN 1512-1232

Statistical Techniques Used:

The collected primary data were codified and the data were fed into computer database using Statistical Package for Social Sciences (SPSS for Windows; Version 10.0.1, SPSS Inc.). Then, the data were analyzed and interpreted with appropriate tabulations and figures for statistical presentation. Chi square test, t test, one way ANOVA and Pearson's correlations were conducted to test the hypothesis.

Results:

Descriptive statistical analysis was performed with scores obtained from 150 adolescent subjects. The results were shown in Table 1.

Statistics	Anxiety	Frustration	Aggression	Adjustment
Mean	22.01	43.98	87.86	84.37
Standard Error	0.53	1.29	1.86	1.74
Standard Deviation	6.43	15.78	22.83	21.36
Minimum Score	10.00	17.00	36.00	37.00
Maximum Score	41.00	103.00	110.00	109.00
Confidence Level (95.0%)	1.04	2.55	3.68	3.45
Confidence Level (99.0%)	1.40	3.36	4.86	4.55

Table. 1. Descriptive statistics for psychological issues among hearing impaired students.

In order to test the impact of anxiety on the adjustment (social and personal) score among the hearing-impaired students, chi-square statistics was worked out (Table 2). It was found that there was a significant influence of anxiety on adjustment (social and personal) score among the hearing impaired students ($\chi^2 = 133.70$, $df = 4$, $p < 0.01$). Overall data revealed the prevalence of moderate levels of both adjustment (social and personal) and anxiety among the hearing impaired students. Therefore, the hypothesis stating that the anxiety level of the hearing impaired students will make significant difference in their adjustment (social and personal) is accepted.

Variable	Category	Anxiety			Total
		Low	Medium	High	
Adjustment (social and personal)	Low	26	2	0	28
	Medium	4	106	4	114
	High	0	5	3	8
	Total	30	113	7	150

Table 2. Relationship between adjustment (social and personal) scores and anxiety level among the hearing impaired students.

It was hypothesized that frustration level of the hearing impaired students will make significant difference in their social and personal adjustment levels. Chi-square statistics revealed that there was a significant influence of frustration on adjustment (social and personal) level among the

ISSN 1512-1232

hearing impaired students (χ^2 = 127.57, *df* =4, 0.00 at $p < 0.01$) (Table 3). Out of 150 students, a majority of the students (N = 108) who were moderately frustrated also had medium level of adjustment, followed by less number of students (N = 25) with low scores for frustration as well as adjustment and only few students (N = 2) had high scores for frustration and adjustment. Overall results indicated the prevalence of moderate levels of both adjustment (social and personal) and frustration among the hearing impaired students. Therefore, the hypothesis stating that the frustration of the hearing impaired students will make significant difference in their social and personal adjustment scores is accepted.

Variable	Category	Frustration			Total
		Low	Medium	High	
Adjustment	Low	25	3	0	28
	Medium	2	108	4	114
	High	0	6	2	8
	Total	27	117	6	150

Table 3. Relationship between adjustment (social and personal) and Frustration level among hearing impaired students.

Impact of aggression on adjustment (social and personal) among the hearing-impaired students was tested using chi-square statistics (Table 4). It was found that there was a significant influence of aggression on adjustment (social and personal) level among the hearing impaired students (χ^2 = 144.10, *df* =4, 0.00 at $p < 0.01$). Among the 150 hearing impaired students, a majority of the students (N = 68) who were moderately aggressive, also possessed medium level of adjustment. Students with high aggression scores (N = 45) moderately adjusted socially and personally. Students (N = 26) with low aggression scores also had less adjustment scores. Hence, the hypothesis stating that the aggression level of the hearing impaired students will make significant difference in their social and personal adjustment scores is retained.

Variable	Category	Aggression			Total
		Low	Medium	High	
Adjustment (social and personal)	**Low**	26	1	1	28
	Medium	1	68	45	114
	High	0	0	8	8
	Total	27	69	54	150

Table 4. Relationship between adjustment and aggression level among hearing impaired students.

In order to test the effect of sex on anxiety, frustration, aggression and adjustment among the hearing impaired students, chi-square statistics was worked out (Table 5). It was found that there was a significant effect of sex on the anxiety level of the hearing impaired students (χ^2 value = 6.913, *df* = 2, 0.032 at $p < 0.05$). Among the 150 students, most of the male (N = 57) and female (N = 56) hearing impaired students had medium level of anxiety. High anxiety was exhibited by the male students (N = 7) whereas none of the female students had high anxiety. Overall data revealed the prevalence of moderate level of anxiety among both male and female hearing impaired students. Hence, there is no statistically significant difference in anxiety level with sex of the hearing impaired students. Similarly, it was found that there was no significant influence of sex on the frustration level among the students (χ^2 value = 5.815, *df* = 2, 0.06 at $p > 0.05$). Among the 150

ISSN 1512-1232

students, a majority of the male (N = 58) as well as female students (N = 59) had medium level frustration, followed by almost equal number of the number of male (N =14) and female students with (N =13) low frustration level. None of the female students were highly frustrated, but few male respondents were highly frustrated (N = 6). It was found that there was a significant effect of sex on the aggression level among hearing impaired students (χ^2 value = 88.736, df = 2, 0.00 at $p < 0.01$). Majority of the male students (N = 54) were found to be highly aggressive whereas, none of the female students were highly aggressive. Most of the female students (N = 59) had medium level of aggression when compared to male students (N = 10). Almost equal number of male (N = 14) and female (N = 13) students had low level of aggression. Hence Aggression level differed significantly with sex of the hearing impaired students. It was found that there was a statistically significant effect of sex on the adjustment (social and personal) level among hearing impaired students (χ^2 value = 7.808, df = 2, 0.02 at $p < 0.05$). None of the female students possessed high adjustment score, whereas few male students (N = 8) had very high adjustment score.

Variable	Sex	Low	Medium	High	Total
Anxiety	Male	14	57	7	78
	Female	16	56	0	72
	Total	30	113	7	150
Frustration	Male	14	58	6	78
	Female	13	59	0	72
	Total	27	117	6	150
Aggression	Male	14	10	54	78
	Female	13	59	0	72
	Total	27	69	54	150
Adjustment (social and personal)	Male	14	56	8	78
	Female	14	58	0	72
	Total	28	114	8	150

Table 5. Relationship between sex and psychological issues among the hearing impaired students.

To find out the inter-correlation between age, adjustment, anxiety, frustration and aggression, Pearson correlation coefficients were found by running the bipartite correlations. The correlation coefficients are presented in Table 6.

Category	Pearson correlation	Age	Adjustment	Anxiety	Frustration	Aggression
Age	*r*	1	-0.132	-0.113	-0.180*	-0.116
	Sig. (2-tailed)		0.109	0.167	0.027	0.156
Adjustment	*r*	-0.132	1	0.782**	0.690**	0.888**
	Sig. (2-tailed)	0.109		0.000	0.000	0.000
Anxiety	*r*	-0.113	0.782**	1	0.896**	0.790**
	Sig. (2-tailed)	0.167	0.000		0.000	0.000
Frustration	*r*	-0.180*	0.690**	0.896**	1	0.706**
	Sig. (2-tailed)	0.027	0.000	0.000		0.000
Aggression	*r*	-0.116	0.888**	0.790**	0.706**	1

ISSN 1512-1232

	Sig. (2-tailed)	0.156	0.000	0.000	0.000	

* Correlation was significant at the 0.05 level (2-tailed); ** Correlation was significant at the 0.01 level (2-tailed).

Table 6. Relationship among age, Adjustment (social and personal), anxiety, frustration and aggression of hearing impaired adolescent students.

It was found that there was no significant correlation between age and adjustment (social and personal), anxiety and aggression level of the hearing impaired students At the same time, there was a significant negative correlation between the frustration and their age ($r = -0.180$, $N = 150$, $p < 0.05$, two tailed). There was a significant positive correlation between adjustment score (social and personal) and anxiety of the hearing impaired students ($r = 0.782$, $N = 150$, $p < 0.01$, two tailed). Hearing impaired students' frustration and aggression level were also positively correlated with social and personal adjustment scores ($r = 0.690$, $N = 150$, $p < 0.01$, two tailed) and ($r = 0.888$, $N = 150$, $p < 0.01$, two tailed) respectively. The correlation between anxiety and their frustration level of the hearing impaired students ($r = 0.896$, $N = 150$, $p < 0.01$, two tailed) was positive and statistically significant. Similarly, anxiety and aggression level of the hearing impaired students ($r = 0.790$, $N = 150$, $p < 0.01$, two tailed) were positively correlated with each other. The correlation between frustration and aggression level of the hearing impaired adolescents ($r = 0.706$, $N = 150$, $p < 0.01$, two tailed) were found to be positive and statistically significant.

Discussion:

In this study, an effort was made to investigate the psychological problems of hearing impaired adolescent students. In general, when the cause for impairment was analyzed among the students, majority of the respondents (71.0%) were found to be hearing impaired due to congenital deformities. From the analyzed data, it could well be ascertained that most of the impaired adolescents had encountered hearing disability at natal moment itself.

There is a significant relationship between adjustment (social and personal) and anxiety, frustration, aggression among hearing impaired respondents. The level of adjustment is in proportion to the level of anxiety, frustration and aggression. Low frustration, anxiety or aggression among the respondents resulted in low adjustment scores (i.e. high adjustment level). In general, overall data revealed the prevalence of medium level of social and personal adjustment, anxiety, frustration and aggression among the respondents. Knutson and Lansing (1990) in their study reported that there is a significant relationship between adjustment and anxiety among hearing disabled subjects. It is confirmed that when there is an increase in anxiety there is an increase in maladjustment or poor adjustment. It could be deduced that most of the hearing impaired adolescents make appropriate social and personal adjustments based on their level of frustration. Knutson and Lansing (1990) in their study reported that there is a significant relationship between adjustment and depression among the hearing impaired subjects. In general, when there is an increased level of frustration (depression), there is an increase in maladjustment or poor adjustment. The rate of adjustment (personal and social) varies in accordance to the rate of aggression. The results were in relevance to the findings of Bala (1985).

Age does not have any major influence over the psychological problems prevalent among the respondents. This is confirmed by the analysis indicating no significant relationship between the age of the respondents with adjustment, anxiety and aggression levels. But there was a significant negative relationship between age and frustration level among hearing impaired adolescents. This datum clearly reveals that increase in age of hearing-impaired adolescents tends to have decreased

ISSN 1512-1232

frustration level, and they might easily adjust with other people. The above findings were in accordance to Anand *et al.*, (1992) as there was a significant difference between frustration and age levels among the disadvantaged adolescents. The above results were in line with the findings of Huurre and Aro (2000), Abolfotouh and Telmesani (1993), Ammerman et al., (1987) and Pandey (1985).

There is a relationship between frustration and aggression level among hearing impaired adolescents. Among the hearing impaired adolescents, when they have increased frustration they tend to be aggressive in nature. This might be due to their inability to overcome the frustration and developing a defensive attitude. The findings by Vernon and Greenberg (1999) indicated that there is a prevalence of learning disability, communication disorders and educational retardation due to hearing loss. This may lead to frustration which tends to manifest itself into disproportionate aggression. This study confirms the obtained result.

Gender variable of the hearing impaired students does have a significant relationship with anxiety, aggression and adjustment levels but it does not have significance impact on frustration. The study conducted by Singh and Broota (1992) on the socio-personal variables and examination anxiety of normal school students, which reveals that girls are more test anxious and worried than the boys, but this study on hearing impaired students has extracted the outcome of the boys being more anxious, annoyed, aggressive and defensive in nature. Most of the male hearing impaired students have a high level of aggression. The tendency of the aggression among the male students might be due to the effect of a male dominant society. They have been conditioned knowingly or unknowingly to behave thus if their desires or interests or needs are not actualized. This assertion could be compared with the study of Pastey and Aminbhavi (2006) on the impact of emotional maturity on stress and self-confidence of adolescents which projects that adolescent boys tend to have a significantly higher stress than girls and girls tend to have a significantly higher level of self confidence.

Conclusion:

A number of implications for better understanding of psychological and psycho-physiological problems can be drawn from this study. First, an examination of the results of this study indicated that, assessing anxiety, frustration, aggression and adjustment level of adolescents may facilitate the teachers and parents to know the level of psychological problems and make the affected individuals to overcome the problems with the help of counsellors. Various therapies and counselling techniques can be administered to the affected individuals, after identifying the psychological problems through their responses. Hence, the affected individuals can have a normal mental health. Finally, the students who are affected by psycho-somatic disorders which may be due to psychological problems, may realize the causes of the disorders, may be due to maladjustment, anxiety, frustration and aggression. They can be counseled properly to reduce the psychological problems.

ISSN 1512-1232

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