

INFLUENCE OF SELF-ESTEEM ON SOCIAL ADJUSTMENT OF STUDENTS WITH HEARING IMPAIRMENT IN INCLUSIVE CLASSROOM

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Abstract

The purpose of the study is two-fold: (a) to analyze self-esteem and social adjustment of students with hearing impairment in inclusive and non inclusive classroom; and (b) to explore whether there were gender differences in these same variables in both groups. The design of the study is Ex post facto and two assessment measures were applied to elicit valuable data from the respondents. (The Revised Symptom Checklist-90; SCL -90 ; Derogatis 1985 and Index of Self Esteem (ISE) of Hudson of 1982). The t-test indicated that students with hearing impairment in inclusive classroom scored higher than those in the non inclusive classroom. The t- test however did not reveal significant gender differences in any variables I either of the two groups.

Keywords: self-esteem, social adjustment, hearing impairment, inclusive classroom, non-inclusive classroom.

Introduction

Hearing often called audition is ability to perceive speech sounds through the ear. Perceiving speech is the process by which the sounds are heard, interpreted and understood. Hearing on the other hand, is very important in both learning and social development. In learning, social and emotional relationships are very important and those who do not hear may find it impossible to have stable social and emotional relationships. Those who fall into this category are known as persons or children with hearing impairment. For the context of this paper, children are used. Children with hearing impairment are those who lost their hearing either due to disease or accident (Ugwuanyi, 2009).

Children with hearing impairment seem to exhibit flexible patterns of adjustment, sometimes acting out when upset and withdrawing at other times. It has been hypothesized that children with hearing impairment (HI) engage in aggressive behaviours as a means of resolving conflict due to their inability to interact with their peers and teachers, but data do not exist at present to support this contention though according to Davis and Hardick (1986) anxiety and embarrassment may occur as a result of fear of

misunderstanding and callous comments from others which may jeopardize the personal safety of the children.

Hearing impairment, in addition to its threat to personal safety, has an adverse effect on self esteem, physical, cognitive, emotional, social and behavioral functions of the children. The self esteem that develops when these children interact with others greatly influences their overall social functioning. Hearing impairment according to Onuigbo and Eze (2010) becomes a factor in major decisions of life, such as choosing friends, mixing with peers, and relating well with teachers and others. Because, hearing loss produces psychological imbalance more basic and more severe than the difficulty in communication, it necessitates adjustments in interpersonal relationships, vocational activities, social participation and increase in self-esteem.

Self-esteem is a term in psychology that reflects a person's overall emotional evaluation of his own worth. In other words, self-esteem can be perceived as an attitude towards the self and judgment of oneself. Viewed from above, Hewith and John (2009) perceive self-esteem as encompassing beliefs ("I am competent"; I "am worthy") and emotions such as triumph, despair, pride and shame. Contributing to this subject, Smith and Mackie (2007) made distinction between cognitive and affective component of self. According to them, cognitive component otherwise called self concept is what we think about the self, and affective component is what they called self-esteem, that is the positive or negative evaluations of the self, as in how we feel about it. But the fundamental issue in this research is to find out the influence of self-esteem on adjustment of children with hearing impairment in an inclusive classroom (Educating hearing and non hearing learners together in the same classroom). This is because our self-esteem improves when we receive confirmation (acceptance) from other people that we are meaningful and relevant in life (Gary, 2011). Receiving confirmation from people is possible through hearing and interaction with others which children with hearing problems may find difficult to achieve.

Self-esteem according to Jones (2003) is of three types namely: low, high and healthy self-esteem. Low self-esteem can result from various factors including genetic factors, physical appearance or weight, socio economic status or peer pressure or bullying. The more frequent, intense and lasting negative thoughts and feelings a person has about himself, the lower his overall self-esteem is likely to be. Jones further explained some of the effects low self esteem can have on an individuals beliefs and behaviors as: little confidence in their abilities, if things go well, they dismiss them as luck or **fluke**, expect that they will do poorly at a task prior to trying it, give up quickly when faced with difficulties, notice failed attempts and ignore successes and so confirm negative thoughts that is, self fulfilling prophecy or **Pygmalion** in the classroom. Helen (2009) adds that, let things happen to them rather than making things happen, feel they have little control over their own life, give power over to others, overly defensive when questioned and avoid asking questions so that they don't look foolish, are some of the effects of low self esteem.

On the other hand, high self-esteem according to Helen (2009), includes the following; Self aggrandizement (exaggerate greatness/importance), feelings of superiority, sense of entitlement, expected to be treated with respect and at the same time, do not feel the need to show respect, assume they are better than most, if not all the people they meet, discount/ignore negative feedback by discrediting the source as well as putting others down.

Then a person with healthy self esteem according to Helen presents the following characteristics; open and assertive in communication, for instance their needs, self reliant and resourceful without refusing help, see criticisms and questioning as useful feedback. Jose (1997) adds to the characteristics of healthy self esteem as, not losing time worrying excessively about what happened in the past, nor about what could happen in the future, learning from the past and plan for the future, but living in the present intensely, are sensitive to feelings and needs of others. Jose further added that, respect generally accepted social rules, and claim no right or desire to prosper at others expense, fully trust in their capacity to solve problems, not hesitating after failures and difficulties, they ask others for help when they need it, are able to act according to what they think to be the best choice trusting their own judgment and not feeling guilty when others don't like their choice are what describe a person with healthy self esteem. But one still wonders whether children who find it difficult to interact with others due to their limited linguistic input will be able to possess the above characteristics of self esteem. Therefore, this is what the study is geared toward finding out.

Theoretical Review

In other to explain vividly self esteem and adjustment of children with hearing impairment, it is important to review some of the theories that are relevant to this study. The first theory that readily comes to the researchers mind is the sociometer theory of self esteem of Leary and Downs (1995), which stated that self-esteem is a mechanism by which an individual can assess his behavior and current standing in his or her social group. Leary and Downs suggested that the sociometer which they described as being like a fuel gauge in a motor vehicle is an internal system for monitoring a persons' environment for sure that the person is being excluded or avoided. According to Leary and Downs, in internal sociometer, there is a potential for exclusion and a negative affect is felt in the person. For example, if a behavior leads to being ignored or ridiculed, the person exhibiting such behavior may feel bad or upset.

The sociometer theory of self-esteem has been criticized for being restricted to just gauging two things, inclusion and exclusion which may not augur well with those with hearing problems (Mike, 2005), but this has been taken care of by Kirkpatrick and Ellis (2003) when they expanded on Leary and Down's (1995) sociometer theory by suggesting that self-esteem has separate functions and domains across the human psyche, in order to monitor various types of social interactions and accordingly it is possible for it to be more than one internal sociometer. Kirkpatrick and Ellis further suggested that the

sociometer function was not only to ensure that an individual was not excluded from their social group but also to rate the strength of the social group compared to others. Individuals who are ostracized or excluded experience intense psychological distress which in a final analysis decreases their self esteem of such individuals.

In Self Determination Theory (SDT) of self esteem, it states that man is born with an intrinsic motivation to explore, absorb and master his surroundings and that is true high self-esteem (Ryan and Deci, 2004). In the same line of thought, Chirkou, Ryan, Kim & Kaplan (2003) reported that when the basic psychological nutrients or needs of life (relatedness, competency and autonomy) are in balance and when social conditions provide support and opportunity to fulfill these basic needs, personal growth, vitality and well being are enhanced. Relatedness was an addition to the original theory to account for people's inherent ability to make meaning and connect with others through the internalization of cultural practices and values.

SDT has been criticized to focus on autonomy, competence and relatedness as central motivations and not self-esteem, instead the SDT understands self-esteem as being contingent on them.

In Terror Management Theory (TMT) of Ernest Becker in 1973, self esteem is seen as the intersection of two primary human motivations, which gives self-esteem great importance for understanding human behavior. One's motivation is an irreducible biologically based desire to live to expand and flourish. The second motivation has to do with the awareness of the fact that we must all die. Human beings require something that will buffer them from existential dread in a way that allows them to live to the fullest while also facing reality: that self esteem, is obtained by believing, in the validity of one's cultural worldview and that one is living up to the standards that are part of what worldview. It is the feeling that one is a valuable contributor to a meaningful universe (a sense that one's life has both meaning and value) if he is living up to the standards of the worldview.

This theory has been criticized in its inconsistencies with risk taking behaviour. If people are motivated to avoid death and negative events, how then does the theory explain events where individuals court their own demise? This theory implies that if one has nothing to offer to the universe, his life becomes meaningless and valueless. This theory explains how some societies regard people with special needs today because they that they have nothing to offer.

Though these theories offer important insights and considerable researches in self-esteem, they all focused on normally hearing ones without considering that some people are born different. However, some researchers as Cairns (2000), Roeser, Eccles & Sameroff (2000) and Onuigbo & Eze (2010) are of the view that several development factors act together as a correlated system and impact each other as they contribute to patterns of adjustment. These scholars recognized that ones home can influence his adjustment in school, but various environmental factors such as healthy interaction, cordial relationship, love and affection, which might bring about variance in social

adjustment are lacking among children with hearing impairment. This study becomes necessary since there is a paradigm shift from medical model to an ecological model that tries not only to modify the exceptional child's learning and behaviors through direct contact with other children, but also to improve the environmental surroundings of the children and their families.

The influence of family on school adjustment of children with hearing impairment has been area of interest by researchers for quite some time. Ryan and Deci (2004) reported that true high self-esteem is observed when the basic psychological needs of life such as relatedness, competency and autonomy are in balance. Chirkou, Ryan, Kin and Kaplan (2003) emphasized that when social conditions provide support and opportunity to fulfill these basic needs, personal growth, vitality and well being are enhanced. The findings of the above researchers point to family or parental styles of their children. In some families, parents who show love to their children often develop to be warmhearted, outgoing and socially more intelligent (Onuigbo and Eze, 2010), while children who exhibit aggressive behavior develop poor social skills and low self-esteem which according to Shumow, Van dell & Posner (1998) are from permissive parents. Giving credence to this a study by Onuigbo and Eze, parenting styles of some parents significantly accounted for the variance in the social adjustment of pupils with hearing impairment.

The variance in social adjustment of pupils with hearing impairment can lead to low self esteem of these children. This is practically negating the tenet of inclusion. Inclusion is an educational option for children with special needs. These are children who were hitherto isolated and segregated due to their inadequacies as a result of circumstances of their birth. These inadequacies sparked off a chain of events that culminated in holding Jotiem World Conference on Education for All (EFA) in 1990, Dakar Education Forum in 2000, Millennium Development Goals (MGSs) in 2004 and UNESCO in 2005. The common denominator of all these world conferences is to make learning easy and accessible to all children, disability notwithstanding. Against this backdrop, one begins to wonder whether the social adjustment of children with hearing impairment will not be influenced by their self esteem in the inclusive classroom.

However, literature evidence abounds that children with hearing impairment have increased social adjustment difficulties which can lower their self esteem, but no reported data exist on the influence of self-esteem on adjustment of children with hearing impairment in inclusive classroom in Enugu. The purposes of this study were to determine the influence of self-esteem on the adjustment of children with hearing impairment in inclusive and non inclusive classrooms, and to ascertain whether the influence would be more on male or female in inclusive classroom only.

Research Questions.

The research questions raised for the study are;

1. How does self esteem effect the social adjustment of children with hearing impairment in inclusive and non inclusive classrooms?
2. To what extent does gender influence social adjustment of children with HI in inclusive classroom?

Hypotheses

The following null hypotheses tested at 0.05 level of significance are formulated to direct this study.

H01: There is no significant difference between the mean scores of self esteem on social adjustment of children with HI in inclusive and non inclusive classrooms.

Ho2: Gender has no significant influence on self esteem of children with hearing impairment in their social adjustment in inclusive classroom.

Method

Design of the Study

The design of the study is an ex post facto design. It is equally a between subject design, based on the fact that participants were drawn from different settings and are not normally distributed based on gender and location.

Area of the study

The study was carried out in the two selected schools within Enugu urban, one of which is an inclusive school- Therapeutic Secondary School Enugu. The other school is not an inclusive school – Government Secondary School for the Deaf Coal Camp, Enugu.

Population

The population of this study is thirty-two (32) junior secondary school (jss) students, their classes range from jss 1-3, with age range from 11-27 years, and a mean age of 18.

Sample and Sampling Technique

A systematic random sampling was employed in which every 5th case was picked, hence 16 participants from each school, 8 males and 8 females from each school.

Instruments for Data Collection.

The Index of Self Esteem (ISE) by Hudson (1985) is a 25 item inventory for measuring self –perceived and self evaluative components of self concept which the sum total of the self perceived and the other is perceived views of the self by a person. The inventory is developed for individuals above 12 years of age

Validation

Onighaiye (1996) obtained the following coefficient of validity by correlating ISE with the stated tests: concurrent validity with SCL- 90 by Derogatis in scale c- Interpersonal Sensitivity=.46: scale D – depression= .38. The validated instruments were used for the study.

Reliability

Hudson (1985) obtained a coefficient alpha of .93 and a two hour test retest coefficient of .92. The reliability coefficient obtained was used for this study.

Data Analysis

Mean and standard deviation were used to answer the research questions while t-test statistics was used to analyze the hypotheses stated.

Result

SPSS result of the self esteem score of students in inclusive school (TDCC) compared with that of students in a non inclusive school (camp secondary school)

Descriptive table

table 1

	N	95%CONFIDENCE INTERVALFORMEAN						
		MEAN	STD DEV	STD ERR	LOWER BOUNDRIES	UPPER BOUNDRIES	MINIMUM	MAXIMUM
TDCC	16	59.7500	5.67480	1.41863	56.7263	62.7737	45.00	67.00
CAMP SCH.	16	46.2500	4.46468	1.11617	43.8709	48.6291	38.00	54.00
TOTAL	32	53.000	8.50047	1.50269	49.9353	56.0647	38.00	67.00

The table above is a descriptive statistics table showing the mean scores of the two compared schools. The inclusive school-TDCC has a mean score of 59. 75, while the non inclusive school-Government Secondary School Coal Camp, has a mean score of 46.25.

SPSS ANOVA TABLE

TABLE 2

	SUM OF SQUARES	DF	MEAN SQUARES	F	SIG
BETWEEN GROUPS	1458.000	1	1458.000	55.934	.001
WITHIN GROUPS	782.000	30	26.067		
	2240.000				

Table 2 above is a one-way ANOVAs inferential statistics table of significance, the first table (1) showed that the inclusive school had a higher mean than the school without inclusive education. Table (2) is saying that this difference is significant @ $p < .001$ level. $F=55.934$,

Further Analysis Based on Gender Differences in Esteem Scores

SPSS t-test STATISTICS FOR MALES VS FEMALES’ SELF ESTEEM SCORES IN THERAPEUTIC SECONDARY SCHOOL

DESCRIPTIVES		TABLE 3		
GENDER	N	Mean	Std deviation	Std err mean
Self esteem				
Males	8	57.1250	6.35694	2.24752
Females	8	62.3750	3.58319	1.26685

Table 3 above is a descriptive statistics showing the mean for males and females in TDCC (an inclusive school), it shows males score of 57.12 lower than that of females 62.37.

Discussion

Social adjustment of students with hearing impairment is very important for many reasons. Positive self esteem improves the chances of these students making a good social adjustment in schools.

Unfortunately however, many students with hearing impairment find it difficult to adjust in schools properly due to the way the students perceive themselves and how others perceive them.

Data in Table 1 show the students’ level of self esteem in both inclusive and non inclusive schools. The analysis of the data reveal that students with hearing impairment who were in inclusive school had a higher self esteem mean score of 59.75 than those in non inclusive school with a mean score of 46.25. The findings of this study agree with some earlier studies on how self esteem relates to social adjustment. For example, Gary (2011) found out that self esteem improves when we receive confirmation from others that we are meaningful and relevant in life. Leary and Downs (1995) also found out that self esteem is a mechanism by which an individual can assess his behaviour and current understanding in his social group. In agreement with the finding of this study, Cairns (2000), Roeser, Eccles and Sameroff (2000), Onuigbo and (Eze 2010) reported that several developmental factors act together as a correlated system and impact on each other as they contribute to pattern of adjustment.

On the issue of gender on self esteem and social adjustment, the study reveal that female students with hearing impairment had a mean score of 62.37 above that of the

male with a mean score of 57.12. This indicates that student' self esteem is in inclusive schools is high, and if their self esteem is high, there is every likelihood that their social adjustment in schools will be high also. The finding of this study is in consonance with what Ryan and Deci (2004) reported that true self esteem is observed when the basic psychological needs in life such as relatedness, competency and autonomy are in balance.

Conclusion

Self esteem of students with hearing impairment is an important tool in social adjustment of these students in schools. Most importantly their proper social adjustment in schools would help in developing healthy self esteem that would motivate the students to learn and achieve maximally like others in academics.

Recommendations

Based on the findings of the above study, the following recommendations are made;

- 1: All schools (primary and secondary schools) in the country should be made inclusive schools.
- 2: Mass media enlightenment programmes should be provided to enlighten the members of the public on the need to include all learners with special needs in regular classrooms.
- 3: Sensitization workshops should be organized for teachers and parents on the need to encourage healthy relationship among learners in inclusive classrooms as healthy relationship would bring about a healthy self esteem of students with hearing impairment, and of course brings about proper social adjustment in schools.

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