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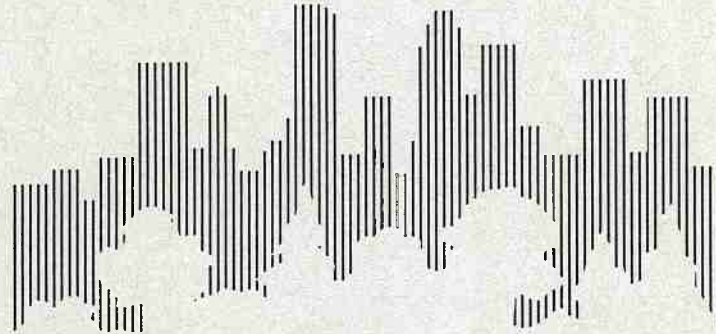
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MASTERS IN SOCIAL WORK THESIS

Mary Catherine Holte

elf-Esteem Enhancement in Deaf and Hearing Women:
Success Stories

1998

ABSTRACT

Self-Esteem Enhancement in Deaf and Hearing Women: Success Stories

Methodology: Qualitative

Mary Catherine Holte

May, 1998

This study explores the process of self-esteem enhancement in 23 women, nine Deaf and fourteen hearing, for purposes of both individual and group comparison. The qualitative design examines material from in-depth interviews to generate themes relating to the ways in which these women have described the concept of, and enhanced, their self-esteem.

It was found that, while both Deaf and hearing women described self-esteem in conceptually-equivalent terms, a distinction was noted in specific words used by each of the two groups. A contrast was also found between the number of Deaf women who reported education as a factor in self-esteem enhancement and the number of hearing women reporting on that phenomenon, as well as the the number of Deaf women who cited language and communication as a critical component for self-esteem enhancement. Implications for social work with culturally deaf women, self-esteem work with women, and future research are discussed.

Self-Esteem Enhancement in Deaf and Hearing Women: Success Stories

Mary Catherine Holte

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
1998

MASTER OF SOCIAL WORK

AUGSBURG COLLEGE

MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

Mary Catherine Holte

has been approved by the Examining Committee for the thesis requirement
for the Master of Social Work Degree.

Date of Oral Presentation: May 26, 1998

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Thesis Reader   Dr. Maria Dinis, Ph. D.

Thesis Reader   Marian Hausladen, M.S., L.S.W.

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To my courageous daughter :

though your struggles mimic my own,

I believe your successes will surpass mine.

climb onto my shoulders, dear, and and keep climbing...

"We are all here to transcend our early limitations, whatever they were. We're here to recognize our magnificence and divinity no matter what they told us."

Louise Hay

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Chapter I

Introduction

In the Deaf[1] Community, a first-time meeting between two deaf people includes inquiries regarding name (first and last), state and city they are from, and school attended. The purpose is to connect with each other through people or experiences held in common. The Deaf Community is small and ties such as these are a valued form of identification with its members, like an extended family. If both of the deaf people have attended a residential school for the deaf, that experience alone creates an immediate bond. Only those who have had that unique education can understand the meaning behind the connection (Jacobs, 1989; Lane, 1992; Padden, 1989).

First encounters between deaf and hearing individuals elicit another form of connection-seeking: "Who do you know that is deaf?" If the hearing person is a child of deaf parents (CODA), the relationship has been preestablished by cultural norms. For the person who has learned American Sign Language (ASL), whatever the reasons, the question is really "why have you entered my culture/world?" There is an unspoken suspicion regarding intent: will this hearing person respect us, or use his knowledge of our language and culture in an attempt to control or oppress us? (Lane, 1992; Padden, 1989)

Those who have ties to the Community because they work with deaf people are accepted more readily than those who are merely curious about, or interested in, learning ASL as a foreign language. Members of the Deaf Community share cultural beliefs and values. Within the Deaf Community,

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[1] The term D/deaf will be used to connote individuals who are members of one or the other of two groups. Use of the upper case "Deaf" indicates a member of the Deaf Community, individuals who share a culture and a language: American Sign Language (ASL). The lower case "deaf" indicates a person who has an audiological condition: a hearing loss of any degree (Padden & Humpries, 1988).

there is equality and a sense of empowerment not always realized when deaf and hearing interact (Kannapell, 1989; Lane, 1992).

One of the consequences of being viewed as "less than," whether due to gender, disability, ethnicity, or other affiliation, is how the lower status affects the development of self-esteem (Lane, 1992). Both D/deaf people and women have experienced oppression as minority groups. In the case of those who are D/deaf, the oppressors are the entire hearing community. In the general population, direct oppression of females has been blamed on males, but society plays an important role in this dynamic (Germain, 1991; Lane, 1992).

Statement of the Problem

A growing body of literature has examined the relationship between low self-esteem in women and an assortment of social problems (Aubrey & MacLeod, 1994; Fraser, 1994; Kessell, 1994; McFarlane & Fehir, 1994; Mueller, 1997). Teen pregnancy, welfare dependency, alcohol and drug abuse, and failure to achieve in school have all been examined as part of this dynamic (Bitonti, 1992; Steinem, 1992). On a lesser scale, low self-esteem adversely affects an individual's perception of self as being competent and negatively impacts one's ability to enjoy a happy, creative, satisfying life, which includes the capacity to cope with life's difficulties and disappointments (Branden, 1994; London, 1997).

The effects of several specific elements on the self-esteem of D/deaf individuals has also been extensively examined. Research has connected communication ease and classroom experiences (Long, Stinson & Braeges, 1991), employment (Johnson, 1993), parental factors (Dessell & Pearlmutter, 1997), and language (Luey, Glass & Elliot, 1995) as either directly or peripherally related to low self-esteem in this population. Long term adverse consequences of low self-esteem in D/deaf individuals mimic the results of the

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studies with groups of women: social and emotional difficulties, depression, and a history of being under or unemployed (Cates, 1991; Schroeder, 1983; Watt & Davis, 1991; Williams, 1990).

Popular literature over the past decade has spawned a raft of books aimed at elevating levels of self-esteem in individuals whose sense of self-worth, confidence, and satisfaction has been inhibited by feelings of inadequacy related to low self-esteem (Branden, 1987; Branden, 1992; London, 1997; Steinem, 1992). Recent research has also focused on methods of therapy designed to overcome, or at least improve, levels in self-esteem in women whose self-esteem has suffered due to poverty, divorce or separation, ethnic heritage, and body image (Kessell, 1994; Aubrey & MacLeod, 1994; Fraser, 1994; McFarlane & Fehir, 1994; Mueller, 1997).

Despite the existing research, there is a scarcity of information on how to work effectively with deaf and hard-of-hearing people. Although these people have the same needs for social services as the general population, there are few social workers, mental health clinicians, therapists, or social service providers who have been trained to work with clients who are deaf or hard of hearing (Portner, 1981; Luey, Glass & Elliott, 1995). Deaf women comprise a unique group within this population and are at greater risk. Not only must they manage the "practical challenges of being deaf, but also with the societal challenges of being women" (Wax & Danek, 1982, p.186).

Significance and Purpose of the Study

The purpose of this study is to examine two groups of women, hearing and Deaf, in an effort to explore the similarities or differences that may exist in the way these women seek to enhance their self-esteem. Hearing women do not confront the stigma accorded to Deaf females, nor are they influenced by the cultural component that may either be positive or negative in nature for Deaf individuals. Those factors not withstanding, this author believes there are some

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aspects of the female experience that are shared.

The results of a retrospective study on how women, Deaf and hearing, have enhanced their self-esteem may lend an optimistic and strengths-oriented perspective to a body of research that has primarily focused on causal variables and attributional characteristics related to low self-esteem. It is hoped this particular design will also lead to examination of the effectiveness of interventions employed with populations of D/deaf women who often find themselves grouped with hearing women in mental health and support programs. Lastly, it will contribute attention to a group of individuals that have been seriously overlooked in research.

Research Questions

This study is designed to address the following questions regarding the ways in which Deaf and hearing women have enhanced their self esteem:

1. How do women - Deaf or hearing - define the concept of self esteem?

2. How do women - Deaf or hearing - enhance their levels of self-esteem?

3. Can differences be found between the way individuals in these two groups of women seek to enhance their self-esteem?

4. Are there similarities in the approaches used by the individuals in these two groups of women for enhancing their levels of self-esteem?

5. Are these approaches that could be used by other women who seek to enhance their own self-esteem?

Summary

Most often, enhanced self-esteem is cited as an outcome of an intervention aimed at improving a particular skill held by an individual. The ability to communicate with greater ease (Luey, Glass, & Elliot, 1995), competence in wilderness survival (Aubrey & MacLeod, 1994), development of a skill, or participation in a support group designed to improve various competencies have been correlated with enhanced self-esteem as an

additional outcome (Calhoun, 1979; Kessell, 1994; McFarlane & Fehir, 1994; Schofield, 1979; Schroeder, 1983).

The research questions explore the subjective nature of the concept itself, then move into examination of how individuals have made a shift away from diminished self-esteem toward enhancement of their self-esteem. The use of semi-structured, in-depth interviews and the phenomenological approach, as defined in chapter two, will offer a retrospective presentation of what has been effective for the participants in this study. That social work research should translate into strategies for enhancing the self-esteem of others offers support for the type of study done here (Bitonti, 1990).

The following chapter contains a review of the literature, including development of the individual, female development, development of deaf individuals, and the unique experiences of deaf women. Chapter three describes the conceptual framework used in the current study, including the definition of self-esteem operationalized for this research. Chapter four explains the methodology used for current study and chapter five contains the research findings as they relate to each of the research questions. The final chapter links the current study to the literature and contains sections with conclusions, implications for social work, and future research possibilities.

Chapter II

Review of the Literature

Overview

Today's diverse community provides an immense challenge for social workers to provide services that meet the varying cultural, ethnic, disability, and social class needs of individuals and families. Responsiveness on the part of the practitioner necessitates an awareness and an understanding of each client's background, no matter how different from their own life experience. If the goal of social work is to advance social justice, the practitioner is compelled beyond his office walls in an effort to advocate for his clients in the community by fighting discrimination and oppression in whatever form it may appear (McAdoo, 1993, Hepworth & Larsen, 1993).

This chapter charts various aspects of human development and touches on the unique experience of female development. It further explores the impact of deafness on development, following up with the small body of research that has been done with deaf women. Present in all of these areas and the common thread throughout this study, as in life, is the component of communication and the impact of communication on development.

Development of the Individual

Of all the elements critical to individual development and the individual's ability to form relationships and a sense of self, communication is singular in significance. Witness how verbal sound play between parent and infant expands into language. Sounds take shape and become words; vocabulary grows; two or more words combine to become phrases, followed by the formation of sentences, questions, and requests. As linguistic understanding

increases, so does the child's capacity to express needs, feelings, and desires, take direction, and process feedback. The child's linguistic competence fosters the development of self-esteem, self-direction, and relatedness (Germain, 1991).

What happens to this dynamic if the child is deaf? If a deaf child has deaf parents, signed language develops similar to the way spoken language does in hearing families. For a deaf child with hearing parents, however, communication may be severely limited or nonexistent. Lack of linguistic stimulations leads to language deficits, seriously stunting the child's language development (Schlesinger & Meadow, 1972; Germain, 1991).

Without the ability to communicate, bonds between parents and child are weakened, adding to the strain created by the stigma of having a handicapped child in the family. The child has no linguistic outlet for the expression of needs, thoughts and feelings, and so begins to act out behaviorally in order to communicate (Schlesinger & Meadow, 1972; Portner, 1982). The capacity to communicate with family members gives a child a sense of competence in his environment; the feeling that he is able to influence the social systems in which he participates, which fosters a sense of self-esteem (Germain, 1991).

<u>The Female Experience</u>

The development of communication processes for girls is not so obviously restricted. It is not language per se, but the use of "sexist language to disempower and reinforce gender typing" (Germain, 1991, p.245) that narrows the horizons for the developing female child. Gender roles for girls construct parameters for various traits and behaviors that are encouraged or discouraged; through the use of language, the patriarchal hierarchy of our society is communicated and upheld (Abramovitz, 1996; Gilligan, 1982). Communication about the expected role of girls and women takes place in newspaper, television, radio, and billboard advertising. Women are subjected

to a daily barrage of negative messages that marginalize the position of females in relation to the general population (Germain, 1991; Mueller, 1997).

The concepts of relatedness and self-direction (Gilligan, 1982) offer an example of the divergent developmental patterns of males and females. Masculine characteristics are defined through the vernacular of boundaries, rules, and separation; female traits are described using terms such as attachment, relationships, and connection. The developing female is encouraged toward self-sacrifice, a move which results in what has historically been perceived as retarded self-development (Gilligan, 1982).

Familial influences on self-esteem as it relates to communication was studied by Knight and Bon (1984). The results showed that poorer communication with parents was related to a lower sense of self-esteem in adolescents. The reverse effect can also be created by family support of children. A parent group focused on improving the parent-child relationship found that mean self-esteem scores of children whose parents attended Parent Effectiveness Training (PET) were higher than the children whose parents underwent behavior modification training. The parent-child relationship is a key factor in a child's adjustment and personality development (Schofield, 1979).

The impact of education on the self-esteem of female students was demonstrated by Calhoun (1979) in a study designed to increase self-esteem through focused attention on the female students. The program's attempts to "affect positive transference...concluded that the program provided an opportunity for growth in feelings of self-worth" (p.115). Historically, observations have pointed out gender-bias on the part of teachers' interactions with their female students (Germain, 1991).

Classroom communication with female students confirmed that participation by females in the classroom increased "when the teacher is female and/or the teacher has had training in sex equitable behavior" (Williams, 1990,

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p.29). This sense of confidence and achievement extends to the college setting as correlated with females who attend women's colleges or have female teachers in the college they attend (Muri, 1996; Williams, 1990).

Women face inequity and discrimination in the employment arena for reasons related to communication. Gender differences in expressiveness, self-disclosure, and workplace communication behaviors directly and indirectly impact, not only the self-esteem, but the upward mobility of a woman in the work force (Friedley, 1982). The research suggests that one set of standards exists for males, and a different set is deemed appropriate for females. The study found that assertive communication was more acceptable from males than from females. Sex-role stereotyping factored into the inability of the women studied to advance in the work place (Friedley, 1982).

Communication in the work place also impacts the successful interactions between a woman's male superior and herself. When examining communication patterns, Andrews (1985) found that a male assuming the role of "power figure" favorably impressed others more so than a female in that role. A comparison of communication styles indicated women promoted relationship-based reasoning while men used criterion-based arguments. Women also expressed a lack of confidence when approaching performance appraisals, especially if the superior was male (Andrews, 1985).

A study of University of Minnesota faculty women contradicts these notions of female inequality and imbalance of power in the work place. The women who participated reported a high level of well-being and scored high on non-traditional attitudes toward women's roles in society. These women did not experience the anger and frustration felt by many professionals, nor did they suffer from emotional maladjustment thought to be the fate of non-traditional professional women (Clemenston-Mohr, 1978).

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The Deaf Experience

The background events leading to low self-esteem in women are remarkably similar to the environmental influences presented to deaf and hard-of-hearing individuals. Beginning in childhood, family communication patterns influence how children feel about themselves. This is especially true for for the deaf child who is, in an estimated 90% of families (Lane, 1992), surrounded by hearing family members. In this environment, the attitude toward deafness - fostered by teachers and health professionals, is one of pathology; deafness is a condition to be cured or treated (Bat-Chava, 1993). This perspective is easily adopted by the family, who may be experiencing grief, denial, or guilt and be struggling to establish a warm, loving relationship with the deaf child (Sarti, 1993).

Desselle and Pearlmutter (1997) studied the effect of parental communication method on the self-esteem of their deaf children. The results showed that "parents whose sign language skills were more proficient had children whose self-esteem scores were higher than those of parents who were less skilled in sign language" (p.23). A supportive, accepting environment is one in which the entire family communicates with the child, by whatever means possible. Deafness becomes a "family issue rather than...a deficiency in the child." (Desselle, 1994, p.322).

The communication barriers experienced by deaf and hard-of-hearing children surface next in their classrooms. Perceived effectiveness of communication and its relation to academic success was studied by Long, Stinson and Braeges (1991) who found that students who felt they were effective communicators felt more positive about the communication event and were more likely to learn. Those students who thought they understood the communication interactions between themselves and their peers and teachers, felt a greater sense of control over the outcome of their learning process and

showed a high level of engagement in the classroom (Long, Stinson & Braeges, 1991). The study determined these perceptions were a good predictor of academic success for deaf students and also concludes with a suggestion that the ease with which a deaf student communicates and its relation to self-esteem and motivation needs to be researched more fully, perhaps by comparing students in both mainstream and residential settings (Long, Stinson & Braeges, 1991).

Mertens (1989) conducted research on the social experiences of hearing-impaired high school youth that compared populations of students in mainstream settings with those in a residential setting. Overall, the residential students reported a more positive experience. Factors cited included teacher's signing ability and a good relationship with the teacher (no need for an interpreter), socialization with deaf friends, after school activities, and no communication problems (Mertens, 1989).

Positive points expressed by mainstreamed students were their own ability to lip-read, having friends who signed or fingerspelled, available support services (e.g. interpreters), parental involvement, and teacher encouragement of cultural awareness. Negative components related to communication ease: isolation, feeling left out, lack of communication with peers, and lack of cultural awareness plus low expectations on the part of the teachers (Mertens,1989).

The examination of communication ease for deaf students led to the development of the "Classroom Communication Ease Scale" by Garrison, Long and Stinson (1994). This self-report questionnaire laid out 42 items that would "empirically define the concept of communication ease" (p.416). The areas of difficulty cited were inability to participate in classroom discussions and problems understanding and being understood by hearing classmates. The research supported Merten's (1989) earlier results which showed a higher level of comfort reported by students in educational settings with deaf classmates

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compared with those students mainstreamed with hearing classmates (Garrison, Long & Stinson, 1994).

The high levels of frustration experienced by deaf students while communicating can lead to a less positive view of themselves (Schlesinger & Meadow, 1972). This phenomenon has been indicated in a study by Bolt (1989), who examined the relationship between perceptions of communication and self-esteem.

The link between communication frustration and a negative self-concept experienced by deaf adolescents has been borne out in research on language acquisition and self-esteem done by Long, Stinson and Braeges (1990). Negative self-concept, prevalent among deaf individuals (Cates, 1986), may be a factor in the tendency of deaf adolescents to display a higher incidence of academic, behavioral, and emotional problems, including problems with depression and boredom (Greenberg, 1980; Watt & Davis, 1991).

Research on self-esteem in deaf and hard-of-hearing (hearing impaired) adolescents is not conclusive. Although Yachnick's (1986) study showed a higher self-esteem rating in deaf adolescents with deaf parents than deaf adolescents with hearing parents, the conclusion warned against interpreting the results to mean that deaf adolescents of hearing parents have low self-esteem.

The author expressed the need for further studies in the area. Indeed, "a self-concept scale for the hearing impaired" developed by Oblowitz, Green and Heyns (1991) could not absolutely state clear findings of "low-esteem among hearing-impaired individuals," but concluded that "intuitively, it seems likely that this is the case." (p. 27). Investigating self-esteem as it relates to culture or role models may be another area of exploration.

Upon leaving the educational environment, these problems do not

resolve themselves. Reports on the successful transition from the academic to the community setting describe barriers that revolve around communication issues and lack of adequate role models. The capacity of school counselors and teachers to adequately develop educational programs and community supports for deaf and hard-of-hearing youth was impaired by their inability to fully understand life as a deaf person (Freeburg, Sendelbaugh & Bullis, 1991).

Inadequate work experience, training, and preparation for life outside of high school follows the deaf and hard-of-hearing individual into the work force. Johnson (1993) studied the factors that impact advancement and job retention for workers who are deaf. The research concluded that even hard-of-hearing workers are more likely to be promoted, obtain white-collar jobs and higher grade-level jobs and show better rates of "upward occupational mobility" (p.343) than those who are deaf. Since promotion potential is tied to interpersonal relationships, a deaf (more so than hard-of-hearing) worker starts out at a disadvantage. The training and preparation lost by the deaf student in high school may well translate into a permanent entry level position, dissatisfaction with employment, chronic un- or underemployment, and lack of motivation to achieve in the work force (Johnson, 1993).

Deaf Women

Deaf women are doubly stricken in that they must cope with the language and communication barrier present in their environment and also manage the effects of their status as women. These disadvantages surface in the post-secondary educational programs for deaf women, in career guidance, and lead to an even higher incidence of underemployment and unemployment than their male counterparts (Dodd, 1977; MacLeod-Gallinger, 1992; Wax & Danek, 1982).

An examination of the experiences of deaf women college students found that, while their overall educational environment was perceived as

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positive, there was still a sense of inequity. The incidence of perceived unfair treatment came from several areas. In the classrooms, a higher ratio of hearing than deaf students resulted in more passivity and less participation in the discussions on the part of the deaf female students, but that was also true for the deaf male students (Wilkins & Christie, 1996).

The women students commented on the power held by the male students, perceived as greater than the power held by the women. In the classroom, these women felt the college lacked sufficient numbers of deaf women teachers and deaf woman teachers of color for role models as well as educators. Male-dominated majors and the attitudes of the instructors in these fields toward the women students came under criticism for the perceived limitations placed on women students in their career aspirations (Wilkins & Christie, 1996).

When considering various employment settings, deaf women themselves tend to maintain a conservative view of what constitutes appropriate roles and occupations for women, thus limiting their own career options. Consequently, deaf women most often hold lower level positions in the labor market. Training, encouragement, and the personal development of deaf women needs to be provided for by educational programs if this trend is to change. (Cook & Rossett, 1975; Dodd, 1977; MacLeod-Gallinger, 1992).

<u>Summary</u>

A variety of connections have now been made tying communication to human development in both hearing and deaf women. Both lack of communication avenues and social messages have contributed to the emotional and psychological difficulties experienced by women, deaf and hearing, although D/deaf women have been doubly encumbered by their status in relation to the same variables. However voluminous the number of articles containing information on self-esteem, this researcher was unable to locate

even one piece of literature that specifically examined the self-esteem of D/deaf women in relation to the any of the various correlates.

A small body of literature exists on the methods of increasing self-esteem through a variety of interventions; a special issue of <u>Women and Therapy</u> (1994) promotes the use of "wilderness therapy" as a way to attack many of the problems that negatively impact a woman's self-esteem (Kessell, 1994; Aubrey & MacLeod, 1994). Interventions have been tried and found to be successful in raising the self-esteem of women, but very few have examined enhanced self-esteem from the perspective of the women themselves.

This approach was used by Bitonti (1990) to study environmental influences on the self-esteem of women within the context of life transitions and by Fisher (1994) who explored the changes experienced by women during the process of separation/divorce. The current study will use the subjective report of Deaf and hearing women to answer such questions as "How are the experiences of Deaf women for enhancing self-esteem similar (or different) from the experiences of hearing women?" "How do women of diverse backgrounds define self-esteem?" The answers to these queries will provide social workers a foundation for practice with D/deaf women, an area lacking in both research and application.

This study offers information in several arenas where there has been a dearth of research. It will examine the usefulness of one operational definition of self-esteem and compare it to individual notions of this concept. It will use qualitative research for comparing Deaf women with hearing women in the area of self-esteem, both individually and as separate groups, and it will provide a look at self-esteem through retrospective reports by women who feel they have made strides toward enhancing their self-esteem.

The cultural context for Deaf women cannot be ignored, yet the reality is that D/deaf women, due to their small numbers, are forced into therapeutic

settings where the majority of the group members are hearing. An understanding of how successful, or whether or not this approach can be successful, will assist social workers in designing future group and individual interventions. At the heart of this research, however, lies the belief that all women embody the necessary strengths to move toward increasingly healthy levels of self-esteem.

Chapter III

Conceptual Framework

Overview

This section begins with a discussion of self-esteem as a concept and the operational definition used for this research, then moves into the conceptual framework used for the study. The cognitive component of self-esteem is an integral piece of the framework, as is the use of phenomenology to explore the subjective experience of both diminished and enhanced self-esteem of an individual. Finally, application of the cognitive framework to the current study is described.

Self-Esteem Defined

Defining self-esteem for purposes of scientific study is a challenging task due to the elusive, intangible properties of the concept. Researchers have beckoned the curious in a variety of directions as they each explore a distinct path toward an ever more enlightened explanation of the individual's distinct, subjective perception of self esteem.

London (1997) unearthed over 200 definitions of self-esteem and claimed to have found more than 30 self-esteem inventories used to measure this construct. Semantic idiosyncrasy and scientific inconsistency prompted London (1997) to describe self-esteem as a "conditional, illogical, global rating of one's worth of intrinsic value toward an internal or external standard." (p. 21). The laundry list of interchangeable terms for use in scientific study - self-concept, self-worth, self-regard - adds an additional layer of ambiguity to the definition (Bitioni, 1992; London, 1997).

In the interest of simplicity, clarity, and brevity, the definition on which this

inquiry is based has been taken from Webster's (1989) Ninth New Collegiate Dictionary: "a confidence and satisfaction in one's self" (p. 1066). This terminology includes the component, "confidence," that can be used to descriptively characterize one's self as capable, and the component, "satisfaction," that may be used to identify degrees of positive or negative feelings about one's self and various elements of one's life. Satisfaction is also tied to an element of self that evaluates levels of worthiness as it is measured against internally or externally held standards (London, 1997).

Regarding the nature of confidence, individuals with high self-esteem believe they are competent to manage the ordinary challenges of life and are deserving of happiness. Someone with low self-esteem is more likely to give up in the face of disappointment and difficulty, or become mechanistic in attitude as a way of coping. (Branden, 1994). Satisfaction, in this context, translates to an underlying sense of well-being about one's self and one's life.

<u>Cognitive-phenomenology</u>

The two concepts shaping this study are linked in the term cognitive-phenomonology. Cognitions are awarenesses which are based on personal assumptions or attitudes that have been developed from previous experiences (Beck, 1990). Giorgi (1985) poses phenomenology as a psychological construct that "tries to discover and account for the presence of meanings" (p. 6) "...in the everyday world where people are living" (p. 8). Although each component is addressed separately in this framework, life experiences and the individual's cognitive recognition and subsequent processing of those experiences weave together in ways that may either negatively or positively impact self-esteem.

Cognitive Theory

Branden (1969) describes the interlocking elements of self-esteem as a "sense of personal efficacy and a sense of personal worth" (p. 110). Personal efficacy is the belief that one is "competent to live" (p. 110) and ties into an individual's understanding of her own knowledge, awareness, and recognition of reality. The ability to function cognitively, i.e. make choices, delineate between thoughts and feelings, analyze and judge issues, provides a sense of control over one's life (Branden, 1969). Conversely, an individual may cognitively sabotage her self-confidence by evading awareness and reason (Branden, 1969) which may set the stage for distorted thinking and the cognitive disturbances that adversely impact her view of self (Beck, 1976).

London (1997) makes a fascinating case for the use of Rational-Emotive Behavior Therapy's (REBT) construct of Unconditional Self-Acceptance (USA) for use in "decreasing the occurrence of Ego Disturbances" (p.22) and increasing "fun, joy, excitement, open-mindedness, passion, curiosity..." (p.25) in one's life. In REBT, one does not focus efforts toward improving the self-esteem, but uses a philosophy he terms "encouragement" in which the individual turns attention away from a negative view of self toward a "courageous" view of self (p.26).

It is interesting to note that London's (1997) article compares self-esteem and Unconditional Self-Acceptance as if they are different constructs, yet several researchers have examined self-acceptance in relation to one's level of self-esteem, postulating that acceptance of self leads to increased levels of self-esteem (Green, Bailey & Zinser, 1994; London, 1997; Mueller, 1997).

A foundation for Unconditional Self-Acceptance philosophy can be found in Carl Rogers' Person-Centered approach to therapy (Rogers, 1961). According to Rogerian principles, the practitioner accepts the client with unconditional positive regard. The client-worker relationship is seen as critical

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to bring about change, growth, and development in an individual (Rogers, 1961; Green, 1991). REBT could be viewed as a method in which the client learns to practice Rogerian principles on the self, taking an emotional reaction and reframing it as a cognitive construct. Thus, "feeling terrible every time I make a mistake" becomes "appreciating mistakes as a natural part of life." (London, 1997, p.26-27).

This cognitive-type of approach to increasing one's enjoyment of her life is supported by other research as an appropriate therapy to improve many areas of life; increased self-esteem has been regarded to be a by-product of cognitive changes (Bitioni, 1992). Cognitive therapy holds the premise "that it is usually more productive to identify and modify 'core' problems..." (Beck, Freeman & Associates, 1990, p.4), an experiential perspective that applies the processes of cognition to examine every day events as they relate to the core problem of low self-esteem.

A person who is aware of her cognitive schema begins to understand how people, relationships, and events can influence how she views herself. This recognition sets the stage for personal growth and development. USA and cognitive therapy embody elements of the strengths perspective. Individuals become capable of acknowledging where they need direction and assistance and what they can problem-solve on their own. The goal of USA is to encourage the individual to take full responsibility for her life (Bitioni, 1992; London, 1997).

Phenomenology

Cognitive processing, understanding, and adaptation does not take place in a vacuum; each individual exists within an environment. Learning to successfully navigate through either serene or stormy waters of daily life provides the sense of competence crucial to a healthy self-esteem. Coping with failure and learning new strategies and schemas increases the degree of existential mastery (Branden, 1969).

That person and environment are inextricably linked is a basic premise of the Rogerian approach (Rogers, 1961) and will be a foundation for this study. This foundation presumes an ongoing, circular impact of environment on the individual, as well as the individual's impact on her environment. The phenomenological aspect of this framework seeks to examine an individual's encounters with her environment and her reactions to those experiences. It is the meanings attached to those reactions that design the inner self and set the stage for future encounters with the environment (Fewtrell & O'Connor, 1995).

Phenomonology guides the interpretive procedures at work in qualitative research (Giorgi, 1985; Strauss & Corbin, 1990). The researcher suspends preconceived ideas concerning causation in order to view the naturally occurring characteristics present in the data; these constructs emerge during the collection process (Fewtrell & O'Connor, 1995).

The development of self-esteem, as well as the perception of where one's self-esteem may be located on a vast continuum, is a phenomenon unique to each individual. Since the standards by which an individual judges the self in relation to her environment are internally held values (Branden, 1969), the use of phenomenology and the study of everyday experiences in relation to self-esteem will generate themes singular in significance, yet basic enough to connect to others' life experiences (Fewtrell & O'Connor, 1995).

<u>Summary</u>

Cognitive-phenomonolgy is an ideal frame work for this study. The research questions ask how women define the concept of self-esteem, how they experience diminished and enhanced self-esteem, and how they have sought to enhance their self-esteem. They then ask what differences and/or similarities may be found between deaf and hearing women in regard to the first two topics. The answers supplied by the participants will be generated from the recounting of their life experiences. Based on the participant prerequisite that each of the

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women interviewed believes that (her) "self-esteem is currently at a very comfortable level." (appendix B), it is presumed that their experiences have been cognitively examined, processed, and incorporated into a schema for coping with the challenges of maintaining a comfortable level of self-esteem.

Chapter IV

Methodology

Overview

This section begins with an definition of grounded theory and its application to the study; it then restates the research questions, followed by the research design, including the procedures used in the current study, data collection, and data analysis. Protective measures related to the use of human subjects for research are discussed in the last section.

Grounded Theory

Qualitative design as described by Patton, (1987) and grounded theory (Glaser & Strauss, 1967) are the methods used for the current study. The focus of grounded theory is the "discovery of theory from data" (Glaser & Strauss, p. 3). Generating theory from data confirms that they are intimately connected and therefore durable, clear, "fit the situation, and work when put into use" (p. 5). If a researcher begins with an assumption of what will be seen, certainly data can be found to verify and support that underlying premise. Grounded theory stands on no such premise, choosing instead to permit the data to take on a life and shape previously unknown (Glaser & Strauss, 1967).

Research Questions

This study probes the following questions regarding the ways in which deaf and hearing women have enhanced their self esteem:

1. How do women - deaf or hearing - define the concept of self esteem?

2. How do women - deaf or hearing - enhance their levels of self-esteem?

3. Can differences be found between the way individuals in these two groups of women seek to enhance their self-esteem?

4. Are there similarities in the approaches used by the individuals in these two groups of women for enhancing their levels of self-esteem?

5. Are these approaches that could be used by other women who seek to enhance their own self-esteem?

This study is designed to tease out what these women recognize and understand about self-esteem and the impact of their individual experience of both diminished and enhanced self-esteem on their lives. The research questions seek the participant's own definition of self-esteem as a cognitive concept and then, through the application of inductive reasoning, seeks to categorize the themes that become apparent (Strauss & Corbin, 1990) from these individual reports.

Research Design

The current study employs a qualitative design using in-depth interviews to generate themes regarding self-esteem in women. Naturalistic inquiry follows a semi-formal questionnaire in order to guide the interview questions and maintain consistency across interviews (Bitonti, 1990; Patton, 1987). The application of naturalistic inquiry for this study springs from a desire to present findings that are "naturally occurring activities and processes." (Patton, 1987, p. 13). The telling of one's personal experiences, guided by a specific, standardized questionnaire, will result in information not planned by the investigator (Patton, 1987).

This type of approach is employed so that ideas, themes, or possible hypotheses may be generated from the emerging data, instead of using a priori formulations (Bitonti, 1990; Glaser & Strauss, 1967). The interview format used will be retrospective in nature, relying on the participant's subjective understanding of self-esteem and her individual experiences with both diminished and enhanced self esteem, and her move from diminished toward enhanced self-esteem (Bitonti, 1990; Glaser, 1992).

The immediate and most obvious concern when conducting qualitative research is the size of the population studied. Grounded theory's inductive (Glaser & Strauss, 1967) approach provides data thick in personal experiences. Theories and future interventions that reflect environmental and social conditions are the result of such rich data. The subjective nature of self-esteem substantiates the use of an interpretive method of study (Bitonti, 1990; Glaser, 1992).

Operational Definitions

As noted earlier, the operational definition of self-esteem used for this study is Webster's (1989) Ninth New Collegiate Dictionary: "a confidence and satisfaction in one's self" (p.1066).

The operational definition of "enhanced" or "diminished" self-esteem is a concept each participant creates based on her subjective understanding of what this has meant in her life experience and therefore will be defined through the interview questions.

Concepts

The current study will examine the self-esteem of individual women, both deaf and hearing. The effect of a variety of independent variables on self-esteem, such as educational background, language use, cognitive perceptions, and social factors will be explored through an inductive examination of interview data.

Characteristics of the Study Population

This research attempted to include a diverse population in terms of age, race, ethnic, cultural, and sexual orientation. However, the time limitations of this work could not guarantee a sample of sufficient size to assure representation of all possible groups. This method has also restricted itself to the following design parameters for participants:

- women
- deaf and hearing
- live and/or work in Minnesota
- between the ages of 25 and 75
- seeks to include minorities
- professional and non-professional
- varying levels of education
- varied SES

The Sample

The twenty-three female participants, nine Deaf (n=9) and fourteen hearing (n=14), were solicited from the general population. Participants were recruited through the distribution of flyers at meetings, gatherings, and classes, through the researcher's network of potential participants, or through the use of "snowball"-type efforts. Setting for the study was a room located in an agency or scholastic environment where video equipment was set up to record the interviews.

Procedures

An in-depth interview conducted with each participant provided information relevant to the research questions. Although open-ended, the questions on the interview guide were designed to focus both the interviewer and the participant, limit the number and types of questions asked during the interview, and to provide cross-interview consistency. The information from the interviews was then examined for possible patterns in the ways in which the women have reportedly enhanced their self-esteem. From those emerging patterns, themes regarding self-esteem enhancement in this group of women were examined. It is hoped that the results of this study may prompt future research with larger groups of women to advance knowledge in the field of self-esteem work with women.

Data Collection

Both the demographic questionnaire and the interview questionnaire were pretested. One hearing woman and one Deaf woman consented to be interviewed for purposes of determining ease of the questionnaire, to allow for the interviewer to practice, and to help determine the time frame required for interviewing. During the initial contact with a participant, each was either given or mailed a consent form to read prior to the interview, depending on whether contact was made in person or by phone. The actual interview began by going over the consent form with the participant to clarify and answer any and all questions about the research study or the interview process; the phone numbers for two local counseling centers for women was offered to the participant. The consent form includes permission to video tape the interview.

The participant was asked to answer a series of questions regarding the concept of self-esteem. The participant was asked to define self-esteem and to rate their own self-esteem at both diminished and enhanced levels. Following those questions, each participant was asked to describe her own life experiences with both diminished and enhanced self-esteem and how each of those experiences affected her life and her relationships. At the conclusion of the interview, the participant filled out a demographics questionnaire. Each interview lasted 30 to 45 minutes. The interview was taped for later analysis; the video tape was either electronically transferred to audio tape or, in the case of the Deaf women, voiced to audio tape for transcription.

Measurement Issues

Grounded theory is a method of data collection that requires the researcher sift through and tease out the "categories, properties and their interrelations, and captures them by substantive coding and memoing." (Glaser, 1992, p.18). The most problematic factors when using grounded theory in research are the inexperience of the interviewer and the inability to approach

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the data with a completely open, unbiased mind. In spite of efforts to control personal bias, information gathered during the initial stages of the research process may highlight certain theories and prejudice the researcher's search for the themes present in the data. Examining the data for opposing themes, or looking for other reasons for the occurrence of certain phenomena helps validate the data analysis (Glaser, 1992).

Patton (1990) asserts the belief that total objectivity in any method used for scientific research is doubtful; "subjectivity is inevitable" (p. 482). Validity in qualitative research is the result of research design decisions and the "reporting of both methods and results in their proper contexts..." (p. 471). By recognizing the limitations of the research as it has been gathered and described, the researcher can present a perspective rather than an absolute truth. This perspective grows out of the analysis and interpretation of the data collected, an accounting of patterns that appeared which are fairly reliable and believable (Patton, 1990).

Data Analysis

The analysis of data using grounded theory requires that the researcher comb through each and all interview transcripts in an effort to locate key phrases, words, and concepts that may reveal patterns of thought or behavior that appear to be linked in some fashion. Glaser (1992) states: "We look for patterns so that a pattern of many similar incidents can be given a name as a property of a category...and the compared incidents can be seen as interchangeable indices for the same concept. And when we get many interchangeable incidents we get saturation" (p. 40). Excluding patterns, or finding no patterns will also be included in the process of analysis "...and dissimilar incidents can be given a name as a property or a category..." (p. 40).

Protective Measures

The use of human subjects for this research was approved by the Institutional Review Board of Augsburg College, IRB #97-23-03 (appendix ii). Written materials, consent forms, and video/audio tapes were locked up when not in use for taping, viewing by the researcher and interpreter, or transcribing.

- all tapes and records will be destroyed after data has been analyzed.

- consent forms were used and did include a reminder to the participant that she may choose to stop at any time during the interview.

- consent forms included a request for permission to tape the interviews, a request which was also verbally presented to the participant.

- all materials have been treated confidentially; the participants are not identified individually in the final article, but spoken of in general terms or used to create a composite.

- the names of two agencies: Chrysalis and Perspectives, and their phone numbers (voice and tty) were provided to the participant in the event someone experiences adverse psychological after-affects. Both Chrysalis and Perspectives serve women, deaf and hearing; they provide support groups and counseling services.

Summary

Components of the methods used for this study have been presented in this chapter, including design parameters, research procedures, protective measures, and data collection and analysis. The next chapter will describe and discuss the results of the research, which has been laid out following the order of the research questions.

Chapter V

Results and Discussion

Overview

This study used qualitative methods to examine how women, both Deaf and hearing, believe that they have enhanced their self-esteem. This chapter is divided into two sections: a) characteristics of the participants; and b) the results of the study interviews as they relate to each of the research questions, including discussions related to that question.

Characteristics of the Study Population

Twenty-three women (n=23), nine Deaf women (n=9) and fourteen hearing women (n=14), participated in this research study. They ranged in age from 23 to 67 (see figure 1). Eighty-seven percent were Caucasian (n=20), although minorities were represented (n=3); two African-American women participated and one woman with Native American ancestry. All of the participants reported at least some post-secondary education (n=23); twenty participants had degrees from two-year technical colleges or beyond (n=20) (see figure 3). Income for the participants was distributed across five categories (see figure 2).

In general, the levels of income for the Deaf women were lower than those of the hearing women and did not seem consistent with the amount of post-secondary education reported for the population (see figures 2 and 3). This is consistent with previous research findings that deaf women tend to be un- and underemployed (MacLeod-Gallinger, 1992; Wax & Danek, 1982). In spite of the fact that all the the current study's Deaf participants had earned college degrees, almost half (44%) were earning under twenty thousand dollars a year.

Figure 1

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Figure 2

Deaf Women (n=9)	n	%
< 20k	4	44
20 - 29 k	2	22
30-39 k	3	33
40-49 k		
> 50 k		

Hearing Women (n-14)	n	%
< 20 k	2	14
20 - 29 k	7	50
30 - 39 k	3	21
40 - 49 k	1	7
>50 k	1	7

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Figure 3

Deaf Women (n=9)	n	%
A. Some College		
B. College Graduate	5	56
C. Some Post-Graduate 22		2
D. Masters	2	22
E. PhD / JD		
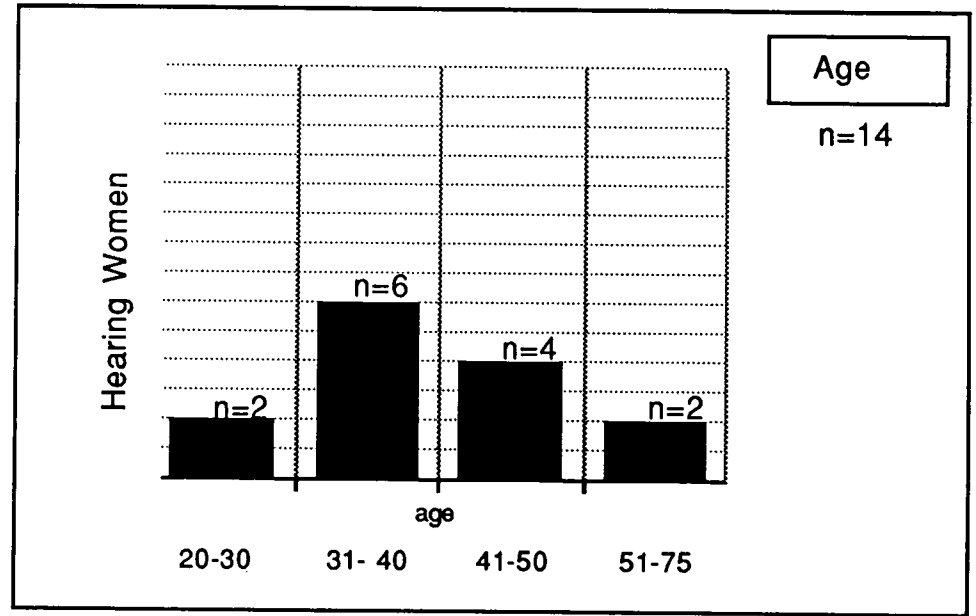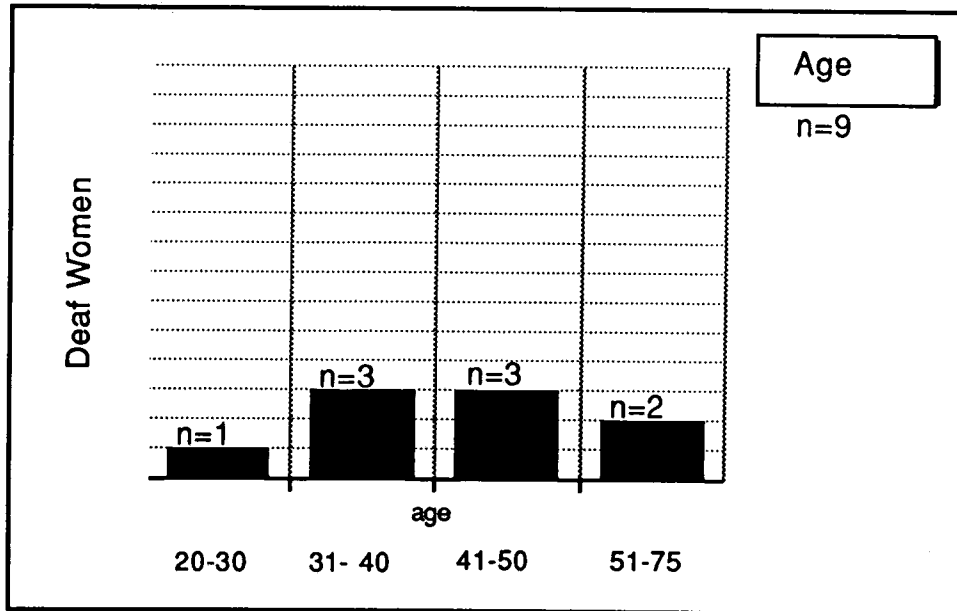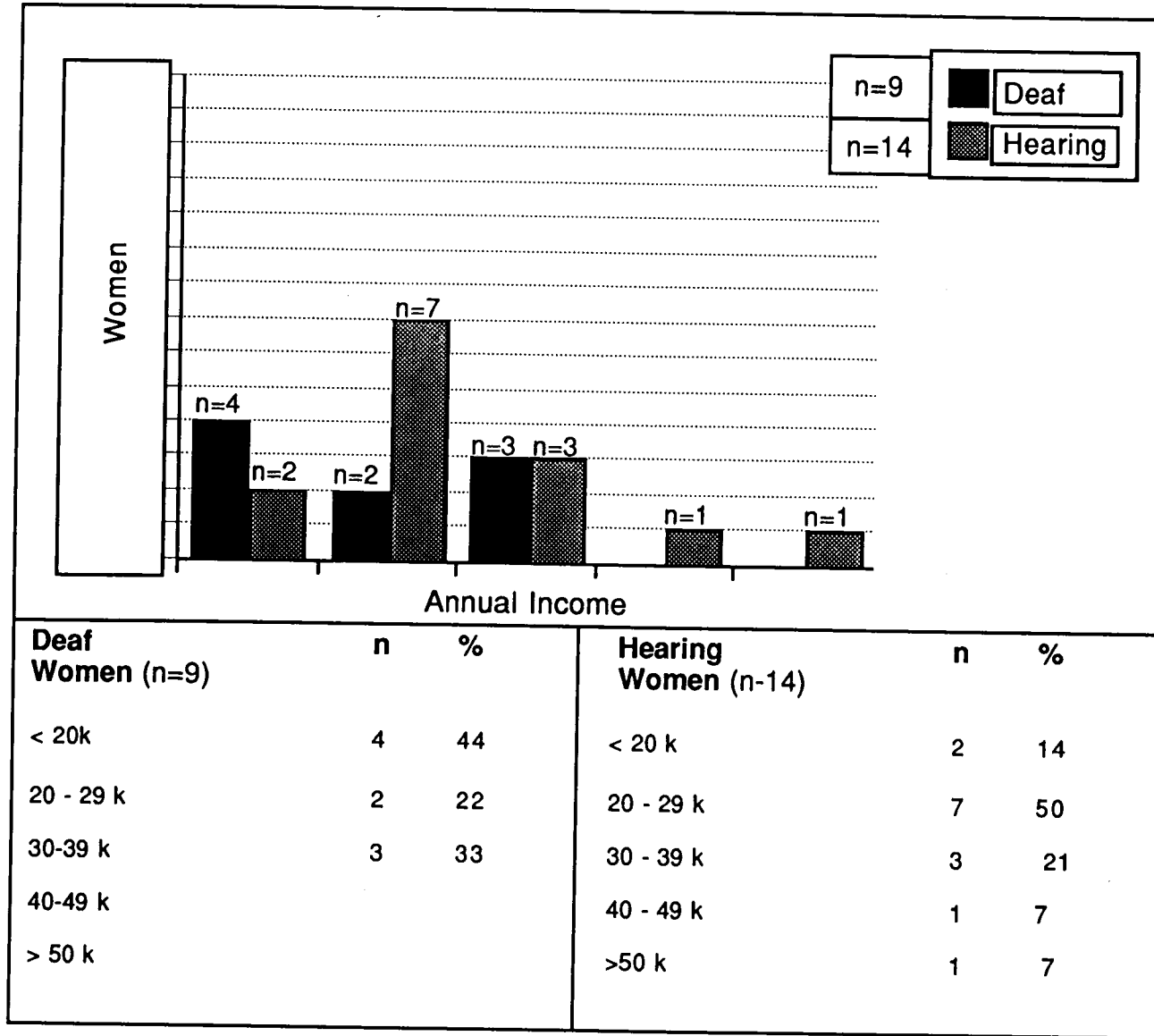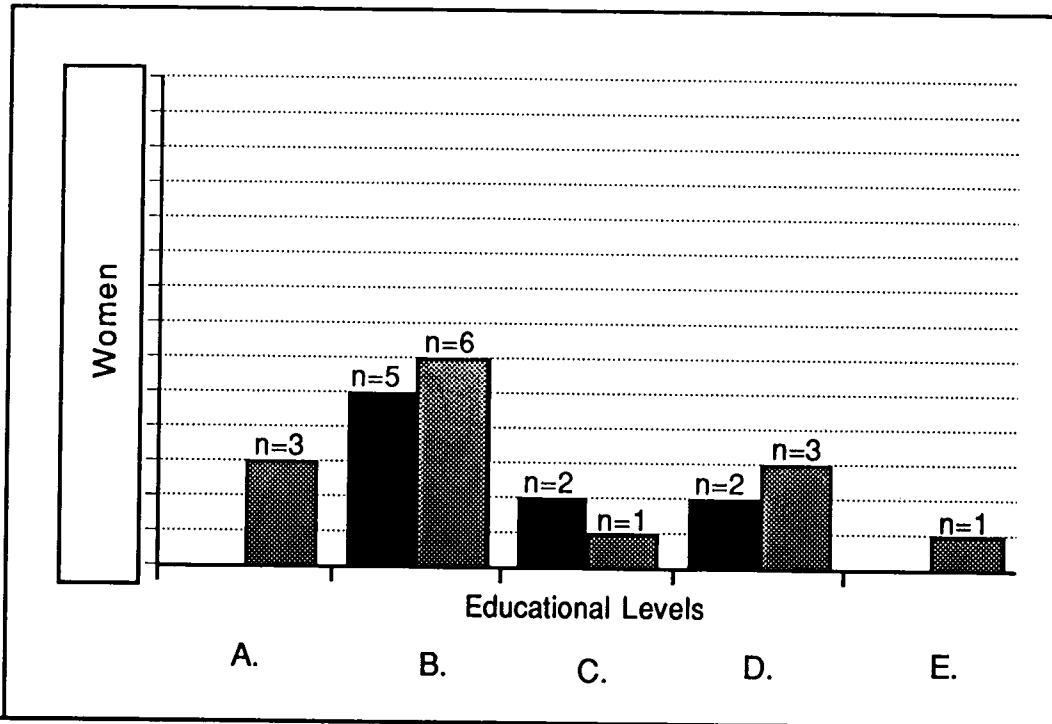
Hearing Women (n-14)	n	%
A. Some College	3	21
B. College Graduate	6	43
C. Some Post-Graduate 7		1
D. Masters	3	21
E. PhD / JD	1	7

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<u>Research Question One</u>

How do women - deaf or hearing - define the concept of self-esteem?

Self-esteem was operationally defined in this study as "a confidence and satisfaction in one's self" (Webster's, 1989, p. 1066). The first question asked of each participant, "Describe self-esteem. What does that mean to you?" (see appendix D) was designed to elicit the participant's own description of this concept. Seventy-four percent of the women (n=17) used more than one phrase for identifying the concept of self-esteem. Most participants (n=17) used a combination of terms found to be synonymous with the concepts of "confidence" and "satisfaction." Thirteen of the hearing women (n=13) and 7 of the Deaf women (n=7) used descriptions that either directly or indirectly indicated positive feelings about the self, a sense of self-worth, or the value that an individual has.

"Feeling good about what you are...who you are."

"Self value...having some self worth."

"Knowing that a person has worth."

"Thinking positive about yourself."

Seven of the Deaf women (n=7) and eight of the hearing women (n=8) used terms that either stated or indicated the concept of personal competence.

"...(you can) make your own goals."

"The term...that explains it best is mastery."

"I am capable."

"...able to accomplish things."

"...a right to challenge, question."

"Pride in your accomplishments."

Although individual variations occurred across both populations in the number and type of descriptors used to define the concept of self-esteem, two group distinctions were noted. Sixty-nine percent of the hearing women (n=9)

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used the phrases "feeling good..." "how I feel...," compared with 22% of the Deaf women (n=2). Conversely, 67% of the Deaf women (n=6) used the words "I can ..." in their definitions, compared to the hearing women, none of whom used those terms.

The differences in the descriptors used by the two groups of participants raises the possibility of cultural and/or linguistic influences on the language we have been exposed to regarding the concept of self-esteem. In 1988, students at Gallaudet University initiated a protest against the college for selecting a hearing woman, from a field of both hearing and deaf candidates, to take over as president. One of the long-term legacies of their success in the "Deaf President Now" movement , were the words of I. King Jordan, Gallaudet's new president that "Deaf people can do anything, except hear." Jordan was the first deaf president since the college was established in 1864 (Lane, 1992). Deaf people in the United States and elsewhere have used the phrase "deaf people can" as a rally-cry to combat years of being held to a medical-model belief by the hearing community that the audiological circumstance of being deaf automatically means one "can't." The Deaf women in this study were all old enough for the Gallaudet Revolution to have impacted their lives as they incorporated the belief that they "can" into their cognitive schema:

(self-esteem means) "challenges...I can do it."

"can...do anything you want."

"can succeed in everything..."

"you can do anything...instead of people telling you (that) you can't, say I can."

"I make myself confident because I can do it."

"I...can move things that...prevent me from doing what I want."

These women were either influenced directly by the history of the Gallaudet protest, or its aftermath through Deaf adults and role models who passed along the declaration that Deaf people are linguistically and audiologically

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challenged, not handicapped.

The use of "feeling" language to define self-esteem, (n=9 of the hearing participants, n=2 of the Deaf), may connote a focus on the outcome of doing certain self-esteem-enhancing activities, where "can do it" appears to focus on the action. Since both "a feeling of... (or)...a showing of adequacy and reliance on oneself and one's powers" (Webster, 1988, p.150) relate to confidence, the language used by the two groups of women points to the same concept.

This is not to say that the Deaf women were emotionally unexpressive when describing self-esteem or their experiences with diminished and enhanced self-esteem. On the contrary, the Deaf participants' responses were as heartfelt as those of the hearing women. The divergence appears to be linguistic in nature, perhaps as a result of educational or societal influences. Following Bandura's (1977) continuum of person- behavior-outcome, the Deaf participants' responses relate to efficacy expectations, while the hearing women describe outcome expectations: two points along the same continuum. Bandura (1986) also theorizes that there are a variety of factors which affect the cognitive assessment of information and events "including personal, social, situational, and temporal circumstances under which events occur" (p.401).

It is possible that popular literature has spawned the hearing participant's use of "I feel" statements. An exploration of the self-help section in a local bookstore uncovered several books on self-esteem, all of which echoed the responses of these women: they talk about how good self-esteem "feels" (Branden, 1987; 1994; Burns, 1990; McKay & Fanning, 1992; Minchinton, 1993).

After each participant had described self-esteem in her own words, the researcher presented the operational definition of self-esteem, then asked whether the participant thought the two definitions were either similar or different. Ninety-six percent of the participants (n=22) responded that their own

description and the operational definition were similar, to a greater or lesser degree; one participant did not specifically state agreement or disagreement (n=1).

Even though the specific terminology used by the women differed from the operational definition, conceptually, the descriptions were similar. Both hearing and Deaf women used words to connote the concept of either feeling or acting capable (Deaf, n=5, hearing, n=6) and almost all of the women included definitions to convey the concept of self-worth (Deaf, n=7, hearing, n=13).

The women in this study defined self-esteem by applying the same terminology used by authors, researchers, and lay people alike. The two components Branden (1969) set as the foundations for the meaning of self-esteem: self-confidence and self-respect, were conceptually present in the data and were included in the replies of 65% (n=15) of the participants.

Research Question Two

How do women - deaf or hearing - enhance their levels of self-esteem?

The concept of enhancement was operationally defined by each of the participants during the interview process. All reported more than one method for enhancing their self-esteem (n=23). The transcripts of the interviews were analyzed for recurring phrases which produced clusters of concepts; themes that appeared to form naturally from the data (Glasser & Strauss, 1967).

From most often cited to least often cited methods for enhancing the self-esteem, the eight themes rank as follows:

1) Support of others (96%, n=22), was defined by individual participants as friends, family, classmates, or others who provided support and/or validation at a variety of intersections in her life. Some of these relationships had been there over time, others were sought out by the woman in an effort to ease the burden of diminished self-esteem. There were also those relationships formed when a woman entered into a particular environment, e.g. a therapeutic group,

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an educational setting, or an organizational activity. Mutual recognition and support was either a purposeful component or a by-product of the bonds that formed from sharing common experiences.

"I had great friends around...people who loved, cared about me."

"...great support system of friends..."

"...people were giving me this support..."

"Friends and family gave me a lot of support."

"...(found) opportunities where I got positive affirmation."

"...having the support of people to encourage you..."

2) Introspection and cognitive changes (70%, n=16), were defined as mental processes that contributed to enhancement of self-esteem. Many of the women spoke about turning inward to search for answers to diminished self-esteem or to help them enhance their self-esteem. Others spoke of characteristics or habits that fostered the enhancement of their self-esteem.

"soul-searching, trying to figure it out..."

"journalizing (sic) my feelings"..."the first thing I did was start journaling"

"I had the will to grow."

"...mentally...the will to change...to be a different person..."

"...taking responsibility...changing behaviors that were harmful to me..."

"...trying to figure...if a bad family life makes me successful..."

3) Taking action (65%, n=15) was defined by individual participants as something she did that resulted in or contributed to enhancement of her self-esteem.

"Goals you complete."

"I have been able to accomplish a lot..."

"It was risk-taking..."

"...every time I did something and...was successful..."

"...meeting a goal that I set..."

"...just doing it, succeeding..."

4) Education (48%, n=11) was defined by individual participants as either formal education or learning on her own.

"A lot of reading...self-education."

"I went back to college...kind of took off after that."

"I continued to learn."

"...went back to school..."

5) Outside influences (30%, n=7), were defined as an event or person creating or helping to create significant changes in the woman's move toward self-esteem enhancement.

"The teacher...would encourage me.."

"..(they) told me I had a lot of potential..."

"...the political movement...became personal..."

"...the situation changed...(that) gave me more confidence."

6) Professional help (30%, n=7), was defined as some type of therapeutic intervention that the woman reported helped enhance her self-esteem.

"...therapy was another key..."

"...(type of) program...learned to slowly build my self-esteem..."

"...started doing therapy..."

7) Helping others (30%, n=7), was defined by individual participants as community involvement or giving back to the community which enhanced/continues to enhance her self-esteem.

"...helping others...being there for others..."

"...involved myself more and more..."

"...what you give out comes back to you."

"Being involved where I can make a difference."

8) Language/communication (26%, n=6) was defined by individual participants as integral to socialization and self-esteem enhancement.

"The communication was there...didn't feel isolated..."

"...lines of communication opened..."

"...couldn't have been successful without that language."

Individual variations beyond what has been reported here exist in the data, but they did not cluster in a manner that indicated a significant pattern. The questions asked during the interview process focused on the process of moving away from diminished self-esteem, as subjectively described, toward enhanced self-esteem. Queries about the process itself, when it began, how it began, and what was most helpful to the woman, were deliberately posed so that the methods each used would become apparent within the telling of her experience.

Research Questions Three and Four

Can differences be found between the way the individuals in these two groups of women seek to enhance their self-esteem?

Are there similarities in the approaches used by the individuals in these two groups of women for enhancing their self-esteem?

The operationalization of both questions is the result of the clustering of data around the various themes, leaving only a handful of statements and phrases that appeared to be unconnected. The retelling of an individual's life experiences presupposes unique differences in her history; singularity abounds in each subjective description of the process for enhancing her self-esteem. These individual differences, so obvious when examining the data on a micro-level, become less significant on a macro-level where concepts, approaches, and phrases can be grouped according to related meaning.

Of the eight themes emerging from the data (see figure 4), and reported in response to research question two, all but two of those themes showed similar results for the women in both groups. This section will break down the data further, reporting on the two remaining similarities/differences. These particular themes were confined to the group of Deaf women, highlighting the possibility of a cultural influence in the findings.

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Figure 4

Deaf Women n=9	n	%		%	n	Hearing Women n=14
Support of Others	9	100		100	14	Support of Others
Introspection/Internal	7	78		71	10	Introspection/Internal
Action	6	67		71	10	Action
Education	8	89		21	3	Education
Outside Influence	3	33		29	4	Outside Influence
Therapy	3	33		29	4	Therapy
Giving Back	3	33		29	4	Giving Back
Language/ Communication	7	78		0	0	Language/ Communication

The first theme is **education**, defined in research question two as either formal or informal. Breaking down the general population to examine intra-group similarities, Eight (n=8) of the Deaf women report **education** as a common theme (89%), while the population of hearing women reporting that theme is only 21% (n=3).

The theme of **language/communication** exhibits like results. Sixty-seven percent (n=6) of the Deaf women reported language or communication as themes in common, yet this theme was not mentioned by any of the hearing women.

It seems clear why many of the Deaf women would include **language/communication** when describing the process of enhancing their self-esteem. The ones who did so, spoke of a childhood where they were unable to communicate with family members, peers, and teachers. They had been educated orally in schools that taught the students to speak, lip-read, and to rely on their residual hearing and had been discouraged (or punished) for signing. The introduction of sign language into their lives was, as one woman described it, "like a whole world opened up." None of the hearing participants shared this experience, with the exception of one woman who emigrated to this country and, similarly, struggled to learn English. She spoke about how books opened the world to her, not language, per se.

Education as a theme was significant to the Deaf group, but much less so for the hearing participants. This is probably related to the themes of **language/communication**. Whether they were educated in an oral school or mainstreamed, the women who shared that educational background spoke of loss, not only of communication, but of information. One woman described the educational accommodations made for the mainstreamed deaf students as follows: "(the deaf students) were all placed in the front row in the classroom (so that we could be closer to the teacher)." None of the women who were

educated in a mainstream setting felt they had access to the full range of what was being taught until later when they entered a residential school (n=3). Neither were they provided with an interpreter (high school: n=1). For most, college was the first opportunity to have complete access to knowledge.

On another level, however, education may have been seen as a vehicle to move toward greater success and empowerment for the Deaf women in this study. The excitement created when one is able to catch up and recover lost information may beget a desire to learn, although part of this excitement may be environmental, such as entering a college setting where many of your peers are deaf. The majority of the Deaf women attended Gallaudet, NTID (National Technical Institute for the Deaf), or a college that had a large population of deaf students. Surrounded by successful peers and adult deaf role models in teaching and other respected positions, these women could begin to see a better future for themselves and realize a new sense of personal control over their lives.

Of the eight themes which emerged, six were similar both on examination of participants in each of the the two groups and on examination of the whole group. The themes present more similarities than differences in the approaches used by the individual women for enhancing their self-esteem, yet the themes that stand out as differences between the two populations appear to be significant.

<u>Research Question Five</u>

Are these approaches that could be used by other women who seek to enhance their own self-esteem?

This question was operationalized by asking the question "Would you recommend your method of enhancing your self-esteem to a woman who was experiencing diminished self-esteem?"

Actual responses to this question were quite low overall, less than half of

the woman gave more than one type of recommendation. The top three recommendations were:

1) Cognitive changes, 68% (n=13 of 19 responses), defined as mental processing of information relating to the self, was the most often cited recommendation. Participants encouraged other women to "accept yourself," "dump family issues," or "eliminate negative thoughts" in order to develop a "strong inner self" and be able to "see the big picture" and "know where you fit" within society and the world.

2) Taking action, 58% (n= 11 of 19 responses) was defined as a recommendation to "do something" as a way to enhance self-esteem. "Setting goals," taking up "classes, workshops" or getting "a degree" were all part of the belief that one should "get busy," "challenge yourself," or "get involved" as a method of enhancing self-esteem.

3) Taking care of yourself, 42% (n=8 of 19 responses), was defined as a recommendation to be good to yourself -whether by giving back to the community through volunteer activities, avoiding negative people, or by taking up a hobby or another enjoyable activity.

One possible explanation for the low number of responses to this question is that it was perceived to be redundant, based on the similar nature of statements given in response to earlier interview questions. Another possibility is that many of the women spoke in general terms when describing their self-esteem enhancement experiences. Some of the participants hesitated when this question was posed, stating that "It depends on her situation," as if reluctant to make a recommendation to others based on her own personal experience.

From a practical perspective, the majority of the approaches used by each of these women for enhancing their self-esteem, as well as their recommendations, might be used by other women. Support of family, friends, cohort groups, or other networking sources are either naturally occurring

systems, or systems that could be accessed. Barriers to these resources are limited time, limited availability, lack of transportation, and child-care problems.

Deaf women, in addition to the above barriers, encounter language barriers and limited choices which could be related to an agency's willingness to provide interpreter services for only certain times, or to the desire to join a deaf women's group, which are few in number.

Continuing education opportunities are plentiful, though financial limitations may impede or frustrate some women; volunteer activities are readily available. Deaf women may encounter some of the same barriers to volunteer opportunities. Although Public Law 94-142 (renamed the Individuals with Disabilities Education Act in 1990) ensured the provision of interpreters in vocational settings, and the Americans with Disabilities Act (ADA) requires that employment settings be accessible (National Center for Law and Deafness, 1992), deaf women will probably encounter limitations for volunteer activities available in the hearing community.

The cognitive processes these women - deaf and hearing - have undergone are the result of examining their life experiences and deriving benefit from the lessons contained in those experiences. Only approximately one third of the women had undergone therapy of some kind (Deaf, n=3, hearing, n=4), which means that most of the women used their own methods of introspection, insight, and learning better adaptive skills to improve their ability to make choices and increase efficacy (Beck, 1976; Branden, 1969).

Chapter VI

Relevance to the Literature and Conclusions

<u>Relevance to the Literature</u>

The most striking theme in the examination of how these women have enhanced their self-esteem, "support of others," reconnects this study to the female experience. Gilligan's (1982) concepts of relatedness and the socialization of females in the areas of relationships, attachment, and connectedness are evidenced in the responses of the participants that articulate the importance of caring people in their lives. On a very basic level, these women nurtured and were nurtured, sought out, or were positively touched by this support.

The next step, according to Germain (1991) is to find balance between "attachment and environmental exploration" (p. 222). As one develops the sense that she is able to influence her environment, competence, and the self-esteem, grows (Germain, 1990). That these women sought out that type of interaction with their environment is borne out in the number who spoke of taking action of some type and the effect of that action on self-esteem enhancement. They became involved in the community through volunteer activities, participating in various organizations, and by helping others. Bandura (1977) defined this as a "continuous reciprocal interaction between personal, behavioral, and environmental determinants" (p. 194) and stated that environmental conditions are created by a person's behavior. These interactive components function in a circular manner.

Leigh and Stinson (1991) bring this theory closer to the current study with their research on the way hearing-impaired (sic) adolescents deal with their personal environments and the impact these socialization experiences have on

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the adolescent's self-worth. Their recommendations that positive social interactions foster relatedness and quite possibly increase self-esteem had been incorporated by the current study's participants, Deaf and hearing, into their personal schemas with corresponding results (Leigh & Stinson, 1991).

The theme "introspection" was also high for this group of women. The conceptual framework used for this study provides a mechanism for examining this theme. The participants described the day-to-day life experiences, or phenomena, that eventually led to a cognitive understanding of the impact of their experiences and a cognitive restructuring of their attitude and approach toward life. This new schema was then applied to subsequent challenges encountered by the woman . As some of the women stated, the will to grow, change, become a better or different person began with a cognitive realization, brought about by negative encounters. The women attached their own meanings to the daily workings in their lives, which is the essence of cognitive-phenomenology (Bitonti, 1992; Giorgi, 1985).

The themes of education and language/communication, prominent in the lives of the Deaf women, were also linked together in pieces of the literature. The report by study participants that access to interpreters and educational settings (e.g. Gallaudet University) where communication facilitated their ability to learn echoes the research done in the area of communication effectiveness as it relates to academic success and its impact on self-esteem (Long, Stinson & Braeges, 1991; Mertens, 1989; Garrison, Long & Stinson, 1994; Bolt, 1989). The use of sign language by the orally-schooled women, learned from deaf peers and instructors, paved their way into the educational setting.

Language, communication, and education provided these women with another component for enhancing her self-esteem: a shift in locus of control. According to Rogers (1961), when someone is "in the process of becoming a person," the source of one's choices and decisions is found within and the

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concern becomes "am I living in a way which is deeply satisfying to me, and which truly expresses me?" (Rogers, 1961, p. 119). Koelle & Convey (1982) linked internal locus of control with higher achievement and self-concept in deaf adolescents. The ability of the Deaf women in this study to communicate with others gave them a voice; lines of communication opened the way for them to fully participate in their own lives and allowed them to take control of their own futures.

Conclusions

This study was designed to ascertain what the various methods women, Deaf and hearing, might use to enhance their self-esteem and to examine those methods for differences and/or similarities that might exist between the two groups. Twenty-three women participated in the research. During a semi-structured, in-depth interview with each woman, she was asked to describe the concept of self-esteem and her experiences with both diminished and enhanced self-esteem. Subsequent questions related to the process of moving from diminished to enhanced self-esteem and to recommendations for other women who wished to enhance their own self-esteem.

It appears from the findings that the two groups of women are more similar than dissimilar. The majority of women used descriptors for the concept of self-esteem that connected to the basic notions of "confidence and satisfaction." Of the eight themes that stood out as the approaches used by the women for enhancing self-esteem, six of them were standard to both groups.

The differences found between the groups, however, were striking in their contrasts. That language/communication and education are the themes upon which these two groups diverge, points to the possibility that cultural differences exist in the ways Deaf women and hearing women seek to enhance their self-esteem. Certainly, their respective educational experiences have been distinct. The impact of society's messages to females carries a double

wallop for the Deaf women, who may see education as a way to regain some sense of equilibrium in their status and control of their lives.

Implications for Social Work Practice and Policy

Formation of a client's self-perceptions and how those perceptions influence interactions with others, self-esteem, employment, and academic performance are some of the reasons for social work intervention on behalf of a deaf or hearing woman. Defining these issues requires that professionals become educated in the different experiences encountered both by males and females during their development, from birth to adulthood. Using a person-in-environment approach, the next step is to examine the background of the woman and her perceptions of the role expectations created by family and society (Bitonti, 1990; Walsh, 1994).

Social work involves practice with people from diverse cultures, backgrounds, experiences, and languages. Therapy, whether in a group or 1:1, case management, or other work with a deaf client, needs to take into account the client's language preference, cultural affiliation, if that is a factor, and life experience so that appropriate services can be provided. That the Deaf women, like hearing women in this study, described "support of others" as a powerful component in the process toward enhanced self-esteem, is a poignant testimony on behalf of women who have found themselves in therapeutic groups as an isolated minority. Programs could be designed to better fit the cultural and linguistic needs of deaf and hard-of-hearing women, including programs specifically for this population. Health care providers serve a broad enough population so that, properly promoted, recruiting sufficient participants would not present a problem.

Interpreters can bridge the communication gap to a certain extent, but a relationship, whether therapeutic or personal, requires involvement on many levels. Before placing a deaf or hard-of-hearing woman in a hearing support

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group, the goals and focus of the group as well as the communication requirements of the individual needs to be examined to determine if this setting would be genuinely beneficial, not only for the deaf or hard-of-hearing member, but for the other members in the group. Providers of mental health services may want to examine their current policies for placing a deaf or hard-of-hearing woman in a particular treatment program or support group to ascertain what options, if any, exist for these consumers.

When working with deaf women, additional knowledge of the client's onset of hearing loss, cultural affiliation, and family history will also be necessary. Within the population of deaf individuals, wide diversity demands assessment on a case-by-case basis: those clients with adult-onset hearing loss will be requesting assistance of a different nature than the client who is pre-lingually deaf (Luey, Glass, & Elliott, 1996; McEntee, 1993; Sarti, 1993).

Beyond the implications for D/deaf women, the themes generated by this study are common to the range of interventions that have assisted women in the enhancement of their self-esteem. Social work with any woman as it relates to self-esteem may be conducted from a strengths perspective because the ways in which an individual experiences life can serve to foster resiliency. The use of cognitive-phenomenology supports the notion that an individual's experiences become knowledge about the self; self knowledge becomes a strategy for enhancing self-esteem through the use of cognitive interventions such as those described in Rational Emotive Behavior Therapy (Barnard, 1994; Bitonti, 1990; London, 1997).

Limitations of the Study

Due to the small number of participants, the results of this study cannot be generalized to a wider population. A more obvious concern of the current study is that it is restricted to female participants. This was not done for exclusionary purposes, but in the interests of time and budget limitations on the

part of the researcher. Also a limitation of this study was the use of "snowball sampling" (Patton, 1987) to recruit participants. The result was a population over-represented with professional women and a lacking in women who may have enhanced their self-esteem in ways unconnected to obtaining college and advanced degrees.

One parameter that should be noted is related to the Deaf participants. A decision was made to interview only those Deaf women who identify themselves with the Deaf Community and use American Sign Language as a mode of communication, so that the language and cultural influences would be more readily apparent. This decision was purposeful so that the data could more clearly reflect any distinctions found between the two groups of women and to keep the data focused and more manageable.

The purposeful limiting of the Deaf women recruited for this study to those women who associate themselves with the Deaf Community and likely use American Sign Language (ASL) means that these results cannot be used to describe the group of women who are late deafened or hard-of-hearing and choose to lip read and speak for themselves. Many of these women associate with the hearing community and use English as their first language and may encounter fewer of the language and communication barriers experienced by those women who are culturally and/or audiologically deaf.

Future Research

It is hoped that this study will generate an interest in examining self-esteem from a strengths perspective, exploring further the ways in which women have overcome adversity in their lives and have learned to recognize their capabilities, as well as their self-worth. Women who are farther along in their process may serve as role models for others, both in the larger community, and in therapeutic settings.

A larger study, examining the experiences of a wider range of deaf

women may be undertaken so that comparisons can be made between the diversity that exists within the population that is deaf, hard-of-hearing, late deafened, DeafBlind, and culturally Deaf. A study that looks at how females, deaf and hearing, are being taught the concepts of self-esteem may yield insights as to why the two groups responded using the contrasting terminology this study uncovered.

Other research may examine the self-esteem of younger deaf women who, due to having instructors who are deaf or sign, and support services, such as interpreters and tutors, may not have the same language and communication issues that were brought out in this study. Lastly, this type of study might be undertaken with other groups where language, culture, and minority status may impact levels of self-esteem and the methods used to enhance self-esteem. Future research question possibilities:

Are there differences in the ways deaf, hard-of-hearing, Deaf, late-deafened, and DeafBlind women enhance their self-esteem?

How is the the concept of self-esteem taught to students, deaf or hearing?

How have support services in the schools influenced the self-esteem of younger deaf and hard-of-hearing women?

How do (culture group or minority) women enhance their self-esteem?

How do men enhance their self-esteem?

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C · O · L · L · E · G · E

Mary Holte
911 Holmes Street South
Shakopee, MN 55379

Professor Michael Schock
Institutional Review Board
Augsburg College
Minneapolis

January 15, 1998

Dear Mary Holte,

As a representative of Augsburg College Institutional Review Board (IRB), I have considered your revised proposal for research, "Self-esteem enhancement in Deaf and Hearing Women: Sucess stories". You have been approve of your research as proposed. Your IRB approval number is 97-23-03. Please use this number on your consent forms or letters and all other official documentation related to this research.

As a reminder, this IRB number must go on all participant related material. Good luck with this interesting research.

Sincerely,

Michael Schock

cc. E. Skarnulis

Appendix B

Self-Esteem Enhancement in Deaf and Hearing Women: Success Stories

Consent Form IRB#97-23-03

Your are invited to be in a research study about women and self-esteem. You were selected as a possible participant because you are female, between the ages of 25 and 75, and believe that your self-esteem is currently at a very comfortable level.

This study is being conducted by me to fulfill part of my requirements for a master's degree in social work at Augsburg College.

Background Information:
The purpose of this study is to learn more about how women successfully enhance their self-esteem. This research will include both Deaf and hearing women, which will provide clues to what similarities and/or differences exist between the two groups in addition to their individual variations. Information on how women succeed in enhancing their self-esteem will either support methods in use today by social workers, therapists, group facilitators, and women themselves, or provide insight into new methods to help women succeed in enhancing their self-esteem.

Procedures:
If you agree to be in this study, you will be asked to do the following things.
 The first time we meet, in person or over the phone, you will either be given or mailed a consent form to read before the scheduled interview. At that time, you will also be

asked to sign up for a time to be interviewed by the
researcher. The interview will take an hour to an hour and a
half to complete and will take place in a private room on the
Augsburg College campus. When you come for the interview,
bring the consent form. Before the interview begins, you
will be asked if you have any questions about the consent
form or about the research. If you have no questions, or
when all of your questions have been answered, and you still
wish to participate, you will sign the consent form.

The researcher will be working alone with each
participant, and will need to video tape the interview to
ensure all the information is accurate and that the interview
can be done quickly, without the need to take notes. All
tapes will be kept in a locked area (this will be explained
more in the section on confidentiality).

All of the questions asked in the interview will be
about self-esteem: your definition of the concept and your
personal experience with both diminished and enhanced self-
esteem. You will be asked to describe what self-esteem means
to you. You will be asked to talk about a time when your
self-esteem felt diminished and what that experience was like
for you. You will be asked about your current experience of
enhanced self-esteem and how you made the change from
diminished to enhanced self-esteem. You will be asked how
these two different experiences affected your life and
relationships. Finally, you will also be asked to fill out a
demographics survey to provide general information about the
participants of this study.

Risks and Benefits of Being in the Study:

This study has one risk. When an individual is asked to
recall and talk about times of struggle or distress, it may
bring back unpleasant or painful memories and the negative
feelings associated with those memories. That is why you are
free to refuse to answer any of the questions asked and you
are free to end the interview any time you wish, even if the

researcher has not finished asking all of the questions.

Direct benefits for participation in this study are the snacks and beverages provided during the interview. Indirect benefits are the contributions made to the body of knowledge regarding self-esteem and improved community programs, and the information this study may uncover to help other women in their search for enhanced self-esteem.

In the event this research activity results in the need for counseling services, you will be given the phone numbers for Chrysalis and Perspectives, Inc. However, payment for any of these services must be made by you or your health insurance provider.

Confidentiality:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify you. Research records and video tapes will be kept in a locked file; only the researcher, one other certified interpreter, and a transcriber will have access to the records. The transcriber is aware of the confidential nature of the research and will sign a statement ensuring confidentiality; the interpreter is bound by the RID (Registry of Interpreters for the Deaf) Code of Ethics in that this research will be treated as an interpreting assignment.
a. Raw data will be destroyed by August 31, 1998.
b. General information will be retained with all identifying information removed by August 31, 1998.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with the College. Nor will this decision affect future working relationships with the researcher in her role as a professional interpreter. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Mary C. Holte. You
may ask any questions you have now. If you have questions
later, you may contact her at: 496-2565 (v) or 496-2576 (tty)
or through her pager: 613-4786 (tty access - 529-2290) or via
the e-mail system: holte010@tc.umn.edu. The researcher's
advisor, Dr. Edward Skarnulis can be reached through Augsburg
College, Department of Social Work, (612) 330-1759.

You will be given a copy of this form for your records.

Statement of Consent:

I have read the above information. I have asked questions
and received answers. I consent to participate in this
study.

Signature_____Date_____

Signature of
Investigator_____Date_____

I consent to be video taped

Signature_____Date_____

Appendix   D

1.   Describe self-esteem. What does that mean to you?

2.   Use your definition and tell me: on a scale of 1-10, with 1 = very low and 10 = very high, where would you place your current level of self-esteem? Why?

2a.   Tell the participant my "definition" (the operational definition)

2b.   Now use my definition and tell me: using the same scale of 1-10, where would you place your self-esteem? Why?

3.   ,   Do you see the two definitions as very similar or very different?

4.   When in your life have you experienced diminished self-esteem?

4a.   If you were to use the same scale of 1-10 and my definition, how would you have rated your self esteem then?

4.   Describe the experience of having diminished self-esteem.
(Prompts: What was it like for you? How did you feel about yourself? How did you feel about others? Did it influence the relationships you had with other women? With men? How?)

5.   When _____(the experience/period) happened, What did you do? How did you act or react? (Prompts: e.g. did you do something, do nothing, try to change the situation or yourself?)

6.   When did you later enhance your self-esteem or move away from diminished to enhanced self-esteem?

7.   How did that process begin? (Prompts: What started it? Was there a person or specific event or change in your life that helped?)

8.   Now describe the experience of having enhanced self-esteem.
(Prompts: What was it like for you? How did you feel about yourself? How did you feel about others? Did it influence the relationships you had with other women? With men?

Appendix C

Vikie Stordahl
10001 Redwood Street NW
Coon Rapids, MN 55433

February 7, 1998

Dear Vikie:

This is a contract for your services as a transcriber for my thesis research #97-23-03, "Self-esteem enhancement in deaf and hearing women: success stories". In signing this contract you confirm your awareness of the privileged nature of the research information and the assurance that you will keep all information strictly confidential. No names, circumstances, dates, places, or other details about any of the participants may be revealed by you to anyone outside of this researcher, her advisor, the backup interpreter, or yourself. In addition, the tapes used to transcribe the data and the transcriptions must be kept in a secured area unless they are in use by you or in transit between your work space and the researcher's secured area.

It is the researcher's understanding that you will be paid $7.00 / hour for your services as a research transcriber, your hours tracked by yourself for documentation to be submitted to the researcher. Exchanges of voice tapes and transcribed data will be negotiated between researcher and yourself.

If you agree to the above terms, obligations, and expectations, then sign this document and return it to the address below. Upon receipt of the signed copy, the researcher will begin to schedule time with you for the actual transcription work.

I, Vikie Stordahl, understand the confidential nature of this research, the terms of this contract, and agree to abide by this agreement.

_Vikie Stordahl_____ date _2-16.98_

Researcher:_May C Holt_____ date _2-7-98_ # _97-23-03_

How?)

9. What was most helpful to you for enhancing your self-esteem?

9a. How did these things help?

10. How do you keep your self esteem at a comfortable level? Is it comfortable now? Are you doing things that would enhance it more?

11. Would you recommend your method of enhancing your self-esteem to a woman who was experiencing diminished self-esteem? Why or Why not?

Appendix   E

Demographics Questionnaire   IRB#97-23-03

What is your Age? _____

What is your educational background? (circle all that apply)

mainstream/public   residential   high school graduate

GED   some college   college graduate   some post-graduate

Masters   PhD

What language do you prefer to use?   English   ASL

Other_____

What is your Race/Ethnic Background

African-American   Asian/Pacific Islander

Caucasian   Hispanic   Other_____

What is your income? (not household)   less than 20, 000___

20,001-29,000_____

30,001-39,000_____

40,001-49,000_____

more than 50,000_____

Please Circle One   Deaf   Hearing