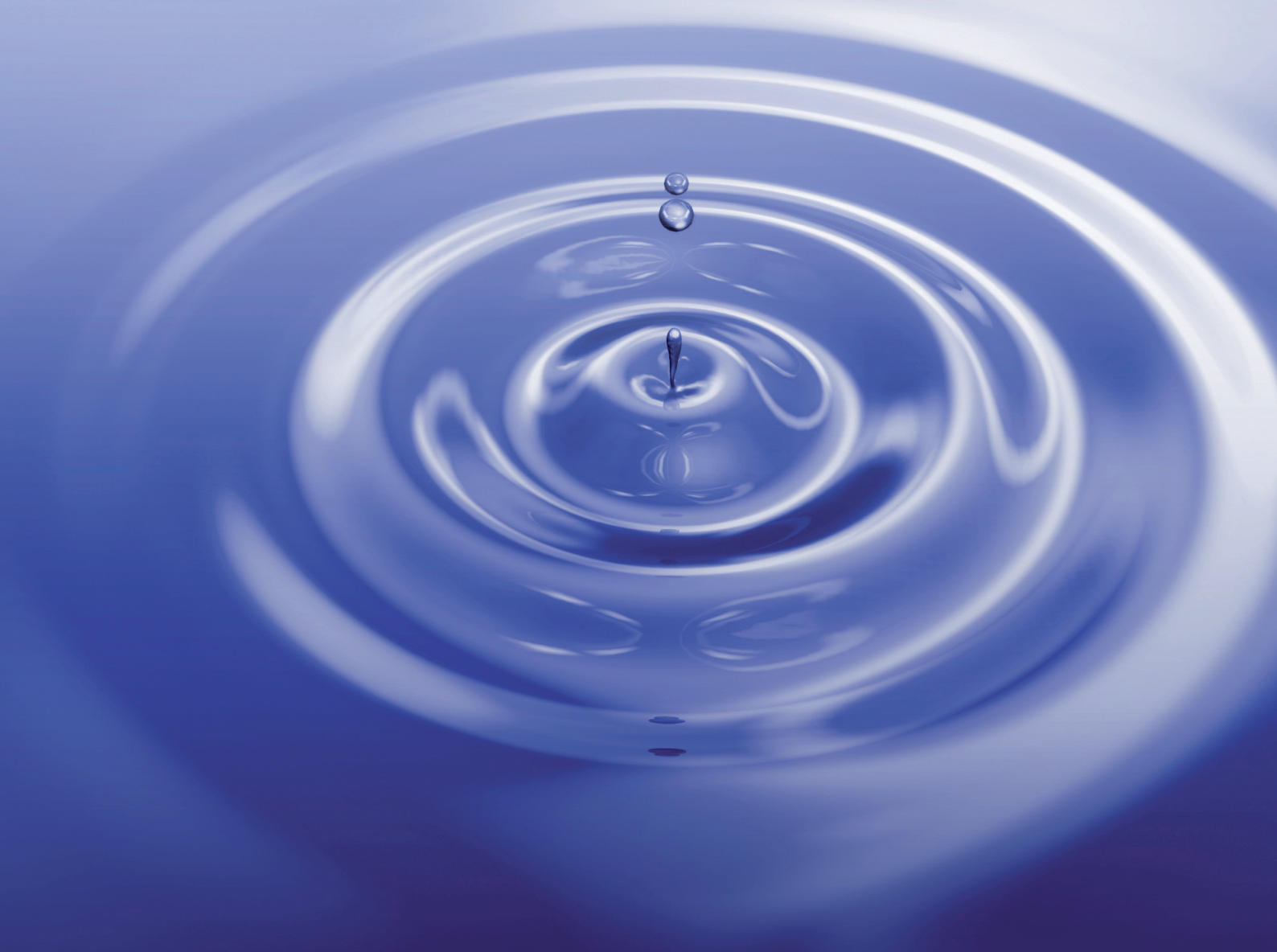
“Time for hearing” - recognising process for the individual

A grounded theory

by Gitte Engelund

PhD thesis



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“Time for hearing”
- recognising process for the individual
Abstract

The aim of this thesis is to report on the findings of a classical grounded theory study into the problem of recognising hearing loss. The format of the thesis therefore reflects this important heritage. The text primarily reflects how the theory is integrated and based on data. The data that the thesis is based on was collected from 14 persons all of whom where experiencing varying degrees of problems with their hearing.

The core hypothesis of the thesis is people with a hearing loss go through a four-stage recognition process. Recognition of hearing loss is therefore a social psychological problem that has to be resolved before people will recognise their need to seek help.

The recognition process is composed of several essential elements that cover short term and momentary activities of consciousness associated with problems with unpredictable hearing and problematic communication. The continual experience of these problems generates relational and personal problems, and eventually these have significant consequences for the person’s identity.
The personal nature of hearing implies that there are potentially many paths to a “time for hearing.”

The findings of the study cross cut and integrate well with existing literature on audiological rehabilitation and health behaviour. Previous audiological research attention to stigmatisation as a central reason for avoiding hearing aids was not supported in the present study. These findings bring forward the critique that “stigma” is often used as an analytic term without being adequately grounded in the real world. It is also proposed that the present recognising process fits well with the “help-seeking” literature since many well-known help-seeking “triggers” or “variables” appear at the different stages in the recognising process.

One of the strengths of this classically modelled grounded theory is that it links topics from many disciplines such as audiology (auditory perception), linguistic (communication), psychology (emotions) and sociology (identity, self). One category, “trajectories of recognising”, remained unsaturated and somewhat descriptively coded and remains a limitation of the theory as it currently stands. Further research is therefore required on the temporalisation of the recognising process.

The thesis proposes that people with an acquired hearing loss should be treated as people in process and not as people in a state of being stigmatised, in denial or not motivated. A person with hearing loss should be helped through the very complex recognising process according to the stage at which the person is. Instead of focusing on why people don’t seek treatment, the focus should be why people do seek treatment. Moreover why is this person seeking treatment now?

"Tid til hørelse"
- erkendelsesproces for den enkelte
Resume

Formålet med denne afhandling er at rapportere fundne fra en klassisk "grounded theory" undersøgelse om problemerne med at erkende et høretab. Afhandlingens opbygning afspejler derfor denne metode. Teksten afspejler hovedsageligt, hvordan teorien er sammensat og baseret på data. De data teorien er baseret på, stammer fra 14 personer, som alle oplevede forskellige grader af problemer med deres hørelse.

Afhandlingens kernehypotese er, at personer med høretab gennemgår en erkendelsesproces i fire stadier. Denne proces afspejler et socialpsykologisk problem, som skal afklares før den hørehæmmede kan erkende sit behov og søge hjælp.

Erkendelsesprocessen er sammensat af adskillige uundværlige elementer, som består af kort tids og momentane aktiviteter af bevidsthed forenet med problemer med uforudsigelig hørelse og problematisk kommunikation. Den konstante oplevelse af disse problemer fører til komplikationer i forholdet til andre og giver personlige problemer. I sidste instans fører disse til betydningsfulde konsekvenser for personens identitet. Det personlige aspekt af hørelse bevirker, at der potentielt er mange forløb til "tid til hørelse".

Fundne i denne undersøgelse integrerer godt med audiologisk og helbredsadfærds litteratur. Tidligere audiologisk litteraturs opmærksomhed på stigmatisering som værende en central årsag til undgåelse af høreapparater var ikke supporteret i denne undersøgelse. Disse fund frembringer en kritik af at "stigma" ofte bliver brugt som et analytisk værktøj uden at det helt bunder i den rigtige verden.. Afhandlingen påpeger, at den fremkomne erkendelsesproces passer godt med litteraturen om "hjælp-søgning", da der forekommer mange velkendte "triggers" eller " variabler" for at søge hjælp. Disse optræder på forskellige stadier i erkendelsesprocessen.

En af styrkerne ved denne klassisk genereret "grounded theory" er, at den forbinder emner fra mange discipliner så som audiologi (auditiv perception), lingvistik (kommunikation), psykologi (følelser)og sociologi (identitet, selvet).

En kategori, "forløb af erkendelse" forblev umættet og er på nuværende tidspunkt kun beskrivende kodet og forbliver en begrænsning af teorien. Der er derfor behov for fremtidig forskning omkring de tidsmæssige aspekter af erkendelsesprocessen.

Afhandlingen anbefaler, at personer med et erhvervet høretab skal behandles som personer i proces og ikke som personer som er i en tilstand af at blive stigmatiseret, i fornægtelse eller ikke motiveret. En person med høretab skal, afhængig af hvilket stadie vedkommende er på, hjælpes igennem den meget komplekse erkendelsesproces. I stedet for at fokuserer på hvorfor mennesker ikke søger behandling, skal fokus være på hvorfor mennesker søger behandling. Eller endnu mere hvorfor søger denne person behandling nu?

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Figures and tables

Acknowledgement

What at times seemed a never-ending learning process has suddenly reached its end. My time as a PhD student is over and the results of my process are presented in the present thesis.

The process of becoming a researcher had involved many hands and many minds – and this process has not been an exception. So many people have helped me to reach this important and interesting point of my life. Everybody has supported the research project and me in a number of ways, and I would like to take this opportunity to publicly acknowledge some of that support.

If it had not been for the Oticon Foundation this process would never had started. I would therefore like to thank the Foundation for initiating and financing the research project.

The most important people for the research were definitely the participants in the study who openly and generously shared their experiences of hearing problems with me. Your stories have made it possible for outsiders to get a fuller picture of what people must go through in order to recognise a hearing loss. I owe you all a great deal of thanks.

I owe the Audiological Clinic at Gentofte County Hospital my appreciation for helping me contact the participants.

I am grateful to my external adviser, Dr. Barry Gibson, Department of Oral Health and Development, School of Clinical Dentistry at Sheffield University. You became my grounded theory mentor when I most needed you. Without you the process would not had been the same. You opened my eyes to so many things. You taught me grounded theory and gave me a huge insight into what research is about. We had many good discussions together. I will never forget the friendship that emerged over time. Barry, Kelly, Alex and Lucy, you all took me into your home and showed great hospitality whenever I came to England. I extend a special thank to you Kelly for making my first drafts readable. “Thank you” is just not enough in this context because I appreciate everything that you have done for me so much, but anyway “Thank you so much, Barry”.

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Sometimes a special person turns up from nowhere but Lene Søndberg, PhD, you appeared from cyberspace and became a close follower over the years. You and I had many really good discussions about our two PhD projects where grounded theory was the common denominator. Thank you so much, Lene, for all your critical questions, sympathising support and your many good suggestions.

However even though that I had all the above support I would not be where I am today if had it not been for the love, care and joy that I received every day from my friends and family; especially from my husband Gert and our two sons, Philip and Theis. Thank you so much for being so patient with me and for all your love, help and support over the years. Thank you so much my dear family, I will never forget it.

PART I INTRODUCTION AND OUTLINE

Part I consists of Chapters One and Two. Chapter One gives the outline with the background and the purpose of the thesis. The chapter emphasises that the initial aim of the study was to acquire knowledge about the stigma attached to hearing impairment and hearing loss, because it was felt that stigma was one of the reasons why many hearing impaired people do not acquire hearing aids. This aim changed because the participants in the study did not talk about being stigmatised but more about their difficulties in finding out about their hearing problems. The chapter ends with a description of each chapter in the thesis. Chapter Two provides a detailed methodological summary of grounded theory. The reader is taken through each stage of doing research with grounded theory. The chapter ends with a presentation of the research process.

Chapter 1

Introduction: 'Time for hearing'

> *"No, I didn't think about hearing loss, because I didn't know and had I known, had I recognised it, I had done something about it earlier, but if you do not know that there is something you haven't got, you don't miss it" Carsten*

When talking about hearing problems, people often compare hearing to vision, even though the two are very different. Often people are more impressed with the sense of vision. In fact they ought to be more impressed with what they can hear; the ear can easily distinguish whispers from cannon fire, whereas the eye has more difficulty adapting from bright sun to semi-darkness. Hearing is not just important for speech communication but also for hearing everyday sounds, from music, a laugh, a sleeping child's peaceful breath or a bird's song, to noise from machines, heavy traffic or rattling cups and plates. All sounds are important and yet sound is simultaneously elusive.

In order to explain this one can contrast the vocabulary that people use to describe taste with that used to describe hearing. When describing a taste, people use words like "sour," "sweet," "salty," "hot," but they can also mix in well-known tastes, such as "it tastes a little like vanilla with a touch of lemon," but for hearing the vocabulary is much poorer. People use words like "loud," "soft," "noisy", or "rattling," but it is often difficult to find words that can describe what they are hearing, and what they are experiencing. It is more difficult because sounds are temporary. Sounds are intangible and fragile.

The complexity of communicating about sounds in everyday life hints at just some of the difficulties that might be involved in attempts to produce technologies to help with hearing loss. This is not to say that the existing high tech industry does not have a sophisticated language to communicate about hearing loss. To the contrary, audiological researchers and manufacturers have over time developed an increasingly specialised language to deal with many aspects of hearing loss. Where a significant problem remains is with building a bridge from that technology and all of its specialised language towards those who are experiencing problems in their everyday life.

The gap between technology and everyday life is tangible. For example, although hearing aids now are high-tech devices studies have indicated that about 80% of people who could benefit from wearing hearing aids, do not acquire them (Arnold, 1998b). Some of the reasons why people do not acquire hearing aids are that they feel stigmatised, don't want to look old, or will not admit that there is a hearing loss. Relatives of people with hearing problems often find it difficult to understand why a person just doesn't want to accept their hearing loss and do something about it.

The study began by aiming to analyse social stigma in relation to hearing loss. But, as is so often the case with grounded theory, it was soon discovered that stigma was not really a central concern for the participants. Many of the times when they spoke about their

experiences it almost seemed like they were constantly on trial in their everyday lives. They would often be reproached by others and would become self critical. Some of them related that eventually the problems had become so bad that their identity was in some way threatened. It seemed that there was a very slow accumulation of problems. This accumulation made them recognise that trouble and bother was caused by problems with their hearing and that this needed treatment. It was not because they felt that they were stigmatised but rather that they needed to acknowledge a loss, because they or other people couldn't adapt to the problems any longer.

This thesis is a grounded theory about how people resolve the problem of recognising hearing loss. The thesis hypothesises that a person with a hearing loss goes through a four-stage recognition process and suggests that the problem of recognition is not stigmatisation. But rather that the recognition of hearing loss is a social psychological problem that has to be resolved before anything can be done about that problem.
The recognition process is composed of several essential elements that cover short term and momentary activities of consciousness, which are in turn associated with unpredictable hearing and problematic (fallible) communication. The continual experience of these various problems can lead to relational and personal problems (called tribulations), and eventually these can cause significant consequences for identity (problematic self-identity).

These findings were surprising and a little in contradiction with the initial purpose of the study (to study stigma and hearing loss) but the emerging theory promised to demonstrate what brought people to the hearing clinic rather than what kept them from seeking treatment. It promised to demonstrate that people were often in a process that eventually culminated in the realization that it was a "time for hearing" instead of being in a position of being stigmatised, in denial, unmotivated or reluctant. Placing participants within a recognising process is much more likely to establish what is getting them to seek treatment (Zola, 1973). In short the emerging theory promised a positive outlook on the core concerns of participants in their everyday life and how these were eventually resolved.

Put simply a "time for hearing" is defined as the outcome of the accumulation of activities of consciousness over time. The greater the degree of interplay between the various short term and momentary activities of consciousness associated with hearing problems the closer the person was to a "time for hearing." In this respect the person over time comes to recognise the degree of their hearing impairment and the need to seek help. The process is summarised in Figure 1 below.

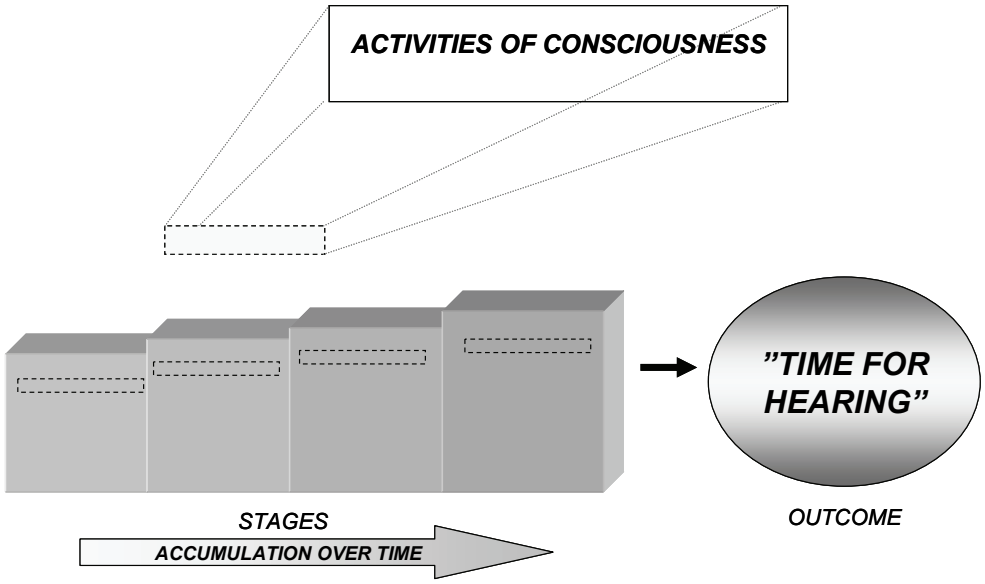

Figure 1 " Time for hearing" as outcome of the accumulation of activities of consciousness over time

Figure 1 illustrates the recognising process. The activities of consciousness occurring as they do within a short time span slowly accumulate both in intensity and frequency and this eventually leads in a four step process to a time for hearing. For some recognising might take long time, about 15 years, where for others it can be relatively quick. There was a suggestion in the data that there are perhaps several different trajectories and that these vary by personal characteristics.

The personal nature of hearing implies that there are potentially many paths towards a "time for hearing". Frequently it is close relatives who first become aware of recurrent hearing problems and who often have difficulty understanding why it can be so hard for the person with the problem to develop an awareness of the problem.

In many respects this thesis is one small step towards helping developing a theory closely tied to the core concerns of people with an emergent hearing loss. The thesis aims to explain how this small step was achieved. The argument of this thesis is that it is only through a theory tied directly to the perspectives of participants that concepts such as stigma, coping and grieving can be set in the appropriate context. The rest of the thesis tells this story.

Purpose of the research

The audiological literature (Arnold & Pryce, 1999, Kochkin, 1993, Kochkin, 1994, Kochkin, 2000, Kochkin & Gudmundsen, 2002) and audiologists have found that people feel stigmatised by hearing loss (Crocker et al., 1998, Goffman, 1990a, Heatherton, 2000, Heyes, 2001, Mason, 2001). Hearing impaired people believe that other people are devaluing them and this often results in an unwillingness to acquire hearing aids. Although hearing impairment is the second most common disability in developed countries and its prevalence increases markedly with age stigma often appeared as a spin-off in other studies on for example, coping strategies (Hallberg & Carlsson, 1991a), reluctance to admit hearing loss and rejection of hearing aids (Arnold & Pryce, 1999, Kochkin, 1993, Kochkin, 1994, Kochkin,

2000, Kochkin & Gudmundsen, 2002), (Arnold, 1998b, Arnold & Pryce, 1999, Brink et al., 1996, Brooks & Hallam, 1998, Gleitman et al., 1993, Hallam & Brooks, 1996), grieving processes (Armero, 2000)and the social- psychological consequences of hearing loss (Danermark, 1998, Noble, 1996).

Stigma became a central concept in the work of Hétu and colleagues (Arnold & Pryce, 1999, Doggett et al., 1998, Erler & Garstecki, 2002, Hetú, 1996, Hetú et al., 1994a, Hetú et al., 1994b, Hetú et al., 1993, Hetú et al., 1990, Hetú et al., 1988).This important work contributed to knowledge about stigma related to hearing impairment and hearing aids through interviews with groups of hearing impaired workers and their wives. The work that closely analysed occupational hearing loss looked at the reluctance to acknowledge hearing difficulties and later work analysed attitudes towards co-workers with hearing loss.

Hètu (1996) summarized his experimental work and discussed the stigmatisation process and it was concluded that people avoid disclosing a hearing loss because hearing impairment connotes mental and physical disability, weakness, and looking old. He concluded that people are in denial in an attempt to minimize their hearing disability they are also reluctant to talk about the hearing problem and its consequences. People wish to normalize themselves because of expectations of negative consequences when disclosing their hearing status. It was also suggested that the stigma of hearing impairment could be understood within the broader conceptual framework of shame.

An important distinction that also emerged in the work of Hétu (1996) was between micro- (interpersonal) and macro- (social) levels of stigma. At the micro-level, hearing and communication impairment represented a threat to social participation because they interfered with basic communication processes. The macro level of stigmatisation was about: 1) a growing awareness of one's progressive hearing loss after repeatedly being the object of blame, 2) self-stigmatisation, 3) agreement with statements about hearing impairment in the media and in everyday conversations about those who have a hearing impairment, and 4) anticipation of difficult communication situations. Self-isolation, avoidance of social interactions and, when unavoidable, pretending, become a way of life. The fear of embarrassing communication experiences became stronger than the fear of isolation (Hetú, 1996).

Other work has demonstrated similar results for example students' attitudes towards wearers of visible behind-the-ear hearing aids, in-the-canal hearing aids, eyeglasses, and contact lenses. Behind-the-ear hearing aids were strongly associated with older people. The less visible in-the-canal hearing aids were associated with younger people and were associated with vanity, self-consciousness, and an active lifestyle (Arnold & Pryce, 1999).

A recent study of women and hearing-loss by Garstecki and Erler (2002) illustrated that less stigma was attached to hearing aid use than to hearing impairment. Hearing aid use was unanimously considered a sign of ageing, but more stigmas were related to the perception of handicap.

These studies were one of the reasons for why the Oticon Foundation[1] initiated and financed this industrial PhD project. The Foundation was primarily interested in understanding stigma since when people prefer living with the limitations of a communication deficit, then stigmatisation in turn could cause huge rehabilitation problems. The Foundation determined that this knowledge was important for future rehabilitation strategies. Also, a better understanding why people feel excluded or stigmatized could lead to an increase in the use and effectiveness of modern hearing aids.

The wish to understand the stigma was reflected in the purpose of the research project:

> *The purpose of the project was to develop a better understanding of the stigmas attached to hearing impairment and to hearing aids.*

It was proposed that the research purpose would be refined if necessary during the conduct of the project.

Introduction to Grounded Theory

A traditional distinction operates in perspectives on science between positivistic and hermeneutical traditions. Their respective methods are said to be quantitative and qualitative research. The distinction between positivism and hermeneutics is not always helpful since many research questions often require some combination of the two.

Positivistic research is often described as involving the use of hypotheses that articulate measurable relations between data. Most positivistic research tends to be quantitative and takes the form of surveys or experimental investigations.

In hermeneutical investigations, the researcher often collects data and uses the data to generate a theory that is organised around everyday problems and what the problems mean for people. Qualitative methods often use observations and interviews as data. The questions that researchers want to answer are: What is going on here? What is the nature of the phenomenon? What concepts can describe what is going on here? How can these concepts explain the variation that exists?

The most appropriate research strategy to address the research question was a qualitative research strategy Qualitative research was the obvious choice because interviews provide knowledge about what people experience and these interviews could easily address the phenomenon of stigma and its associated feelings and emotions(Kvale, 1996).

The approach of grounded theory (Glaser, 1978, Glaser, 1992, Glaser, 1998, Glaser & Strauss, 1967) was deemed useful as a framework for the conduct of this qualitative study. A central reason for applying grounded theory was because it was possible to generate a theory rather than another description of the problem. It seemed that:

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[1] Oticon Foundation is the majority shareholder in Oticon (hearing aid manufacturer) and is committed to support the needs of the hearing impaired people.

1. Introduction: "Time for hearing"

> *"Grounded theory methodology leaves nothing to chance. It provides rules for every stage on what to do and what to do subsequently." (Glaser, 1998 p.13)*

Grounded theory differs from traditional qualitative research because it emphasises theory and values conceptual theory over description. The specific nature of the method has raised many discussions about it's epistemological status. For more detailed discussions about this see Charmaz (1995, 2000), Dey (1999), Bryant (2003)Gibson (2000), Annells (1996), Glaser (1992, 2001, 2002, 2004, 2003), Morse (2001), Clarke (2003, Clarke, 2005), Wilson and Hutchinson (1996) and Miles and Huberman (Miles & Huberman, 1995)
The method had already been successfully deployed in audiological research, for instance in a study of strategies for managing a hearing impairment by Halberg (Hallberg 1991), Help-seeking behaviours for advanced rehabilitation (Edgett, 2002) and acquired hearing impairment in older relationships (Yorganson, 2003). The scene was set for the commencement of the study.

In fact what happened was that I unwittingly started the research process using a very specific form of grounded theory. This was because the book *"Basics of Qualitative Research: Grounded Theory Procedures and Techniques*" by Strauss and Corbin (Strauss & Corbin, 1999) appeared to be readily accessible and seemed to explain how to conduct and analyse qualitative data. The book specifically aims to present a dense and complicated methodology in an easily accessible format. It is also one of the main sources recommended by many in relation to grounded theory. Indeed Strauss and Corbin's approach certainly fitted well with the research question because it allowed one to develop a grounded theory approach from the perspective of a phenomenon such as stigmatisation

The problem I had not anticipated however was that starting within a well established theoretical framework such as stigma often risks one-sided data collection. The explanation for this was because researchers, driven by 'preconceived' assumptions about what the problem is for participants often miss what is *actually* important. There is also the tendency to focus on collecting inappropriate data that the researcher assumes is important rather than what is important (Hartman, 2001). It turned out that the approach of having a preconceived assumption about a problem had been explained Glaser (1998) as:

> *"In contrast the professional, preconceived problem, while of interest to the profession or some professional, is often not there and if there, not of great concern to the participants in the substantive area." (Glaser, 1998 p.115)*

Having pre-conceived assumptions about why people did not seek help and acquire hearing aids in fact did interfere in the initial stages of this study. The assumption that the problem was one of stigma just did not fit what people where saying. As data collection commenced I was faced with the increasing problem of trying to fit a theoretical framework that had little relevance to the problem at hand. It was at this stage that I turned to alternative perspectives on grounded theory and began to set aside all my preconceived views about the problems that people were experiencing.

The purpose of the project was then adjusted to address this change in focus. The aim of the study was now

to generate a theory grounded in the main concerns of people with hearing problems as they start to consider seeking care for their hearing difficulties

It also became important to clarify the significant differences between Glaser's approach to grounded theory and Strauss and Corbin's approach.

Grounded Theory - Glaser or Strauss?

Since Glaser and Strauss' influential work in the 1960's (Glaser & Strauss, 1967), a difference emerged between the approaches of Glaser and Strauss on the nature and processes associated with grounded theory. As a result two approaches to grounded theory are now largely considered to exist[2]; the "Glaserian" (often called classic or orthodox) and the "Straussian" (Morse, 1994).

Glaser (1992) selects an area for study and allows participant's problems or concerns to emerge. These then become the central focus of the research process and the eventual theory is designed to be organised around these. Strauss and Corbin (1990) on the other hand are more specific and prefer to identify a phenomenon or issue for study before entering the field. They claim that grounded theory can be used to understand any chosen phenomenon about which little is known.

Strauss and Corbin (Strauss & Corbin, 1990)are also more prescriptive than Glaser in specifying the steps to be taken by a researcher. They suggest that the researcher should conduct open, axial and selective coding, and follow their process model (identifying codes as causal conditions, phenomenon, context, intervening conditions, action/inaction strategies, consequences) in developing the theoretical framework.

Glaser (1992) has argued that Strauss and Corbin's (Strauss & Corbin, 1990) approach 'forces' rather than allows the "emergence" of theory. The term "emergence" relates to the close relationship between the researcher's intuition, as represented by knowledge that is "instinctive" rather than based on "reason" or "intelligence," and the "induction" of a theory based on these intuitive ideas (Gibson, 1997, Glaser, 1992). For this reason Glaser's (Glaser, 1978, Glaser, 1992, Glaser, 1998) conception of grounded theory is directly concerned with maximising the intuitive and creative power of the researcher, rather than stifling it by demanding that the researcher ask too many questions of the data, thus forcing the data to fit a preconceived description.

Applying the grounded theory method of Strauss and Corbin (1990) therefore in some circles risks inhibiting the emergence of the problems as experienced by people who don't acquire hearing aids. Glaser's (1992) approach promised to allow some flexibility of approach to iteratively develop a theory about an emergent problem.
In essence the grounded theory researcher is left with a choice between Glaser's advocacy of a less specific analytical approach (even though there still are systematic steps to be

[2] Some would even go so far as to argue that there is no longer one single methods that can be called grounded theory Denzin, N.K. & Lincoln, Y.S. (2000b) *Handbook of qualitative research* (Thousand Oaks, Calif., Sage Publications).

conducted) and Strauss and Corbin's provision of more detailed operational guidelines within a specific coding paradigm. The latter offers greater potential assistance to the researcher, who must nevertheless take particular care to avoid imposing concepts that reflect the researcher's own definition of the problem, rather than those emerging from interaction with the study site, its participants and data.

This thesis, does not engage in the debate. Too much has already been said about the split in grounded theory (Annells, 1996, Glaser, 1992, Glaser, 2002, Guba & Lincoln, 1994, Locke, 1996, Morse, 2001, Morse, 1994, Pidgeon & Henwood, 1997, Stern, 1980) . Rather, it focuses on deriving a picture of how the "Glaserian" approaches was used to study how participants perceived their hearing problems and their consequences. For further discussions about the differences between Strauss and Glaser, the reader is referred to Annells (1997) and Glaser (1992).

Structure of the thesis

As this thesis follows closely a particular form of grounded theory it is necessary to make notes at an early stage on its structure. The main goal of grounded theory in the research process is to develop a conceptualised theory that is organised around the main concerns of participants in a substantive area. For Glaser and Strauss (1967) a thesis should primarily reflect the concepts in the theory together with its construction and structure. The text should primarily reflect how the theory is integrated and how it is based on data. The best way therefore to present the theory is through a research monograph centred on the core category; recognising hearing loss.

This thesis therefore does not follow the traditional framework for a typical thesis. The thesis aims to detail a grounded theory that is organised around the main concerns of persons with hearing loss(Glaser, 1978, Glaser, 1992, Glaser, 1998, Glaser, 2001, Glaser, 2002, Glaser, 2004, Glaser & Strauss, 1967, Strauss & Corbin, 1999). This is important because one of the first principles of a grounded theory is not to assume that the research problem is necessarily the same for those being studied. It was my central concern not to enter the field of hearing loss assuming that everyone everywhere was experiencing various degrees of stigma.

Throughout the thesis persons are referred to as people with an emergent hearing loss. As the study developed I began to use the term "emergent" instead of "acquired" to describe the hearing loss because this was how it seemed. That hearing problems were appearing to them.

One very important difference between this thesis and other PhD theses is in its use of the research literature. By now it should be obvious that the thesis does not contain a traditional literature review although the literature was indeed reviewed. Like all grounded theories the literature was in fact interpreted as further data to be integrated into the theory. The theoretical categories and their properties that emerged in the research process were in fact compared to the existing literature at the end of the research process. The literature review was not therefore to be avoided, but rather forms an integral part of the process.

> *"I encourage the burden and joy of literature review to complete the Grounded Theory package by making it a woven-in part of the literature." (Glaser, 1998 p.78)*

1. Introduction: "Time for hearing"

Traditional grounded theory avoids forcing the "literature review" to take the traditional report form of thesis writing. To provide a report on the literature would in fact be a significant departure from the use of the literature in classical grounded theory. Rather my purpose here is to provide an illustration of the full extent and use for grounded theory. As a result the literature review is integrated fully into the theory. More details on how the literature was reviewed and utilised will be explained in Chapter Two.

The thesis is divided into three parts. Part I, termed "Introduction and outline" provides the above introduction to the thesis and the following chapter two.

Chapter Two provides a detailed methodological summary of grounded theory. The reader is taken through each stage in the journey of doing a grounded theory where the aim will be to explain to the new reader the logic and process of the discovery of a conceptualised theory from data. The chapter ends with a section on the specifics of the research process; here an account will be given on the process of theory generation in this thesis in the move from data to theory. The section therefore outlines the traditional research method section from entering the field, data collection through the recording and transcribing of interviews, data analysis and the use of software packages, analysing data and writing up.

Part II, entitled "Time for hearing" presents the grounded theory in Chapters Three to Eight. The grounded theory is presented fully integrated with various literatures. The theory to be presented is a basic social psychological process that accumulates in its effects and intensity over time eventually culminating towards a critical point where people recognise that they need to seek help. In many respects when they reach this final critical stage they recognise that the time for hearing has been reached. Because the theory is about a social psychological process it will articulate how the accumulation of effects occurs in stages over time. Social psychological processes have a particular form of two or more stages of experience in time towards a point. Persons are said to progress or not through these stages. Grounded theories of this nature are quite common and several good examples exist in the literature because the theories are about people's concern (Charmaz, 1991, Charmaz, 1999, Ekins, 1997, Finfgeld, 1999, Glaser, 1996, Glaser & Strauss, 1968, Glaser & Strauss, 1971, Glaser & Strauss, 1966, Gubrium & Charmaz, 1992, Hylander, 2000, Paterson, 1999, Roberts, 1999, Thulesius et al., 2003).

Chapter Three gives an introduction to the core category (recognising hearing loss) and its associated building blocks (the essential elements of the theory). In this chapter the various "activities of consciousness," associated with recognising hearing loss are introduced and documented. These activities are associated with the short term, even momentary appearance of problems with hearing loss. They are some of the essential elements of the theory and occur over time throughout the recognition process.

In Chapter Four unpredictable hearing emerges for the first time as a manifestation of the core problem with hearing. Closely entangled with this are another set of problems associated with flawed communication. These "hearing related problems" become symptoms of hearing loss and in turn become significant elements in recognising hearing loss. Here the problem becomes more than simply a momentary problem associated with perceiving sound. Participants talked about recognising changes in their ability to hear and their carry on conversations.

In the next chapter, Five, discusses how hearing related problems manifest themselves in terms of a disturbed interaction between the person with an emergent hearing loss and their environment. The “manifestation of problems” is linked to the experience of being on trial. In these interactions there is a lot of disappointments, reproaches and reactions whose effects build up over time.

Hearing related problems were subsequently found to have consequences for personal identity and these are considered in Chapter Six. This chapter presents an analysis of the various changes in personal identity as a result of hearing related problems. Problems with identity are vital for recognition of hearing loss because when untreated these “consequences of problems” can result in people becoming something they no longer wish to be.

Once equipped with the basic elements of the theory being proposed Chapter Seven goes on to describe the four stages of the recognising process that people undergo as they reach a time for hearing. In this chapter it is hoped that the interplay between consciousness and the problems in everyday life can be made clear. The chapter will end with a description of some of the trajectories that people manifest in relation to the recognising process.

After have been going through the process people reach a “time for hearing”. “Time for hearing” is when people have come to the point that they have recognised that they need help. Chapter Eight explains that a “time for hearing” is when people are motivated to take possession on own hearing disability.

Part III, Summary and discussion present the closing remarks. In the final chapter a summary of the basic social psychological process of recognising hearing loss will be provided. The main findings of the study are summarised and discussed. A personal reflection of strengths, limitations of the research and the method is also provided. The findings are then located within audiological and health behaviour literature. Implications of the research for practical use and further research are considered. The thesis subsequently ends with some concluding remarks.

Chapter 2

Methodological considerations

> *"A general methodology of analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area."* (Glaser, 1992 p.16)

It is challenging to explain simply and correctly a method that "happens sequentially, subsequently, simultaneously, serendipitously and scheduled". (Glaser, 1998 p.1)

Grounded theory is about generating a substantive or formal theory; theories or hypotheses that are grounded in data. A theory consists of categories, properties and hypotheses..A formal theory is about different phenomena. In contrast, a substantive theory is about a certain group.

The hypothesis or theory is generated by comparing conceptualized data at different levels of abstraction. Grounded theory does not aim for the "truth" but to conceptualise "what is going on" (Glaser & Strauss, 1967). Grounded theory research process begins by focusing on an area of study and gathers data, for instance from interviews. The data is analysed by using coding and theoretical sampling procedures. The most important part of conceptualisation within grounded theory is that it is abstract from time, place and people (Glaser, 2001).

The purpose of grounded theory compared to qualitative analysis (Auerbach & Silverstein, 2003, Crabtree & Miller, 2000, Creswell, 1998, Creswell, 2003, Denzin & Lincoln, 2000a, Denzin & Lincoln, 1995, Denzin & Lincoln, 2002, Denzin & Lincoln, 2003, Dey, 2004, Green & Thorogood, 2004, Holloway, 2005, Lunde & Ramhøj, 2003, Miles & Huberman, 1995, Olsen, 2002, Seale, 2004, Silverman, 2004, Watt Boolsen, 2004) is therefore to formulate hypotheses or theories based on conceptual ideas and not to provide a factual description. A grounded theory is not only about making sense but also about generating new theoretical model that makes it possible both to understand and explain complex phenomena. These explanatory models are not scientifically proven, but are well grounded in the empirical data.

The reason for doing a grounded theory is not to organise a great deal of data, but to collect and develop ideas that emerge from the data. This is done by catching the complexity in the reality, which cannot be understood or explained in simple causal connections. As Atkinson, Coffey and Delamont describe grounded theory

> *"Grounded theory is not description of a kind of theory. Rather it represents a general way of generating theory (or, even more generically, a way of having ideas on the basis of empirical research.)" (Atkinson et al., 2003 p.150)*

One of the strengths of a grounded theory is that it explains what is actually happening, not what should be happening.

> *"The goal of Grounded Theory is to generate a theory that accounts for patterns of behaviour which is relevant and problematic for those involved. The goal is not voluminous description, nor clever verification." (Glaser, 1978 p.93)*

In order to understand the research process and the generated theory within the framework of Glaser's grounded theory, particular characteristics of the method will be explained, followed by main points of the research process.

Particular characteristics of the method

When a novice researcher is doing grounded theory, she often has to deal with her own and her readers' lack of familiarity. This unfamiliarity could be about

- Role of conceptualising
- Constant comparative analysis
- Nature of coding
  - Substantive codes
  - Theoretical codes
- Theoretical memos
- Main concern –core category
- Theoretical sampling
- Theoretical sensitivity
- Basic social process
- Role and place of the extant literature
- All is data
- Theoretical sorting
- Grounded theory's fit, relevance, workability and modifiability

Each of these characteristics will be described and explained with reference to Glaser's writings on grounded theory.

Role of conceptualising

Conceptualisation is the core process of grounded theory; the researcher is required to discover and generate new categories and properties instead of having to use well-known concepts. Categories are generated from the data and properties are generated concepts about categories. By coming up with new concepts, the researcher is looking at the substantive field in new ways. The purpose of conceptualising is to find new concepts for patterns that give new understanding of what is happening. This permissibility of free conceptualisation has to follow certain recommendations in order to be careful, rigorous and responsible. Conceptualisation happens at different levels.

> *"Grounded theory is based on a third level conceptual perspective analysis. The first level is the data. The second level perspective is the conceptualization of the data into categories and their properties. There are sublevels exist within this level. The third level is the overall integration through sorting in a theory. A fourth level perspective is the formalization of a substantive theory to a more general conceptual level by constantly comparing substantive theory articles." (Glaser, 1998 p.136)*

The naming of the concept is an important property of conceptualisation because it has to grasp the concept. Finding the right name for a concept might take some time. The fitting of the name becomes polished as the pattern in the analysing process.

Another very important property of conceptualisation is that the concepts are abstract of time, place and people (Glaser, 2003).

> *"Conceptualization is the medium of grounded theory for a simple reason: without the abstraction from time, place and people, there can be no multivariate, integrated theory based on hypotheses. Concepts can be related to concepts as hypotheses. Descriptions cannot be related to each other as hypotheses since there is no conceptual handle." (Glaser, 2001 p.13)*

Conceptualising is achieved through the process of constant comparative analysis and the various forms of coding.

Constant comparison analysis

At the heart of grounded theory is the basic operation called constant comparison of incidents to incidents. Constant comparison involves comparing different people, their views, situations and actions and comparing data from the same individuals at different points in time. It is also about comparing incidents with incidents, and comparing category with category.

> *"The constant comparing of incident to incident and incident to category and its properties is a must, to bring out what data is actually going on." (Glaser, 2001 p.146)*

Incidents are small discrete chunks of data that are called something. The process of conceptualising is arduous and tricky because 'calling something' something is a trial and error process. Often the words don't fit what one sees and what one sees changes. Constant comparison of incidents means that the researcher continuously has to look for similarities, differences, and consistency of meaning. This leads to the development of categories and their dimensions, which in turn generate the grounded theory. New indicators are compared to old indicators. Comparison happens at the same time as coding because with comparison the researcher is verifying the order of categories that happen through the coding. It is through coding the researcher gets ideas about how material can be organised.

Nature of coding

Codes are generated from asking the following questions of the data. What does this incident tell me about the main concern of participants? How does this incident differ or vary from pervious similar incidents?

Codes are the building blocks of any theory and coding occurs through the generation of categories and their properties by constant comparison.

> *"Coding for conceptual ideas is a sure way to free analysts from the empirical bond of data. It allows the researcher to transcend the empirical nature of data*

> *– which is so easy to get lost in- while at the same time conceptually accounting for the processes within data in a theoretically sensitive way. The code gives the researcher a condensed, abstract view with the scope of the data that includes otherwise seemingly disparate phenomenon." (Glaser, 1978 p.55)*

Substantive codes

The researcher has to generate two kinds of codes: substantive and theoretical. Substantive codes relate the theory to the data; theoretical codes explain how the substantive codes are related to each other as hypotheses to be integrated into the theory.

> *"Substantive codes are the categories and properties of the theory which images the substantive area researched. They are used to build the conceptual theory but are not theoretical codes." (Glaser, 1998 p.163)*

Within substantive coding are there two different types of coding: open and selective.

The aim of open coding is to begin the unrestricted labelling of data and to assign representational and conceptual codes to each incident highlighted within the data. As the process moves forward, iterative reflection of that already coded is considered with new data. Open coding is about coding the data in every way possible. The researcher has to interrogate the data. "What is this data a study of?," "What category does this incident indicate?," "What is actually happening in the data?" (Glaser, 1978 p.57)

This is achieved by initially coding line by line for as many categories as possible without having a preconceived set of codes (Glaser, 1978). Codes form the basis of the theory and over time they can be aggregated into concepts if they become relevant and the focus of the theory. The researcher puts names or labels to events, activities, functions, relationships, emotions, contexts, influences, and consequences. Open coding allows similar incidents and phenomena to be compared and contrasted. This initiates the process of developing conceptual categories and their properties. It needs to be remembered that it is not data themselves that develop conceptual categories and their properties, and, importantly the emergent substantive theory – it is the conceptual interpretation of data and their phenomena that creates the grounded theory. The theory is literally grounded in the data, but is not the data.

Open coding ends in the choice of the core category this will be explained below. Once open coding has been completed selective coding begins. Selective coding is about developing the emergent core category and this core category becomes the main theme of the research.

> *"To selectively code for core variable, then, means that the analyst delimits his coding to only those variables that relate to the core variable, in sufficiently significant ways to be used in a parsimonious theory." (Glaser, 1978 p.61)*

Selective coding starts after and only when the researcher is sure that the core category is found. The core category then becomes a guide for further data collection and sampling (termed theoretical sampling, please see below). In selective coding the focus is on what categories to choose among of all the categories that have emerged through open coding.

There are some rules to be followed in order to delimit the investigation. Selective coding is achieved through the use of theoretical codes.

Theoretical codes

> *"Theoretical codes implicitly conceptualize how the substantive codes will relate to each other as interrelate, multivariate hypotheses in accounting for resolving the main concern. They are emergent and weave the fractured story turned into concepts back to an organized whole theory." (Glaser, 1998 p.163)*

There are numerous "families" of theoretical codes. For example, the researcher may feel that the main concern of participants is organised into stages, phases, progressions or passages, this would involve using the "process-family". If people in the substantive area are involved in developing strategies, tactics, mechanics or dealing with each other then the "strategy-family" would earn its way into the study. Theoretical sensitivity is the ability to identify the best way to organise the data so that it fits the main concerns of persons. The researcher must not place more emphasis or importance upon one theoretical elaboration than another since all can potentially earn their way into a study at the outset. Indeed, Glaser himself has been involved in the theoretical elaboration of one specific type of theoretical code: that of the "basic social process"(Glaser, 1978, Glaser, 1992, Glaser, 1996).

For example in the study when substantive coding there were many incidents of the participants being annoyed. Through constant comparison I identified two different types of annoyance; internal annoyance and external. The constant comparison also showed that there was a difference in the degree of annoyance depending of the type of annoyance. Degree belongs to one of the theoretical coding families.
The behaviour annoyance was further conceptualised into "reacting with annoyance" and as the theory became generated the annoyance became a property of " moments of reaction", which was a property of "Relational and personal tribulation" which again was properties of the subcategory "Manifestation of problems". The subcategory was a subcategory of the core category "Recognising hearing loss".

This coding process including constant comparison and naming concepts is summarised in the table 1.

Substantive coding	Annoyance (Substantive incident)
Constant comparison	Internal annoyance External annoyance (compared incidents)
One kind of theoretical coding	Degree of annoyance: Little annoyed Very annoyed (dimension of property)
Another kind of theoretical coding	Reacting with annoyance (Property of property)
Further theoretical conceptualisation and abstraction	Moments of emotional reaction (Property of property)
Further theoretical conceptualisation and abstraction	Relational and personal tribulation (property of sub-category)
Further theoretical conceptualisation and abstraction	Manifestation of problems (Sub- category of core category)
Further theoretical conceptualisation and abstraction	Recognising hearing loss (Core category)

Table 1 Different levels of coding "annoyance"

In this complex process the researcher has to keep a record of the changing face of her conceptualisations. This is achieved through the use of theoretical memos.

Theoretical memos

Coding itself does not generate a theory rather it is the specification of a core category and the relations between codes that gives a theory. In order to generate a theory it is important for the researcher to develop theoretical ideas, which are written down and recorded to be sorted out later. This is the purpose of writing memos and it is through these that the theory emerges.

> *"Memos are the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding." (Glaser, 1978 p.83)*

One of the core stages of the research process is therefore to write theoretical memos constantly and the prime rule is to stop coding, reading etc. and memo, no matter what is being interrupted.

> *"The core stage in process of generating theory, the bedrock of theory generation, its true product is the writing of theoretical memos." (Glaser, 1978 p.83)*

The writing of theoretical memos starts in parallel with open coding. Memos are produced from the beginning of the analysis process until reaching closure, capturing the observations of the researcher while they progress through the work. Memos raise the theoretical level via

a continuous process of comparison and conceptualisation. They also provide freedom, flexibility, and creativity.

> *"The ideational development in memos accomplishes at least five important aspects of generating theory. (1) It raises the data to a conceptualised level. (2) It develops the properties of each category that begins to define it operationally. (3) It presents hypotheses about connections between categories and / or their properties. (4) It begins to integrate these connections with clusters of other categories to generate theory. (5) Lastly it begins to locate emerging theory with other theories with potentially more or less relevance." (Glaser, 1978 p.84)*

Memos are the researcher's private thoughts, ideas and writing and are not meant to be shown to other people. They can be short or long, they can be models or drawings as long as they help the researcher to think at a higher conceptual level. Below is an illustration of a short early memo on the substantive code; "Annoyance".

30-05-03 - 13:54:11
Annoyance – code memo
Is there a different if a person is alone or married?
What is annoyance/ irritation?
How does annoyance arise - and why?
How to solve it?
Who feels the annoyance?
Both parts - the hearing impaired and the normal listener -
in a conversation can feel annoyed, but is it the same kind of annoyance?
I don't know if it is important to know how the normal listener feels, but it is important to know how the hearing impaired perceives it , because that could have an influence on the reason for getting or not getting a hearing aid.
For the respondent the feeling of annoyance is high when communication is difficult to Understand. Could that be the motivation for hearing aids?
But on the other hand participants could also be so annoyed at the other person because the person doesn't speak up. That is often seen when a person doesn't see him self in the need for a hearing aid.

Figure 2 Early memo about "Annoyance"

Below is another kind of memo, a software model memo about annoyance. It was a model of a "self- annoying process"; which helped me to understand different connections.

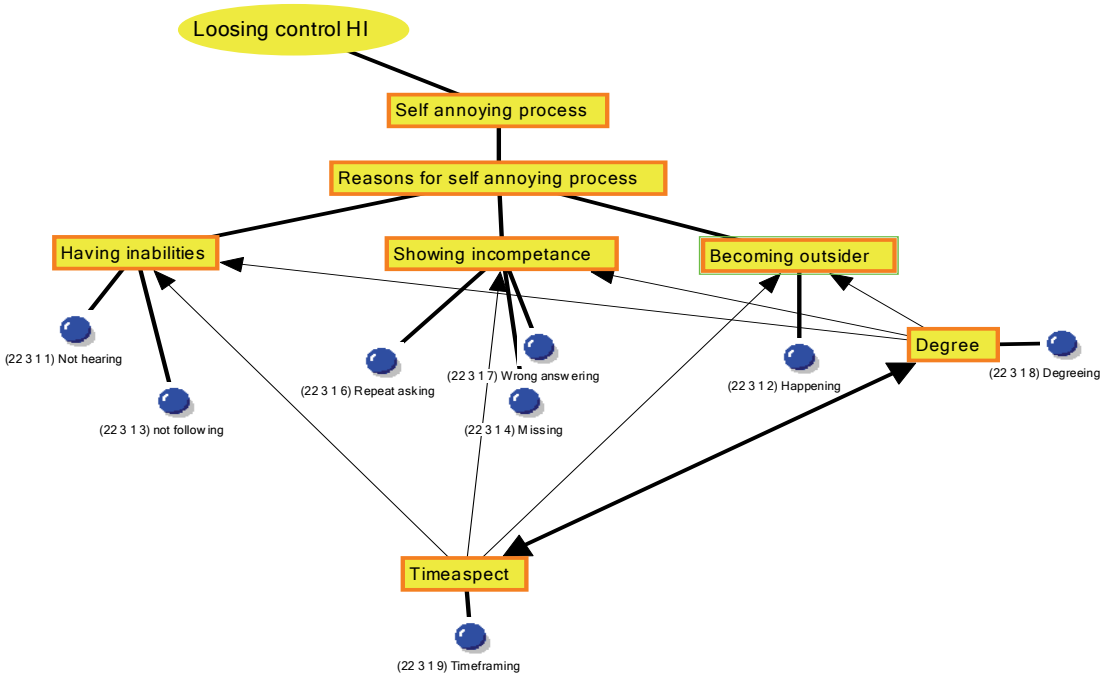

Figure 3 Model memo about self-annoyance

If the memos are crucial for theory building one thing that makes grounded theory distinctive from almost all other forms of qualitative research is the search for and specification of the core category.

Main concern and core category

To generate substantive theory, the researcher must discover participants' main concern. This is then coded and encapsulated in what becomes known as the core category. When the core category is discovered it then serves to act as a compass for the rest of the investigation. Equally if there is no core category there can be no grounded theory. The core category is the pivotal point for the theory because most other categories relate to it, and it account for most of the variation in pattern and behaviour.

> *"Grounded theory accounts for the action in a substantive area. In order to accomplish this goal grounded theory tries to understand the action in a substantive area from the point of view of the actors involved. This understanding resolves around the main concern of the participants….. It is the prime mover of most of the behaviour seen and talked about in the substantive area. It is what is going on! It emerges as the overriding pattern. Thus the goal of GT is to discover the core category as it resolves the main concern." (Glaser, 1998 p.115)*

The prime function of the core category is to integrate the theory and to ensure that the theory is dense so that the relationships among the categories are comprehensive.

Participants in a substantive area are not always aware of their main concern, often because they are in the middle of a problem. They may also be busy trying to resolve the problem and might only be aware of it on a descriptive level when they talk about different incidents. Most

of them will not have conceptualised what is going on, and the response to findings will often be "Yes, it is just how I feel it or how it is" (Glaser, 2001)

> *"The main concern is not the voice of the participants. It is a conceptualization of it based on theoretical coding and conceptual saturation of interchangeable indices. It is a perspective and conceptualization of their voice loud and clear in many indicators." (Glaser, 2001 p.103)*

In this study participants' main concerns were with finding it very difficult to establish if they had a hearing loss and therefore when it was a "time for hearing." The core category was about how participants resolved their concern and recognised their hearing loss. "Recognising hearing loss" is a basic social psychological process that engages people in different patterns of activities over time in order to find out when it is "time for hearing." The core category itself will subsequently be related number of further interrelated categories that in turn help to explain how the core pattern varies.

It is easy to underestimate the significance of the core category, which once discovered tends to shape the rest of data collection and analysis through first of all theoretical sampling and theoretical coding. Both of these operations will now be explained but it is important to understand that they are both entangled i.e. they often occur simultaneously in the grounded theory method.

Theoretical sampling

Upon the discovery of the core category sampling becomes driven by the need to establish the conceptual emergence of the theory. This form of sampling is therefore not driven by research design but the emergent core category and substantive theory:

> *"Theoretical Sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. This process of data collection is controlled by the emerging theory, whether substantive or formal." (Glaser & Strauss, 1967 p.45)*

While grounded theory is classified as an inductive method (e.g., Glaser and Strauss, 1967, Glaser, 1978, Strauss and Corbin, 1998, Martin and Turner, 1986) but exists as an "inductive-deductive mix," theoretical sampling is a deductive activity grounded in inducted categories or hypotheses. This acts as a virtuous circle where "deductions for theoretical sampling fosters better sources of data, therefore better grounded inductions" (Glaser, 1998 p. 43). That also means that initial analysis determines where to go and what to look for next in data collection. For example in the study after the first time a person used the word "forgettable" about having hearing problems I questioned the following participants about if they found hearing problems to be forgettable. I asked directly about it if they did not mention it them selves. An all participants agree on that they often forgot about having problems until next time the problem appeared.

The theoretical sampling focuses on finding new data sources, people and not theories, which can best address specific aspects of the emergent theory. The analysis and data collection continually inform one another. Consequently, the selection of data sources is non-random

and purposive. This means that the researcher might seek out contrasting incidents about particular aspects of her theory. Alternatively she might look to see if the process also can happen in a totally different area or problem.

Theoretical sampling is a data collection process that continues until the very end of the research process, often including the write-up stage.

Theoretical sensitivity

> *"A researcher may be very sensitive to his personal experience, his area in general and his data specifically, but if he does not have theoretical sensitivity, he will not end up with a grounded theory (Glaser, p.27)*

The researcher must have the capacity to think about data in theoretical terms. She must also be able to generate categories and properties, and to relate them to each other in order to generate a theory. This is the skill of theoretical sensitivity. It comes naturally to some with disciplinary training, for example those with social and psychological training where there is an emphasis on theory might find it easier to think in this way. Others from professional disciplines may discover that the pattern and mode of thinking is unusual and difficult. This is why Glaser (1978) presented theoretical coding families as a way to make the various forms of sociological theory accessible to others. Theoretical sensitivity involves a general skill in pattern discovery and conceptual manipulation of the data. For example once a possible core category is being tested it is important to ask what type of core is this? What is it's basic pattern? Is it for example best articulated as a process or is it a cutting point? Remember that the core category must fit as part of the resolution to the problem that is being resolved. The variability of everyday problems and their resolution can take many forms and this is why grounded theory as a method begins with inductive processes.

Basic social process (BSP)

A special case of theoretical code and subsequent grounded theory which has become very popular and characteristic of the method is the basic social process. The basic social process is considered another type of a grounded theory.

> *"BSP's are just one type of core category – thus all BSP's are core variables, but not all core variables are BSP'S. The primary distinction between the two is that BSP's are processural or as we say, they "process out." They have two or more clear emergent stages. Other core categories have not stages, but can use all other theoretical codes." (Glaser, 1978 p.96)*

The defining property of a basic social process is that it is staged over time. Basic social processes try to integrate the who, what, where, when and why questions about the problems that participants experience. There are two different types of basic social processes: basic social psychological and basic social structural processes.

Many grounded theories (Charmaz, 1991, Charmaz, 1999, Ekins, 1997, Finfgeld, 1999, Glaser, 1996, Glaser & Strauss, 1968, Glaser & Strauss, 1971, Glaser & Strauss, 1966, Gubrium & Charmaz, 1992, Hylander, 2000, Paterson, 1999, Roberts, 1999, Thulesius et al., 2003) generate basic social processes. In traditional grounded theories the basic social process

is often articulated using the gerund form of English (-ing) which indicates an ongoing structured action in time, for example resolving, influencing, and for the present grounded theory – recognising.

There is the famous "Time for dying" of Glaser and Strauss (Glaser & Strauss, 1968) which was discovered alongside the "Awareness of dying" (Glaser & Strauss, 1966). According to these studies it was apparent that patients in hospitals were caught in an endless game of second guessing about whether or not they were dying. In a time for dying the game became more critical as the death of the patient became immanent.

Other famous basic social processes exist for example "Male femaling"(Ekins, 1997) which articulates the processes involved in male transsexual career development.

As basic social processes may or may not be present in a grounded theory study, their presence or absence guides the research design and execution. For example in this study the emergent theory guided me to sample for people who were at the beginning of the process, in the middle and at the end of it.

For further reading about basic social processes, the reader is referred to *Theoretical Sensitivity* (Glaser, 1978) which explains the topic in more details for example about basic social processes compared to units. Properties of a unit are for example more relevant to descriptive qualitative studies while properties of a process are more relevant to studies aiming at theoretical conceptualisation (Glaser, 1978, Glaser, 2001, Glaser, 2002).

Role and place of the extant literature

> *"Grounded theory's very strong dicta are a) do not do a literature review in the substantive area and related areas where the research is to be done, and b) when the grounded theory is nearly completed during sorting and writing up, then the literature search in the substantive area can be accomplished and woven into the theory as more data for constant comparison." (Glaser, 1998 p.67)*

These dicta are to keep the researcher as free as possible of influences that could restrict the independence that is required in the discovery of categories and their properties. The restriction is not about ignoring extant and relevant knowledge, instead grounded theory demands that a rigorous literature review be conducted and that this should commit the researcher to a rigorous and constant literature review process that occurs at two levels:

- a constant reading in other areas to increase the theoretical sensitivity. What this means is that concepts from the literature might well compare and contrast with concepts in the theory and knowing these alternative forms of conceptualisation may well help the development of the theory.
- due to conceptual emergence the researcher is forced to review convergent and divergent literature on the field related to the developing concepts. In the study different audiological literature about the social psychological consequences of hearing loss was reviewed and compared. For example were the phenomena "denial" and "minimising" in the audiological literature compared to the conceptual emergence "giving reasonable explanations". The comparison showed that the

> interpretation of what was going on was different depending on from what perspective it was seen. From the participants or from outside perspective.

The literature is therefore incorporated into the study as data, because emerging theoretical categories drive the literature review. Therefore, to be true to the method, most of the reviewed literature needs to be integrated with the theory. This is achieved by weaving in observations to the theory when writing up to help build on key aspects of the theory by drawing on examples from other areas.

It is often difficult not to read literature in the substantive area before entering the field, because it is essential to have some knowledge when one is composing a research proposal. In this respect the researcher does not come to the data with no preconceptions. Glaser (1978) argues rather that any of these that one does have should be guarded against because they will most likely not fit what people are saying.

All is data

"All is data" is a well known Glaser expression and it means that everything (interviews, informal talks, newspapers, previous knowledge, observations, documents, quantitative data etc) that the researcher may encounter can be used as data without a need to be objective or valid (Glaser, 1998).

> *"The data is what it is and the researcher collects, codes and analyses exactly what he has: whether baseline data, properline data, vague data, interpreted data or conceptual data (see "Doing GT"). There is not such things as bias, or objective or subjective, interpreted or misinterpreted etc. It is what the researcher is receiving (as a human being, which is inescapable). Data is what the researcher is constantly comparing with tedium, to be sure, as he generates categories and their properties. Remember again, the product will be transcending abstraction, NOT accurate description." (Glaser, 2001 p.145)*

What this quotation should indicate is that in fact the dictum 'all is data' refers to the operation that "all" is observable. In other words a grounded theory is nothing more than a series of systematically structured and organised observations on a problem area and how it is resolved. Since grounded theory claims no special status other observations on the same problem area can act as potential challenges to be further integrated into the theory. In this respect all is data – all is potentially observable.

Theoretical sorting

Once there is a theoretical saturation of the categories, the researcher proceeds to review, sort and integrate the memos that are related to the core category, its properties and related categories. When the memos are sorted, the researcher has a theoretical outline, or conceptual framework with a set of integrated hypotheses that are ready to be communicated. Sorting helps produce the outline for writing up (Glaser, 1978, Glaser, 1998).

> *"Theoretical sorting results in several crucially important benefits for theory writing. It produces a generalized, integrated model by which to write the*

> *theory since it forces connections between categories and properties. In doing this, it maintains a conceptual level, while preventing the regression back to mainly writing up data. It generates a dense, complex theory. It provides a theoretical completeness to the theory. It generates more memos, often on higher conceptual levels which further condense the theory." (Glaser, 1978 p.117)*

Sorting is essential; it puts the fractured data back together into a grounded theory. If the researcher skips the sorting stage, the theory risks becoming linear, thin and less than integrated. It will lack internal integration.

Grounded theory's fit, relevance, workability and modifiability

A grounded theory is not looking for the truth but looking for what is going on in the substantive area. A grounded theory is therefore never right or wrong.

> *"The credibility of the theory should be won by its integration, relevance and workability, not by illustration used as if it were proof. The assumption of the reader, he should be advised, is that all concepts are grounded and that this massive grounding effort should not be shown in writing. Also that as grounded theory are not proven; they are only suggested. The theory is an integrated set of hypotheses, not of findings." (Glaser, 1978 p.134)*

Glaser and Strauss (1967) provided some guidance for evaluating the empirical basis of a grounded theory. They stated that the notions of the grounded theory's fit, relevance, workability and modifiability validate theoretical trustworthiness (Glaser, 1978, Glaser, 1992, Glaser, 1998, Glaser & Strauss, 1967).

A grounded theory's "fit" is about how closely concepts fit with the incidents they are representing, and this is related to how thoroughly the constant comparison of incidents to concepts was done. When the theory is evaluated out from the theory's "relevance", then "relevance" is about if the study deals with participants core problem. The theory has to evoke "grab" which should not only be of academic interest. This means that the theory should work when it explains how the problems are being solved. The last question to consider when evaluating a grounded theory is the theory's modifiability. A grounded theory should be altered when new relevant data is compared to existing data.

Quality of the grounded theory

In order to validate the quality of a grounded theory the criteria have to be adjusted to both the conditions and the purpose. A grounded theory, like all research methods, has obvious limitations. An emergent theory hypothesises about a pattern and its connections. Grounded theory is, however, just one way to generate a new theory that contains hypotheses about how things relate to each other. The quality of the theory has to be evaluated from participants' perspective (Guvå & Hylander, 2005).

In qualitative research is the subjective understanding of linguistic meaning important when analysing data. This understanding requires therefore a certain level of interference from the researcher. However this understanding in the analyses often leads to that qualitative research, is criticized for the subjectivity of the researcher.

2. Methodological considerations

> *"A major source of misunderstanding, however, is that quantitative researchers often do not share assumptions like, for instance, what constitutes 'doing analysis (e.g. scientific vs. hermeneutic) or appropriate mode of explanation (e.g. paradigmatic vs. narrative)." (Madill et al., 2000 p.2)*

There is no research project without a researcher. It is important to know what the researcher brought into the process. In grounded theory there are two ways of obtaining that knowledge; by describing the research process as accurate as possible, and to present the researcher's own view of reality, ontology and about how the researcher obtained knowledge about that reality (Guvå & Hylander, 2005). Knowing the researcher's background is therefore important when the outcome of a research project is being evaluated (Madill et al., 2000)

> *"A further source of confusion is that qualitative research is not a homogeneous field. There are a number of epistemological positions within which the qualitative researcher can work and many different methods of analysis. As one way of imposing order on this diversity, three broad epistemological strand are identified here: realist, contextual constructionist and radical constructionist." (Madill et al., 2000 p.2)*

These epistemologies represent natural science, human science and post structuralism, respectively. Having these different epistemologies also poses different implications for evaluation. Grounded theory is an approach which can be best used within a realistic and contextual constructionist epistemology (Madill et al., 2000). My epistemological standpoint is critical realism and contextualism (Fuchs, 2001). As a critical realist I think that "the way we perceive facts, particular in the social realm, depends partly upon our beliefs and expectations" (Madille et al., 2000 p.3). As a contextualist in contrast to naive and scientific realist I believe there is not only one reality but that knowledge about reality is local, provisional and situation dependent. This implies that results will vary according to the context in which the data is collected and analysed. I do believe that as an audiologopedic, my clinical experiences with hearing impaired people and my training as a body therapist give me a different theoretical sensitivity than a sociologist or psychologist. Why I also see myself within contextual constructivism is my desire to represent the perspectives of participants through actual findings (Madill et al., 2000).

> *"In addition, contextualism may utilize a critical realist stance which 'grounds' discursive accounts (….) in social practices whose underlying logic and structure can, in principle, be discovered." (Madill et al., 2000 p.9)*

Triangulation is often used to validate qualitative research. Within naive and scientific realism, triangulation refers to the use of multiple researchers, research methods, sources, or theories in order to assess the consistency of findings. Within a critical realistic and contextual framework, triangulation is used to get a fuller picture, but not more "objective" because the goal of triangulation within contextual epistemology is completeness, not convergence. Within contextualism, it is important to maintain diverse perspectives and where it is not an issue, as within other epistemologies, to bring in some researcher bias. In contextual framework it is expected that researchers will identify different codes depending on training, interest and background.

> *"Contextualist analysis accepts the inevitability of bringing one's personal and cultural perspectives to bear on research projects. In fact, the empathy provided by a shared humanity and common cultural understanding can be an important bridge between the researcher and participant and a valuable analytic resource." (Madill et al., 2000 p.10)*

A researcher's subjectivity is also reflected in his or her analytic style (Madille et al., 2000 p.11). I characterise myself as a holistic learner out from Pask's (Madill et al., 2000) definitions of analytic styles. A holistic learner is a researcher who prefers to get the overall view by taking intuitive jumps in understanding the relationship between various concepts. Serial learner is in contrast a researcher who benefits from step-by-step approach aided by rules and linear procedures.

This diversity of paradigms within qualitative research makes it important for the research to be evaluated by the standards for its own logic of justification. The reader of the thesis is asked to judge the quality according to the principles of fit, relevance, workability, modifiability, and from the researcher's epistemological standpoint.

Research process – from data to theory

When all the characteristics of grounded theory are explained, then the explanations are the most optimal proceedings of what should be going on in the generation of a grounded theory. However most grounded theory researchers develop their own way of using grounded theory method's recommendations but in a good grounded theory most of the basics procedures are followed (Glaser, 1998, Guvå & Hylander, 2005). These departures are a part of grounded theory because in order to generate a grounded theory the researcher must be creative and be able to conceptualise. People think and work differently and this is mirrored in their use of the method.

The beginning of this chapter mentioned that the description of the method was challenging. However it can also be challenging to explain exactly what happened when, why and how because

> *"Routing and theoretical sampling go on simultaneously with coding and analyzing, memoing, delimiting, and saturating with interchangeability of indices." (Glaser, 2001 p.183)*

In the research process, there were no exact boundaries between the different disciplines that generate the grounded theory.

The complex analysing process is illustrated in figure 4 below. The figure illustrates the circular process with its many different kinds of coding, comparing and memoing of each interview. The analysing process was an ongoing process where codes, categories, memos and interviews were revisited many times through out the whole analysing process.

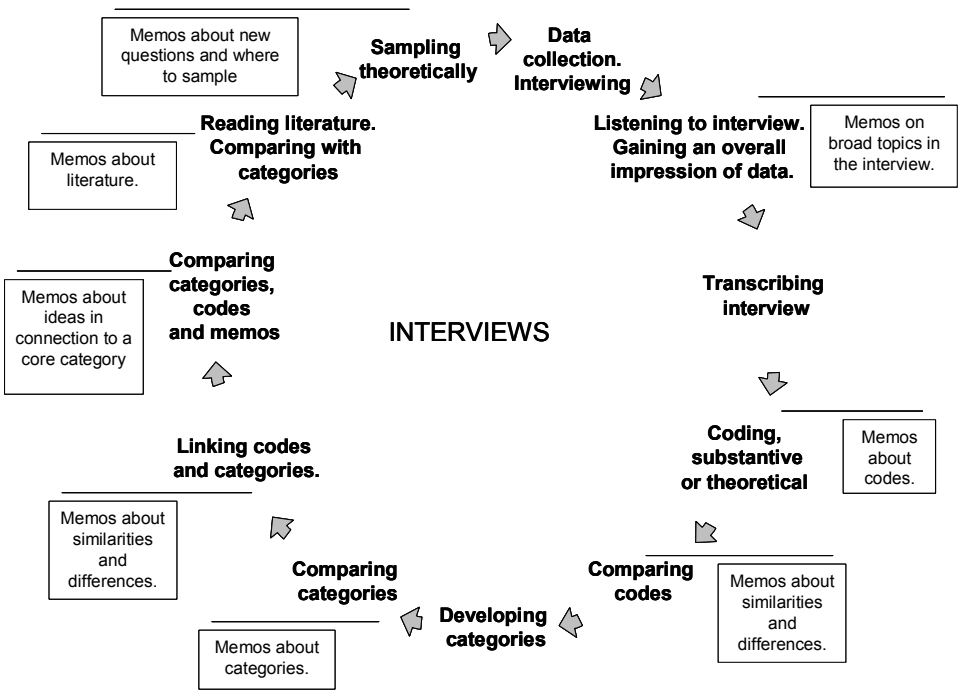

Figure 4 Process of generating a grounded theory from substantive data

The next section will explain the research process, from getting data to generating a grounded theory about the social psychological process of recognising hearing loss:

- entering the field
- recording and transcribing interviews
- using qualitative data coding tool
- collecting data
- analysing data
- writing up

Entering the field

In grounded theory a researcher has to enter the research field with an open mind. She has to put all previous knowledge aside when, for example, interviewing. Otherwise she might take some comments for granted and not pay attention to what is actually being said. In one episode a participant said that he was lip reading – I just commented with a "yes" because I thought I knew what he meant. I had heard many people talking about lip reading and I knew that it was necessary for people with hearing losses to lip-read in order to understand what had been said. Instead I should have asked the participant to tell me why he was lip reading.

In another interview a person was talking about being vain. The topic of vanity in audiological rehabilitation has often been discussed because it is "common" knowledge that vain people do not want hearing aids. In this respect professionals often assume that the vanity is about appearance but in the interviews it was revealed that it also referred to not being 100% any longer – and there is a huge qualitative difference between those two perspectives from participants' point of view. Therefore it is very important to be open-

minded and leave all preconceived assumptions, ideas, and knowledge behind when approaching the field while maintaining a high level of theoretical sensitivity so that the theory can emerge from the data.

> *"The researcher does not go blank or give up his knowledge. He goes sensitive with all his learning which makes him alert to any possibility of emergence and how to formulate it conceptually." (Glaser, 1998 p.123)*

Entering the field was the first step in the research process. When I entered the field I wanted to follow the grounded theory tradition where "the problem" was to be gleaned from participants' accounts. The initial research question was broad but had unfortunately preconceived ideas that people's main concern was stigmatisation. Due to these preconceived thoughts I made an interview guide focusing on topics related to stigma. The inspiration for the interview guide came from literature on stigma. However, this guide was only used for the first interview because in the interview and the following analysis it showed that the participant and I were cross talking about hearing problems. The approach was then reconsidered and changed so that "the problem" was to be discovered from participants' accounts. Instead of having an interview guide, the approach in the interview was much more open where the first question was "Tell me about your hearing."

In the preparation I also considered how I wanted to get data from the substantive area. I did consider doing observations during daily life and interviews but found it too difficult. Instead I focused on doing interviews of both people with hearing loss and their relatives. Due to theoretical sampling there was only one in-depth interview with a relative (she also happened to have hearing problems) but there were many informal talks with relatives.

In the preparation I also addressed practical issues like getting ethical approval, selecting the software and hardware required for interviewing, processing the data and producing transcription protocol. Finding out where to obtain access to participants, contacting and writing letters and to the Audiological clinic and getting consent from the participants were also a part of the preparation for the investigation.

Recording and transcribing interviews

Glaser does not encourage the use of tape recording (Glaser, 1998). He argues that recording is unnecessary because the researcher is after important concepts and patterns. Therefore, for conceptualisation purposes the actual words are not as significant. Another problem with recording is that it becomes time consuming and inefficient for this type of research; interviews are transcribed and then corrected, causing the analysis of many non-important parts. Glaser is very conscious of wasting time on what he considers superfluous activities.

However, not recording was for me a too risky strategy to follow as novice researcher. Above and beyond fulfilling the need for evidence in a study, by recording and transcribing interviews, I could revisit and re-code text as more evidence emerged and patterns were detected. The ability to have access to the transcriptions and to replay the interview at any time was a distinct advantage. The emotional aspects and how participants talked about different incidents was easier to identify when it was possible to hear and read the exact words people used in the interviews.

All interviews were therefore recorded. The recordings were then transcribed. Even though that I had a transcription protocol, not all interviews were transcribed in the same way. The initial ones were verbally transcribed in Danish and translated into English; in other interviews participants' answers were transcribed verbatim and my comments and questions were summarised. I had to have some transcriptions in English so that I could discuss the coding with one of my supervisor. In addition, the nature of grounded theory demanded a constant comparison of incidents with already collected data; in doing so, previously undetected incidents were likely to emerge when new ideas came to me. Then it was good to have the transcripts, which meant that I did not have to go out and interview new people because by looking closely at the data I already had, I could recode incidents and reach new relationships. These new incidents enhanced the study and therefore justify the extra effort required to record, transcribe, and code potentially irrelevant data.

As Glaser predicted, the extra time involved in open coding of full interviews, rather than coding just the important concepts, was substantial. However, the detailed analysis helped to acquire a deeper understanding of the issues. It also helped doing the constant comparison because I knew the data inside out. Each participant's story was solidly grounded in my mind. This understanding also facilitated the discovery of the core concept and made me more comfortable with the coding activity. As re-listening to the participants often triggered theoretical memos and facilitated the finding of relations, I considered this as a very productive activity.

Using qualitative data coding tools

Glaser (1998) also warns against the "technological traps" of data analysis tools such as NUDIST, ATLAS.ti or in my case NVivo 2.0 (Gibbs, 2002) because they create unnecessary restrictions, inhibit the researcher's development of skills, and impose time-consuming learning curves. Glaser sees computing technology as an easy way out and as a hindrance to creativity. To be sure, computing tools can be used in many ways and some of those ways will have the negative consequences Glaser mentioned; yet the opposite can also be true.

In order to become familiar with the software NVivo 2.0 I attended a seminar that was very fruitful. Glaser is right about software programs being time consuming but I do think that the time it took to code the interviews in the software was later in the process re-earned.

For instance, using NVivo for open coding and memoing was a substantial advantage in my study; it provided a fast way of checking and comparing incidents. The constant comparison was easy to do on printouts of all the incidents coded with the same code. The incidents were then compared in order to find differences and similarities. In the open coding it is important to code the same incident with other codes. In the software it was possible to see which other codes the incidents also were coded with, which helped raise the awareness of connections to other categories. This procedure would have been much more time consuming and difficult to do without the software. For me the ability to make visual models about categories and properties relationship in the NVivo was very important because there was a very easy access to participants' wording. One of the important aspects of the NVivo program was that the names for the codes were not locked – so when codes got merged the codes could be renamed which then affected all previous coding. This was very important when coding became conceptualised at higher and higher abstract levels. The software's ability to collect memos allowed an efficient writing, analysis, and the retrieval of memos at any time in the process.

It is also true that NVivo 2.0 was not everything I needed. My favourite tools were my big writing pad and a white board where I could draw flow diagrams and mind-maps representing the interrelation of emerging concepts. I skipped the software when I came to the theoretical coding and the sorting. I used it to retrieve quotations and to have an overview of all the codes; categories and their properties because retrieving and trying out connections was extremely easy and efficient. I skipped using it for the last stage in the analysis process because it was important not to be restricted in my creativity by software limitations that would not let me look at the data set in new ways.
Glaser is correct in asserting that this is creative work, yet the generalisation that technology restricts creativity was not borne out by my experience because for a long time I was not restricted by the computer. I used the computer in a way that I wanted to use it and did not let the software lead or restrict me. Also, while NVivo has some automated coding facilities (i.e., coding all occurrences of a word or phrase), coding was done entirely manually, first by hand on print outs and then afterwards put into the software. It was important to do it by hand because it was easier to do memoing at the same time. Automatic coding can be a disadvantage for the grounded theorist as it obscures what is going on in the text; in this regard, Glaser's reservations are fully justified.

Collecting data

In the research project I worked with four sources of data:

- The main source was in-depth interviews, 1½-2 hours interviews with people who previously had a normal hearing but at the time for the interview experienced some problems in relation to their hearing. The experiences could be about other people telling them that there was a hearing problem, others were waiting to get their hearing tested or to get hearing aids and others again were actually hearing aid users.

This source of data was the one which was coded and from where the theory was generated. The other sources served more as other kinds of data to which the above were compared to in order to enhance the theory.

- second source of data was informal talks with people in my everyday life, which could be people with hearing problems, relatives, professionals or just people who had something to say about hearing, hearing problems, hearing loss, social norms, personal needs or what ever I heard about the categories which emerged from the data.

- third source that I found useful and important was my clinical experience and knowledge. I could often relate and compare the participants' incidents with incidents that I had heard of earlier in my work in a hearing aid clinic.

- fourth source was the literature.

In-depth interviews

There were 14 Danish participants; 3 women and 11 men between 51 and 72 years old. More women were contacted but did not want to participate. It can be questioned if there should have been more women in the study but since there was no gender specific conceptualisation

it was not considered important. It was not a major problem for the theory. The participants are summarised in the below table 2.

Name	Age	Occupation	Hearing aids user
Arne (male)	51	Glazier	No
Birte (female)	62	Secretary	YES
Carsten (male)	56	Managing director	YES
Dan (male)	60	Sales manager	YES
Eva (female)	57	Retired	NO
Frank (male)	57	Plumber	YES - recently
Gunnar (male)	64	Retired	NO
Hans (male)	72	Retired	NO
Inge (female)	68	Retired	NO
Jens (male)	63	Retired	NO
Keld (male)	67	Retired	NO
Martin (male)	63	Retired	NO
Nina (female)	67	Retired	NO
Per (male)	58	Teacher	NO

Table 2 Participants in the study

All the participants, except one had presbyacusis; an age related hearing loss, some with an element of noise induced hearing loss. The exception had otosclerosis; a middle ear related hearing loss.

The participants had mild to moderate hearing losses. I did not know the participants' exact configuration of hearing loss when I interviewed them because I did not want to be biased by my knowledge about audiological measurements and their implications. I wanted to hear what the participants wanted to tell about how they experienced their hearing. This was a good approach because sometimes I was very surprised when I later looked at the audiograms and compared them to what they had told me. One person for example did not experience major problems in his everyday life but when I saw the audiogram that showed a moderate, almost to severe hearing loss I was surprised because I would have expected to see a milder hearing loss on the audiogram. I was often surprised, which enhanced my sensitivity about listening to what people said to me. I have not compared configuration of hearing loss, gender or age to the overall recognising process because nothing specific emerged from data as having a major influence on the grounded theory.
The participants were recruited from several sources. Most of them came through the Audiology Clinic at a hospital; Gentofte Country Hospital and some through personal connections. However there were no participants that I knew beforehand. Participants were all contacted by letter informing about the project and a slip that they could return when they agreed to participate. Participants could decide if they wanted the interview done in their home, at work, at my office wherever they felt most comfortable. I wanted them to select a place where they felt comfortable because people who are interviewed in their personal surroundings do tell much more by and about themselves. Interviews in personal surroundings are generally 75 % longer than interviews done for example in an office at a hospital (Sandelowski, 1993).

I found it also very important to inspire confidence and make people feel comfortable with me before the interview actually started. That was often done by talking about things or pictures in their home or just casual conversation. I tried on purpose to talk about topics that were familiar to the interviewees. A good laugh always broke the ice. When a good contact was established the participants got a written and verbal information about what they were attending, leaving them with the possibility to withdraw whenever they wanted and letting them know that if they did not feel completely comfortable about answering or talking about certain topics they could just say it and we would change the topic. The participants were also informed that all the interviews became anonymous as soon as they were transcribed. There was one problem in informing people of the purpose of the research because I did not want them to know what I was looking for. That resulted in a very broad explanation to the participants. All interviews lasted between 1½ -2 hours. All interviews started out by me asking them to tell how they experienced their hearing. I was amazed about how open people were in the interviews. I do think that my knowledge of active listening and body language from my work as a body therapist were useful. My previous work with hearing-impaired people helped me to recognise what they were talking about in the interview. For me it was very important to be sensitive to what they were saying, to know when it was the right time to go back to a maybe more sensitive topic and when it was time to leave it.

I did not take any notes when I was listening, because I wanted the interviewees to have my full attention. The interviews were conducted one at the time with transcription. Analysis followed the interviews and became more and more deductive in order to do the selective coding around a category, a connection or just an idea. A previous interview always raised questions that I had to ask about in the following interview. Some of the interviews was in the end like an exchange of my different perspectives and ideas and participants opinions about the ideas. It was no longer “just” an interview but a dialogue between the participant and me.

All interviews ended with participants being asked about how they felt about being interviewed, if they were okay and if they had any questions that they wanted me to answer. That could be about the project or practical things about hearing aids. They were also told that they could call me at any time if they had questions or needed my professional help.

The deductive element also led to the theoretical sampling because I had to find people who were able to tell me about the topics that I wanted to know more about. However even though that the interviews became more deductive there was always a very open start which was used inductively. Collecting the data was one aspect of the research process; analysing data was another aspect.

Analysing data

A good grounded theory analyse starts with regular data collecting, coding and analysis. During open coding where I coded line for line I extracted a set of categories and their properties. I coded as many categories as possible, without having a preconceived set of codes. The initial codes were very descriptive but became more and more conceptualised. I became more interested in what was going on than in the words used to describe incidents. At that time I also became more involved in theoretical sampling; I was interviewing people who had different experiences with their hearing. This allowed me to take advantage of emergent themes, acquire data continuously and maximise interviewing opportunities. As codes increased and memos accumulated, I started to perceive the relationships among them. My

memos was a mixture of small notes in relation to a code with questions that I wanted answers to and to 10 pages documents with more fulfilled text. All the memos were dated so that I could go back and see what led to new ideas and connections. Some memos were also done with the modelling tool in the software and some were huge matrixes in a Word program.

This process, wherein the theoretical coding became more abstract, conceptualised the interrelation of substantive codes by generating hypotheses for integration into a theory. The conceptualisation of one of the sub-categories; "relational and personal tribulation" was a difficult concept to figure out. I had the different categories in it, I could see the relation but it was difficult to find the right concept because it was so complex. When naming a concept it was important to name it as precisely as possible; the name had to capture what was going on. In order to find the right name I used dictionaries and thesauruses. The integration of concepts was therefore a flexible activity that provided a broader picture and new perspectives; often I tried out many possibilities in order to find the right one. Sometimes I even over-conceptualised the properties of a category. It was also important to conceptualise out from the perspective of the participants and not from mine. I did not want infer concepts that the participants did not experience. Here it was important to have a supervisor who saw the concepts with new eyes. At a certain time, after having read about a concept in the literature, I had to take care not to over elaborate the concepts because the theoretical codes had to remain grounded in data, they could not just be empty abstractions. Flexibility implied theoretical sensitivity to coding families, and I consciously tried to avoid over-focusing on one possible explanation. That also resulted in by selective coding a try-out of different core categories before deciding on the final one " recognising hearing loss" that integrated most concepts, worked best and had most grab. I worked with ideas of the core categories of "Unpredictable hearing – jeopardising self" and "Controlling self". It has been interesting that early ideas became important later in the analysing process and fitted somewhere in the emergent theory.

By having the core category as "recognising hearing loss" the research focused on one of the basic social psychological processes that was present in the data. The limitation of the analysis to those significant variables affected the core category and contributed to the grounded theory.

At this point in the process, the role of the extant literature became very important. I had to acquire sensitivity and knowledge on certain grounded concepts. The literature was therefore read as a source of data to be compared to the existing grounded data. For example, readings about hearing, communication, self, identity, social norms, needs, and emotions raised the theoretical level and improved construct definitions. Most of these readings were outside the substantive area of research, yet they were made relevant by the participants' main concern and the emerging theory. Reading within the substantive area came when the theory had emerged.

I achieved theoretical saturation when I was able to account for the main concern of the research and further sampling failed to add significant value to the study. However there were some categories and properties that emerged where new data could enhance the theory for example "Trajectories of recognising processes". However due to time constraints further research needs to be done on "Trajectories of recognising processes."

At this stage, when sorting of memos and codes was done, the theory became denser with categories, properties and enriched by relevant extant literature. I discovered a substantive theory. Substantive theories are applicable to the particular area of empirical enquiry from which they emerged (Glaser and Strauss, 1967). They can be classified as "middle-range" theories; that is, between "minor working hypotheses" and "grand-theories" and they are relevant to the people concerned and are readily modifiable (Glaser & Strauss, 1967). In this case, the substantive theory was able to explain the recognising process that people with an emergent hearing loss undergo in order to find out when it is "time for hearing" because they experience interplay between activities of consciousness, appearances of problems and manifestations of problems.

Writing up

However it was not enough only to have the theory sorted out in the memos and codes; the writing up was the last part of the research project. Glaser's ideas about how to write are summarised in the following quote:

> *The dictum is to write conceptual, by making theoretical statements about the relationship between concepts, rather than writing descriptive statements about people. Thus the analyst writes in such a way as to make explicit the dimensions, properties or other theoretical codes of this theory as well as the theoretical integration of these codes (Glaser, 1978 p.133)*

The following chapters will discuss the writing-up process. The emergence of main and sub categories, properties and their connections will be explained.

PART II "TIME FOR HEARING"

Part II consists of Chapters Three to Eight. The purpose of this part is to present all elements of the grounded theory "Time for hearing." The theory is about how people decide when hearing problems constitute a hearing loss that requires treatment. People solve the problem by going through a process where they become increasingly conscious of the symptoms of hearing loss. These signs are significant for recognising hearing loss and for reaching the critical point at which people know that they need help. When people come to that point, they have reached a "time for hearing."

In the Introduction, "time for hearing" was defined as the outcome of the accumulation of "activities of consciousness" over time. However people have to become aware of something. They have to become aware of the different signs that could tell them that they have a hearing loss. These signs are conceptualised as "hearing related problems," "manifestations of problems" and "consequences of problems." These "activities of consciousness" and signs are essential elements of the recognising process. However the signs can be difficult to recognise and because they are related to aspects of hearing that are taken-for-granted, like, for example, how it relates to everyday communication.

The essential sub-categories of the recognising process are illustrated in Figure 5 as an elaboration of Figure 1.

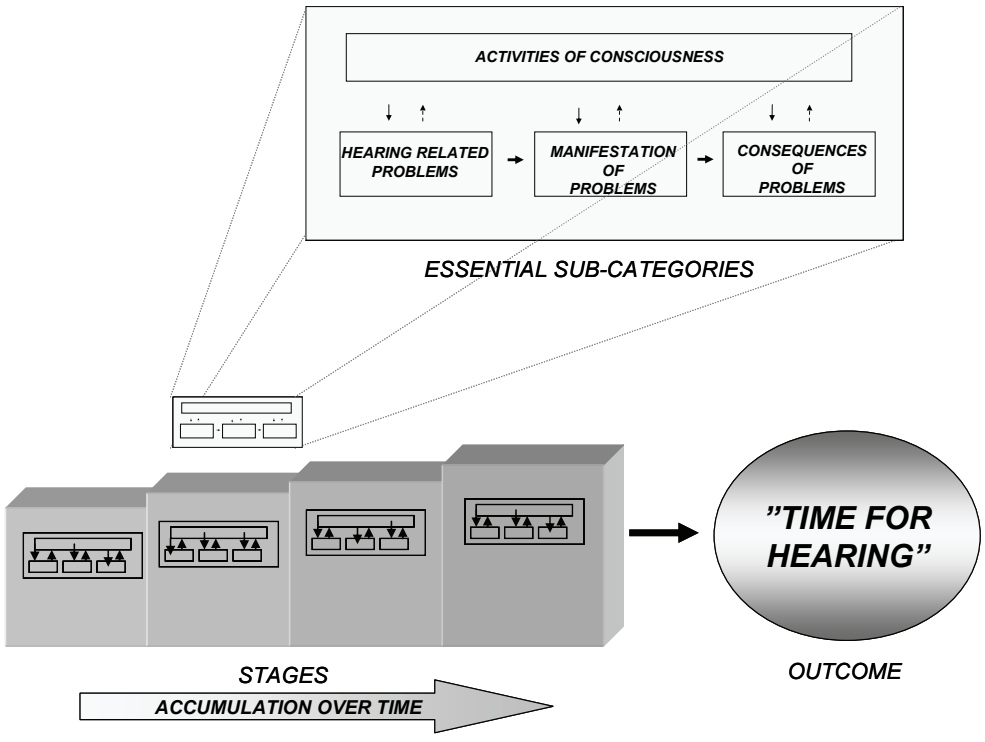

Figure 5 Recognising process with the essential sub-categories

Figure 5 shows that hearing related problems reveal themselves in manifestation of problems which leads to consequences of those problems. Also in the figure is the illustration that hearing related problems, their manifestation and their consequences input to the activities of consciousness which then again raise consciousness about the different elements of hearing loss.

Each sub-category in the recognising process will be separately presented in Chapters Three to Six. In order to become aware of the signs of hearing loss different activities of consciousness have to occur repeatedly over time. Without these a person would not be able to reach the point where he or she finds out that it is a ”time for hearing”. These different activities of consciousness are described in Chapter Three and illustrate that a person could just observe a problem, relate to the problem emotionally, or arrive at insight about that there is a problem.

Chapter Four will illustrate the substantive problems a person can have when a hearing loss is emerging. Hearing suddenly appears unpredictable. Hearing which has been taken for granted does not function as it used to. There might be insecurity about hearing ability because sometimes hearing is normal and in other situations it is not. The chapter will also argue that the problems with hearing often have a problematic effect on communication ability. There are misunderstandings where people are certain that they have understood what is being said and there is an appearance of problems where people are insecure about if they have heard what has actually been said.

The effect of the hearing related problems in interaction with other people will be discussed in Chapter Five. The chapter will contend that relational and personal problems often feel like tribulation. When there are unpredictable hearing and communication problems, they often lead to disappointment because social norms get violated and personal needs are not fulfilled. Disappointments often result in reproaches from other people and from the person himself. These disappointments and reproaches can result in emotional and behavioural reactions each of these in turn are detailed in this chapter.

Hearing related problems were found to have consequences for the person with an emergent hearing loss. The consequences that emerged in this study eventually impacted on the person’s identity. Chapter Six will attempt to demonstrate the different aspects of identity that can become problematic when a person has a hearing loss. The person might feel that he or she no longer has the same identity as before. Chapter Seven will discuss the core category, “recognising hearing loss.” The core category is a basic social psychological process where the sub-category appears differently at each stage in the recognising process. The interplay of the sub-categories will be illustrated for each stage and different trajectories for the recognising process will be briefly outlined.

The outcome of the recognising process “time for hearing” will form the end of Part II. Chapter Eight will illustrate what kind of “triggers” that are important for a person in order to seek help for hearing problems. The chapter will emphasise that “time for hearing” is where the person’s view of hearing loss expands into the future. “Time for hearing” is also when the person and/or the environment can no longer adapt to the hearing problems. “Time for hearing” is also when the person discovers that the discrepancy between how he or she acts and how he or she wants to act is too great.

Chapter 3

Activities of consciousness

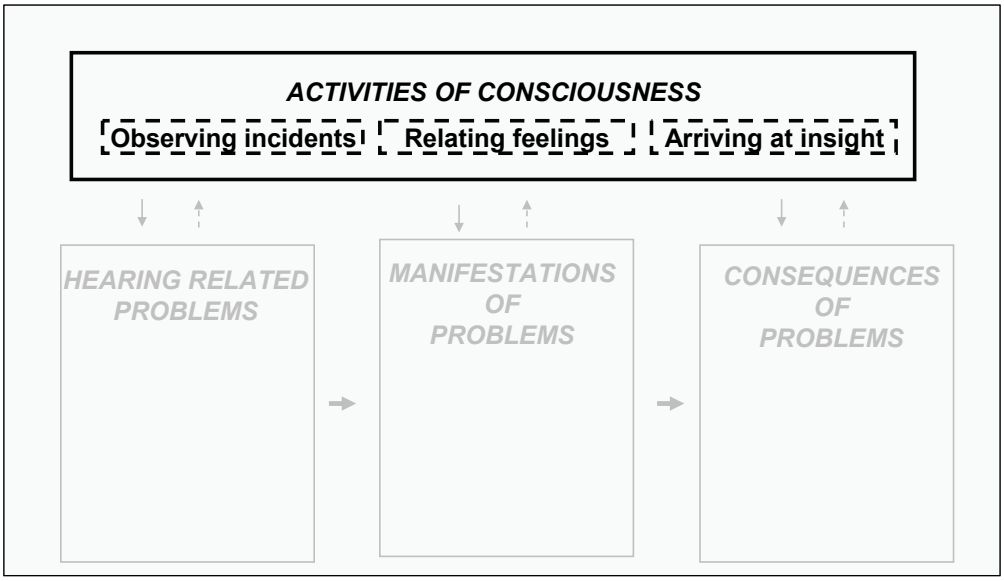

Figure 6 Sub-category "Activities of consciousness"

"Activities of consciousness" is one of the sub-categories that emerged from the substantive coding and was about how participants talked about different disturbing situations. A disturbed situation is when communication gets disturbed by misunderstandings, non-understandings, repetitions etc. An activity of consciousness is short term and momentary and about the degree to which a person is aware of having hearing problems. A person can have different kinds of activities of consciousness; some disturbing situations might bring along some emotional feelings whereas other situations are at the level of observation. However the closer the person is to "time for hearing" the more insight he has about his hearing ability in different situations. The activities of consciousness are reflected in the way that participants spoke about disturbed situations and are essential for the recognition of hearing loss.

Activities of consciousness therefore emerged from the way participants described incidents in which hearing problems occurred. The properties of activities of consciousness are described as follows

- ***Observing incidents***
- ***Relating feelings***
- ***Arriving at insight***

These three activities describe ways that the participants explained their hearing ability and their consciousness of their hearing ability. Such narratives are important for arriving at

insight and are therefore important in recognising a hearing loss (Damasio, 2003, Frank, 1997).
Some participants talked more about observing in different disturbed situations, others about the feelings associated with the situation and still others about the insights they were developing.

Observing incidents

Observing the incident was almost completely devoid of emotional or mental involvement. The participants did not mention any feelings that could be related to the inability to perceive what they have been accustomed to perceive; neither did they think much about why something happened or what the result was.

> *"I just notice it as ..... 'Well, I did not hear it and that is the way it is'." Keld*

At the beginning of the interviews, some participants stated that they had no problems with their hearing. During the interviews they became more aware of their hearing problems because it was the first time they had to answer questions about it and relate their hearing to situations. They were surprised to learn that their hearing was not as good as they thought it was. This implies a low degree of conscious involvement. As Nina stated:

> *"Where do you get all those strange questions from? They represent something that I have never thought about before, but they are good." Nina*

Relating feelings

This activity was about participants' feelings about the incidents they talked about. Participants used emotional words. The incidents about which there were feelings were often more personal than those that the participants had merely observed. If a task, for example, wasn't carried out correctly because of hearing problems then it could become emotionally painful.

> *"If I hear something wrong, I might send the crane to the wrong place, a wrong address, and then it is a burden on me, mentally, because it becomes an economic burden for the company and the customer is dissatisfied." Dan*

If a participant had feelings related to an incident, these feelings often generated pressure to talk about hearing in a more sensitive way. A large part of the data was about feelings. These feelings are very important for recognition because when people feel something they become more likely to recognise the problem (Damasio, 2000a).

> *"I just feel that now it is time." Jens*

> *"I am so tired of it and that is also the reason why I try to do something about it now." Eva*

They all talked about the importance of feelings in recognising when it was "time for hearing." Recognising when it was "time for hearing" was not only due to feelings related to certain incidents but also to an insight that will be discussed below.

Arriving at insight

Arriving at insight involves a greater degree of recognition and reflection about hearing. In the interviews the words that the participants used when they spoke *about* arriving at insight were related to thinking, knowing, guessing and wondering.

> *"I really think that it was that movie, it made me say to myself, 'I'll be damned'. Everybody was laughing, except me. Because I couldn't hear it - I just couldn't. Then I thought: it can't go on like this any more." Frank*

Arriving at insight is imprinted in memory over time and not overnight, as shown in the following quotes.

> *"There is something that becomes established in one's mind." Hans*

> *"It is not just something that happens overnight, it has to become mature." Jens*

Arriving at insight is reflection related to knowing; it is the beginning of the ability to comprehend different incidents. The feeling of knowing is therefore the beginning of answering the questions that are asked in order to arrive at insight. When participants talked about incidents in which they established insight they seemed more emotionally and personally involved than when they were merely observing.

Words reflecting feeling, thinking and knowing were used more frequently towards the end of the recognising process than in the first stages when participants talked more about how they observed different hearing situations. This implies that the more levels of activities of consciousness and dimensions that they discussed, the closer that person was to recognising when it was "time for hearing." All this activity indicates an increasing sensitivity of activities as the process approaches the "time for hearing."

Activities of consciousness and consciousness

> *"Consciousness begins as the feeling of what happens when we see or hear or touch. It is the feeling that accompanies that making of any kind of image - visual, auditory, tactile visceral - within our living organism. The feeling marks those images as ours and allows us to say, in a proper sense of the term, that we see or hear or touch." (Damasio, 2000a p.26)*

Two explanations of consciousness found their way into this study: the work of Searle (2002) and Damasio (2000) For Searle (Searle, 2002) consciousness is ill-defined because it cannot be observed:

3. Activities of consciousness

> *"Consciousness consists of inner qualitative states of perceiving, feeling and thinking. Its essential feature is unified, qualitative subjectivity. Conscious states are caused by neurobiological processes in the brain, and they are realised in the structure of the brain. Consciousness differs from biological phenomena in that it has a subjective or first-person ontology." (Searle, 2002)*

Searle's "perceiving," "feeling" and "thinking" in his explanation of consciousness are very similar to the three activities of consciousness in this study (observing, relating feelings and arriving at insight). In this explanation the consciousness is subjective and therefore difficult to investigate (Searle, 2002, Searle et al., 1998). This explanation is a little different from that of Damasio (2000a) which is more deeply rooted in a philosophy of emotions:

> *"Consciousness is the critical biological function that allows us to know sorrow or joy, to know suffering or know pleasure, to sense embarrassment or pride, to grieve for lost love or lost life." (Damasio, 2000a p.4)*

Consciousness is also about an emotion, the feeling of that emotion and knowing that we have that emotion.In this explanation of consciousness, emotions are different from feelings. Damasio describes different types of emotions:

- *Basic emotions:* happiness, sadness, fear, anger, surprise, disgust, anxiety
- *Social emotions:* embarrassment, jealousy, guilt, pride, shame
- *Background emotions:* well-being, malaise, tranquillity, tension

Emotions are outwardly directed, observable and apparent in facial expression, tone of voice, and behaviour. Feelings are the experiences of an emotion. The essential ingredients of feelings are pain and pleasure. They are inwardly directed, private and hidden. Feelings cannot be observed, because they are present in the mind and not as emotions in the body.

> *"It is through feelings, which are inwardly directed and private, that emotions, which are outwardly directed and public, begin their impact on the mind; but the full and lasting impact of feelings requires consciousness, because only along with the advent of a sense of self do feelings become known to the individual having them." (Damasio, 2000a p.36)*

Damasio's emphasis upon emotions and feelings in the question of consciousness corresponds to the observations of the participants' statements. They spoke at length about the feelings that the emotions caused. Talking about emotions and feelings brought the participants closer to recognising their lack of hearing ability.

Damasio explains that consciousness operates on two levels:

- **Core consciousness**; operates in the here and now. It is a transient moment, meaning that I can hear a bird singing.
- **Extended consciousness**: the ability to generate a sense of individual perspective, ownership and agency over a large compass of knowledge surveyed in core consciousness.

Extended consciousness requires a higher level of consciousness than core consciousness (Damasio, 2000a).

3. Activities of consciousness

In this theory it is core consciousness that is operating when people are observing, whereas extended consciousness is more active when people are relating feelings and arriving at insight. Table 1 demonstrates participants' reactions to Searle's and Damasio's explanations of consciousness.

Activities of consciousness	**Searle (2002)**	**Damasio (2000a)**
Observing incidents	Perceiving	Emotion
Relating feelings	Feeling	Feeling of emotion
Arriving at insight	Thinking	Knowing the feeling of emotion

Table 3 Correspondence between activities of consciousness and the theoretical explanations

The table shows that there is not a huge difference between the observations and theories about consciousness. On the other hand, none of the theoretical explanations can be directly transferred to the data.
Observing incidents relates more to Searle's "perceiving" than it does to Damasio's "emotion" because "perceiving" involves handling of an input, whereas "emotion" is tied to what happens when the perception and sensation are taking place simultaneously. In the data, participants did not act when they were observing; they handled the input but without much awareness. In this respect observing is a minimally conscious activity.
Participants' feelings, however, correspond well to Damasio's "feeling of emotion." These feelings of emotions are connected to the focus of the interviews.
In the data, arriving at insight combines Searle's "thinking" and Damasio's "knowing the feeling of emotion" because the participants used both the words "thinking" and "knowing" in their interviews.

Observing incidents, relating feelings and arriving at insight therefore correspond well with the features of consciousness in the literature. This thesis explores the range of activities of consciousness that are also related to Damasio's explanation of consciousness due to his emphasis on emotion, its relation to and ownership of the body.

> *"If the images have the perspective of this body I now feel, then these images are in my body - they are mine. Therein our sense of agency - these images are mine and I can act on the object that caused them." (Damasio, 2000a p.183)*

In this respect, the "time for hearing" is when the person takes possession of his or her own problems in order to act upon them. Furthermore, Damasio's gradation between core consciousness and extended consciousness is consistent with the recognising process because at the most basic level of consciousness, it suggests recognition of an irresistible urge to stay alive and to develop a concern for the self (Damasio, 2000a). This urge was reflected in the stages leading up to the "time for hearing."

The intensification of activities of consciousness is a central part of the recognising process because activities of consciousness involve the construction of knowledge about two things: a) that the person relates to some dimensions of hearing; and b) that those dimensions lead to changes in the person. The activities therefore open the possibility of revealing aspects that are normally hidden.

Conscious activities related to hearing therefore open up new ways for the person to “act” and this is the outcome of “time for hearing.”
The different levels of activities of consciousness are important in order to become aware of the routines of everyday life. Activities of consciousness occur in a continual stream. There are some stable states but there are also more fluid, intangible, often neglected transitional states with a tone of “and” or “but.” Theses activities continue throughout the recognising process.

Chapter 4

Hearing related problems

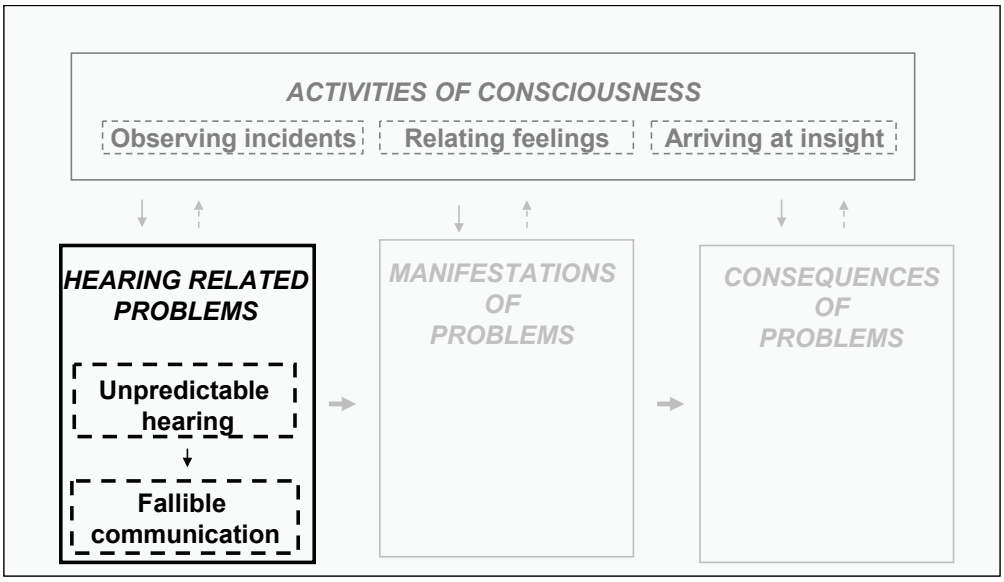

Figure 7 Sub-category "Hearing related problems"

"Hearing related problems" is one of the most essential sub-categories. It is about the main problems that participants experienced as causing disturbed situations.

For the participants, hearing was definitely more than "only" having problems perceiving sounds. They experienced problems in conversations, changed behaviour, frustrations and so on. They had two kinds of hearing problems:

- ***Unpredictable hearing***
- ***Fallible communication***

Unpredictable hearing emerged from participants' experiences of sounds sometimes being audible and other times being inaudible. The same applied to separating sounds from each other - sometimes it was possible while at other times it was not. Unpredictable hearing was a necessary condition (Dey, 1999) because it had to be present in order for fallible communication to appear.

Fallible communication accompanied unpredictable hearing, and was a disturbing recurrence of misunderstanding and not being able to understand what people were saying. Due to the frequency and degree of the disturbances, which were more severe than typical disturbances, the speech communication situations often became fallible communication. Fallible communication was not necessary but rather appeared to be a contextual condition (Dey, 1999) contributing to the appearance of problematic self-identity.

4. Hearing related problems

Each of these hearing related problems will be introduced as basically as possible and without any interplay with other variables. It is important to have a solid knowledge about each problem before it is shown in relation to the respective activities of consciousness, their occurrence in tribulation and their effects on self-identity.

The two problems will be introduced as follows:

- An introduction to the problem will be given
- The taken-for-grantedness nature of the problem will be outlined
- The meaning of theoretical concept will be specified
- From theoretical concept to emerged substantive dimension
- The appearance of each of the dimensions will be given

An introduction to each problem will outline the related experiences and how the problem relates to the recognising process. The taken-for-granted nature of each problem will then be discussed.

Taken-for-grantedness is one of the fundamental characteristics of the recognising process because it relates to how people interact with their bodies in everyday life. In general the body is necessary for all actions and interactions. It is through the body that people take in and give out knowledge about the world, objects and self (Merleau-Ponty, 2002). In a considerable way, this is an unconscious process (Whitehead in Strauss 1993). It takes place through both sensory contact with the environment and through the body and is a process that people take for granted. The body is necessary for interaction because without its physiological processes there is no life, and no consciousness.

> *"To take the world for granted implies fundamental assumptions that until further notice the world (hearing) will substantially keep functioning in the same manner as it has so far; that what has proved to be valid up to now will continue to be so, and that anything we or others like us could successfully perform once can be done again in a like way and will bring about substantially like results." (Schutz, 1976 p.231)*

On an everyday basis people don't talk very much about aspects that they take for granted (Strauss, 1993). People only mention the problems, as participants did, when people get disappointed.

The substantive concepts that emerged during the early coding of data will be presented alongside relevant literature. Literature was discovered as relevant by simply abstracting from the substantive theoretical concepts to general issues covered in a range of related literature. This process is best illustrated in Table 4, where the substantive concept of unpredictable hearing was found to relate closely to the professional literature on auditory perception. Fallible communication in turn was found to relate to the speech communication literature.

It is through this process of relating to disparate literatures that the integrative power of grounded theory emerges. None of the relations between concepts and literature are claimed to be comprehensive. They are simply those aspects of the related literature that were found to most enhance the emerging theory.

Emerged substantive concepts	**Concepts in related literature**
Unpredictable hearing	Auditory perception
Fallible communication	Speech communication

Table 4 Theoretical concepts derived from the emerged substantive concepts

In the following the two emerged concepts will be illustrated in the structure as above:

- ***Unpredictable hearing***
- ***Fallible speech communication***

Unpredictable hearing

> *"Hearing is important because it is one of the things that you have for the ability to communicate. If you don't have any hearing at all then you are in real trouble when you can't participate in a conversation." Keld*

"Unpredictable hearing" refers to the way in which participants experienced their hearing ability. They suffered from not being able to hear certain voices, to hear at distance, to trace the source of a sound and to understand what is being said. Participants' hearing ability was conceptualised as "unpredictable" because they could not trust their hearing in every situation, as they were accustomed to. For the recognising process it is important that people become aware of the unpredictable hearing because the aim of the recognising process is to recognise the loss of hearing.

Unpredictable hearing therefore makes person more attentive to his or her hearing. Unpredictable hearing is a necessary condition for the emergence of fallible communication. If there was no unpredictable hearing then there would be no difficulties in communication. Participants reported that they first started to pay attention to their hearing ability when:

- it did not function as expected
- sounds seemed weaker than before
- problems increased in frequency and in severity
- its unpredictability interfered with everyday activities

Unpredictable hearing appears in people with emergent hearing problems. The next section will explore hearing as taken-for-granted and the functional nature of auditory perception.

Taking hearing for granted

> *"Hearing is nothing that I really have a relation to. It is probably one of those things you just expect to be there. It is not something that I speculate about, I have to admit, it is something that I have taken for granted." Arne*

People who are born with normal hearing nearly always take hearing for granted. People who can hear also assume that other people can too. They see themselves as part of a hearing world. People know what to expect and not to expect from hearing. The sounds get systemised from the hearer's ability to identify the sound in question, such as the differences between baritones and tenors or between the roar of a Harley Davidson and the putt—putt of a scooter. Even without conscious listening they are able to use the characteristics of sounds to

construct meaningful and usable information about what is going on. This process is rapid and instinctive.

> *"I don't think about hearing, it is only now I think about how privileged I was to have been able to register everything." Nina*

Some people are extremely conscious of sounds and can detect even small differences. A musician knows exactly how every single note should sound; a mechanic knows how a smooth-running engine should sound, and a physician knows how healthy lungs should sound. Per, a teacher at a technical school spoke of how important hearing was for him at work.

> *"When you are in the workshop, a lot is dependent upon hearing because even though the sound is behind you, you should be able to hear if somebody is using a saw, if it sounds right or doesn't sound right… I must say that the tones are so high that you can normally hear it. The whole time you have to be able to hear so you can react to it. I'm very dependent upon my hearing without actually thinking about it." Per*

Other people are more conscious about speech, such as a teacher listening to a shy child from the back row or friends listening to each other. People listen for different sounds in different situations. In contrast, people who are born deaf are not part of the hearing world. They belong to the deaf community and take signing for granted.

People who are losing their hearing can no longer take their hearing for granted. So to be able to appreciate the full meaning of hearing it is necessary to become aware about hearing when it is unreliable. When common patterns are broken (Douglas, 2000) people are able to recognise and become conscious of normal hearing.

The function of hearing: auditory perception

The World Health Organisation's International Classification of Functionality (ICF 2001) defines hearing, or auditory perception, as "sensory functions relating to sensing the presence of sounds and discriminating the location, pitch, loudness and quality of sounds." It is essential for speech communication.

Sound waves cause the eardrum to vibrate. The vibrations are transmitted to the inner ear by three tiny bones: the malleus, the anvil, and the stapes. The stapes jiggles a small, thin membrane on the oval window at the base of the cochlea. This pressure sends waves along the basilar membrane in the cochlea, stimulating some of the many hair cells. The hair cells transform the mechanical energy about the frequency, intensity and duration of the sound into neural stimuli. The message travels through auditory nerve fibres that run from the base of the hair cells to the centre of the cochlea and cross over to the auditory areas of cerebral cortex, which process and interpret these signals.

Hearing involves a vast number of cells, bones, tissues and nerves. This diversity is important because hearing should be able to detect, localise, distinguish and process sounds at different frequencies within a range of 20-20000 Hz. The most useful information of speech sounds are between 125–8000 Hz.

4. Hearing related problems

Acquired hearing loss in middle-aged and older people, such as the ones in this study, is often a result of damage to the cochlear and/or the auditory nerves or impairment of central auditory pathways. Both air- and bone-conducted signals can stimulate the cochlea but signal is not processed accurately (Arlinger, 1991, Campbell, 1998, Katz, 1994). Most late hearing problems are caused by presbyacusis, and/or repeated exposure to noise. Age-related presbyacusis usually manifests as a bilateral and symmetric sensorineural hearing loss. The onset of presbyacusis typically occurs in middle-aged or older people and approximately 2/3 of people older than 65 years do have such a hearing loss. The condition usually is progressive and very slow developing.

Noise-induced hearing loss is caused by exposure to high-intensity noise. People typically have the greatest loss in the high frequencies such as the 4000-6000 Hz regions but have normal hearing in the low frequencies. People who are suffering from noise-induced hearing loss complain about muffled hearing and experiencing problems mostly in situations where there is background noise for example at parties.

People with emergent hearing problems experience their hearing as being unpredictable and sporadic. These experiences contradict with the way that audiologists diagnose these conditions. Audiologists do not refer to hearing as "unpredictable" because hearing can be measured and predicted. However the person with emergent hearing loss experience the "static measured" hearing as being unpredictable because it appears sporadic and unreliable in different situations.

The most frequently conducted hearing tests measure is pure-tone audiometry; sinus tones. Pure-tone audiometry is a behavioural test measure used to determine hearing sensitivity.[3] The purpose of these tests is to determine to what degree hearing is normal. The hearing threshold is compared to a standardised threshold that enables the audiologist to diagnose the type and degree of hearing loss.

Pure-tone audiometry is the prevailing measurement of hearing ability, but a problem arises if hearing is evaluated only by pure-tone audiometry, which does not measure the ability to understand speech. Speech perception has been an object for many scientific investigations (Moore, 1989, Moore, 1998, Plomp, 2002). This work has demonstrated that speech perception is much more complicated than the perception of pure tones. Distinguishing speech and sounds in everyday life is much more complex than listening to pure tones in a soundproof chamber.

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[3] Pure-tone audiometry involves the peripheral and central auditory systems. The presentations of stimuli are presented by air through headphones and by bone conduction due to standardised methods, such as American National Standards Institute (ANSI 1989) or The International Standards Organization (Paul & Quigley 1988).
The pure-tone thresholds indicate the softest sound that a person can hear at least 50% of the time. Hearing sensitivity is plotted on an audiogram, which is a graph displaying intensity as a function of frequency. For threshold testing decibels are measured in hearing level (HL), which is based on the standardized average of individuals with normal hearing sensitivity. The auditory perception is tested from 125-8000 Hz because this range represents most of the speech spectrum, although the human ear can as mentioned before detect frequencies from 20-20,000 Hz.

Several speech audiometry tests[4] have been developed to measure and predict how people with hearing loss understand speech in natural settings (Martin, 1997). The problem is that the tests do not emulate everyday situations where degree of cognition, interest, situation, concentration also plays major roles (Gatehouse et al., 2003, Lunner, 2003).

Auditory speech perception is complicated because speech is processed at multiple levels at the same time. There are many models of speech perception (Boothroyd, 1993, Boothroyd, 1994, Plomp, 2002) but no model is generally accepted and no model is detailed enough (Moore, 1989). In order to perceive speech accurately, the listener has to determine which information is necessary for which sensory inputs. The decision has to be fast because it is the speaker who decides the pace of talk. Therefore it is difficult to perceive speech with 100 percent accuracy. Thus it is important to find a compromise between speed and precision, and it is exactly this compromise that is one of the most important elements of speech perception. It also means that people grasp merely the parts of speech that are relevant for speech perception.

People cannot feel the movement of the tiny ear bones, the hair cells or the transformation from mechanical energy into neural stimuli, and there is no pain when the ear does not function properly. Most of the time auditory perception functions so well that people do not pay any attention to it. On the other hand, when people have trouble hearing something, they tend to concentrate more on the sound. Sometimes it helps, other times it does not, but it always required extra effort. This extra effort intensifies the consciousness of hearing.

From auditory perception to unpredictable hearing

In the above text was the focus on the predictable, taken for granted side of hearing, but as participants showed it can also be very unpredictable, sporadic and changeable. It is through the experience of unpredictability that people with an emergent hearing loss realise what hearing is and when it is "time for hearing."

The participants experienced unpredictable or problematic hearing in a variety of situations. The degree of unpredictability depended upon the frequency of disturbed situations. In the case of random situations the sense of unpredictability would be high, whereas routinely disturbed situations would reduce the sense of unpredictability. All participants reported problems finding out what was wrong because problems appeared gradually. Often they forgot about their hearing difficulties until they again were in a situation in which they could not hear well. This in turn made it more difficult to recognise when it was "time for hearing." Knowing when it was "time for hearing" was difficult because participants often had adjusted to their diminished hearing:

[4] Speech audiometry provides information concerning sensitivity to speech materials at supra-threshold levels. Speech audiometry has become an important tool in hearing-loss assessment. It is used diagnostically to examine speech-processing abilities throughout the auditory system, and can be used to crosscheck the validity of pure-tone thresholds. Different types of speech test material, language depended, are used. In order to predict a persons ability to understand speech in real life (Martin, M. (1997) Speech audiometry. the speech signal is often presented in different levels of background noises, indicated by the speech-to-noise ratio, S/N.

> *"Hearing is almost a little too diffuse to grab hold of. Yes, it is not latent. You can't just say there it is [hits the table], there it was. You can't do it, you see, because the problems come sneaking up on you." Martin*

The unpredictability caused problems, difficulties, troubles, dilemmas and confusion for participants. They were also aware of the inconvenience that their hearing difficulties caused other people.

> *"You have to concentrate the whole time, both to hear and see what the other ones are saying, and then suddenly someone says something over there, then you miss what the other one said, because you just… He shouts something, then you miss it. You get so bloody tired, that you do." Frank*

Unpredictable hearing often caused feelings of loss of control because when people were forced to listen they did so consciously (Frank, 1997).

The unpredictability of hearing often makes it difficult to determine when a problem is caused by impairment because, auditory perception often works unconsciously. It can take someone as long as fifteen years to notice a hearing loss (Hetú, 1996).

Appearance of unpredictable hearing

The following will illustrate how participants became aware of unpredictable hearing. People talked about situations where they normally had not thought about their hearing. Unpredictable hearing assumed the following forms:

- "It is not loud enough" – audibility problem
- "Where does the sound come from?" – localisation problem
- "I can't separate the sounds from each other" – detection problem
- "I don't understand what they are saying"- intelligibility problem

The participants discussed their difficulties in those situations. The difficulties were very much related to unpredictability, and it was through those situations that the participants realised how important their normal hearing had been. The participants' experiences of unpredictable hearing are consistent with research on auditory perception (Arlinger, 2003, Hetú et al., 1988, Lorenzi et al., 1999, Moore, 1989, Moore, 1998, Mäki-Torkko et al., 2001, Noble et al., 1995, Stephens & Hetú, 1991, Stephens et al., 1998, Stephens, 1987, Stephens et al., 1999).

"It is not loud enough"- audibility problems

Most of the participants complained that particular sounds were sometimes either not loud enough or too loud. Unpredictable hearing therefore consisted of problems hearing from a distance and difficulties hearing people who were talking softly.

> *"It is very easy for me to hear a person who shouts and screams. That is easy to hear… I don't care about that, but I would like to be able to hear ordinary conversation. Now when you say 'yes, yes' like that, I have to be alert, don't I, because your voice is touch and go for me, just at the point where I cannot*

hear you anymore. Your voice is up there and when it gets lower, I can't hear it, I really can't." Frank

When talking about voices the participants said that other people were mumbling. Children's voices were especially difficult to hear and it gave the appearance that the intelligibility of speech was dependent on the person who was speaking.

They also knew that people talked at different levels and this affected intelligibility. They had never needed to focus so much on speech levels before.

Another problem with audibility was that it could be very difficult to figure out how loud the source of a certain sound source was, especially in comparison to other people's perception of the sound. Participants were often told that their radio or television was too loud. One of the participants, *Keld,* a single male, explained that he had not realised how loud his television set was because he lived alone. He wanted to be considerate of his neighbours but did not know when the television was too loud. When his daughter came to visit, she told him that his television was very loud.

"You can't evaluate how bad it is yourself; it is not that loud to me. I turn the television up so I can hear what is being said. I can't evaluate how loud the television is, or the sound is, not in relation to other people who hear normally." Keld

Participants also talked about not being able to hear the alarm clock, the doorbell or the telephone. It was only later that they found out they had missed a certain sound, such as when *Dan's* wife thought that *Dan* was going to take the eggs off the cooker when the egg timer rang:

"My wife said 'Why didn't you take off the eggs?' but I hadn't heard the alarm and sometimes I couldn't hear the telephone either." Dan

The likelihood of missing a sound compounded participants' insecurity and worry when they were alone. Furthermore they no longer knew how loud certain sounds were supposed to be. Participants in turn had different experiences of detecting sound; these experiences were in agreement with the known degrees and types of hearing loss. All participants suffered from damage to the structure of their hearing function and a reduced range.

When participants talked about their ability to hear, they discovered that the unpredictable hearing involved not only the volume of sounds but its impact upon as localisation, identification and intelligibility.

"Where does it come from?" - localisation problems

Unpredictable hearing often appeared as the inability to distinguish the location of the sound source:

"If I am at a party where there are a lot of people then I have a problem separating who is talking to me and from where." Dan

The ability to localise the sound was important because people needed to be able to look in the right direction so they could identify the speaker, especially of he or she had to lip read.

> *"I guess I lip-read more than I actually think... Yes, I look at people when they are talking and I lip read more because when I'm in a foreign country, then it is difficult to lip-read. Then it gets hard. I do believe in a way that I pay more attention than I did before. To the mouth and the body language, maybe all of it mimics every thing." Per*

The use of "total-communication" is also well established, especially when there are many sound sources at the same time (Lieth, 2001). People with hearing loss often use visual clues such as lip-reading and body language in order to perceive speech more clearly (Eriksson, 1990, Kaplan, 1997, Stork & Hennecke, 1995).

> *"If there are many people sitting, then is it best to use eye contact because then you are getting more out of the words, right? I really don't know how I'm doing it, it is just like if you can see people speaking then you get much more out of it and that's it." Arne*

Being able to localise sound sources was also important when people had to find out where a person or thing was. The problems with not knowing where a sound is coming from caused insecurity because people could be caught off guard or find themselves in danger. *Birte*, a female participant said that she had never been afraid of going outside but when she began to lose her hearing she felt more frightened and insecure:

> *"When I was walking along the street in the evening and it was dark, I would turn around hundreds of times to see if anybody was coming up behind me. I knew that if there was suddenly someone behind me I would be terrified, because I couldn't hear them. So I would say that you get a sense of dread, that one's nervous system goes little bananas." Birte*

Obviously the unpredictable appearance of localisation of sounds can vary in terms of their significance. *Nina,* an avid cyclist had been told that she needed hearing aids. She described her problem telling where traffic noises originated. *Nina* was very surprised to hear this because at the time of the interview[5] she had not experienced any other hearing problems:

> *"I don't experience huge problems yet, but the thing that can bother me is when I'm walking outside and bikes are coming tearing up behind me and I don't hear them before they reach me. When I'm on my own bike, I keep as close to the outside as I can because I can't hear when somebody is coming from behind. That is what is bothering me now... I'm shocked when somebody suddenly passes me at high speed. It makes me jump because I didn't hear it coming." Nina*

Nina felt as if her hearing was playing a trick on her and that made her more anxious.

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[5] Later in the interview she spoke of more incidents where she was experiencing problems.

The term "localisation" refers to judgments of the direction and distance of a sound source. While binaural[6] hearing ability is important for the accurate localisation of sounds, it also helps to selectively attend to sounds coming from a particular direction while excluding other sounds. The binaural ability also helps in estimating the distance to the sound source. Therefore the ability to localise sound sources determines the direction in which a person has to look and to move to avoid what is coming.

Studies of localisation in hearing-impaired people shows that people with unilateral or asymmetrical hearing losses have a poorer ability to localise (Durlach & Colburn, 1981). Other studies have also shown that binaural hearing can vary enormously among hearing-impaired subjects (Moore & Patterson, 1986, Moore, 1998). The participants' experiences correlate well with these studies because there was a considerable difference in their individual experiences of localising sounds.

Localisation is normally taken for granted and crucial to the ability to hear where sounds come from in order for people to feel safe, secure and in control. Therefore unpredictable hearing involves problems with localisation.

"I can't separate the sounds from each other" – detection problems

Unpredictable hearing also appeared when there were difficulties distinguishing sounds. People could for example have difficulties telling one voice from another:

> *"I could not distinguish who said what, unless someone was talking directly to me. But with so many people I began losing it." Carsten*

The ability to distinguish sounds was not only about separating speakers from each other but often also about separating individual sounds. The participants experienced vowels sounding different from before, other people mumbling and sometimes too many sounds at the same time:

> *"When it is difficult to separate the sounds from each other, then it turns into a mess." Hans*

Participants started to pay attention to single sounds in speech. They realised how fast hearing usually works and had become aware of how important it was to identify separate sounds quickly and precisely. To understand what was being said they often tried to evaluate every single sound, but there was not enough time to evaluate every single speech sound in a word.

People often complained that when they told other people that they had hearing problems then these people would start speaking very loudly and this did not help at all. What they preferred was for people to enunciate clearly.

Participants talked about what the literature (Erber, 1993, Moore, 1998) defines as the ability to discriminate sounds.

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[6] A situation involving two ears

> *"You hear some vowels that don't sound right. In the beginning you are not aware of it." Gunnar*

The ability to discriminate is divided into: sound discrimination and speech discrimination. Speech discrimination is the more complex process and a hearing-impaired person may hear two speech sounds as identical (Moore, 1998). People who cannot distinguish speech sounds will hear indistinct and confusing sounds which are likely to result in misunderstanding or understanding problems (Erber, 1993).

> *"I do feel it's tiresome to hear the others, some mumble the whole time and other times they are talking fairly clear so you can understand what is being said. I do have difficulties dealing with it." Eva*

"I don't understand what they are saying" – intelligibility problems

One of the most troubling aspects of unpredictable hearing is the inability to understand what people are saying. Problems with detection preclude a complete understanding of what is being said. The need to follow speech was deeply rooted in people and was something that they had always been able to do without realising its importance:

> *"I think that the worst thing that happens is that you cannot hear conversation properly." Per*

Participants often found that although the sound level was okay they could not understand what was being said. Some could not understand why it was harder to hear speech than other types of sound.

> *"I can hear sounds but I can't perceive speech. I find that strange." Eva*

Participants talked extensively about the problems of understanding when there was noise around them, and said that it was much easier to hear if it was quiet and only one person was speaking at a time:

> *"Yes, particularly when you are at meetings, where there are, shall we say ten to twelve people, then I can tell straightaway that I'm losing everything, because I can't hear what they are saying. That, I feel, is a little frustrating." Jens*

People with hearing loss often complain about not being able to understand speech. The complaints depend partly on the severity of the hearing loss. This problem is also referred to as social deafness (Basilier, 1973). It has in audiological research been argued that the difficulties either arise primarily from reduced audibility or that understanding speech arise partly from the diminished ability to detect sounds that are well above auditory threshold, meaning that even if the sound is amplified so that it is audible it will still be difficult to understand speech (Moore, 1998). When there is background noise the redundancy is particularly in use. Redundancy enables people to guess what is being said even if they do not hear every single sound. This is because spoken messages fit into situations and conversations in particular ways (Erber, 1993).

For participants it became harder to guess because they missed the sounds that should provide them with information about what has been said. They became aware that the ability to use redundancy was hampered by unpredictable or poor hearing.

> *"Oh, I don't hear what they are saying properly. I understand some of the words, but not all of it. It is very diffuse, and I have to concentrate and have the person just in front of me… That causes a kind of problem." Dan*

Fallible communication

Fallible communication refers to the way that the participants' ability to communicate normally[7] was weakened when they had difficulty hearing and understanding what other people were saying. This thesis focuses on speech communication because it is also what people with hearing loss complain most about (Danermark, 1998, Demorest & Erdamm, 1986, Erber, 1993, Moore, 1998, Stephens, 1987, Trychin, 1997).

In the interviews, participants talked about situations in which communication was more difficult than usual. Disturbances were described as misunderstandings and /or comprehension problems, having to ask conversation partners to repeat things which interrupted the flow of communication. Other factors included failure to respond and talking too loudly. Participants claimed that the frequency of disturbances created fallible communication situations.

Carsten discussed his experience with fallible communication situations before he recognised that he had a hearing loss:

> *"Communication was at that time completely unimportant, because I couldn't start a meaningful conversation. If I want to have a meaningful conversation with someone I have to understand every single word that is being said, intonation and everything, and that was just impossible at a table in a gathering with other people. That was impossible." Carsten*

Fallible communication is central to the recognition of hearing loss because speech is fundamental for spoken interaction (Danermark, 1998). People express their thoughts and establish connections with each other through speech. People also develop a great part of their identity through the way they talk.

> *"It is important in the situations where you yourself want to contribute with something that you keep asking what they are talking about. It is important to know what has been said." Nina*

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[7] Communication can be spoken or written. The focus of this thesis will be on verbal communication because it is the dimension that is affected by a hearing loss, even though non-verbal cues (gaze, mimic, gesture) and paralanguage features (prosodic elements such as timing, pitch and loudness) are very important for conversation. Non-verbal and paralanguage features will only be treated if they emerge in the data and are important for the context.

It is therefore often through fallible communication situations that people understand and recognise the connection between breakdowns in communication and impaired hearing.

Taking communication for granted

Like hearing, other forms of communication are taken for granted. In order for people to interpret what has been said they do not have to think about who is speaking or what is being said (Lieth et al., 1993, Møller, 1991). Neither do people often see the connection between hearing, communication and social interaction. I told two doctoral students in psychology about my project, and asked them if they would rather be blind or deaf. They both answered ”deaf.” I explained that hearing, unlike seeing, is essential for social relations. After the explanation they agreed that hearing is very important for communication. But they had never thought about hearing from that perspective before. This preference for deafness over blindness is very typical and could be one of the reasons why it is so difficult to recognise when it is “time for hearing.” It is also much easier to imagine what it is like to be blind, but harder to imagine what it is like to be deaf.

The functionality of hearing; speech communication

The main function of hearing is to give people the ability to communicate; the main function of vision is in general orientation. However vision also plays a very important role for communication because the vision gives many information to verbal communication which can not be giving by speech. Communication comprises all actions, gestures, words, sounds between people. Communication is therefore a social act. It requires people to have a shared understanding of particular sounds, words, signs and gestures. Communication is the essence of social interaction and is something all people do. Some scientists (Katzenelson, 2003) define interaction as communication because:

> *“All behaviour, not only speech, is communication, and all communication – even the communicational clues in an impersonal context – affects behaviour.” (Watzlawick et al., 1967 p.22)*

Watzlawick continues, “one cannot not behave” (p.48) which means that people cannot stop communicating.

By looking at the meaning of the word “communicate,” it could be argued that Watzlawick’s definition is useful, because “communicate” comes from the Latin word “communis” and means to be shared, fellowship, sense of belonging, connection and mutual understanding (Katzenelson, 2003). On the other hand, many scientists find this definition too broad and define communication more narrowly (Coupland et al., 1991, Erber, 1993, House et al., 2003, Katzenelson, 2003, Lieth et al., 1993, Moustgaard & Vejleskov, 2000, Rommetveit, 1973).

In the thesis communication is defined as “an activity by one of the parts (the sender) which is perceived as having a content of meaning by the other part (the receiver)” [8] (Lieth et al., 1993 p.16). In other words communication occurs when a person (a speaker) has a reason to communicate and forms an idea that gets expressed in a certain way, which could be speech. The expression travels from the speaker to the listener, who senses and perceives what has

[8] My translation

been said. The listener then interprets the message. The message does not have to be perceived in the same way in which it was sent (Erber, 1993).

In conversation, people are careful about what they want to say. The speaker does not have much time for reflection, and the listener does not have much time to think about the way that something was said. The listener also has to be prepared to take the word at a certain time and prepare a response. This complex speech process is not only about exchanging information, but also about how people use language to influence each other.

All speech communication, according to Searle (1996), fall into one of five categories: statements, allegations, promises, directives or expressions. Communication also has norms. For example, often there are expectations that a speaker is telling the truth and mean what has been said. There are also expectations that both speaker and listener are following the same norms for communication and have a similar understanding, even though that there can be great differences.

Some linguists see speech communication as a medium for effective exchanges of information (Andersen, 1991). They propose that people try to express themselves as directly as possible. Other linguists focus upon the social goals of communication, such as the desire to avoid open conflict. Scientists who defend this view propose that people use language from a principle of politeness (Pennington et al., 2003).

> *"The concept of politeness is used to describe the ability to adjust our language and our actions to situations and to the people that we interact with, in a way so we don't offend other people." 9 (Andersen, 1991 p.75)*

Language etiquette is concerned with a speaker's ability to:

- choose suitable expressions which fit into the speech situation
- help build up and keep the "face" (Gregersen, 1975) of the other person and to get one's own "face" confirmed (Andersen, 1991)
- choose suitable expressions to have coherence in the conversation
- take roles and shift roles within the conversation (Møller, 1991).

As we can see, spoken interaction is very much about politeness. These norms are often unwritten – people take them for granted and expect people to follow them. People only become aware of these norms when the norms are violated and then people get disappointed. When that happens they might judge the other person as rude or, arrogant.
In addition to politeness norms, there are language rules (Hogg & Vaughan, 2002) involving the structure of meaningless sounds (phonemes) into basic units of meaning (morphemes), which are further structured by morphological rules into words and by syntactic rules into sentences. A shared knowledge of these morphological, syntactic and semantic rules permits the generation and comprehension of almost limitless meaningful utterances. This shared knowledge of rules is usually taken for granted until somebody who doesn't possess this knowledge is encountered.

[9] My translation

4. Hearing related problems

When members of the same speech community are involved, talking permits effortless understanding, but even though people follow the same norms and rules miscommunications can occur (House et al., 2003).

> *"Sometimes I have to ask them to repeat, but not always and people sometimes get annoyed if they have to repeat. It doesn't take much. You have to find the right balance." Eva*

When understanding gives problems it can result in miscommunication (Coleman, 1991). There is a possibility of miscommunication in all communication.

In order to understand the appearance of miscommunication it is relevant to know what it means "to understand."

According to Linell (1995) understanding consists of

- Identification of sounds
- Integration of the message with prior knowledge
- Preparation for or selection of response

These conditions imply that understanding an utterance is about connecting something to a context. Understanding is also a goal for both the speaker and the listener. Both participants have a responsibility for the communication. They collaborate on constructing a shared understanding because communication is built upon mutual trust. Another important issue is that there is no such thing as the correct and complete understanding of a conversation (Linell, 1995).

The demands for understanding vary among situations and are often not only about what the listener understands, but more about what kind of meaning is understood. As we can see, understanding is a multi-layered and multi-faceted process where things can and do go wrong.

However understanding is often difficult and people continually miscommunicate. Miscommunication occurs when rules for effectiveness and politeness are disturbed. People have problems understanding and then try to repair the miscommunication with requests for repetition; they try to create a flow in the communication despite the miscommunication. Miscommunication is a part of a communication pattern; miscommunication is therefore also a part of the predictability of communication.

> *"…language use and communication are in fact pervasively and even intrinsically flawed, partial, and problematic. To this extent, communication is itself miscommunicative." (Coupland et al., 1991 p.13)*

Miscommunication could be one of the reasons why it is so difficult to recognise a hearing loss.

There is a distinction between speaker-based and listener-based misunderstanding (Riggins, 1990). Speaker-based misunderstanding refers to "the processes involved in the formation and expression of intention which may be considered as internal to the speaker" (Riggins, 1990) (p.115). Listener-based misunderstandings refer to two different modes of input processing:

- decoding of sensory input
  - phonological analysis of the segmental and supra-segmental level
- comprehension
  - sentence comprehension
  - discourse comprehension.

A listener-based misunderstanding is therefore an unsuccessful type of perception and comprehension which is presented in the systematic classification made by Dua (Riggins, 1990) below:

1 **Low degree of perception and comprehension**	**2**	**3**	**4** **High degree of perception and comprehension**
Non-hearing	Partial hearing	Mishearing	Hearing
Non-understanding	Partial understanding	Misunderstanding	Understanding

Table 5: Dua's classification of types of perception and comprehension (Riggins, 1990)

The above linguistic classification is interesting because it relates to the classic audiological problem about the difference between the ability to hear (audibility and detection) and the ability to understand (intelligibility).

From communication to Fallible communication

The previous section showed that miscommunication is part of a normal communication pattern. People do not pay much attention to these types of miscommunication, even though they recognise them. Most frequently people keep communicating while correcting the miscommunication. The common miscommunication applies to questions such as: Why did the participants talk about miscommunication as being a problem? Why did other people pay attention to the disturbed communication? To what extent did miscommunications occur, or were there unwritten norms for how much miscommunication people can accept in order to fulfil the demands for language etiquette; for being a polite, proper and trustful communication partner?

> *"When I misunderstand people they think 'Is he high and mighty? What is the matter? Does he not want to talk to me? Am I not an interesting conversation partner?' Yes, that is an impression that they easily can get if they don't know me very well. And I don't want that to happen." Martin*

In the following section the focus will be on the miscommunication which the participants talked about – problematic or "fallible communication". Everybody has occasional communication problems. People just compensate, for example, by lip reading. However the problems sometimes intensify to the point that communication becomes fallible. When this happens, fallible communication causes confusion, frustration, and criticism. Fallible communication is central for relational and personal problems associated with the recognising process.

Appearance of fallible communication

Participants experienced different and more frequent fallible communication situations. The appearances of fallible communication that the participants mentioned can be divided into two groups:

- Misunderstanding
- Non-understandings - which also contains request for repetition and not answering

The consequences of fallible situations will be discussed in the forthcoming sections about moments of tribulation and problematic self-identity.

"I often misunderstand what is being said" - misunderstanding

When the participants talked about misunderstanding what other people said, they explained that they responded to something that they thought they heard:

> *"Misunderstandings happen frequently. Then I get told: 'You are not listening at all to what I'm saying'. I have then answered what I thought I heard them say." Per*

They talked and answered questions as they were accustomed to doing. They did not think that they had heard anything wrong and were in no doubt about what they heard and how they answered. Often it was not until afterwards that they found out that their answer was not correct in the context. They could see it in people's faces and reactions.
Participants were not always aware when a misunderstanding occurred. Some participants were told right away and others were told later that they had said something completely out of context.

This corresponds well with their responses to the question about how often they experienced misunderstandings. Some experienced it frequently, others rarely:

> *"No, no, I never experience misunderstandings because if I haven't heard what was said, then I just ask to get it repeated." Nina*

This does not mean that misunderstandings did not occur but only that participants were not always aware of them. Misunderstandings can be classified as mishearing (Dua, 1990). Mishearing is actually what the participants did; they heard an utterance but misheard it without realising it.

Participants' experiences of misunderstandings reflect one of the most common definitions of "misunderstandings":

> *"A misunderstanding occurs when a communication attempt is unsuccessful because what the speaker intends to express differs from what the hearer believes to have been expressed." (House et al., 2003 p.4)*

One difference between misunderstanding and non-understanding is, according to several scientists (House et al., 2003, Rathje, 2004) that with misunderstandings the listener is in no doubt about his understanding or he does not realise that he should be doubting his understanding. He replies according to what he understood.

> *"Right in the situation, I do believe that I answer correctly - definitely."*
> *Martin*

This way of experiencing misunderstandings is also seen in audiological research (Trychin, 1997) where people with a hearing loss who misunderstand have no doubt that they correctly understood what was said and answer accordingly.

According to linguistic literature, misunderstandings can manifest in overt, some covert and even latent ways (House et al., 2003, Linell, 1995, Rathje, 2004).

For a misunderstanding to be overt, three elements have to be in play:

- a source for the misunderstanding
- an indication that two different meanings are understood
- a "pointing out" that the listener understood a different meaning to that of the speaker

When an overt misunderstanding appears there is still a chance to repair the situation if the problem is pointed out.

Pointing out is presumably in the best interests of the transactional goals of the communication. The participants did not always see pointing out as positive, so the research on common communication and people with communication deficits such as a hearing loss may not be comparable. *Frank* often experienced overt misunderstandings because his misunderstandings were pointed out immediately after they happened and gave him the opportunity to repair the situation:

> *"I don't feel good when I answer incorrectly, you know, when they ask 'What did you say?' My colleague tells me and also my wife when I sometimes answer incorrectly." Frank*

In contrast, covert misunderstandings are not always pointed out but become apparent to both participants when signs of discord emerge. Compared to overt misunderstandings, the covert often cannot be repaired in time (House et al., 2003).

> *"You ask me whether I sometimes answer in 'East' when it should have been in 'West', if I do that. I can't answer you because… no I can't answer because I don't know." Jens*

The speaker or the listener do not always realise that a misunderstanding is taking place. Sometimes the speaker realises that the listener misunderstands but co-adapts by not calling attention to it. Sometimes that may be due to norms about the flow of the conversation or consideration of the other person. It could also be that the misunderstanding was not important.

With latent misunderstandings there is a greater sense of that the state of satisfactory communication was not reached, but without the participants actually knowing why and therefore being unable to repair the damage.

"Often I don't understand what they talk about" - a non-understanding

When participants talked about non-understanding they explained that they sometimes could not understand what other people said because they could not hear the conversation clearly. They then tried to concentrate harder:

> *"Sometimes I feel bad about not understanding what is being said and answering wrongly. I feel that my head is trying very hard to figure what is being said, but sometimes it goes wrong… When it comes to it I can't hear what it is." Eva*

When the non-understanding was going on, participants knew that they did not grasp the correct meaning of the conversation. They had doubts about what they heard and started ask for repetition or clarification. Sometimes they understood a little, on other occasions they did not understand anything. Sometimes they did not even answer because they did not realise that they were being addressed. When they could not understand the conversation they often stopped participating. The participants found that the degree of understanding was very much related to the situation. For example, if there was a lot of noise and many people were speaking at the same time, they had a higher degree of non-understanding:

> *"If there are a lot of people, you just shut yourself out. You don't participate. You don't understand everything that has been said." Gunnar*

Again this corresponds to Trychin (1997), as well to Stephens' work about communication tactics used by hearing impaired adults (Stephens et al., 1998, Stephens et al., 1999). The most frequently used strategy is to ask others to repeat what they said. In Hallberg's work the request for repetition is seen as a "controlling coping strategy" (Hallberg & Carlsson, 1991a, Hallberg & Carlsson, 1991b). Participants' experiences of non-understanding also correspond well to Dua's classification (Riggins, 1990) of non-understanding and partial understanding because the way the participants expressed the ability to understand was linked to their experience of their ability to hear.

> *"I didn't understand, not any of it, and you might as well not go to the theatre when you can't hear what has been said, isn't that right?" Frank*

According to Rathje (2004) a non-understanding occurs when one of the conversation partners understands one meaning of the same utterance whereas the other does not understand any meaning. As mentioned with regard to misunderstandings, there also has to be a sign in the conversation that one of them does not understand the same meaning. The difference between non-understanding and misunderstanding is that the listener is in doubt about his own understanding which reflects with the participants' experiences with non-understanding.

> *"I could not hear what they were saying and that was bloody annoying. And then sometimes, when somebody was talking to you and you didn't hear it… In reality you just answered something you thought was appropriate." Carsten*

Like misunderstandings, non-understandings also manifest themselves as overt, covert and latent non-understandings (House et al., 2003, Linell, 1995, Rathje, 2004).

Overt non-understandings have three elements:

- a source of non-understanding
- an indication of non-understanding
- a request for repetition, confirmation or refusal.

In contrast to overt misunderstandings, there are different ways in which overt non-understandings appear:

- *Totally blank*: relates to when participants were told that they often said "sorry?," "what?" or "what are you saying?"
- *Less blank*: relates to participants' reports that they sometimes did not get the meaning because they missed the keywords in the conversation and then asked about the keywords; for example, "my what … did you say?"
- *Understanding check*: refers to partial understanding where the participants repeated what the other person just had said for example "did you ask about what I did yesterday…?"

The difference between overt non-understanding and overt misunderstanding is that pointing out an overt non-understanding is often done by the listener; whereas an overt misunderstanding often is pointed out by others.

The covert non-understanding, on the other hand, like the covert misunderstandings, is not pointed out. It becomes apparent when the listener asks about an incident which the speaker has already spoken about but pretended that it had been understood correctly.

This observation is very similar to the non-understanding experiences the participants talked about. These appear in Stephens' work; people with hearing loss pretend that they have heard what has been said (Stephens et al., 1998, Stephens et al., 1999). Hallberg (1991a) claims that pretending is an "avoiding coping strategy."

> *"You have to guess what it was that they maybe asked about." Martin*

The latent non-understanding is more about disconnections when the participants are talking about two different topics. This is often seen when hearing impaired people communicate (Rathje, 2004).

This explanation about misunderstandings and non-understandings implies a return to the questions that were posed earlier in this chapter. Why did the participants talk about miscommunication as a problem? Why did other people pay attention to the disturbed communication?

The answers might be found in frustrated expectations of the norms for effectiveness and politeness, but also that the extent to which they were not followed. This will be explored in more detail in the next chapter "manifestations of problems," which will explore the effects of fallible communication in interaction upon other people and participants themselves.

Chapter 5

Manifestations of problems

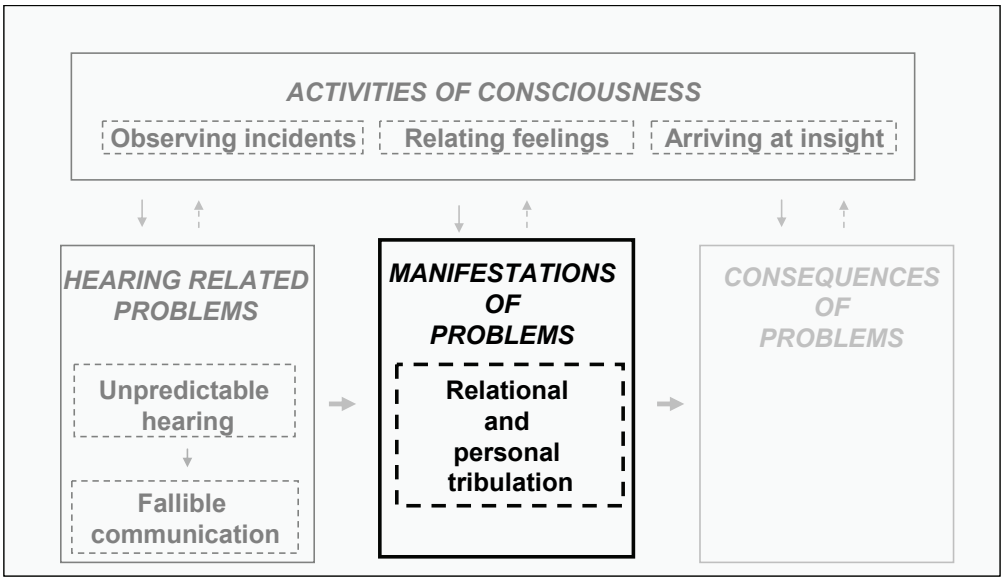

Figure 8 Sub-category "Manifestations of problems".

"Manifestations of problems" is a huge theoretical sub-category which relates in turn to many substantive categories. It relates to the core-category because the accumulation of relational and personal tribulations convinces people that they have a hearing loss.

Relational and personal tribulation occurs when disturbed communication situations occur. Relational and personal tribulations are therefore about how unpredictable and fallible communication is manifested in failed interaction and how they affect the person. Participants often experienced reproaches[10] after fallible communication. The reproaches could lead to more intense incidents charged with emotional and behavioural reactions. People experienced problems, unhappiness, annoyance, misery, sorrow, embarrassment, and shame. The term "tribulation" is therefore used because such incidents brought feelings of "being on trial" and something that happened over a longer period of time.

In addition to the long-term aspect of relational and personal tribulation there were also the many short-term, situational and momentary tribulations. Their occurrence would vary considerably and the frequency of their occurrence would have a close relationship to the pace of the recognising process. The effects of the moments would accumulate. The moments were inherently personal processes that happened in interactions with other people. Moments of tribulation therefore manifested themselves as challenges to the person's sense of belonging,

[10] For the sake of convenience both verbal utterances and personal negative thoughts are referred to as reproaches in this thesis.

because there was a sense that social conventions had just been breached. It was found that eventually challenges to social belonging would appear in the form of an alienated self-identity.

> *"Your question, Sir, as to whether I am an interior decorator – or rather you didn't ask, you told me so outright – typifies the whole nature of these proceedings instituted against me. You may object that these are not proceedings at all. You are absolutely right, for they are only proceedings if I recognize them as such" (Kafka, 1994 p.32)*

Kafka's (1994) *The Trial* is often seen as a classic story of alienation, something that corresponds well with tribulation. The outcome was a sense of having a problematic and alienated self-identity. Throughout *The Trial,* Josef K struggles with his emotions. What is worse, everyone else knows what is going on but do not tell him. The same is true for the participants who never knew exactly why they were on trial or what they were doing wrong. Of course some participants eventually knew that they had problems with their hearing but often they did not understand why this was a problem for everyone else.

Participants often experienced emotional reactions that resulted in changes in their behaviour. A common behavioural reaction was withdrawal from the situation. This would often start a spiral of further reproach. It was because of the effects of these emotional and behavioural reactions that participants' self-identity was eventually viewed as "problematic". Relational and personal tribulations were extremely entangled and episodic; they did not appear simultaneously in the recognising process. What follows is a presentation of the different moments of tribulations associated with hearing loss.

The momentary relational and personal tribulations related to the emergence of hearing loss is summarised in Figure 9.

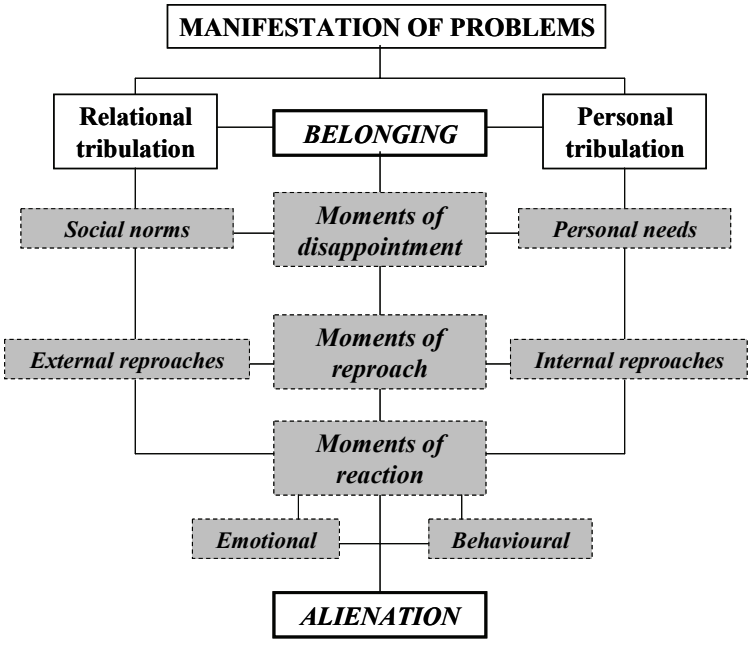

Figure 9 Relational and personal tribulation

In the figure tribulation takes a relational or personal form but both are experienced by the person with an emergent hearing loss. These forms of tribulation are expressed as disappointments and are results of failure either to meet social norms or to satisfy personal needs. Disappointments lead to external and internal reproaches which result in emotional and behavioural reactions. These relational and personal tribulations lead to a flip flopping between sense of belonging and alienation.

Relational and personal tribulation

Two types of moments of tribulation emerged: relational and personal

- *Relational tribulations* are about how people experience the impact of their hearing loss on other people and how it affects their interactions. Tribulation results from reproaches from other people. Relational tribulations have consequences for the self-identity because people see themselves through others' reactions to them'. This is the looking-glass self phenomenon (Baumeister, 1998, Sandstrom et al., 2003). Relational tribulation therefore primarily refers to the relational and social impact of hearing loss on a person's social identity.

- *Personal tribulation* is connected to reflective consciousness and is manifested in self reproaches associated with a feeling of failure as a result of hearing loss. Personal tribulation is therefore associated with the emotional effect of a hearing loss on a person's self-concept and self-esteem.

Both forms of tribulation were interwoven. It was necessary to conceptualise the difference between personal and relational moments of the self. This has been conceptualised elsewhere as the person environment dialectic:

> *"The person acts on the environment out of an intrinsic motivation to seek out and affect changes in it, and the environment places demands on the person to adjust and accommodate to it. The outcome of the person-environment dialectic is an ever-changing synthesis in which the person's need are fulfilled by the environment, and the environment produces in the person new forms of motivation." (Reeve, 2005 p.104)*

In the context of hearing loss, negative feedback causes relational and personal tribulation.

Relational tribulation

The two forms of tribulation are presented in two cases which have been compiled from participants' stories:

> *"A group of people is sitting at a party having a conversation. They all have expectations that everybody will follow common, taken for granted norms and rules. They all laugh at the same story. They are smiling and making gestures, showing that they have a mutual understanding. They are being social, and most importantly they are being a part of a group. The noise increases when other people in the room start talking and suddenly one of the people in the conversation says something totally out of context; without any connection to*

the previous conversation. Everybody stops talking, looks at the person, but then they take up the conversation again. Then a few minutes later the same person says something out of context again, and the others get confused. The man's wife asks him why he is saying that because it had nothing to do with what they talked about. She gets a little annoyed with him. The man reacts to the reproach by apologising. He is not saying anything else and after a while he withdraws. He takes a walk in the garden and when he comes back he sits alone and reads a magazine. Then a woman comes over ask him why he does not mingle, and if there is there something wrong with him. The man apologises one more time and the woman leaves him alone."

The case presents tribulation resulting from hearing problems that affect others, especially other people's reaction when someone says something out of context and then withdraws.

Personal tribulation

The second case demonstrates personal tribulation. In this case the same situation is told from the person's point of view:

"I'm sitting with a group of people having a conversation. I'm enjoying myself. I feel good because I'm with a nice group of people. They all laughed when I told a joke. That was nice. I'm listening, interested in what people are saying, and I decide that I would give my opinion about the topic. The noise around me disturbs me a little bit. I know that I have some competence in the area of the conversation and I want to share my knowledge with the others. So I give my opinion. After I have spoken I feel that something is wrong, but I don't know what it is. Maybe my opinion was not right or maybe they just could not understand my points. I'm confused. Later I try again to offer my opinion but this time my wife asks me what I'm talking about. I am confused because I thought that they were talking about the same topic I was commenting on. I get annoyed with it and feel ashamed. I did something wrong. I decide to concentrate more so I don't fail again and once more appear stupid and incompetent. I still feel a need to participate but the situation is now unpredictable, I feel forced to listen and not speak, even though I know a great deal about the topic, but I'm still insecure and afraid. I try to follow the conversation and be polite and laugh when the others do. After some time I get bored. So I take a walk in the garden where it is nice and quiet. When I return I find an interesting magazine and sit by myself reading until a person comes up to me and asks if something is wrong. Again I get annoyed because I really would like to sit with the others, but I get so tired and I'm also afraid of there being more misunderstandings. I like to be with other people. The worst thing is that I feel that I have to do something else. That is annoying me and it happens more and more frequently. I'm not the person that I used to be and that scares me a little.

Personal tribulation is explained in terms of reflective consciousness. Other people are not able to observe what is happening. The possibility that the personal and relational moment of tribulation can be entangled complicates the whole situation. A situation might be characterised by relational tribulation of hearing loss and/or by personal tribulations. In some

respects, therefore, the division of tribulations into relational and personal moments is artificial.

Personal tribulation derives from several sources:

- cognition
- needs
- emotions (Reeve, 2005)

Personal tribulation took the form of reflexive cognitions as a result of impacts on personal needs, values and expectations about who the person was and how the person changed as he or she interacted with his or her environment. Reflexiveness for the individual has been explained by Mead as:

> *"the turning-back of the experience upon himself - that the whole social process is thus brought into the experience of the individuals involved in it; it is by such means, which enable the individual to take the attitude of the other toward himself, that the individual is able consciously to adjust himself to that process, and to modify the resultant of that process in any given social act in terms of his adjustment to it. Reflexiveness, then, is the essential condition, within the social process, for the development of mind." (Jenkins, 2003 p.37)*

To conclude, relational and personal tribulations "trigger" (Zola, 1973) the recognition of hearing loss. Personal tribulation in the end was the most effective "trigger" resulting from disappointment and emotional reaction. Moments within tribulation are grouped according to:

1. **Moments of disappointments - social norms and personal needs.**
   A non-typical and troublesome behaviour which was unaccepted due to the person's failure to live up to unwritten social norms or to meet personal needs
2. **Moments of reproaches – external and internal.**
   Different kinds of reproaches from other people or oneself due to disappointments of norms and needs which caused confusion, instability and unpredictability
3. **Moments of reactions – emotional and behavioural.**
   Emotional and behavioural reactions to the reproaches and to the disappointment that happens when norms are violated and needs unfulfilled

The distribution and accumulation of the moments varied considerably during the recognising process. The moments were a matter of degree and frequency.

It has to be remembered that participants did not talk about tribulation moments when they talked about their experiences. The tribulations are a conceptualisation of what participants talked about and are offered as an explanation of what was happening in disturbed situations. Often it is only through second order observations (Fuchs, 2001) that it is possible to synthesise different dimensions of a phenomenon and relate these to each other and to people's core problem.

Relational and personal belonging

> *"I really appreciate talking to people I care about and whose company I value." Carsten*

In the first illustrative case above, the group communicates and laughs. The situation shows that relational and personal belonging are starting points for interaction. Without a taken for granted sense of belonging, nothing would be problematic. Many people have a fundamental need to be with others and this is often the main reason for interaction. Most participants found it important to be able to be themselves and communicate with other people and to feel that they belonged with people who shared their interests. People have different needs for belonging. For one person, it was very important to take part in many sport activities:

> *"You see I play golf and tennis many times a week, so my level of social activities is high, and makes me feel good." Jens*

Another person was not interested in having a busy social life:

> *"I have always mind my own business, so I don't have a huge circle of friends." Keld*

Participants did therefore not talk very much about unproblematic interaction because when interaction worked there was no need to pay any attention to it. People belonged together. They only became aware of how important the sense of belonging was when it was threatened.

In micro sociology and social psychology, belongingness refers to a desire for approval and a need to be with other people (Hogg & Vaughan, 2002, Scheff, 1994). The sense of belonging is when social interaction makes sense, gives safety and confidence. It is also about being able to compare oneself with other people and is a fundamental human characteristic. Belonging is fundamental to the creation of social identities and social bonds (Scheff, 1994). Belongingness is therefore about a need to be a part of a bigger picture where there is a mutual influence between two or more persons, and where there also is a mutual dependency.

Participants also mentioned the importance of having close relationships, where they could talk about their sorrows and joys:

> *"It must be awful if you sit in the same room and you don't talk together. If it was my wife and me who did that because I did not want to wear hearing aids, then I would feel it as a tremendous loss and handicap." Dan*

It was also important that people accepted them even though their hearing problems were inconvenient for others. *Nina* indicated:

> *"Would I imagine that people would look down at me if I get hearing aids? No, then they wouldn't be worth being with. I won't give a damn about that. That's for sure." Nina*

In this respect relational and personal belonging generate the relatedness that can satisfy needs for safety, love, sociality, acknowledgement or respect. All of these elements are elements of Maslow's well-known hierarchy of need (Gjøsund & Huseby, 2000). People have a need for belongingness. Emotional belonging is therefore about sharing joy, problems and sorrow with somebody else unconditionally.

Moments of disappointments - social norms and personal needs

> *"If we have to give each other something then we have to follow some rules for it." Per*

In participants' reports about what happen in disturbed situations there were moments of disappointment. Disappointed expectations could be either relational or personal. When they were relational they were conceptualised as violations of social norms and where they were personal they were named disappointments of personal needs. Moments of disappointment of expectations about social norms appear when it is expected that a person follows norms in interaction and it does not happen. Then everybody is disappointed. Moments of disappointment of expectations about personal needs appear when a person expects to get needs fulfilled and it does not happen. Then the person is disappointed.

In the case violation of norms occurred when the group's conversation was interrupted by a misunderstanding. During such incidents participants talked about what had caused questions, confusion, frustrations or trouble. It was disturbing to say something out of context, inconvenient when repetition was requested, when they talked too loud, sat by themselves and did not talk to anybody at parties. Then they were not living up to their own and other people's expectations. Whilst participants did not talk directly about norms because they are taken for granted and difficult to identify in everyday life, they talked about what was appropriate and what was not.

> *"You have to consider other people. The problem is that I turn up the television so I can hear it I turn it up more and more. Then somebody come and knocks on the door and tells me that I have turned the television too loud. I really think that I don't turn it up too much." Keld*

The sets of expectations associated with relational interaction are best conceptualised as norms where:

> *"We cannot talk to another person without first negotiating a formal relation which defines how we stand to each other and how we must talk if we expect a rational response."(McDermott, 1976 p.123)*

Breaks in social norms occur when shared expectation for interaction is disappointed (Tuomela & Bonnevier-Tuomela, 1995). Social norms are often taken for granted because they are so integrated into everyday life because they are part of a type of behaviour that appears instinctive and innate. They serve a function because they specify a limited range of behaviours that are acceptable in certain situations and thereby help to reduce uncertainty. Some norms have more latitude than others. The latitude of acceptable behaviour reflects its degree of acceptability. For this reason, social norms are constructed in order to make sense,

maintain stability, inspire mutual trust and predict how people will react when a person causes instability, senselessness, unreliability and unpredictability (Hogg & Vaughan, 2002, McDermott, 1976, Robinson, 1996). Social norms can be violated and therefore prone to moments of disappointment.

Disappointment of personal needs emerged when participants' experiences of having behaved differently due to unpredictable hearing and fallible communication challenged what they wanted in certain situations.

> *"You don't want to seem like a complete idiot because you can't hear." Hans*

Personal needs are closely related to self-identity, to what is important to people. Some could not live up to their own expectations. As a result they felt less competent than before. This could lead to a problematic self-identity.

Disappointments of social norms

Disappointment of social norms emerged through the appearance of fallible communication where misunderstandings and non-understandings occurred frequently. In this theory, the distinction between misunderstandings and non-understandings became important. Misunderstandings were confusions about giving wrong answers, whereas non-understandings were the result of not hearing everything. Both were disruptive to communication. Unfulfilled communicative expectations cause confusion. The confusion could very well emerge out of shared beliefs about appropriate norms (Tajfel, 1981) for communication and thereby also for interaction which was being disturbed.

> *"Even though you can't understand it you try anyway, but you can't keep asking 'What?'... 'What?' the whole time." Per*

The latitude for acceptance of communication outcomes might be wide because miscommunication is common. It is when the frequency and degree of miscommunication increases that relational acceptance becomes more restrictive. The violation of conversation norms can produce instability and unpredictability. This contravenes the urge in communication to give as much sense as possible of mutual responsibility and control (McDermott, 1976). What follows is an account of some of these norms that created disappointments by fallible communication.

Disappointment of communication norms

During fallible communication, norms of effectiveness, politeness, role-taking and coherence were often the first to be violated and to create disappointments. The social norms for communication are closely connected when people interact and are therefore difficult to separate. As a result, hearing related problems often manifested themselves in the early stages through relational disappointments. In the following quote there is a divergence between other peoples' expectations about *Dan*'s ability to understand what had been said and what actually happened:

> *"Well, it was annoying sometimes; if they had told me something and they thought that I had heard it and I hadn't. It was annoying for them and no less for me, when they said to me, that they had told me about it. Then it was*

necessary to tell them, 'If you tell me something important you just have to make sure that I heard it', and that is just that." Dan

In order to maintain mutual understanding, Dan tried to change the norms for how people should communicate with him.

Disappointing conversational flow

Participants' reports illustrated that both misunderstanding and non-understanding caused disappointed expectation about the effectiveness of communication. The flow was spoiled, the way of communicating was different and some also reported that even the topics were simplified.

Some found non-understandings more disturbing because of the many requests for repetition. They thought that it must be annoying for other people to repeat what they had said, especially more than twice.

"But, really, something does happen when you keep asking. I would understand it in the same way, because you ask yourself, 'Was it because the person did not listen or because the person could not hear, or why did he continue to ask?'. The reason could as well be that the person did not care at all about anything and that was the reason for not listening." Per

Some people thought that it was wrong to ask for too many repetitions so they often stopped requesting repetition after a while.

"She [my wife] was annoyed about having to say the same thing at least eight times. Sometimes I heard something which I shouldn't have heard, then she said: 'There is nothing wrong with your hearing; you hear everything that you want to hear'. So she was often annoyed which is understandable, because she had to repeat the same thing ten times." Carsten

Disappointing conversational politeness

Not answering, another aspect of non-understanding was described as very impolite behaviour. This was one of the most impolite forms of relational tribulation. Ignoring something is often seen as one of the rudest things a person can do (Gad, 2005). *Frank* spoke about episodes where customers had talked to him and he just walked away without answering:

"Sometimes when somebody has been talking to me, then my mate would say: 'Didn't you hear what he was saying?' No, I just didn't. 'But he was standing there talking to you and you just walked away.' That is very embarrassing; then I really get embarrassed." Frank

Participants also talked about how they sometimes interrupted other people. *Carsten*, who had a hearing aid, spoke about the frustrations that his mother's hearing problems caused him when she interrupted him when he talked to her on the phone.

> *"My mum did not know when she was interrupting. At last I told her, 'Mum, it is bloody annoying when I call you that you start to talk in the middle of a sentence'. 'But you are not saying anything' – okay, then I forgive her. She now has hearing aids. It must have been very annoying for other people when I, her only son, can get so annoyed about it. Then people with whom she didn't have a close relationship, for whom she was just another person or friend, must have felt incredible annoyed about it." Carsten*

Participants imagined that other people thought that they were impolite, that they were not listening, they had a lack of respect for the speaker, they thought that they were better than the speaker or that they on purpose made the speaker "lose face" (Andersen, 1991, Gregersen, 1975{Goffman, 1990 A #312). All these speculations participants had were very well expressed in Martin's statement:

> *"Doesn't he [Martin] bother to listen to me, is he high and mighty? What is wrong with him?' Yes, they can easily get that impression if they don't know me very well. Or 'Is he just leaving him self out? Is it not interesting what we are saying or what?' It is easy for people to think like that and you can't blame them for doing it." Martin*

Disappointing conversational coherence

The frequent appearance of misunderstandings in participants' conversations cause disappointments about mutual understanding of what the topic was in the conversation. The answers or comments participants gave when they misunderstood something often lacked relevance to the topic other people were talking about.

> *"Mostly I only answer in monosyllables, you see. If it is something I find difficult to hear, I say either 'yes' or 'no' or 'eh'. It is a habit you take up as you go along, but mostly I just say 'well, well…'" Frank*

When lack of coherence disappointed people it was often difficult for them to make sense of the communication and each other. When that happened, trust relations could become impossible to establish which then resulted in either escape from the situation or the person had to work harder in order to maintain self-identity (McDermott, 1976).

Ingrid, had major problems understanding her husband *Hans*. *Ingrid* was very confused and her trust in him had started to vanish because *Hans* did not answer as she expected. When he misunderstood, which she pointed out immediately, he just said "I thought." *Ingrid* stated that it happened over and over again. *Hans* on the other hand reported that he very seldom misunderstood. During her interview, *Ingrid* talked about how *Hans* misunderstood her:

> *"He answers to what he thought were being said and then he seems idiotic… We can talk about one thing and then he answers something stupid… That is why I react so badly. I don't know if he thinks that he has heard it correctly but he couldn't have done, because then he would have asked. He can't have perceived it like that." Ingrid*

The relationship between *Ingrid* and *Hans* shows how relational tribulation emerges from disappointments of coherence in conversations as a result of mishearing (Møller, 1991). *Ingrid's* relationship with Hans was becoming difficult because he was becoming a poor conversation partner. In general, married couples, because of their "we"- identity, are sensitive to relational tribulations. *Ingrid's* experience that *Hans* who normally was very intelligent, suddenly appeared "stupid." In a "we" relationship this kind of tribulation was difficult to accept. Talking incoherently was often interpreted as a sign of being less intelligent.

> *"I have a friend who says the most stupid things in the world when she can't hear. You seem stupid when you can't hear. That is the reason for why I always ask for repetition." Ingrid*

The experiences about misunderstandings varied a great deal. Some people thought that they were breaking the flow of the conversation while others did not think that it mattered so much for other people. When fallible communication appeared people were seldom aware that they had disappointed expectations of social norms however, they often knew by instinct that something was wrong.

Disappointing solidarity

Participants thought that fallible communication was annoying. When fallible communication occurred, people often withdrew from the situation. The withdrawal could then lead to violation of the social norms about solidarity.

When there is withdrawal from a group others in the group might feel insulted. It is therefore often difficult to understand when a person is withdrawing.

> *"I remember I was at a party with a lot of people and I was there for the first time, and in the end I withdrew to a corner and the others wondered why. In the end a lady came over to me and asked me to dance. 'Why don't you mix with people?' She found me peculiar, maybe someone who felt superior to the others. 'Why don't you mix with us?'" Carsten*

Accordingly this corresponds with the literature on norms and etiquette, one of the most basic expectations of interaction is directed at not being arrogant, snobbish and self-important (Gad, 2005). So when participants withdrew they were regarded as snobbish. Reasons for participants' withdrawing were individually dependent, as was the degree to which they withdrew.

> *"I really don't want to be in the situation where they think that I'm snobbish. I don't want to be looked at like if I'm high and mighty." Martin*

Withdrawing from such situations led to moments of tribulation. Violation of social norms caused relation tribulation and disappointments of personal needs created personal tribulation.

Disappointment of personal needs

Many participants' emotional reactions were associated with disappointments about not being able to fulfil personal expectations. People were disappointed when their desire for competence, self-determination and sociability was not satisfied. Individual needs caused disappointment of expectations. This can be explained with that some needs are natural and inherent and promote psychological vitality, growth and well-being for the individual; others are acquired and often act as personality characteristics (Reeve, 2005). The fulfilment of needs was therefore important for well-being whereas the disappointments of needs generated tribulations.

Disappointing self-determination

Disappointing self-determination emerged when participants reported not being able to do things that they have done before and still wanted to do. It was not so much about other people telling them what to do, but more their own hearing ability that forced them to give up certain things.

> *"Autonomy (self-determination) is the need to experience choice in the initiation and regulation of behaviour, and it reflects the desire to have one's choices rather than environmental events determine one's action." (Reeve, 2005 p.106)*

Participants' experiences prove that subjective experiences of self-determination are the result of a perceived locus of causality, perceived choice and personal volition (Reeve, 2005). Research has shown that self-determination is important because people whose behaviour is self-determined have a positive motivation for changes and for their perceived life quality (Reeve, 2005). Unfortunately people with emergent hearing loss often experience disappointments in their self-determination.

> *"If I can't hear properly then I lose something of life, that's for sure, something about my outward behaviour. It is important that I still can talk to politicians and businessmen." Jens*

When hearing loss appears people often felt that it was nothing that they had chosen to be a part of and subsequently it was something they had little or no control over. *Birte, for* example, often had a strong feeling that she could not do what she wanted.

> *"You can't be free; you can't be as you used to be, so you withdraw more and more". Birte*

Emergent hearing loss was forced on the person. Some said that there probably was nothing to do about it. In many respects the loss of self determination was experienced as the general theoretical notion of external locus of control (Hogg & Vaughan, 2002, Reeve, 2005).

> *"It is something that you have to live with. There is definitely something that you can't do, but then there really isn't anything that you can do about it, either." Per*

Other participants thought that they had the responsibility to do something about their hearing problems. Their need for self-determination was high, motivating them to get a hearing test. They had a high degree of internal locus of control and causality (Hogg & Vaughan, 2002, Reeve, 2005)[11].

> *"Yes, you have a duty to do something and we have the responsibility ourselves. Responsibility is not something that people can give you, it is something that you take. Maybe it is my attitude that if there can be done something about being able to hear better, then it is your own responsibility to take care of it." Dan.*

Disappointing competence

Moments of personal tribulations also emerged as a result of participants' reports of being disappointed about not being able to live up to their own expectations about their competence in different areas of conversation. They thought that they were not being able to conduct meaningful conversation at a dinner party or taking part in meetings. To have communicative competence, people wanted to appear "natural". They wanted to maintain that competence. People wanted to interact effectively in communication situations. They saw it as:

> *"the need to be effective in interactions with the environment, and it reflects the desire to exercise one's capacities and skills and, in doing so, to seek out and master optimal challenges." (Reeve, 2005 p.115)*

Challenges do not always end with success. Their outcomes can therefore signal competence or incompetence depending on positive or negative feedback (Reeve, 2005). Performance feedback happens with social comparison. It is essential for people's need to find out about their competences. Participants often reported sense of failures because unpredictable hearing would weaken communicative competence. For example, being a good grandmother could mean hearing what grandchildren were saying without asking them to speak up. *Nina* thought that she sometimes failed in that situation so her need to be competent as a grandmother was disappointed whenever she had to ask her grandchildren to speak up:

> *"Yes it annoys me to ask them to repeat themselves because children can easily be impatient. You don't have to say 'excuse me' many time before they also get annoyed. So sometimes it actually can be a problem, not because it shows, but more because it affects me inside and I think 'Blast! Rats!' Nina*

There can also be a need for physical competence: being able to see, hear and walk. Some participants wanted to be functioning 100 percent as they had before.

> *"It is difficult to acknowledge that you don't function 100 percent. I do think that it is a maturing process. Yes, of course it is difficult to recognise that you can't run away from your birth certificate. Hearing problems have something to do with age and when we were children only people who were much older than 80 had them and they were almost totally deaf." Martin*

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[11] See also p.127 about Rotter's theory of "locus of control".

The need to have physical competence is important (Strauss, 1984). This is why many people do not want to have a physical disability like hearing loss. People need to be vigorous, full of life, without any weaknesses associated with ageing.

> *"There is no doubt about that hearing aids definitely are a sign of age… It is the same with people who get diabetes in the age of 60. That is also a sign of age." Jens*

> *"Hearing aids behind the ears signal the person as being old-fashioned. That was the way you did it 20 years ago, when my grandfather lived or something like that. It is not necessary any more. That's what I think at any rate. When I thought I should get hearing aids I thought it would be like some large apple they wanted to hang behind my ear and my head would be quite worn down on one side by wearing it and it would be whining, crackling and hissing. I would feel so clumsy with it." Carsten*

The close relationship between communicative and physical competence is also reflected in an incident I had in the hearing clinic. I was asked to provide an 83 year old man with hearing aids because he wanted to be able to continue playing tennis. He could not hear the ball bounce. He could not live with the challenges to his competence as a good tennis player and began to recognise that it was his "time for hearing."

Participants tried to escape from situations that challenged their competence and that led to a sense of failure and frustration. Competence was a personal and psychological need for participants to be effective and to achieve their goals (Reeve, 2005).

Disappointing sociability

Participants stated that other people sometimes disappointed their needs for sociability because other people were reproaching and criticising them. Withdrawing was often a way to avoid disappointing other people.

On the other hand people's own needs were disappointed when they isolated themselves.

> *"When things like withdrawing happen it's because I have stopped listening, because I can't understand what they say when there are a group of people. You try, of course, to follow but even though you feel a little left out, you do that. But just because you want to be polite you try to hear most of it." Frank*

Expectations of sociability are closely related to social belonging, and to how other people expect us to be a part of their social world. When people are at social gatherings with friends, families, colleagues, they expect everybody to respect rules of politeness, which contribute to good atmosphere, fellowship and to maintenance of social bonds (Scheff, 1994). People often have a sense that they belong together and that they are equal, nobody is better that another one, which often shows in the respect that people show each other when they communicate. There is a trust because, as mentioned before, people reveal themselves when they communicate. People also want to fit into the same category as the ones they compare themselves with. They want to have the same status, like for example being as competent,

clever and rich as the other ones. People compare themselves to others and thereby categorise themselves (Turner et al., 1987). People are mirroring themselves because they cannot directly observe themselves or directly create a self-perception. People have to seek their self-perception through the interplay with other people. In fact, they do it by looking and understanding themselves through interpretation of how people react to them (Mead, 1934).

> *"You can ask for repetition once but if you ask over and over again, then I believe it will be very annoying. It would be annoying to me and then I think that it is easier to withdraw a little and to live with what you can hear." Jens*

Fallible communication was often the reason for disappointed expectations concerning sociability. People often preferred to withdraw from social gatherings to avoid new moments of tribulations. The withdrawing people did in order to avoid moments of tribulation often lead to new moments of tribulation but whereas the reproach was not about the fallible communication then it was about the missing interaction.

It was also difficult to establish new bonds with people. *Ingrid* spoke about an interesting conversation that she had to cut off:

> *"I didn't ask her what I wanted to ask her because I was aware of that I couldn't hear her when she was answering me… Then you sound stupid… So I stopped." Ingrid*

Participants reported that sometimes other people did not see who the, the participants really were and as a result they did not have a connection with others. People have a desire for social interaction and want to have friends. They often do a lot to maintain warm, close, friendly and loving relationships with other people. The desire for relationships extends to relationships with groups, and communities (Reeve, 2005). Relatedness is:

> *"the need to establish close emotional bonds and attachments with other people and it reflects the desire to be emotionally connected to and interpersonally involved with others in a warm, caring relationship. ..To satisfy relatedness, however, a person needs to confirm that the emerging social bonds with other people involve both caring and liking." (Reeve, 2005 p.128))*

Relatedness is a very important motive for sociability (Scheff, 1994). Because people have this huge urge for relatedness they easily develop social bonds. The primary condition for developing social bonds is interacting. To satisfy the needs for relatedness it is important that the person understands that the other person knows one's "true self" and to sense caring, liking, accepting and valuing (Reeve, 2005).

> *"Relatedness is important because it provides the social context that supplies internalisation, which is the process through which one person takes in and accepts as his or her own another person's belief, value or way of behaving." (Reeve, 2005 p.128)*

Participants had trouble meeting new people. They talked about not having the energy to talk to others because of unpredictable hearing and fallible communication.

There were different degrees of need for relatedness. Some participants talked about how important it was for them to relate to other people, like being with family and friends, being social during sports and at work, where for others it was not so important. As mentioned, *Keld* saw himself as being a loner, an introverted person who did not have a need for other people's company. In contrast, *Birte* was a very outgoing person who was always looking forward to parties or social gatherings:

> *"I'm always exited when I'm going to places where there are a lot of people because it is cosy and there is a friendly atmosphere." Birte*

As a result, *Birte* suffered when she did not have hearing aids. *Birte* told how she missed the social gatherings around the fireplace her and her friends normally had on their camping holidays:

> *"Around the fireplace I experienced that I missed a lot of people's talk. Again I had to concentrate on talking to one person, then you are a little isolated, and that was a feeling which I didn't know at all. I had never been exposed to it before." Birte*

The degree to which people feel the outcome, a problematic self-identity, is often influenced by a person's need for affiliation. The problematic self-identity is often in regard to the sociable self-identity. Outgoing people often feel more alienated from the self-identity as a result of hearing loss than do people who are more introverted. Even though there were different degrees of sociability, everybody was social when they were in contact with other people. Belonging was therefore about interaction and was not only reflected through speech communication but also through body language, behaviour and emotions (Goffman, 1967).

Moments of reproach - external and internal

> *"The wife gets annoyed, then I get annoyed and think, now she is there with the hammer again: it is more the whole family, brothers and sisters-in-law, they are very nice [laughing], but it is the family. I can promise you that they are telling me. There is cash settlement the whole way around." Martin*

External and internal reproaches often resulted from hearing related problems. Moments of reproach often resulted in participants feeling that they were on trial. The word "reproaching" was used to summarise participants' stories about reproaches, blame, criticism, reprimands and accusations experienced as a result of incidents related to their hearing (Hallberg, 1996, Morgan-Jones, 2001).

Behind each reproach, following the analogy of being on trial, were

- Motives for reproaching
- Plaintiffs of reproaching
- Executions of reproaching

Motives for reproaching

There were different motives for reproaching, depending on the type of tribulation. For relational tribulation there were external motives and for personal tribulation there was an internal motive. Participants were reproached when their behaviour was not appropriate. They were reproached because they violated norms and thereby disappointed and annoyed others. The reprehensibility was related to tribulations of their identity and belongingness. As mentioned above, situations of fallible communication, where shared norms were disappointed, were often the motive for reproaching.

Motives for reproaching were the disappointments of social norms and personal needs. Disappointing conversational flow, politeness and coherence resulted in overt reproaches. At the same time, disappointing competence, sociability, solidarity and self-determination resulted in internal motives for reproach. Internal motives for reproaching emerged when personal needs were disappointed as a result of hearing problems and participants talked about getting mad at themselves. Sometimes they were involved in self reproach for not being capable in certain situations and for not being able to do what they had done before.

> *"When I don't get everything, then I can feel that I get a little angry with myself and think 'Damn'. " Nina*

Plaintiffs of reproaching

People could also reproach themselves for their hearing problems, for example for not protecting their ears when they had worked in a noisy factory or for failing a communication situation. In such examples the main plaintiff of reproaching was the person. Other plaintiffs included close relatives, friends and colleagues although it was mainly close relatives.

> *"It was mostly at home where they kept saying: 'Couldn't you hear that' and 'couldn't you hear that?'" Dan*

It could also happen at work when close colleagues might make comments that would be felt as reproaches. This of course varied because people respond in different ways.

> *"I don't think that they will say anything. In my circle of acquaintances they are very, very polite and so on. I don't think… I don't think that they would tell me, then they would have been rude… Nobody had ever said something like 'You deaf moron'. So I think that they are very polite." Jens*

Jens' situations contrasted with *Martin's* who commented:

> *"There is nobody who protects me. The committee, hunting buddies, tennis partners, nobody does." Martin*

Martin thought that the reason why people told him there was a problem was because he was an open person and told other people if something was wrong, so they thought that he could handle it. It was therefore a matter for personal relationships whether friends would become plaintiffs. Participants explained that it was very unusual for strangers to reproach them. They were usually thinking about how other people would react to them. Strangers reacted more

with their body language, which sometimes indicated that the person was surprised or frustrated with an answer.

Reproaching could be internal and personal. Frequently it was the internal reproaches about disappointed norms and needs, especially the needs to be capable of having a conversation and being able to hear that had the greatest effect on participants.

Executions of reproaching

Reproaches were executed in a range of different ways as a result of the various underlying motives. They would vary from simple statements, pitying, complaining, demanding, negative feelings and teasing. The consequence of simple statements was that participants reported that relatives were not bothered by their hearing problems. Under these circumstances the reproach was experienced in terms of a neutral statement of concern. *Keld* did not regard his daughter's reactions as a reproach but more as a statement of fact:

> *"When I can't understand her, she is saying 'Damn, you don't hear very well, do you?' No, no it is not a reproach. That doesn't help; it is not your fault if you don't hear well. Then it is nothing that you can reproach people for, right? You can just state that it is the way it is." Keld*

Per for example thought his son was simply dropping loving hints:

> *"Sometimes he says 'You deaf moron, you got to listen now'." Per*

When asked if he felt reproached he answered:

> *"No, it might be one and the other. It is not blame, not really because it is said with love, like 'You have to pull yourself together now, and then listen to what I have to say'. It is nothing negative, not really in that way, that is not how I experience it." Per*

Another way participants interpreted statements was when other people told them what to do, like when *Gunnar*'s wife told him to get his hearing tested. *Gunnar* did not see it as a reproach because he experienced that his wife was not bothered by his hearing problems.

> *"My wife doesn't get irritated, not yet." Gunnar*

This could beg the question, why did she then ask him to have a hearing test if it did not bother her?
On the other hand, *Per* thought that his wife's statements were meant as reproaches, because when *Per* misunderstood, his wife frequently said to him:

> *"You don't hear at all what I'm saying." Per*

Per thought that his wife was blaming him for not listening. Some participants experienced that when other people showed concern, it was a reproach. In contrast, *Per*'s friends knew that he had some problems with his hearing but they did not give him special consideration:

> *"They forget about it, thank God, just like everybody else. I just feel that it would be terrible if they didn't. They know if I answer something strange, then they know why. Nobody could stand it if they paid attention to it, nobody." Per*

Still others reported annoyance from relatives. The degree of annoyance varied between people, from situation to situation, and over time.

> *"My daughter hits hard. She hits much harder than her mom. She complains about me not being able to hear. She gets annoyed that she has to repeat herself the whole time. She is definitely annoyed." Martin*

Below, notes and quotes from the interview with *Ingrid*, who was married to *Hans*, show the frustrations that often led to blame and angry complaints:

> *"If it is important that he has to listen then I have to say 'Now you listen to what I'm saying. You have to listen'. In those situations I might seem sour and have an attitude like a schoolteacher, a bitch, otherwise he doesn't listen." Ingrid*

Ingrid thought that *Hans*'s hearing problems really affected their lives, especially hers. She grew more and more annoyed with him.

> *"I get bloody mad sometimes, because there are so many times where he doesn't know what I have said and I don't know if he doesn't hear it, or if he can't catch it or if he doesn't care or what." Ingrid*

One of *Ingrid*'s motives for her reproaching was her confusion, which made her insecure, and eventually the confusion turned into anger. She complained when they were in the car, watching television, and talking to each other at a distance. Many situations ended up with complaints and even quarrels.

The reproaches could also appear when others made demanded "Listen now," "Listen I'm saying something". Such remarks were often patronising because the person had been trying to listen.

Demanding remarks could also be about getting a hearing test or doing something about their hearing problem, which participants interpreted as a reproach. When people told them to do something about it, they implied that there was something wrong, and therefore it was seen as criticism. *Carsten* felt reproached when his wife said:

> *"'Why don't you do anything about it?' I thought she blamed me, yes that's right." Carsten*

Reproaches also appeared through teasing, which often sent ambiguous signals to the person. Participants found jokes about themselves difficult to handle because other people were laughing at them. Sometimes they could laugh with the person who made the joke but at other times the jokes were hurtful. Sometimes they even made jokes about themselves and their

hearing problems. *Dan* thought the jokes that his family made about him were harmless, but they also made him start to think about his hearing:

> *"My children set the alarm on their watches, then they sat there laughing and then they said, 'Good grief, old man, don't you hear anything at all?'" Dan*

Birte was teased cruelly by a colleague because the colleague always lowered her voice when she talked to *Birte*, only to come back with a sarcastic remark:

> *"One of my colleagues, every time I talked to her, she lowered her voice. I told her that I could not hear her but then she lowered it further. That was a very bad experience. Later she could then say 'Oh you haven't listened, you have probably turned the deaf ear to what I said'." Birte*

Moments of emotional and behavioural reactions

The multitude of reproaches experienced by people with hearing problems precipitated emotional and behavioural reaction. In the illustrative case an emotional reaction was illustrated with embarrassment and a behavioural reaction by withdrawing.
Participants' reactions were determined by the configuration of motives, plaintiffs, reproaches, personality and situation. Moments of reaction manifested emotionally and behaviourally in both relational and personal tribulations.

Many reactions might well be explained in the language of the psychological defence mechanisms, coping strategies, or the sociological concepts of rationalising and normalising. Reactions could also be seen as counter attacks to the sense of being on trial. Reactions are the main building blocks for relational and personal tribulations and they might also be further explained as a desire for homeostasis or from the theory of cognitive dissonance. Festinger proposed that we all seek harmony in our attitudes, beliefs and behaviour and try to reduce tension from inconsistencies between these (Festinger, 1954, Katzenelson, 2003, Miller & Rollnick, 2002). Cognitive dissonance is:

> *"An unpleasant state of psychological tension generated when a person has two or more cognitions (bits of information) that are inconsistent or do not fit together. Cognitions are thoughts, attitudes, beliefs and states of awareness of behaviour." (Hogg & Vaughan, 2002 p.218)*

Many participants talked about tensions resulting from the inconsistencies they found during unpredictable hearing. As a result they did not trust their hearing. They were not able to get any experience with their hearing ability because it changed according to the situation.

> *"Without being able to define it concretely, it is nothing that you can use the next time and say 'Oh, now I've got this experience', but no, you don't get the experience for next time, because next time it might be unimportant, because it so depending on the situation." Per*

People's ways of reacting were important indicators of the effects of the tribulations on the self-identity. Some reactions were good "triggers" for recognising hearing loss and for

moving towards a "time for hearing." Other reactions served the opposite function, "hampering" the process (Miller & Rollnick, 2002).

The emotional and behavioural reactions could also be seen as short or long term depending.

- Short term reactions were impulsive
- Long term reactions took the form of strategies aimed at preventing future moments of tribulation

In the literature emotions and behaviours are quite entangled. As far back as James-Lange's theory in 1922 there have been ongoing discussions about what came first: emotional reaction or bodily and behavioural reactions (Reeve, 2005). Since it often appeared that emotional reactions caused or resulted in behavioural reactions, this section details emotional reactions first followed by behavioural reactions. This observation is consistent with Arnold's appraisal theory of emotion:

	Appraisal		Emotion		Action
Life event	→ Good vs. Bad (Beneficial vs. harmful)	→	Liking vs. Disliking	→	Approach vs. Withdrawal

(Reeve, 2005 p.339)

It is impossible to present all of the reactions. The current section about emotional and behavioural reactions presents the most common ones. Moments of emotional and behavioural reactions had so many facets that it will be impossible to cover them all.

Emotional reactions

The disappointments of social norms and personal needs and external and internal reproaches resulted in being annoyed, embarrassed, ashamed, proud, guilty, lonely, distressed, stressed, vain, worried, and tired. The most common reactions were annoyance, embarrassment, sadness, fear, guilt and pride. These findings correspond well with many findings in other audiological research studies (Brooks & Hallam, 1998, Danermark, 1998, Erdman & Demorest, 1998, Gleitman et al., 1993, Hallam & Brooks, 1996, Hetú, 1996, Hetú et al., 1988, Jones, 1987, Luterman, 1999, Orlans, 1987, Strawbridge et al., 2000, Wayner & Abrahamson, 1998).

The degree of emotional response was an important indicator of the effect that relational and personal tribulation had on participants. The more emotionally people reacted the more tribulation led to problematic self-identity and thereby alienation. Many of the emotions were conceptualised as "triggers" for recognising hearing loss and the "time for hearing."

> *Emotions typically arise as reactions to important situational events. Once activated they generate feelings, arouse the body into action, generate motivational states, and express themselves publicly (Reeve, 2005 p.292)*

When interaction is problematic and there is an appearance of disturbance, people often react with a distress. They are distressed because they fail to anticipate something or because they have conflicting expectations, ambivalence or are facing general uncertainty. Distress can be described as mild unease, as an irritation or annoyance. When people resolve the distressing

situation they feel relieved and they develop or elaborate their understanding of the problematic interaction (Reeve, 2005).

Emotions are designed to communicate meaning, usually only after reflection. Feelings are the conscious part of emotions and are furthermore "the perception of a certain state of the body along with the perception of a certain mode of thinking and of thoughts with certain themes" (Damasio, 2000a). Feelings are first and foremost about the body, because people constantly monitor bodily states to find out how they feel. Feelings are therefore intimate and familiar parts of emotional experience.

Feelings are, however, not the only dimension of emotions because emotions are much more than feelings; emotions are multidimensional:

- subjective; feelings as they make us feel in certain ways
- biological; preparing the body for adapting to whatever situation
- purposive; agents of purpose and creates a motivational desire
- social; sending recognisable facial, postural and vocal signs that communicate our emotions to other people (Damasio, 2000a, Reeve, 2005)

The essence of an emotion is a combined perception of bodily states and the thoughts with which they are juxtaposed.

Damasio like many others (Baumeister, 1998, Dalgleish & Power, 2000, Goldie, 2002, Reeve, 2005, Strongman, 2003, Tiedens & Leach, 2004), draws a distinction between "basic emotions" which he takes to be innate and "social emotions" which are conscious, deliberate considerations and are made up of mental images and evaluations later in life. Basic emotions are also primary or universal emotions and are happiness, sadness, fear, anger, surprise, disgust and interest. Social emotions are, on the other hand, as secondary, derived, complex, self-conscious such as embarrassment, jealousy, shame, guilt or pride.

In contrast to others, Damasio (2000a) distinguishes "background" emotions. Background emotions are mild, frequent and restricted and really represent the bodily state that is obtained between emotions. Background emotions are tension or relaxation, of fatigue or energy, of well-being or malaise or of anticipation or dread. Background emotions are different from mood, and although probably contributing to mood, they are closer to a core representation of the self. Participants talked about the tiredness and stress they experienced in difficult situations where the accumulation of emotional reactions resulted in a disturbance to their overall well-being.

> *"I was always tired in my head because I had to make an effort the whole time, even more so if I tried to hear one person in a big group." Birte*

Emotions are also functions of motivation in two different ways. They energise and direct behaviour and serve as an on-going evaluation of personal adaptation. This fits well with the data when participants actually reached a "time for hearing". Early in the analysing process it became clear that people have to suffer before they act. It is not enough that other people tell them that they have a problem. This observation fits well Motivational interviewing (Miller & Rollnick, 2002) whose purpose is to overcome ambivalence and to help people see that they have a problem. Motivational interviewing is a counselling technique and will be discussed in

Chapter Eight. The participants' emotional reactions were therefore theoretically conceptualised into basic and social emotions.

Basic emotional reactions

Basic emotions are innate and easily identifiable. They are expressed uniquely and evoke a distinctive and highly predictable physiological response pattern (Reeve, 2005). Basic emotions are joy, sadness, fear, anger, surprise, disgust and interest. Participants did not talk about all basic emotions in relation to their hearing problems. Some emotions were more prevalent than others; anger, sadness and fear, whereas happiness seldom occurred in this context and reacting with disgust and surprise was more related to their attitudes towards the use of hearing aids than to relational and personal tribulation. The properties of basic emotional reactions were therefore conceptualised as:

- Moments of annoyance
- Moments of sadness
- Moments of fear

Moments of annoyance

> *"Being annoyed is maybe the recognition that you are insufficient in a given area. That is what it's really about. Then you become so annoyed about it that you have to recognise it. Then it leads to annoyance or a quarrel, and that can only grow in strength because you are annoyed. It is one's own expectations that are being shattered a little." Martin*

Annoyance followed disappointments with communication and sociability. Annoyance was one of the major basic emotional moments and it constantly recurred in the interviews(Demorest & Erdamm, 1986, Wayner & Abrahamson, 1998). Like all moments of tribulation, moments of annoyance have an internal and external dimension. Such moments were crucial in the motivation towards a "time for hearing".

> *"You have to get to the point where you get annoyed that you cannot follow the conversation. Maybe you have an interesting conversation partner to talk to, then you get annoyed that you cannot hear what the person is saying, that is very irritating and annoying." Carsten*

Annoyance was theoretically separated into being annoyed and its reasons:

- Being annoyed
  - Degrees and situations of being annoyed
  - External annoyed
  - Internal annoyed
- Reasons for annoyance
  - Reasons for external annoyance
  - Reasons for internal annoyance

Different degrees of annoyance were experienced, going from being a little annoyed to be very annoyed. The state of being annoyed was also dependent on the situation.

> *"Well, when we were at a party I could feel that I was not able to separate the conversations, and that was a little annoying. It is also annoying in a conversation when you have to ask, 'Sorry?' all the time and then sometimes you just answer something even if you haven't heard what has been said, that is bloody annoying." Dan*

When there was an episode of "only" having unpredictable hearing then it was often experienced as less annoying, whereas fallible communication was more annoying.

> *"Always, if I was at a social event, I could not hear what they were saying and that was bloody annoying. And then sometimes, when somebody was talking to you and you didn't hear it… In reality you just answered something you thought was appropriate and THAT is tiresome, it is really annoying that you cannot hear what is happening when many people are together. Also when we went to private parties, you ended up in a chair in a corner because you could not hear, so I isolated myself a lot, yes." Carsten*

Participants reported adapting more easily to moments of annoyance, especially if they were prepared for the situation. It was the appearance of unpredictable events related to hearing that presented as the greatest source of annoyance because the situation was less controlled.

> *"I'm not annoyed when I'm biking and can't hear the traffic because then I'm prepared that problems might emerge, and that helps. However, with the grandchildren I become more annoyed because it is much more unpredictable. When I get on the bike my senses are increased, but you can't do that with children. You can't prepare it. You just have to try and follow what they are saying." Nina*

Moments of annoyance varied according to the situation. If the situation was spontaneous and uncontrolled then it would often result in a greater degree of annoyance.

> *"While I was driving my car I had to keep looking at the phone to see when it said: 'calling', and sometimes I missed an important business call and that I felt REALLY annoyed about". Dan*

Moments of external and internal annoyance emerged directly from the data as an "in-vivo" code. It was therefore lifted directly out of quotations and so was directly addressed in what they said. Annoyance revolved around external and internal moments. External annoyance emerged particularly after relational tribulation, whereas internal annoyance emerged through personal tribulation.

The two different types of annoyance were substantially different. External annoyance was over and done with when the person had let off steam, it was much more difficult to get over internal annoyance and this lasted much longer. When the person would realise that they were the ones to blame it was much harder to establish internal balance because they experienced that they could not get the frustration and annoyance out of their system.

5. Manifestations of problems

External annoyance was primarily characterised through its relational characteristics and tended to occur at the beginning of the recognising process. Such moments of annoyance were not accompanied by any major degree of emotional intensity.

> *"At that time I got annoyed when people were talking, sometimes I said, 'Goddamn it; talk one at the time'." Gunnar*

Internal annoyance often resulted in reflections of incompetence and personal reproach as a consequence of experiencing various social and personal disappointments.

> *"It is growing and growing. The annoyance becomes more and more internal in line with the recognition. Then you can't keep telling people off. That seems stupid. Being annoyed with yourself is probably worse than being annoyed with other people. Yes, I do think so, because it forces me to take action. It affects my concentration." Martin*

The main reason for annoyance was disappointments in expectations of social norms and personal needs. External annoyance also depended on who the plaintiffs were and how the reproach was executed. Participants expected other people to follow social norms and speak up, especially if they knew that participants had some hearing problems. When people did not speak up, participants were disappointed and blamed the speaker.

> *"You suddenly find out when they ask 'Didn't you hear it?' and I bloody haven't heard it and that is annoying me. It can be one particular thing that I didn't hear and then they say, 'But I just said it to you'. Then I say to them, 'Right, then you have to speak clearly to me'. But that is the way it is." Jens*

Often one moment of annoyance would generate another. People were often reacting to annoyance, for example when their spouse grew tired of having to repeat everything. Cycles of annoyance could therefore emerge into a situation of mutual blame. People like *Per* found that they were accused of not listening:

> *"Well, you often get annoyed when you are reproached; because you think that you have listened. Then you might hear something different, then you get annoyed, but you have to take it with good humour otherwise it would not work at all, then it will be a disaster. You will be too annoyed with other people or something like that. If you get annoyed you have to let it out in one way or another and I do think that you let it out on the surroundings… You have to laugh at it sometimes too." Per*

Some became internally annoyed when they displayed their lack of hearing to other people because it often hindered their possibilities to show their real competences. Their own expectations about their own competence were shattered:

> *"A feeling of being insufficient makes you annoyed with yourself. The expectations towards yourself are being shattered." Martin*

Participants also compared their abilities to what they had been able to do before their hearing problems emerged. Many found it hard to accept that their physical competence was not what it had been and they felt frustrated with their inability, for example, to follow a conversation and have an effective and joyful social life.

> *"Sometimes I get annoyed when I would like to hear and maybe also to talk to people and then I get that feeling, 'Damn, I can't hear them anyway,' so I get annoyed, not embarrassed - that is something different." Per*

When they had displayed their inabilities they often felt annoyed and uncomfortable.

> *"If I have been somewhere and my wife, the following day, says to me: 'Do you realise what you answered in that situation?' Then you really hit rock bottom. Damn!." Frank*

External annoyance tended to occur at the beginning of the recognising process and often hindered the recognition of hearing loss because participants were responding to unreasonable allegations and not to the underlying problem. Internal annoyance on the other hand reflected a growing awareness of emergent hearing disability and when it was "time for hearing."

Moments of sadness and fear

Participants also experienced other kinds of basic emotional reactions like sadness and fear. These reactions will not be illustrated in as much detail as annoyance because they are probably less important; participants didn't talk very much about them. Moments of sadness and fear could for some people be more relevant for the recognising process. Associated with these emotions was a sense of despondency and melancholy.

> *"You feel melancholy when you can't really follow, then you just sit there more or less alone." Gunnar*

Sadness can come from feelings of failure. Failures often emerged as a rejection from social groups.

> *"Sadness (or distress) is the most negative, aversive emotion. Sadness arises principally from experiences of separation or failure." (Reeve, 2005 p.309)*

There are many kinds of separation: from loved ones, friends, from a position, one's body, a valued job, or from status. In the literature, sadness motivates restoration; people try to repair disturbed relationships or restore confidence and prevent the situation from happening again. It is not always possible to do so, and some people have a tendency to withdraw. The most beneficial aspect of sadness is that it is such an unpleasant emotion that people try very hard to avoid withdrawal from other people. That is why sadness often motivates and maintains productive behaviour (Reeve, 2005). As can be seen, sadness is a powerful emotion that is associated with hearing loss. Another powerful emotion associated with the problem of hearing loss is fear.

Although participants did not use the word "fear" much in relation to the tribulation it nonetheless did cause them to avoid new situations. Fear also played a major role in

recognising processes because people would be afraid of losing or alienating themselves and not being able to do what they wanted. Some had feared for years that they had hearing loss. Others feared having to wear hearing aids, which many saw as a sign of old age. They also feared that they would lose their social life, social status and their connection to the group of hearing people. Fear reactions therefore emerged in the data because there was a close relationship between fear and alienation of self-identity.

Fear motivates defence. It is through fear that personal vulnerabilities are discovered.

> *"Fear is an emotional reaction that arises from a person's interpretation that the situation he or she faces is dangerous and a threat to one's well-being." (Reeve, 2005 p.306)*

The motivation for protection and defence manifests itself either through escape or withdrawal. If withdrawing is not possible then fear makes a person quiet and still. Fear can also be a positive emotion because it can provide motivational support for learning new coping responses that remove the person from the danger.

> *"Fear therefore warns us of our vulnerability, and it also facilitates learning and activates coping." (Reeve, 2005 p.307)*

Often withdrawing was a result of fear. The withdrawal resulted in physical or psychological distance between the person and the feared situation. However, fear can also be a motivation for "time for hearing". *Martin* wanted hearing aids because he was afraid of loosing his social life.

> *"I don't want to lose anybody; family, friends from sport, nor my other friends. They would maybe say, 'We can't stand it any longer because he can't hear and we don't want to repeat ourselves 27 times, because he doesn't do anything about it anyway.' I'm afraid of ending up in that position where I don't want to be. I don't want to be cut off. I want to keep my social bonds and I want to keep my sense of self. If I don't do anything about it then they might choose not to be with me. Maybe it is not you who withdraws but those who don't want you. I would hate to be in that situation. I would really hate it." Martin*

Social emotional reactions

Participants reacted with many social emotions for example being embarrassed when fallible communication appeared, being proud because they were acting normally or feeling guilty about the disturbed communication in relation to other people or themselves.

> *"I just want to say, it is nothing really… But somewhere along the line it does settle down into something. When it has settled sufficiently, then it is like you find out that you need to do something about it, because it is embarrassing and tiresome over and over again." Martin*

5. Manifestations of problems

The emotional reactions to the social aspect of hearing loss included embarrassment, guilt and pride. Social emotions are self-conscious and involve some form of self-reflection and self-evaluation.

> *"Pride occurs when one makes comparison or evaluates one's behaviour vis-à-vis some standard, rule, or goal and finds that one has succeeded. Shame or guilt, on the other hand, occurs when such an evaluation leads to conclusion that one has failed." (Lewis, 2000 p.623)*

Social emotions, unlike basic emotions, emerge later in a person's life and require a developed self-identity with a clear recognition of the self as separate from others. More importantly, the person will also have a set of standards by which he can be evaluated.

> *"A recognised self is a prerequisite for emotions such as embarrassment, shame, guilt and pride." (Tangney, 2000 p.542)*

Social emotions are not only connected to the person but also to his or her relationships with other people. The ability to experience social emotions is founded in the earliest interpersonal relationships. These emotions typically arise when a person meets, surpasses or violates his standards and goals. It is a matter of moral, social standards, hopes and ideals that the person has for himself, which have been shaped by socialisation experiences with parents, teachers, peers and others. Social emotions typically appear in relation to other people. Social emotions can be understood using Cooley's looking-glass theory because people evaluate themselves on how they think other people see them (Baumeister, 1998, Sandstrom et al., 2003). Social emotional reactions therefore happened often in relational tribulation because participants were evaluating themselves in relation to how other people perceived them and how they perceived themselves.

The most prevalent reaction was "moments of shame" and is therefore described in detail while "moments of guilt" and "moments of pride" are more briefly described as they were not as prevalent.

Moments of shame

Moments of shame were the most widespread social emotion that participants reported. Laymen and researchers often distinguish embarrassment, insecurity, and shame but in this context the term shame is used as an umbrella term because in the participants' reports there was a gradual transition between them. Embarrassment was often seen as a less intense and briefer form of shame (Scheff, 1994). Embarrassment and shame are emotions there often have been discussed in the audiological literature in regard to people feeling stigmatised (Hetú, 1996, Jones, 1987). However the following will illustrate that there can be other explanations for why a person can feel embarrassed or ashamed.

People virtually never acknowledged shame as such but instead used a wide variety of feeling words, "I don't like that situation at all," "I don't feel comfortable," "It makes me insecure" and "I just feel so bad." This corresponds well with other findings about shame (Scheff, 1994).

> *"It gets on your nerves to be at a party and everybody else is laughing and talking and you can't hear anything. You can't participate" Frank*

Whilst embarrassment and shame are similar, embarrassment often happened in situations where participants were with other people and was caused by reproaches about violated social norms.

> *"Embarrassment appears to be the most "social" of the self-conscious emotions. Unlike shame and guilt, it occurs almost without exception in the company of other people." (Tangney, 2000 p.554)*

Shame could appear when people were alone. Shame could cause a poor self-evaluation and thereby affect the person's self-identity (Lewis, 1995, Tangney, 2000).

> *"Shame involves a negative evaluation of the global self." (Tangney, 2000 p.545)*

Participants reported having more moments of embarrassment than of shame. They were often not embarrassed about having a hearing loss but embarrassed about their failed behaviour.

> *"When you can see and hear that you are not functioning properly amongst other people, when you talk with them, then it is an admission of failure. That is the way I perceive. For example if people say something to me and then after a couple of hours I tell that I haven't heard it before – then it is like a admission of failure, because they then say that they already told me hours ago, but I did not perceive it like that, I heard something else. I don't find that nice, that is really not nice, not at all, definitely not nice" Jens*

Participants reported different degrees of being embarrassed and ashamed.

> *"People who are prone to embarrassment tend to be highly aware of and concerned with social rules and standards." (Tangney, 2000 p.557)*

The degrees of embarrassment ranged from moments of being a little embarrassed to being ashamed for a longer period of time.

> *"It is embarrassing when you think that you have answered wrongly to something that you thought was being said to you. I don't get ashamed because people just say, 'What are you talking about?' and then you have to start all over again, so it is not worse than that, unless people actually think that you are crazy and just leave you. That is the worst thing that could happen." Per*

There was less embarrassment when participants were with their family and friends, but felt more embarrassed with strangers or in important situations.
They often did not want other people to find out that they had hearing problems, so they tried to avoid situations that could become embarrassing. Participants wanted to "keep face" or "pass" (Goffman, 1982, Goffman, 1990b) as having normal hearing.

"You see, nobody wants to be outside the group" Martin

Embarrassment often stimulates a preoccupation with "keeping face" and that people are always trying to avoid embarrassing themselves and other people. Embarrassment also plays a prominent role in social interaction because when people interact they risk rejection.(Goffman, 1982, Goffman, 1990a, Goffman, 1990b).

> *"The form rejection takes may be flagrant, but much more frequently it is quite subtle, perhaps only a missed beat in the rhythm of conversation. Depending upon its intensity and obviousness, rejection usually leads to the painful emotion of embarrassment, shame or humiliation." (Scheff, 1994 p.74)*

Shame, however, went deeper than spontaneous embarrassment and could lead to a desire to withdraw

> *"Shame often motivates behaviours that, in one way or another, are likely to sever or interfere with interpersonal relationships." (Tangney, 2000 p.548)*

Shame extended into the future as people thought about how they appeared to other people. People who were ashamed did not want to discuss their feelings of disappointment with other people.

> *"No, I don't talk about it, you don't do that. They may observe it, then they can ask, then I can tell them. But I will not walk around and tell everyone, no, no I don't do that." Eva*

> *"Some people find it more natural to talk about colostomy than to talk about a hearing loss." Gunnar*

For some people, talking about hearing loss was a taboo subject and as long as they did not talk about it, then the less conscious they had to be about it.

People who feel ashamed are often angry and disgusted with themselves and believe that other people have the same feelings about them. People who are embarrassed are more likely to see humour in their situation (Tangney, 2000). This could imply that when people were being internally annoyed they were also more ashamed, whereas people who treated their hearing problems with humour were embarrassed.

> *"We are a close family and we have always made fun with each other. We have teased each other about all handicaps or defects we all have" Dan*

Vanity also played a role in how ashamed or embarrassed the participants felt. When that happened, they became internal plaintiffs and reacted to it with embarrassment, which then could trigger that it was "time for hearing".

> *"Well, you don't really want to admit that you cannot hear well if you do not get your answer right, and maybe the other guy will get annoyed… I don't know whether you can call it vanity, but it is like that." Frank*

Vanity is one of the objections to hearing aid technology (Arnold & Pryce, 1999, Brooks, 1994, Johnson & Danhauer, 1997, Kochkin & Gudmundsen, 2002). It was therefore not surprising to find that some participants also reacted by "being vain" in relation to getting visible hearing aids.

> *"I would feel clumsy with such a large thing behind my ear. Yes. Yes, then I would feel like an old man. I really would. It would be hard to persuade me to use it. Yes, definitely, yes, yes. I think it signals quite a clumsy person to me, someone who didn't bother to investigate the possibilities properly. It cannot be nice for anyone to wear such a clumsy thing behind their ear." Carsten*

Some explained that they just wanted to look like themselves.

> *"Vanity is about wanting to appear to be 100 percent perfect." Martin*

> *"It is probably related to wanting to exude your normal strengths and physical ability." Nina*

So vanity could influence participants towards recognising when it is "time for hearing." Cosmetic vanity could slow down the recognising process whereas vanity about appearing to be competent, intelligent and social could motivate recognition. For some, a feeling of failure over time could overcome feelings of cosmetic vanity.

Moments of shame were also conceptualised as motivating the recognising process and indicating when it was "time for hearing". People were moving from being embarrassed to being more ashamed.

Moments of pride and guilt

Participants also reacted with moments of either being proud or guilty when there were reproaches. Often they were prouder at the beginning of the process and felt guilty later.

Pride is a positive emotion which, with shame, regulates social interaction in. Pride is the sign of intact social bonds, and shame is the sign of severed or threatened social bonds (Fearon, 2004, Scheff, 1994).

> *"Pride arises when one's social relationship are secure; however, affect may go unnoticed if relationships are unproblematic. Troubles involving social association generally become a focus of one's attention, particularly when accompanied by overt feelings, such as embarrassment, guilt, or remorse." (Fearon, 2004 p.65)*

Some participants thought that they had a high level of self-esteem because they had a positive self-picture.

> *"I do think that I always have had a high degree of self-esteem so my self-confidence can nobody violate due to hearing problems. I don't get a nervous breakdown or something like that because I know my own worth" Jens*

They did not evaluate their behaviour as problematic and reacted with pride when they were being reproached.

> *Pride is the consequence of a successful evaluation of a specific action (Lewis, 2000 p.630)*

They further reported that they thought that it was important to have some pride and high self-esteem when they recognised that they had hearing problems, because it could help them manage their new position as being hearing impaired.

> *"You have to prepare your self mentally when you are getting hearing aids. You have to be able to put up with them and use them." Martin*

They often claimed that a high level of self-esteem and inner strength was necessary to tolerate reproaches and questions. When people felt strong they also felt pride.

Moments of pride are paradoxical because people did not always see their behaviour as negative. Pride could serve as a hindrance because pride prevented people from admitting that they had a problem and that it was "time for hearing." It could also serve as a trigger for the recognising process because people wanted to maintain social bonds and self-identity.

Moments of guilt were another reaction, especially when participants knew that they had hearing problems.

> *Guilt involves a negative evaluation of a specific behaviour (Tangney, 2000 p.545)*

When there were external reproaches they often apologised for the fallible communication and their behaviour.

> *"When I can't hear I say 'Sorry, I could not hear you' because I know that it is me and not other people's fault" Ingrid*

There were different degrees of guilt and some people blamed themselves for their hearing problems.

They did not want to be trouble. *Keld* wanted hearing aids because he felt guilty about bothering his neighbours when he watched television.

> *"I know that I might turn the television too loud and really, I don't want to bother my neighbours so that is why I want hearing aids" Keld*

People who feel guilt often have a sense of remorse or regret about having done something wrong.

"I don't like annoying my wife and daughter" Martin

When people feel guilt they often try to compensate and prevent it from occurring again; when people feel ashamed they try to hide.

Guilt can therefore be seen as less destructive to self-identity than shame and is often a more useful emotion because it motivates corrective action. However because it is less intense it may not always be motivating.

> *Guilt appears to orientate people in a more constructive, proactive, future-orientated direction, whereas shame orientates people towards separation, distancing and defence (Tangney, 2000 p.546)*

Moments of guilt could trigger the recognition of hearing loss and the "time for hearing".

Behavioural reactions

Some people reacted by giving reasonable explanations of their behaviour; others removed themselves from the situations and some tried to repair and prevent it from happening again. Some did all and some only a few. This thesis presents the three most relevant behavioural reactions; "reasonable explanations," "withdrawing" and "hearing tactics". The latter will only be briefly described because these reactions are well known in the audiological literature about hearing impaired peoples' coping strategies or hearing tactics. The use of the words hearing tactics to is often used in the Danish Audiological research and rehabilitation (Demorest & Erdamm, 1986, Erdman & Demorest, 1998, Hallam & Brooks, 1996, Hallberg & Carlsson, 1991a, Hallberg & Carlsson, 1991b, Hetú, 1996, Hetú et al., 1994b, Hetú et al., 1990, Jones et al., 1987, Kaplan, 1997, Kyle, 1987, Lieth, 1972a, Lieth, 1973, Orlans, 1987, Stephens, 1987, Strawbridge et al., 2000, Vognsen, 1976, Wayner & Abrahamson, 1998).

The most common behavioural reactions that have not been previously described in the audiological literature are:

- Giving reasonable explanations
  - Expecting people to tell
  - Expecting hearing problems when getting older
  - Not having problems
- Withdrawing – actively and passively
  - Active positive retreat
  - Passive negative escape

The better described reaction in this study was conceptualised as

- Using hearing tactics

Giving reasonable explanations

Giving reasonable explanations was one behavioural reaction to external reproaches. Reasonable explanations happened mainly at the beginning of the recognising process.

5. Manifestations of problems

It was often hard to realise that a diminished hearing ability caused bother and trouble for other people.

> *"It doesn't disturb me so much, which is my opinion. It might be that the other ones think differently, but really I haven't thought that the problem has been big enough" Jens*

One of the reasons could be having many reasonable and natural explanations of what was going on when a disturbed situation occurred

Participants said that their relatives often accused them (the participants) of not wanting to recognise or accept that there was something wrong. For many relatives was it obvious that the participant had problems with hearing, whereas for the participant it was not. Participants were frequently told that they were denying their hearing loss. Relatives claimed that the participants were minimising the problems or blaming other people for the situation.

The use of minimising problems is also often used in audiological literature (Hallam & Brooks, 1996, Hallberg & Carlsson, 1991a, Hallberg et al., 2000, Hetú, 1996, Hetú et al., 1990). This begs the question: how can people minimise something they know nothing about?

Many of the participants did not think that they were in denial because they had no perception of a hearing problem. Morse (2000) argues that denial is not a qualitative concept but is something that other people or researchers attribute to a person's reaction. People themselves will not talk about being in denial. Instead they explain why they do not have a hearing loss.

> *"I don't see it as being a problem at the moment but it is clear that it is coming." Hans*

There were different kinds of explanations that included either "taking a broader view" or as "not having problems".

Moments of reasonable explanations occurred when participants had a broader view of the situation. Broader views helped them to generalise the situations and the reasons for not having a hearing loss. Some explanations demonstrated expectations about what hearing was and how it changed when people reached a certain age.

> *"I have a hearing loss that we all get, because it wears out and it is the high frequency sounds that I miss. Otherwise I don't think that the problem is so serious so I have to get it sorted out. Not yet, but it can be that the people around me have another opinion." Hans*

When relatives were reproaching or if there were problems then a comparison between own hearing ability and that of other people took place. Participants often found that their hearing was not much different from that of other people their age.

> *"When I asked the neighbour what had been said then I realised that there were also other people who can't hear, so I'm not the only one." Nina*

Reasonable explanations also happened because there were expectations about how other people would react to problems. They expected friends to tell them if there was a problem and if that did not happen then there was a reasonable explanation for it; there was no problem.

Having retained expectations was identified as one of the major reasons for having reasonable explanations. If expectations remained intact, modifiable, and malleable, then they remained retained. Participants expected other people to tell them if they thought that the participants had a hearing loss. They also expected hearing would deteriorate with age.

Expecting people to tell

One of the reasonable explanations was that only close relatives mentioned anything about hearing problems. It was expected that other people would mention a disturbance but most frequently was it only close relatives that did so.

> *"No it doesn't annoy me when my wife reproaches me, but I would be worried if there were other people doing it. I think that my friends are such good friends that they would tell me if they thought that I have a problem. I would expect that from my friends. I would definitely react if there were more people who said something." Hans*

People almost never heard any reproaches from people outside of their family.

> *"No, not at all, they act as if nothing is wrong." Dan*

There are many reasons why distant relatives or observers often did not comment upon disturbances of conversations. One reason could be because at social gatherings people are often together only for a short period of time. Friends might see disturbances, but they do not see them as problems because it they are not always apparent. Family members, in contrast, see these disturbances more frequently.

There are probably other reasons why significant others (Mead, 1934) are more annoyed with the disturbed communication. There is more openness in a close relationship and not the same shyness about making personal comments. Significant others also take more responsibility for each other and tend to be confused and worried about what is happening. Some married couples also have a habit of complaining about each other, so for some people reproaches about hearing disturbances might not stick. Then it must be the spouse that has a problem. Reproaches from significant others could therefore easily be ignored or dismissed.

> *"The hearing problems are probably laziness on my side - remember we have been married for 45 years it is a bloody long time. It can be that I have become slack over the years so I don't listen so much, I do think so. When people have been married for so many years they have their own small fights and that can be one of them." Hans*

The caution observers have about referring to a friend's disabilities could be explained by Sears' theory of person perception (Katzenelson, 2003). According to this theory there is a tendency to see other people positively and also to have the same attitudes towards the person

as usual. The change or problem has to be quite severe before it is seen as a problem; neither is it a pleasant task to alert someone to a problem.

"It really has to be bad before saying anything." Martin

People who were very outgoing and outspoken were more frequently told that something was disturbing the interaction.

Having passive observers or intact expectations could hamper the recognition of hearing loss because as long as other people do not say anything then it was difficult to know that something was wrong.

Expecting hearing loss when getting older

Some people expect their hearing to worsen as they grow old. When there were external reproaches about hearing problems participants reacted by saying it was because they were getting older. The disturbance was accepted as being normal.

"Well, I fell a little uneasy about it, but I think that everybody - I almost said when they reach my age - has a problem with hearing everything. If your hearing is normal due to age, and you almost get everything, then I think it is needless to do anything more as long as you know that when it gets worse you can get some help (hearing aids). Then you take the help when you need it. If you don't find it necessary then you don't take it." Hans

People's reasonable explanation got often supported by comparing their own hearing ability to other people's hearing ability.

"At the board meeting yesterday I did see some men like me. I tried to speak up but they still sat there as if to say 'What?'. So I'm not the only one." Martin

The reasonable explanations were supported by professionals who often told that the person's hearing was normal for his or her age.

"The ENT doctor told me that I had it like people of my age with the high frequencies but otherwise he couldn't see that anything was wrong." Hans

When told that their hearing was normal for their age they might have rationalised: "I hear normally, I don't need hearing aids". However, having normal hearing for one's age is not the same as having normal hearing. In connection with expecting hearing to deteriorate with age, there was also a sense of uneasiness that was connected to embarrassment because deterioration was seen as a confirmation of getting old. Some participants did not like the fact that they were getting old.

"No, I don't like saying that I have hearing problems, that is something, it is a sore point, then it is in connection with getting old, then you can't hear." Eva

Hearing loss and ageing are related but when participants took a broader view they often did not see the connections clearly because the disturbed situation was experienced more as a

failed situation than as a hearing loss. Some related the disturbed situation to former work instead of to age because they always had had some expectations about getting hearing problems later in life because of work in noisy places. When hearing problems developed, it was then not a surprise.

Giving reasonable explanations was also about being able to hear certain sounds as participants expected. This ability made them feel secure because if they could hear those specific sounds then they could probably also hear other sounds. Some were therefore reassured in their hearing ability when they came with reasonable explanations.

> *"For me it is very calming that I can sit in a concert hall and hear some good music." Hans*

Not having problems

Reasonable explanations happened because the disturbed situations were different from how the relatives experienced them.

> *"It was maybe because I wasn't listening properly." Hans*

When reproaches came from a significant other, the disturbance was not experienced as problematic because the hearing was still understood to be functioning normally.

> *"In my opinion I don't lose very much." Keld*

It was often "just" a small thing that had to be taken care of by, for example, getting people to repeat what they said or by just not participating in small talk or trivial conversations. Participants often had difficulties seeing problems, because their hearing ability was unpredictable. The hearing problem appeared very sporadically and was dependent on the situation, which also led to sporadic external reproaches.

When disturbances took place was there not always awareness about them because it was not known what was being missed. There are many reasons why a communication situation failed. The communication could have taken place amid other noises, people did not talk loudly, enough or people mumbled. When it was problematic to connect the failed communication to the circumstances it might have interfered with the disturbance and thereby of own hearing ability.

Sometimes a communication situation was not thought to be important. It did not matter if there was a misunderstanding or two or neither important if other people needed to repeat themselves a few times.

> *"There can be some problems but that wouldn't make me get hearing aids because the problems are not that big, because it is only a repetition." Hans*

The reproach might just have been experienced as a simple statement because there was no major problem.
Reasonable explanations were given because it sometimes was hard to understand why something as simple as repeating oneself was a big deal. This attitude did not mean that there

were no limits for how many times it was appropriate to ask for repetition. This limit could be very individual and depend on the situation and the closeness of the relationship. The more distant the relationship, the fewer repetitions were thought to be appropriate. If people went beyond that limit they sometimes were embarrassed. But as long as they were not blamed for the disturbance then there was nothing to be embarrassed about.

> *"There you have it. You always cut corners, right, that is what people always do. You say to yourself, 'Oh what the heck it was only that I did not hear', then it was okay that I asked once, but when you have asked ten times in order to just make it look like a conversation, then you can say that it was a failure." Martin*

People gave reasonable explanations because it was difficult to see their contribution to the disturbed situation because for them there was no problem, or if there was a problem then it was somebody else's fault.

> *"My wife now has that bad habit that she likes to talk when I'm far away, then I have to tell her, 'You have to wait until I'm inside'." Hans*

Often the responsibility for a successful conversation was put on the speaker. If the speaker wanted the utterance should be heard, then it was expected that the speaker made an effort.

> *"She will have to repeat it, won't she, if it is important, just like we have to turn up the television a little, if she is going to hear it, just in the same way she will have to get used to looking at me when she is talking to me. And I say, well it is impolite if you do not look at the person you are talking to." Dan*

The participants' ability to blame the speaker was one of the reasons for why they did not experience that they were the reason for the disturbed situation. They did not see the disturbance as their fault; it was a failed situation.

When participants could give reasonable explanations was the disturbed situation more assigned to situational causes (Rotter, 1966, Weiner, 1986). Some people have a tendency to be more situational in attributing negative behaviour. This is called the actor-observer effect. Another reason could be due to a false consensus in which people have a tendency to see their own behaviour as being more typical that it really is (Hogg & Vaughan, 2002). Giving reasonable explanations could therefore be a defensive mechanism against criticism.

Reacting by giving reasonable explanations could also be explained as a way of preserving a positive self-concept (Hogg & Vaughan, 2002).

> *"The desire to think well of oneself reigns supreme; it dominates both the pursuit of accurate self-knowledge and the pursuit of information that confirms self-knowledge.": (Hogg & Vaughan, 2002 p.129)*

This desire might be one of the reasons for a connection between moments of reasonable explanations and moments of pride.

> *"I have been annoyed and could not understand it. I did not want to recognise it. It was not me, that there was something wrong with. There was definitely some annoyance. It was definitely the other ones who caused the problem. It could not be me because I was infallible," Martin*

Martin laughed when he said "infallible". *Martin* said that his self-esteem had always been high and that could be a reason for his reaction in the beginning of the recognising process**.** He had a good sense of himself, and he had a normal level of pride.

It has to be remembered that moments of reasonable explanations mainly happen when there were external reproaches. Often was it a reaction against unreasonable allegations.

> *"If I don't experience any hearing problems, why do I have to seek a solution for something that I don't believe exists? " Hans*

Should we give the people on trial for hearing loss the benefit of the doubt? Should we look at their explanations as reasonable?

Giving reasonable explanations hindered the recognising process because as long people had reasonable explanations they did not recognise that they had hearing problems.

Withdrawing – actively and passively

> *"You don't want to suffer defeat when you realise that after many repetitions you still don't get it. The easy way to do it is to retreat both mentally and physically." Jens*

The other typical behavioural reaction participants did was withdrawing. Withdrawing is a well known phenomenon in audiological literature (Erdman & Demorest, 1998, Gleitman et al., 1993, Hallberg, 1996, Hetú, 1996). One of the most frequent reasons for withdrawal was because people could not follow conversations and got tired and frustrated. When that happened they tried to do something else like tidying up the kitchen, playing with grandchildren, taking a walk in the garden etc. During gatherings of many people participants found they had a common tendency to withdraw more than they did at smaller gatherings where they only were a few people together.

To withdraw is to remove oneself from a dangerous or disagreeable situation. The situations can have been unpleasant and might have created fear of incompetence. Many of the emotional reactions were often accompanied by withdrawing. Anger could often lead to active retreat.

Withdrawing is a well-known phenomenon in people living with chronic illness:

> *"Social relationships are disrupted or falter and disintegrate under the impact of lessened energy, impairment of mobility or speech, hearing impairment, body disfigurement, time spent on regimens and symptom control, and efforts made to keep secret so much about the disease and its management. It is no*

> *wonder that chronic sufferers themselves begin to pull or feel out of activity and communication." (Strauss, 1984 p.75)*

Withdrawing was one of the most frequent behavioural reactions. Withdrawing could trigger or impede the recognising process. Whether withdrawing was a trigger or an impediment depended upon the participants' ability to adapt to isolation. For people who hate being isolated, withdrawing triggered recognising hearing loss; others preferred to be by themselves. Many people do not seek treatment because they have long since stopped attending social gatherings.

Withdrawing could either be short- or long term. Short-term withdrawals involved actively retreating from situations where disappointments of social norms or personal needs had happened. Long-term reactions as a result of many moments of tribulation often resulted in an escape from the situation. People would often stay at home instead of attending social gatherings; as a result they became isolated. Many accumulated incidents of withdrawing would eventually lead to "isolation progression" whereby active retreat eventually became passive isolation. Withdrawing was characteristic of personal tribulations and internal reproaches concerning disappointments in personal needs.

Withdrawing also resulted in reproaches concerning disappointments in sociability, personal needs for relatedness and affiliation. Withdrawing could therefore trigger other moments within relational and personal tribulation because other people could not understand the withdrawing. Withdrawing could happen before, during or after interaction with other people. There were major differences in ways and degrees of withdrawing depending on the situations, the motives for reproaches, which the plaintiffs were, and how reproaches were executed.

People withdrew by

- sitting quietly listening to the conversation
- sitting at the table, not paying attention
- leaving the table or doing something else
- leaving the party early
- not attending

The degree to which participants withdrew was also often determined by how curious they were about what was going on around them. *Per* never left the table but sat quietly and listened carefully because he wanted to hear as much as possible:

> *"I never withdraw physically. I try the whole time to be at a level where I can manage. I want to be in the conversation because I have a high level of curiosity. The day where you don't have curiosity, then everything is wrong." Per*

Gunnar, on the other hand, frequently left the table at social gatherings.

> *"I'm not a very curious person, so I just go out in the garden to smoke a cigarette. I don't mind it that much." Gunnar*

The degree of withdrawal was connected to the participants' own interest in the conversation and the importance of the situation. Withdrawal occurred more frequently during boring topics and at social gatherings than at meetings where it was important to participate in the conversations.

Participants often knew what situations they could manage and which they could not and their reactions often depended on their ability to avoid situations where these problems could appear.

> *"You see; if I can't hear then I start clearing the table, taking out the plates… then people say, 'Good grief, he is working the whole time' . But that is what I do because if you don't get anything out of it then you might as well leave. Then they say to me, 'Please sit down, why can't you sit down with us?' and then I do it." Jens*

Moments of withdrawing had two distinguishing properties: "active and positive retreat" and "passive and negative escape"

Withdrawing accumulated over time until the progression of isolation moved from active and positive retreat to a passive and negative escape. "Isolation progression" was often slow and made some people adapt to feel isolated and lonely. *Gunnar* often withdrew at social gatherings and explained this in the following way:

> *"Yes, what shall I say? Then I take a walk in the garden or do something else… It is not because it bothers me, but you feel left out. When you don't get everything then you just give up bit by bit - you can't follow a conversation when there are more people, you just can't." Gunnar*

When people started withdrawing it was often seen as positive because at first it was an active retreat. This active and positive retreat could sometimes turn into a more passive and negative escape when people continued to remove themselves from situations. So withdrawal went from being an active conscious retreat to a passive subconscious escape. It seemed like a good temporary solution but in the long term it led to isolation.

Active and positive retreat was something that happened in the situation and a deliberate behaviour. Participants had control; they retreated because they wanted to or had a need for, but it was their own decision.

> *"I know why I retreat. It is not because somebody leave me out, right, it is more me who make some choices, because I'm not able to follow the conversation" Per*

Passive and negative escape was something that happened when withdrawal had become habitual. People stopped attending social gatherings. Passive escape is best characterised with reference to *Gunnar's* statement:

> *"No… Yeah, yes I am more of a loner. If hearing loss is a good excuse it is more like a combination because you can't follow what is being said. Then you*

> *think, then it is indifferent, it doesn't matter, then you back out…Then I don't care about it. I can't hear it." Gunnar*

An active retreat could also be a way to regain autonomy by choosing to participate or to refrain from participating in a conversation.

Participants described other 'in-vivo codes' such as "Giving up," and "Shutting out." Many of these strategies developed over time, giving the whole process an added intensity. Giving up could appear during a conversation. As time passed giving up might involve more and more escapes from social gatherings. "Shutting out" was another frequently used term to indicate an active strategy of retreat.

> *"It is just like you know that you shut yourself out, away from everyone, because you can't follow." Jens*

The two most frequent explanations for withdrawing related to "being considerate" and to "avoiding tribulation."

When being considerate, participants often withdrew because they did not want to bother or annoy other people with fallible communication. They did not wish to interrupt the flow of the conversation by having other people repeat themselves. They withdrew out of courtesy. They felt responsible for other people's feelings and reactions. *Frank* often withdrew because he did not want to bother anyone by making them repeat everything.

> *"Well, many times when I am standing talking to my colleagues and things like that, I say, 'Well… Fine, I have to go to the men's room' or something like that. Then I leave in order not to have to ask 'What?' all the time." Frank*

Participants also reported a kind of self-consideration. They often got very tired and needed to rest. They could not concentrate any longer, with some developing a headache or other malady. It did therefore often end up with withdrawal.

> *"The whole time you have to be tense to be able to see and hear what they say. Suddenly somebody says something somewhere else - then you lose what the person you were talking to was saying because you just wanted to hear what the other person was shouting about. You get so Goddamned tired - you do that because you concentrate so much the whole time. Then you just have to retreat." Frank*

They also withdrew because their expectations were disappointed. So instead of being frustrated it was easier to actively retreat.

> *"You always take the line of least resistance." Martin*

Participants withdrew to avoid relational and personal tribulation. They were tired of showing incompetence and they needed to maintain a positive self-picture; this was difficult with constant moments of tribulation.

> *"Then I think, 'Was it only that I did not hear? Oh well, it did not matter so much that I asked once for repetition'. But when you have to ask ten times to get something that seems coherent in the conversation, then you see it as a failure. Then you keep you mouth shut and leave." Jens*

If participants withdrew from the situation, then they would not experience the negative emotional reactions that were illustrated earlier.

> *"It is always like that. You have to cut one's coat according to one's cloth, right? If you don't get what you want out of it then you'd better say, 'Right then, there is nothing you can do about it'. Then you have to avoid the big social gatherings and big parties." Jens*

Unfortunately they could only avoid moments of tribulation by actively retreating because, due to lack of sociability, new moments of tribulation often followed. The appearance of this kind of tribulation could be one reason why participants passively and negatively escaped. This was particularly apparent if the person was single. If they escaped the situation then nobody could start moments of tribulation about their ability to socialise. With married couples, the person with hearing loss is blamed for not participating in social gatherings (Hetú, 1996, Hetú et al., 1993, Morgan-Jones, 2001).

Birte spoke about some friends she had, where the husband had a hearing loss that caused many problems for the couple's social life, because he passively and negatively escaped when they were invited out.

> *"For both of them, I have noticed that his hearing loss is very destroying for their social life. He is very isolated today. I can feel that they have some major social problems and it is a major problem for her." Birte*

Some participants also withdrew from situations because they did not want anyone to find out that they had hearing problems. Reacting with active and positive retreat and with passive and negative escape was very much about weighing up the advantages and disadvantages about participating.

Consequences of withdrawing

Moments of withdrawing were one of the only reactions where participants talked directly about the consequences that it caused.

> *"I felt… I felt so lonely. I felt like I needed to withdraw because I was so tired, very tired." Birte*

Many participants feared total isolation and loneliness - even when they were with other people.

> *"You automatically feel you're being left outside, and I have also felt it. That is not very pleasant, then you prefer to think, 'Well, can I get around it?' or something like that. Well, at smaller parties, where you know each other better*

then I can do it, but the big ones they are not me, not any longer, not at all anymore." Eva

This sensation was unpleasant because the outcome was they felt unaccepted.

"You can feel that you're not accepted, eh… But in reality it is your own fault, because in the end I didn't bother to talk to other people, because I knew that usually I could not hear what they were saying and then you feel a little left out… Yes, in that way." Carsten

The results of this grounded theory indicate that for many reasons personal strategies and explanations to avoid the problems associated with hearing loss might actually worsen the underlying recognising problem. The expectations of communication, sociability and politeness, for example, are entangled in such a way that avoidance and prevention strategies that are meant to reduce the disturbance contribute to problems associated with the recognition of hearing loss. These same rules were responsible for participants withdrawing instead of blaming other people for isolating them. Withdrawing from others affects personal needs for relatedness and affiliation. The most positive aspect of withdrawing was that it was often the main "trigger" for recognising a "time for hearing."

Using hearing tactics

One of the properties of moments of behavioural reactions was to use hearing tactics which were personal tactics and strategies that were deployed when participants were changing their way of communicating (Andersson & Willebrand, 2003, Hallberg & Carlsson, 1991a, Lieth, 1972, Lieth, 1972a, Lieth, 1973, Lieth, 1979, Stephens et al., 1998, Stephens et al., 1999, Vognsen, 1976).

"I either talk to one of the two people next to me or to the person just opposite me. I prefer the one opposite me, because then I can see what he say." Frank

Participants avoided external and internal reproaches by repairing or preventing fallible communication. People changed their way of communicating. Personal tactics were used to keep up a conversation. Clearly the complexity of hearing in different situations implies that tactics for hearing will be highly used. As a result this section will report on the ones that are used most frequently:

- One to one conversation
- Simple answering
- Lip reading
- Eye contact
- Moving around
- Arranging ahead
- Changing content
- Seeking help
- Making an effort

One to one conversation

Participants preferred to talk to one person at a time. Some thought that it could be hard just to focus on one person. It was also hard on the person being spoken to because participants were so focused on that person that it was difficult for him or her to be a part of the rest of the party. They felt that they impeded the other person.

”From being among lots of noisy people you have to narrow it down to one person. You have to get in contact with one person otherwise you feel completely lost with all those people. I found it very trying because you cannot be free. You can’t be as you use to be, you withdraw more and more. If you don’t want to stand there feeling like you don’t belong then you have to find somebody to concentrate on, both to hear and to talk with - otherwise you might as well leave.” Birte

“When I have a problem with listening then I just choose to talk to one person and then I cut out the other ones at the party because I can’t follow them.” Jens

Simple answering

Participants reported that they had changed the way they communicated. If they did not hear the conversation then they would often just answer simply so it looked like they knew what people had said.

“If people are talking to me and I cannot hear it, I say, ‘Well, well’.” Frank

Lip reading

Participants also received lots of information by lip reading (Eriksson, 1990, Kaplan, 1997, Skamris, 1983). So they began to lip-read much more than they had previously and were much more aware of this as a hearing tactic. Sometimes participants were irritated and embarrassed by staring at other people’s lips. They found that it was impolite not to look the other person in the eyes. Some participants depended on the ability to lip read, especially in noisy situations.

“I have got a lot out of lip –reading … I really have.” Arne

Eye contact

Another tactic was to have eye contact with the speaker. This indicates just how complex and demanding communication can be. Participants reported that eye contact could give them the ability to check if they had answered or understood correctly because eyes could often reveal information.

“I don’t participate so much in the communication, only if I have eye contact.” Gunnar

Moving around

Participants needed to move around more to improve their ability to understand. They moved away from sources of noise. They also moved around because they could relax between conversations.

"At social gathering you can end up talking to a person you cannot hear. Then you sneak away from him as fast as possible and find someone else to talk to. Then it sometimes happens that more people come over and join the conversation and suddenly a whole group is standing there talking. When there are too many people then I leave again. I do circle a lot and more frequently than I used to." Jens

Arranging ahead

In this strategy participants reported finding the right place at a table in a restaurant, at a dinner or a meeting. They never invited more than a couple of people and they stayed away from places with noise.

"If I took a course, then every time I had to come in as the first person, find a place where I had a good view so it was easier for me to hear. I was very important for me to do that, so I didn't lose too much." Birte

Changing content

Participants claimed that the content of the conversations sometimes changed or remained simple. Sometimes they themselves reacted this way. It could also just be something that happened in the conversation, in a mutual silent agreement between the participants, like changing the subject so it became simpler.

"The conversations sometimes become simpler when I can't hear what people are saying. Then the intense talk disappear" Arne

Seeking help

Some participants sought help from other people when they had problems. They asked other people to tell them what other people had said. Some of the tactics could be agreements between relatives and participants. The relative or a close friend could then be an interpreter for the participant.

"When we have meetings here where I live, then there are a lot of people. At those meetings I do miss a lot. Then I have to ask my neighbour what had been said." Nina

Making an effort

Participants had to make a lot more effort in order to communicate. The effort it took to maintain communication resulted in a lot of negative "background" emotions. People reported having to concentrate and they were often stressed when they went out.

"You get so tired, because there is a lot of noise, so you get so tired in your head and people don't speak up. You have to sit and really have to make an effort to get as much as possible." Eva

Fatigue could accumulate to the point that it became impossible to attend social gatherings. These participants also felt pressured and despondent.

> *"I felt… You might say that I felt in despair and about to give up, because first you are excited, there are a lot people, you are at a party or in the theatre, you get a drink in the foyer, everything is good and joyful and then suddenly after a very, very short time, maybe five minutes, you feel that you almost can't handle the situation any longer because there is so much mumbling in this big room… And then you get so tired and it is like you have to tell yourself that you have to withdraw. And that was what I did in the end. When I had been there for an hour then it was more than enough. I had to go." Birte*

Making an effort was very much connected to "background" emotions because participants were tense and stressed to the extent that their normal well-being was undermined.

Participants had many moments of hearing tactics; some had been doing them for years and many people used them without paying much attention to the tactics. Moments of hearing tactics serve for many years to keep down the accumulation of relational and personal tribulation and played a major role in people's ability to adapt to the hearing problems. Moments of hearing tactics prevent the recognition of hearing loss because they help the person to maintain self-identity and to communicate. However as unpredictable hearing worsens, fallible hearing and different moments of tribulation increase the effort people have to make. It became almost impossible to keep up because the tactics do not work as well and the person starts to recognise hearing loss.

Outcome of tribulation- belonging or alienation

The more moments of tribulation there are the more problematic or alienated the person feels. They have a feeling of going from sociability to solitude. In the recognising process tribulations develop from external reproaches about social norms to internal disappointments of personal needs. People experience a shift from external judging to internal judging about when it is "time for hearing."
Relational and personal tribulation compare to the stigma literature (Crocker et al., 1998, Goffman, 1990a, Heatherton, 2000, Hetú, 1996, Jones et al., 1984, Katz, 1981) because some of the categories, such as moments of external reproaches, moments of emotional and behavioural reactions and the outcome of tribulation are comparable with phenomena in stigma theories. However, the stigma literature could not directly add to the category of "manifestations of hearing problems". Differences and similarities will therefore be further discussed in the Chapter Nine.

Chapter 6

Consequences of problems

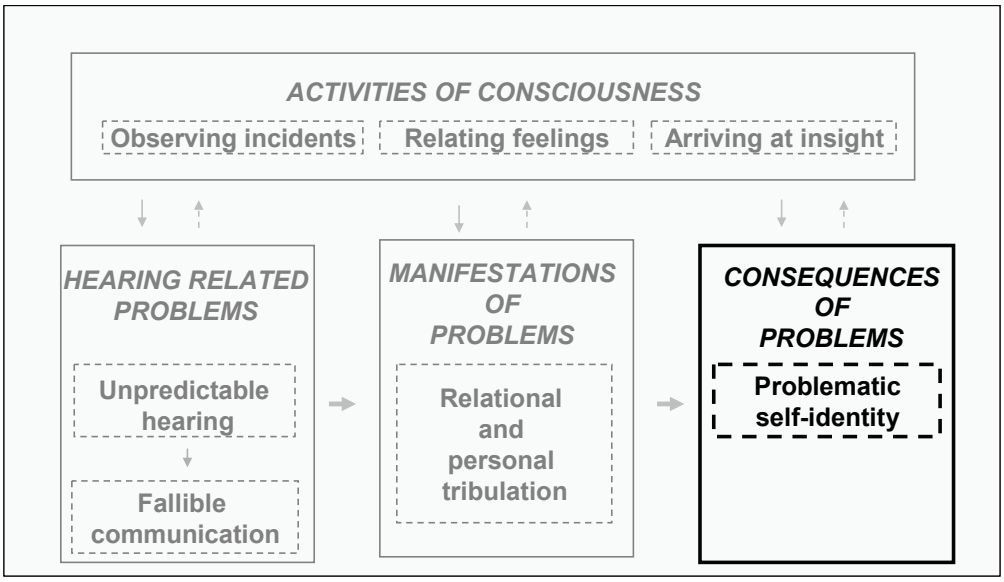

Figure 10 Sub-category "Consequences of problems"

"Consequences of problems" is a theoretical sub-category involving the theoretical coding family; identity – self. The property "problematic self-identity" occurred as a consequence of unpredictable hearing, fallible communication and relational and personal tribulation.

> *"You change the way you look at yourself, because you go from having been in perfect health to suddenly being overtaken by one defect after the other. That is not a nice experience. You have to admit that you are not as healthy as you used to be." Nina*

These problems were often caused by feelings of blame, criticism, or failure. Hearing problems had a major impact on self-identity. Participants also thought that they were often forced to behave differently and that they could not do what they wanted. This manifested as problems with hearing self-identity, productive self-identity, sociable self-identity, bodily self-identity amongst others.

The term "self-identity" is defined as:

> *"The ways in which a person understands, describes and protects his or her sense of self. Facets of 'self-identity' include the individual's sense of personal skills, capacities, needs, preferences, values, beliefs, aspirations and dreams." (Rutman & Boisseau, 1995 p.315)*

6. Consequences of problems

Problematic self-identity is an important dimension of impaired hearing because it reflects how hearing disturbances manifest themselves. It is essential in the recognising process of moving from the position of "I don't have a hearing problem" to recognising one's hearing loss.

> *"The worst thing was not that I had to pay 12.368 dkr. for a piece of plastic. The worst thing was to accept yourself as being hearing impaired or rather to say YES – YES to being a hearing impaired person."*[12] *(Overgaard, 2004)*

Participants often spoke about the consequences of tribulation. The blame and criticism led to feelings of guilt, shame, and embarrassment. They talked about having violated unwritten norms. They often thought that they were being blamed for something that they were not doing on purpose.

> *"I feel that it is unfair that people are nagging me for talking too loud because some other people also talk loudly and nobody says anything to them." Eva*

The disappointment of not following norms and the resulting reproaches often triggered reactions such as withdrawing. A consequence would often be isolation and loneliness. Participants talked about how others often labelled them as arrogant or incompetent. They also reported changing their perception of themselves because of changed communication behaviour and a feeling of being "left out". They thought that they could not be who they wanted to be. All this created problems with their self-identity, as they changed from taken-for-granted self-identity to self-identity which became problematic or "spoiled" (Goffman, 1990a). Participants believed that this change happened automatically and over a long time.

> *"Maybe I have become a little odder. I don't know, but don't you automatically become like that? When you cannot follow the conversation, then you become a little like that" Frank*

The terms "self" and "identity" are often used synonymously (Hogg & Vaughan, 2002, Reber & Reber, 2001). The notion of "self" has a long history in social science, whereas the term "identity" has only recently become of central concern (Fink, 1991). William James proposed that:

> *"The self has a dual nature and exists simultaneously as an I and a Me. The I refers to the self as subject, or "knower," which actively experiences, feels, perceives, imagines, decides, remembers, or plans. The Me, on the other hand, refers to the self as an object of experiences that becomes 'known' to the conscious ." (Sandstrom et al., 2003 p.97)*

This understanding was transformed in the work of Mead, who distinguished the acting "*I"* from the reflecting "*Me"*.

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[12] My translation

The appearance of the word "identity," has been highlighted in the work of Erik Erikson (Erikson, 1968), where it was stated that the development of identities was taking place through crisis in the person's mind due to interaction with the surrounding world. This explanation corresponded well with both Williams and Mead, which might then be one of the reasons for why the self and identity recently have become so closely linked that they are now seen as synonymous. This close relationship is often indicated by the hybrid term "self-identity" (Jenkins, 2003, Pennington et al., 2003).

> *The individually unique and the collectively shared can be understood as similar (if not exactly the same) in important respects: that each is routinely related to—or, better perhaps, entangled with—the other; that the processes by which they are produced, reproduced, and changed are analogous; and that both are intrinsically social (Jenkins, 2003 p.19)*

The audiological literature (Clausen, 2003, Danermark, 1998, Edgett, 2002, Espmark & Scherman, 2003, Foster, 1998, Laszlo, 1994, Noble, 1983, Noble, 1996, Rutman & Boisseau, 1995) proposes that hearing loss and its social psychological consequences have a considerable impact on people's self-identity. What is revealed in this literature is the connection between self-identity and the concept of stigma. Most research emphasises that hearing-impaired people see their self-identity as threatened by stigma (Goffman, 1990a). This study will, however propose that a change in perception of self-identity also can be caused by relational and personal tribulation, which in some aspects are similar to stigma like for example the critics people experience.

The proposal concurs with the medical sociology literature, which acknowledges that chronic illness manifests itself most significantly on the self and self identity (Bury, 1982, Bury, 2001, Williams, 1984, Williams, 2000). What is most useful from this literature is that the self is described not only in relation to its permanent properties but as something momentary. The self is therefore personal and social and emerges as much in the moment as it does over time. Furthermore, all chronic conditions manifest in moments for the self (personal tribulations) and in moments for the other (relational tribulations) (Frank, 1997).

This section suggests that the changes experienced by people going through stages of disturbed hearing accumulate until the self-identity becomes problematic. To understand how the change happens, we will first explore how self-identity is generated during interaction with other people.

Taking self-identity for granted

> *"In everyday discourse, identity tends to be taken for granted as the self-determination of identity, whether by an individual or a collectivity." (Jenkins, 2003 p.11).*

Identity is commonly used and taken for granted. Whether the topic is personal development, age, gender, work, civil status, appearance, or social class, the topics are all about a person's identity. Identity is often used when describing radical personal or social changes, leading to questions about who the person is. Although identity is a popular term, it can lead to

confusion. On one hand, a person can be a parent, employee, spouse, athlete, or a member of an ethnic group (Jacobsen, 2002). On the other hand, identity is an essence, a singular thing, unchangeable, and inalienable. Contrary to this, but not totally incompatible with it, is the view that identity is built up over time. In this view, identity is undergoing continuous development and is therefore not immutable or fixed (Erikson, 1968, Erikson, 1997).

The word "self" is generally used to denote individuality (her-self, him-self, my-self). It is also used as a prefix (self-awareness, self-concept, self-knowledge, self-enhancement).

With these thoughts in mind, it should not be surprising that self-identity is practised, and as such, this practise begins in childhood. For example, some people have an identity as a "normal" hearing person. Hearing identity is an identity people have but do not think very much about. Most often, people only think about their different kinds of identities when they are forced to evaluate them. Even though identity is static and settled, there is always the risk that it can be lost either all at once, or gradually. When this happens, identity - something very valuable - can become something that typecast the person. Some identities, for example such as being female are very fundamental, while others are more superficial, and contingent. In this respect, identity is what people are, but is also what they feel (Fink, 1991).

The following section will introduce the concept of self-identity in order to provide more accurate understanding of how the identity can become problematic for a person with an emergent hearing loss.

Outcome of communication; formation of self-identity

> *"Life consists of a long row of phases where we have to win a new identity and redefine the identity that we have already established. The development of identity is an interaction between biological conditions, external psychological and sociological conditions, internal psychological conditions and the person's interpretation, consciousness and choice." (Mousten, 1992 back page)*[13]

Self-identities are under continuous development and change, starting with the first interaction a newborn has with its mother. The communication at that time is very important for the development of what Erikson called basic trust (Erikson, 1968, Mousten, 1992). This trust is important for the development of a person's drive, a positive attitude, an enjoyment of other people's' company. A young child lacks a developed sense of self and has difficulty differentiating itself from the world, and its own roles from the roles of others. That failure to differentiate leads to an imitation of words.

A milestone is reached when the child recognises that it has its own name. After the discovery of the name, self-reflection emerges, meaning that a child starts to think of and act toward itself, as a self that other people react to. The maturing child acquires language and develops the ability to label objects and people with words that have a shared meaning, like mum, dad,

[13] My translation

drink. A child also learns that words are symbols for different things and that they have a meaning, such as the differentiation between "I" and "Me" which are important for the child to recognise in order to develop the sense of self:

> *"As human beings, we do not passively perceive or respond to the world "as it is." Instead, we actively and selectively transform a world of ambiguous stimuli into images and concepts, thereby giving it meaning and order. Although this is a nuanced and complex process, it seems fairly unproblematic to us because many of the concepts we rely on are ready-made and supplied to us by the groups to which we belong. We learn these concepts as we learn the language and the culture of our society. These concepts are known as symbols." (Sandstrom et al., 2003 p.59)*

Later a child becomes aware of different roles and uses them during play. The role-play is very important for later socialisation because a child learns to respond to himself in the same way that other people do, which leads to a further evaluation of himself and thereby of the sense of self.

Roles are stable expectations of a person's behaviour in different situations. A role is socially established through actions (Jørgensen, 2002). The self emerges and becomes more established through a child's relationships and interactions. Through these interactions a child learns to take the roles of others and see himself as a social object. This capacity is the essence of selfhood. But as Mead suggested (Sandstrom et al., 2003), that does not imply that a child merely internalises and conforms to the expectations and appraisals of others. Mead emphasised that children and adults have the power to shape themselves, other people and larger society:

> *"We can reform the order of things… We are not simply bound by the community. We are engaged in a conversation (i.e. symbolic interaction) in which what we say is listened to by the community and its response is affected by what we have to say… The process of communication is one in which the individual not only has the right but the duty of talking to the community of which (s)he is a part, and bringing about those changes which take place through the interaction of individuals." (Sandstrom et al., 2003 p.72)*

From self-identity to problematic self-identity

> *"In everyday language we say that a person's self-esteem is enhanced or reduced by the responses of the others. Or we say that "he sees himself differently." In communicational terms, we may translate this into a statement that the rules of self-perception, the rules governing the formation of self-image, are modified by the way in which others receive our messages." Gregory Bateson in (McDermott, 1976 p.121)*

Sometimes participants stated that they had changed identity, not because they wanted but from a need to "survive" difficult and demanding listening situations.

6. Consequences of problems

> *"You postpone the problem, that is something people always do; you postpone it until …that is what I believe. People are like that, people are creatures of habits. We are very much seeking safety and security and we love our habits. Nobody is going to touch them. That is the way it is and that is very natural." Jens*

Often it was an identity that had taken years to change, a change that, like hearing loss, had been too gradual to notice. For one group of participants the knowledge about their changed identity came as a surprise; another group had noticed signs of the change for a long time and yet another group was trying to prevent the change. They might have wanted to keep "passing" as long as possible (Goffman, 1990a). For most participants it was a change to an identity or identities that was problematic, maybe even alienating.

> *"You change yourself unconsciously. It is guaranteed unconscious. But on the other hand you do it consciously because you don't get anything out of being how you used to be." Jens*

For the purpose of trying to understand how and why participants often saw that their self-identity was becoming problematic, different theoretical approaches about self and identity were compared to different aspects of the emerging theory about the process of recognising hearing loss. These approaches were used as a kind of bricolage in the same way that many qualitative researchers draw on the literature (Denzin & Lincoln, 2000b)

Symbolic Interactionism (Blumer, 1986), is based upon three core principles: a) communication occurs through the creation of shared significant symbols (meaning); b) the self is constructed through communication (language); and c) social activity becomes possible through the role-taking part (thought), is probably the approach which best reflects the data. Symbolic Interactionism's fundamental ideas about the humanising effect of communication are consistent with participants' descriptions of how failed communication problematised their self-identity. Participants had problems using language to express meaning and were often thinking about how they appeared to others.

Role taking plays an important part in Symbolic Interactionism. Charles Horton Cooley's theory about the Looking-Glass Self inspired Symbolic Interactionism. Role taking compares well with participants' thoughts of how other people were perceiving them and how their self-identity changed in response to feelings of blame, criticism and failure (Baumeister, 1998, Sandstrom et al., 2003).

Another reason why Symbolic Interactionism fits well with the emerging theory is Jenkins' view of the entanglement of social identity. Erving Goffman's Dramaturgical Theory (Goffman, 1990b) and his work about stigma (Goffman, 1990a) are also rooted in Symbolic Interactionism.

While Symbolic Interactionism is very much about the formation of the self in relation to other people, participants' formation and awareness of problematic self-identity can be compared to reflective consciousness, interpersonal being and executive functions (Baumeister, 1998). The content of these terms corresponds with what happens with self-

identity and how participants saw it develop in difficult times and which eventually resulted in a problematic self-identity and a sense of alienation.

Reflective consciousness (Baumeister, 1998), refers to the experiences that gradually construct a self-identity. It matches participants' activities of consciousness because it was through failures, and triumphs that people recognised their hearing loss and thought afresh about who they were. It was also through reflective consciousness that people discovered that they had a problematic self-identity.

The interview situations often evoked a reflective consciousness about the self. During the interview with *Nina* the questions frequently evoked reflective consciousness about hearing problems. When the interview started, Nina said that she only had problems with hearing when she was out biking. The interview revealed that she experienced many problems in her daily life without being conscious of them:

> *"It [hearing problems in a car] is nothing that I have thought much about before. I have noticed it when it happened, but it was nothing that came automatically to my mind before we now talk about it. Yes, I often have problems in that situation." Nina*

Per also had a more reflective consciousness about his hearing ability during the interview:

> *"I have thought about what you would ask me about in relation to my hearing ability. That has actually made me think about how it actually is, it was like putting the words to the things. You can easily be annoyed and do all kind of things without putting words to it. This interview has probably helped me to put words to it. I do think that was what the interview did for me." Per*

The reflective consciousness also played an active part when the person with an emergent hearing problem experienced problems with self-identity, due to the reflections about what had failed or not been accomplished in certain situations. Reflective consciousness and activities of consciousness both refer to when people think about their experiences. All those experiences are very important for the formation and maintenance of self-identity.

Reflective consciousness is therefore also about self–awareness and self-consciousness. Self-concept or self-knowledge, is almost always connected to motivational forces such as appraisal, self-enhancement and consistency. Self-esteem is the evaluative aspect of reflective consciousness, as it made a value judgement based on self-knowledge.

Reflective consciousness is very much influenced by activities of consciousness, especially when participants were arriving at insight about their selves and their hearing ability. It is therefore important for the recognising process of hearing loss and "time for hearing."

The second term, being interpersonal, is about the selves always developing within frequent and ongoing interpersonal relations. To be interpersonal is reflected in Erikson's theories about development of identity, Symbolic Interactionism and Cooley's looking glass self-theory. That also means that self is not only a consequence but also a part of social relationships. Compared to data problematic self-identity is reflected in appraisals since

information about the self is only meaningful when it is in the context of other people and especially when talking about hearing problems.

When people are being interpersonal, they find self-image and self-evaluation, reflection, comparison and self-monitoring important. The self-identity can become a problem because people compare themselves to others and are influenced by other people's opinions (Tajfel & Turner, 1986). The ability to compare oneself to others in a social psychological group is essential for the development of "we-identity," which is the precondition for sense of belonging and essential for self-categorisation and thereby self-definition (Turner et al., 1987). All those relations to social groups and social categories have an impact on the development of "we-identity" and on the development of self-identity (Jørgensen, 2002). "We-identity" can be difficult to change, as is the sense of always having been a member of the normal hearing group until one develops a hearing loss.

Participants frequently compared their behaviour in disturbed situations with other people's behaviour in order to find out how bad the communication disturbance was. Their self-image was often subsequently changed and problematised. Therefore sometimes there is a need to change self-conception and people do that by altering the self, but again whether it is a success or a failure is contingent on the interpersonal involvement. Due to the relational tribulation people often experienced it as a failure. The most important aspect of being interpersonal is self-presentation, whichs implies that an identity is not an identity until it is recognised and accepted by others.

An important aspect of being interpersonal is the emotionality of the self, the so-called social emotions (Damasio, 2000a, Damasio, 2003) or social sentiments. Interpersonal relations always bring out emotions in people where negative emotions are due to a threat or damage to a relationship which was reported as prevailing, whereas an increased attachment in general brings about a positive emotion such as joy (Baumeister, 1998). This implies that emotions often are value judgements relevant to the self and contribute to a problematic self-identity because participants felt shame, guilt, embarrassment or social anxiety.

> *"I feel that it is shameful and embarrassing not being able to hear properly and to talk too loud." Eva*

The third and last term, executive function, to which formation of problematic self-identity also is compared, means that the self can make decisions and initiate actions. It involves the ability to control both self and environment. The words that often relate to the executive functions of the self are agency, choice, control and decision-making. If the self did not have those functions, then people would be passive observers who are aware of themselves and their relation to other people but without the ability to change anything. People have an innate desire to control their lives; the self is the controller. Control is, together with self-esteem, one of people's main sources of self-identity.

Rothbaum, Weisz and Snyder (Baumeister, 1998) assume two kinds of control: primary and secondary. Primary control is the need to change the environment, while secondary control is about changing the self to adapt to the environment (or to difficult situations). Participants used primary control by "demanding" other people to co-adapt by telling them to speak up,

asking one person to speak at a time, and insisting that people look at them when they were speaking.

> *"I often tell my wife to look at me when she is talking because otherwise I can't hear her." Arne*

Secondary control was seen in this study when people who knew that they might have hearing problems in certain situations often had strategies for adapting and controlling their situation. For example, when *Birte* was attending seminars and meetings she always tried to arrive first so she could pick the right chair in order to make use of non-verbal information, like reading the speaker's lips:

> *"At meetings I always arranged to sit in the right place. I always came first in order to find the right place. It was very straining." Birte*

It helped *Birte* even if the strategy was very demanding. If she did not get the right spot then she thought that she did not have control of her hearing or of the situation. In order to adapt, participants had many hearing tactics that were often problematic for them. This caused their self-identity to become problematic because they had to change their behaviour.

The participants' behaviour is not unusual for people with a hearing loss, research shows that there is a need "to control the social scene" by using a "controlling strategy" (Hallberg & Carlsson, 1991a, Stephens et al., 1998, Stephens et al., 1999). This would be termed a "coping strategy," problem-focused coping strategy, adaptive coping strategy (Andersson & Willebrand, 2003) or "hearing tactic" (Lieth, 1972a, Lieth, 1973, Stephens et al., 1998, Stephens et al., 1999, Vognsen, 1976).

Within the term executive function is it also important to mention Bandura's research of self-efficacy (Bandura, 1986) which is often used in theories of health behaviour (Miller & Rollnick, 2002, Prochaska & Velicer, 1997, Salovey et al., 1998). Self-efficacy is concerned with the extent to which people believe they can successfully perform certain behaviours, such as giving up smoking, losing weight or getting hearing aids.

It is also within this term that attribution theories work, such as Rotter's theory of "locus of control" (Rotter, 1966) about people who believe that they have a little control over what happens to them - "external locus of control" - or things happen because they make them happen; "internal locus of control." Attribution theories assign a cause to one's own or someone else's behaviour, theories about causal inference (Hogg & Vaughan, 2002, Weiner, 1986). Attribution theory can easily be compared to some of the empirical findings because as some participants said there was nothing to do about their hearing problems and they often saw that disturbances in communication situations were caused by somebody else or by the situation. They did not believe that they had full control of the situation; there was an external locus of control. Other participants reported a high degree of responsibility for the disturbed situation and for doing something about it; they had an internal locus of control.

People's moral and responsible actions involve the whole person. It is also within the executive function that people self-regulate. Many of these aspects of the executive function are therefore used frequently in theories and models about health behaviour (Bandura, 1986,

Miller & Rollnick, 2002, Prochaska & Velicer, 1997, Rotter, 1966, Salovey et al., 1998) because these theories focus on whether or not people are taking action on their problems.

Comparing executive function to the recognising process shows that executive function plays a major role in recognising hearing loss, especially in the last stages in which people lose control over some situations that cause sensations of problematic, jeopardised and alienated self-identity. Executive function was found to be very important in relation to whether the person with an emergent hearing problem got a hearing test or hearing aids.

As shown above, are there many areas that can be influenced by a person's self or by interpersonal interaction and where something can go wrong and create a new self-identity. Problematic self-identity will be illustrated below.

Appearance of Problematic self-identity

> *"You look at yourself in another way, and you wanted to see yourself as still going strong." Nina*

The following are some of the self-identities participants talked about where they experienced limitations in their self-realisation. People had different self-identities that they found were difficult to preserve or adapt to.

One self-identity, however, was causing all participants problems: their hearing self-identity. They found that they were forced to change their hearing self-identity as they became hearing-impaired.

"I have always been able to hear" - hearing self-identity

The participants had been using their sense of hearing throughout their lives. Hearing was a part of their identity because they were a part of the hearing world. According to participants, hearing self-identity was an entanglement (Gibson et al., 2004) of both an internal and an external hearing self. The internal hearing self-identity made participants feel that they belonged to the hearing world because they knew that they depended upon the ability to hear words, sounds, and noises. Hearing made them feel part of the hearing world, and made them confident that they could follow what was going on. They had a self-identity in that world.

With unpredictable hearing came a sense of insecurity. Their self-identity fell into question because they did not always know when they were hearing properly. It was very difficult for participants to identify themselves as people with hearing loss.

> *"I see myself as having a normal hearing but if there is a problem I just tell people that I don't hear in the same way as they do. But I see myself as a normal hearing person" Arne*

The external hearing self-identity was when participants talked about the expectations other people had about them being able to hear and understand speech and sounds, and to relate to those sounds as hearing people did. Again, when participants stated that they often disappointed other people, they questioned their identity as a hearing person.

"People sometimes ask 'are you deaf or what?'. " Martin

When relational and personal tribulation appear, both the internal and external hearing-self become problematic because participants sometimes believed that they no longer belonged to the hearing world, especially when they were in social situations. At other times they believed that they still belonged to the hearing group. These feelings were situational dependent.

Hetú's (1996) Normalisation Process proposes that support groups for people with hearing impairments are beneficial because "group participation further reinstates the sense of belonging that was originally threatened by the stigma" (p.20). People in Hetú's study stated that their social identity was being restored, because everyone in their in-group used the same means of communication. None of the participants were entering self-help groups, which is consistent with the findings in Edgett's grounded theory of help-seeking (Edgett, 2002). She found major differences about attending these groups, because some people did not want to see themselves as hard of hearing. These people had problems adopting a new hearing self-identity.

"It is important that I can keep up my work" - productive self-identity

"Productive self-identity" was inferred from participants' reports about the importance of being able to support themselves and their families. For some it might also have been important to be a contributor to the society. Data revealed that participants who had high communicative demands at work found that their productive self-identity was more problematic than participants whose work made fewer communicative demands upon them.

Some participants held jobs in which social interaction and communication were vital for their work productivity. In these kinds of jobs, the outcome was often related to the person's social performance and communication skills. In the workplace, most people have a shared responsibility for the outcome of communication; this is one of the reasons why the environment often accommodates a person's hearing loss. However, at a certain point it may no longer be possible because the disturbances are too serious.

In other situations there might be only one person, for example, a teacher, who is most responsible for successful communication. Depending upon the degree of responsibility for the outcome of the communication, the disturbed situations can have varying effects on how people determine that their productive self-identity has become problematic.

Some examples will be provided below about how some of the participants recalled the way in which their productive self-identity became problematic.

Carsten, reported that his productive self-identity was being more problematic in meetings than in informal conversations with his staff. In situations with the staff there was an informal relationship with greater shared responsibility and co-adaptation for successful communication.

"The places where it first started to bother me was at work in relation to board meetings. You know that I'm the manager of the company. When I had board

meetings – then I sometimes had problems hearing what they said, and it was very important for me to be able to hear at those meetings." Carsten

When there was a high degree of professional relationship, for example, meetings with customers, he often felt a lack of control and had problems adapting to the accuracy of his hearing. The meetings were very important for him, and *Carsten* had difficulty adapting to the situations that he found demanding. He might have been disappointed that he could no longer live up to his own expectations. He might have felt the personal tribulation. His productive self-identity suddenly became problematic.

A district manager, *Dan*, was required to communicate with customers over the telephone. He often thought that his productive self-identity was problematic because he was afraid of losing revenue for the company if he did not hear an address or telephone number correctly.

"It IS a handicap, indeed, because there was some thing, may be because I'm too much of a company's man, but I could think to myself- Christ is there now a huge order that I missed because I did not hear it … are they now calling somebody else because they could not get in contact with me. I felt bad and it was an annoyance factor." Dan

A teacher, Per, tried to make teaching into a shared responsibility between himself and his students, even though that he knew that he had the primary responsibility for their learning. Sometimes the attempt succeeded and at other times it did not, because the students had a tendency to forget the new communication patterns.

Per also suffered from the insecurity about hearing his students correctly, and he explained that he sometimes was afraid of losing face in front of the students if he misunderstood what they were saying.

"Sometimes in the teaching situation I feel that I can't control the situation any longer" Per

For a teacher is it important to maintain control of communication in the classroom. A teacher who loses control might find that his productive self is becoming problematic.

These examples show that people, who used communication as a regular part of their job responsibilities, reported that their productive self became problematic.

Other people have jobs where there is a low degree of social interaction. In these jobs the outcome of the work does not depend upon extensive communication or the high need for adaptation. People do not have a personal responsibility for the communication at work because it has a secondary impact upon the result. They can still fulfil their job requirements. However sometimes there can be a higher degree of co-adaptation, meaning that the environments step in and take the responsibility for the success of the communication, but co-adaptation can have a limit to which other people can adapt.

The following section will show how participants who had a job with a lower level of communication found that their productive self-identity remained virtually intact.

A plumber, *Frank*, who always worked with the same partner did not have problems with his productive self-identity. He found that there was often a co-adaptation because his partner spoke to customers and explained to the customers that Frank had hearing problems.

> *" I don't mind if the customers go to him instead of me when they ask about my work. It is okay because then I can just keep working so it suits me well that he takes over. I guess that it has turned more and more into that he is doing all the talking. I just keep walking when we come and then the customers talk with him. I keep to my self and then I let him take over." Frank*

However *Frank* noticed that his partner sometimes became annoyed with *Frank* because he could not hear.

Frank did not think that his productive self-identity was causing many problems because his hearing did not interfere with his work.

> *"I do the work in the same way that I always have done." Frank*

People whose jobs have low demands for communication often find that their productive self-identity does not cause many problems. They might often feel that they are the same productive people that they have always been. The work surroundings can also more easily adapt to their problems because the context is familiar. As long as surroundings can adapt, then productive self-identity will not be problematic.

The degree to which productive self-identity can become problematic is very individual because some people hide their hearing problems (Hetú, 1996, Hetú et al., 1990, Hetú et al., 1988, Noble & Hetú, 1994).

For some of the retired participants, productive self-identity was not seen as so important. Other self-identities, for example the sociable self-identity, did become more important.

> *"I'm glad that I'm not working any longer then I guess that the hearing must have caused more problems to me." Gunnar*

"I love going out and have fun" - sociable self-identity

"Sociable self-identity" became problematic because of relational and personal tribulation. Participants explained that other people treated them differently.

> *"Yes, a boring, introvert son of a bitch, who didn't care to talk to them, maybe they even thought I felt superior, because most of the time I didn't talk to people. … Yes, it can be a little problematic, when you think about it, that they perceive … they don't know me, they just don't, but I don't know them either, because I just didn't have the energy to begin a conversation, because I knew I wouldn't be able to hear what they were saying anyway." Carsten*

Some people were more outgoing than others. The ones who had a strong need for sociability found joy in communication with other people and had a high desire to belong. They often showed greater interest in other people's thoughts, feelings and experiences and were more likely to share their own than did participants who did not have a high need for sociability.

For some of the participants a sense of humour was essential. They loved to hear and to tell jokes.

> *"My greatest disappointment was when I went to see the movie "Italian for beginners". Everybody else was laughing, but I could not hear what the actors were saying and it was a very funny movie. When I left the cinema I was so TIRED, the sweat almost poured down my face, but I had not got anything out of it. It was a great disappointment to me." Frank*

They were often curious about what was going on and they didn't want to miss anything. Participants often described themselves as nosy and were involved in many activities. They liked to talk to people and were accustomed to being at the centre of conversations.

Participants reported that this sociable self-identity was problematic because they couldn't follow what other people were talking about.

> *"We went to an anniversary two weeks ago and there were about 40 people. There were a lot of speeches and actually I couldn't hear very much of the speeches and that was annoying me, it was definitively an annoyance because speeches always add some fun to parties, and that I missed " Jens*

People with a strong sociable self-identity might feel that their social self-identity is problematic because they cannot conduct conversations as they had in the past.

"I like to be physically fit and to look nice" - bodily self-identity

Participants' body self-identities could cause problems. Participants talked about two sides of a body self-identity: how the body worked (the physical body) versus how the body looked (the appearing body). The physical body self-identity was about physical functioning; appearing body self-identity was about how they wanted to appear to other people and refers to "the personal items that identify us as individuals such as cloth, hairstyle etc" (Sandstrom et al., 2003 p.110). People's experiences of the world are often grounded in their physical being (Frank, 1997, MacLachlan & Gallagher, 2004, Shilling, 2003).

> *"Our bodies express existence just in the same way that language expresses thought." (MacLachlan & Gallagher, 2004 p.18)*

For many participants the functioning body self-identity became problematic because they usually did not have problems with their bodies' functionality, which therefore made it difficult to diagnose hearing loss.

> *"I have never run to the doctor or the emergency room with anything. It takes a lot for me before I go to a doctor or something like that. Yes, it really takes a*

> *lot. Yes, there is a huge difference between people, how whimpering you are." Gunnar*

For some was it not only their hearing that was deteriorating but also their sight, heart, lungs, and mobility. They found getting old problematic; having an old body caused problems in their everyday life (Gilleard & Higgs, 2000).

> *"As long as the body is healthy and mortality is beyond the horizon of consciousness, associating the self with the body comes easy. The recognition of mortality complicates this association." (Frank, 1997 p.33)*

For some participants, the hearing problems were minor. However the tribulation did generate thoughts about getting old. This suggests that when people are getting older and developing hearing problems then it might be harder to associate themselves with their body because the signs they receive from their body make them aware of their own mortality. The bodily self-identity could therefore also be very closely related to an aging self-identity (Gilleard & Higgs, 2000) which is prevalent in people with hearing problems.

Other participants found that it was only their hearing that was not working properly. This jolted them into seeing that they were no longer fully in control of their body. This is what Arthur Frank describes in the "Wounded Storyteller"

> *"People define themselves in terms of their body's varying capacity for control. So long as these capacities are predictable, control as an action problem does not require self-monitoring. But disease itself is a loss of predictability, and it causes further losses. Illness is about learning to live with lost control." (Frank, 1997 p.30)*

The appearing self-identity became a problem to some participants who were thinking about getting hearing aids. For them their looks were very important. They thought that they were being vain. The appearing self-identity could be compared to one of Arthur Frank's four ideal typical bodies "The Mirroring Body" where he proposes that the body self is called mirroring because

> *"consumption attempts to recreate the body in the images of other bodies: more stylish and healthier bodies. The primary sense is visual: the body sees an image, idealizes it and seeks to become the image of that image." (Frank, 1997 p.44)*

The three others are called "the disciplined body", "the dominating body" and "the communicative body". The above "bodies" reflect the personality of someone with a chronic illness.

The problem about people being worried about their appearance is well-known in audiological literature and often plays a role in people's rejection of hearing aids (Brooks, 1994, Johnson & Danhauer, 1997, Kochkin & Gudmundsen, 2002).

6. Consequences of problems

> *"Really, hearing aids are not that fancy. Neither could I imagine myself buying a pair of ugly glasses. They have to be good looking and the technology is not an obstacle for that. They can be nice and that is why they have to be it. I would never buy those big ones. I would only buy them if they were fancy again – the same goes for big old-fashioned glasses. If they became fashion again then I would buy them. But big hearing aids are not fashion." Carsten*

Some people did not want hearing aids because they believed that hearing aids would ruin their looks. They did not want the hearing aids to be visible. People who focus on their appearance process implicit information about their bodies in different manners than people who are less focused on appearance (MacLachlan & Gallagher, 2004).

Integration between body and technology can be problematic and can cause problems between integration of technology and the self-identity.

> *"Body images is multifaceted phenomenon, which, unless understood and taken into consideration, may impact on the integration of technology into our sense of the self." (MacLachlan & Gallagher, 2004 p.6)*

Research shows that it is important for people to have an emotional readiness for applying technology to their body: if people don't have this emotional readiness then they will more likely reject the technology (Scherer et al., 2005).

Hearing, productive, sociable and bodily self-identities were not the only self-identities that as consequences to relational and personal tribulation became problematic. Participants also talked about other self-identities that became problematic. Some participants claimed that their positioning self-identity became problematic. The positioning self-identity involved feeling of belonging to particular social groups.

There were also self-identities such as intelligent, responsible, dependent, sensing, and intimate self-identities that became problematic. Participants could have several problematic self-identities at the same time that were not equally problematic. The above self-identities are only some of many self-identities that can become problematic due to tribulation.

Having a problematic self-identity is one of the major "triggers" (Zola, 1973) in the recognising process because when the self-identity becomes so problematic that it is threatened then the person has reached "time for hearing".

The four essential sub-categories have in the previous chapters been described in details and are summarised in figure 11.

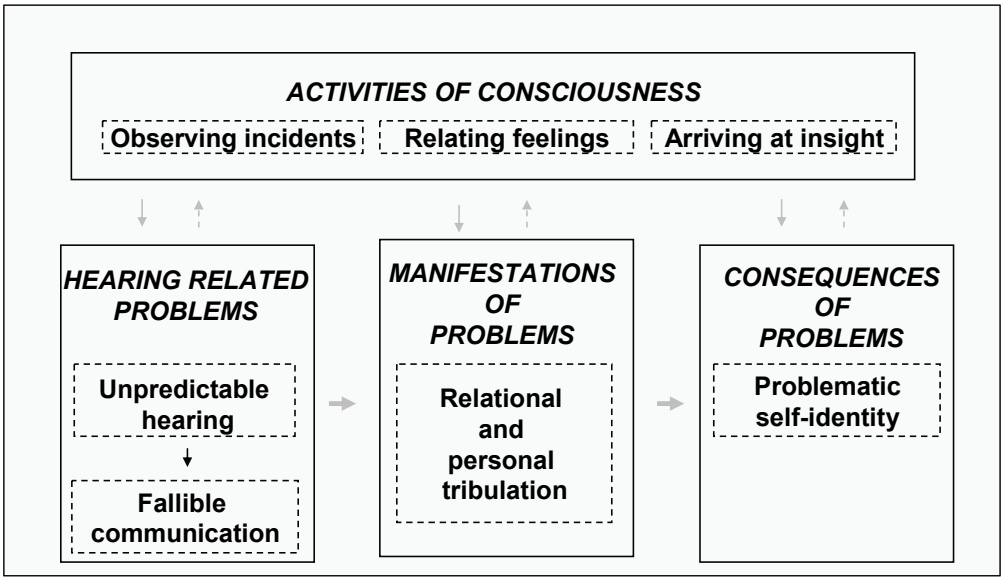

Figure 11 All four essential sub-categories with their properties

In the following chapter the interplay between the essential sub-categories will be described for each stage in the recognising process.

Chapter 7

Recognising hearing loss

The introduction stated that people's main concern was that they did not know when their problems with hearing were being caused by a hearing loss. Nor did they know when to do something about it. They did not know when it was "time for hearing". The core category, resolving this problem, was the recognition of the hearing loss. This category was theoretically coded as a basic social psychological process because the development of the recognition changed over time, had stages, a turning point, and different trajectories. The recognition of hearing loss is the fundamental property of the grounded theory that emerged from data.

The process of recognising hearing loss has a set of essential sub-categories: hearing related problems, manifestations of problems and consequences of problems. The interplay between activities of consciousness and the sub-categories differ at each stage. The interplay is illustrated in figure 12 and takes place at all four stages of the recognising process.

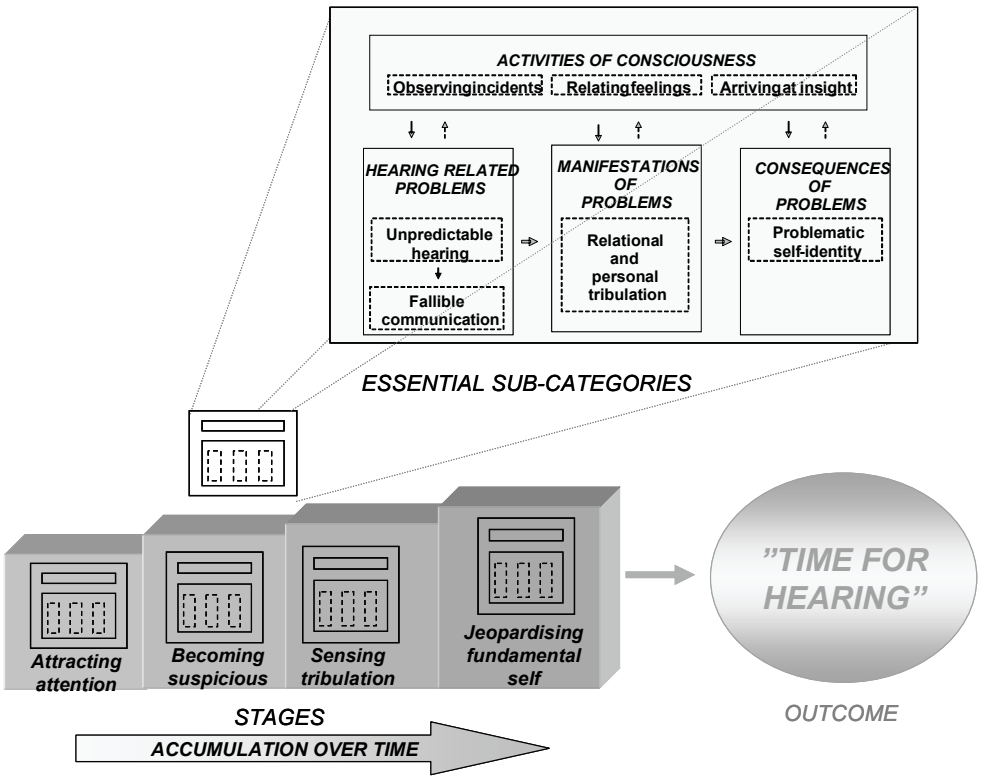

Figure 12 The recognising process with its different interplay

At each stage of the recognising process variations of figure 12 will be used to summarise and illustrate what is occurring at that specific stage.

To illustrate the development of this interplay over time different versions of this figure will be used at each stage. Shading will be applied to illustrate the degree of interplay. Where more and more elements are shaded it is due to the varying degree of recognition of the sub-categories at each stage.

The recognising process has four stages: attracting attention, becoming suspicious, sensing tribulation and jeopardising fundamental self. These stages represent a distinctive mixture of typical and real stages. The four stages will be illustrated through the connecting sub-categories with their properties: unpredictable hearing, fallible communication, relational and personal tribulation and problematic self-identity.

At the beginning of each stage a hypothetical example is presented, compiled from several interviews and reflecting how a person might describe his or her hearing ability. It will describe what a person could talk about in the hearing clinic and where the narrative could identify where the person might be in the process. These cases show the typical pattern for each stage.

There are no clear boundaries between one stage and the ones that precede and follow it; the transitions between stages are gradual. Each stage involves differences in the severity and frequency of unpredictable hearing, fallible communication, relational and personal tribulation and problematic self-identity.

The outcome of the recognising process: "time for hearing", will be explained after the four stages have been described.

In the theory there are no estimations for how long a person remains in a particular stage, because this varies from person to person. The theory cannot answer questions like: will an extroverted person move through the process faster than an introverted person?. Different trajectories for the recognising process will be described at the end of the chapter.

Many basic social psychological processes are often linked to other processes. This process, recognising hearing loss can easily be linked to the transtheoretical model of change, also called processes of change (Prochaska & Velicer, 1997). The transtheoretical model is well known in Health behaviour literature. The similarities and disparities between the two processes will be discussed in Chapter Nine.

Stage one: Attracting attention

> *"My wife has started to tell me that there are some problems with my hearing. I don't feel that I have any problems with it so when my wife tells me that I can't hear; I feel that it is not true. I don't believe it, so I get a little huffy, a little cross, because I don't experience it. I don't experience the same problems as she does. If there is a minor problem then it doesn't disturb anyone much, that's my opinion. It might be that other people think differently, but really I haven't felt that the problem is that big.*
> *She is the only one who complains, none of my friends are complaining. I would expect them to tell me if they found it annoying, so it can't be as bad as my wife says it is. But I really would say that my wife is cutting the words off*

because if I can get on everywhere else, then I don't see that I have a considerable problem.
Sometimes my children have stated that I have been saying 'sorry?' one time after another but that goes back a couple of years. So in a way I don't pay so much attention to it because I think that I'm doing all right, it could also be because they don't speak up or are mumbling. They don't get annoyed like their mum about it; they just state it. When my wife gets annoyed, then I get annoyed because I feel like I have to explain that there is nothing wrong with me.
One of the reasons why I sometimes don't answer could also be because I'm occupied with something else; like reading the newspaper or something like that. It could also be due to that we have been married for many years so maybe I haven't been listening properly because it is not important to hear everything. If I had been listening carefully then I would also have heard what she was saying.
My wife tells me that I sometimes reply with something completely out of context. I find that is hard to understand because I really think that I'm answering correctly, no doubt about that. I don't even question myself whether I have heard it correctly because why shouldn't I? In my opinion I do think that I have heard what was being said. I don't see the misunderstandings as huge problems because it doesn't happen very often. I find that my hearing is quite normal for my age. We all know that hearing can get bad when you get older and there is nothing you can do about that. Not yet anyway, it has to be a lot worse in order to do something about it, to get hearing aids or something like that. Sometimes I experience that there might be some problems, but it is not very often. It can happen for example at birthday parties where there are a lot of people and some people really don't speak up, then I ask them to speak up. But that wouldn't make me get hearing aids because the problems are not that big. They only have to repeat something and people don't get annoyed with that. I don't experience my hearing as being a problem so why should I do anything about it? (Hypothetical example)

"Attracting attention" is the first stage in the recognition of hearing loss. This is when people with an emergent hearing loss start to draw attention to themselves because communication breaks down. There are frequent appearances of disturbed communication and the violation of social norms for communication creates disappointment in other people. The disappointment creates the attention, because it causes confusion.

Figure 13 below illustrates that there only is a small degree of activities of consciousness which is mainly about people are observing that there are disturbed situations. It further illustrates that there is a low degree of interplay between activities of consciousness, hearing related problems and manifestations of problems. At this early stage there are no consequences for the self-identity.

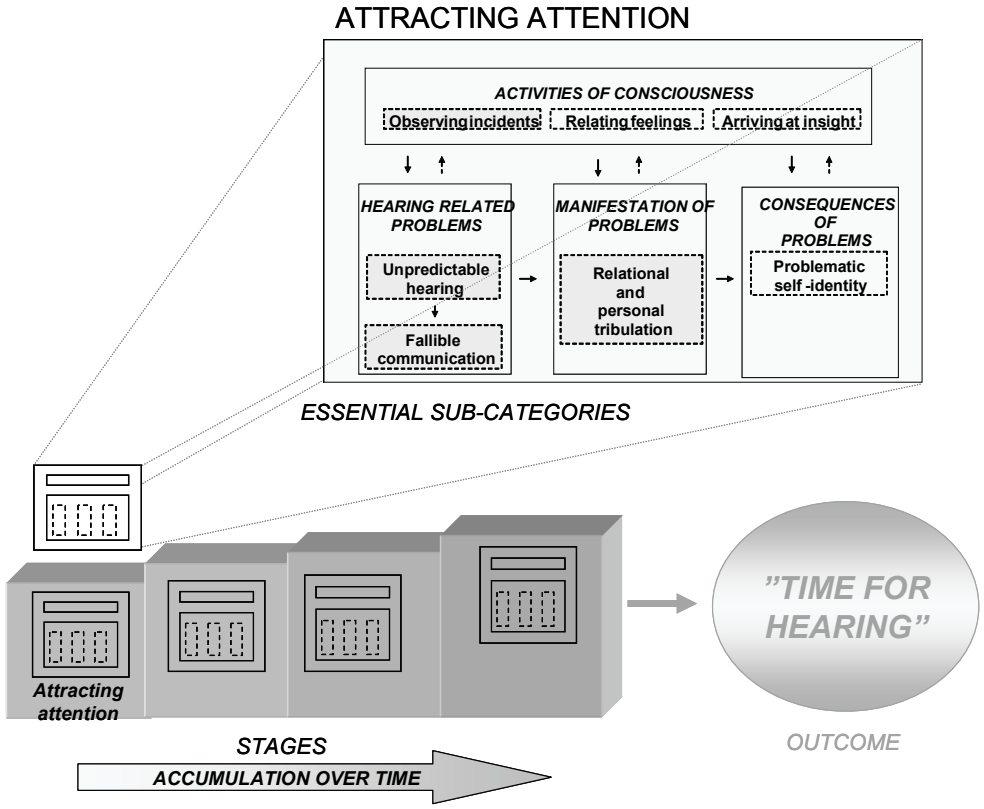

Figure 13 Stage one "Attracting attention"

The properties that are shaded show the degree of interplay. Light grey illustrates that there is a low degree of interplay at this stage. In turn the shading at the next stage might be a darker grey, which illustrates that the interplay has now emerged more heavily. The degree to which the properties are shaded can differ between people.

Attracting attention starts to take place early in the recognising process. Although, attracting attention occurs throughout the recognition process.

This stage is paradoxical because other people have problems with disturbed hearing whereas the person who causes the disturbances does not. Often it is the spouse who calls attention to the person with an emergent hearing loss. This divergence in understanding what is going on often causes problems. Another paradox is that outsiders often think that the person is denying a hearing loss, which the person does not find that he does. A third paradox is that people with an emergent hearing loss often blame outsiders for not speaking more clearly, when the cause for indistinctness is due to a hearing problem.

The next section will show that misunderstandings, disappointments, external reproaches, annoyance, and reasonable explanations also occur at this stage in the recognising process.

Unpredictable hearing

During the attracting attention stage, unpredictable hearing does not appear very often. Hearing is still seen as functioning normally. People are often surprised by comments about them not being able to hear. Hearing is still taken for granted.

People with an emergent hearing loss react differently to comments like "You can't hear." The person making the comment might mean as a form of communication and interaction, not as localisation or discrimination. Relatives are often talking about a non-typical behaviour that fails to meet the standard of good communication. In contrast, the person with an emergent hearing loss finds that he is able to detect many different sounds and therefore can hear properly.

There is little connection between unpredictable hearing and activities of consciousness during attracting attention. There is no recognition of hearing loss; people think of the sounds as normal, except for a few that are indistinct or not loud enough. Such disturbances are not seen as a problem.

Fallible communication

Fallible communication is very apparent to other people during the attracting attention stage. People with an emergent hearing loss find that other people blame misunderstandings. People find it strange because others tell them that they have said something completely out of context. That also means that they often do not think that they have been misunderstood. Misunderstandings are therefore one of the symptoms of hearing problems. Other signs include no reaction when being addressed, loud volume on the television or continuous requests to repeat what has just been said. However, the link between fallible communication and activities of the consciousness is very paradoxical because people with emergent hearing loss are not the ones who are the first to "observe incident", have "associate feelings" or "arrive at insight" about fallible communication, but rather it is those in their immediate environment.

Relational and Personal tribulation

The tribulations that occur during attracting attention are mostly "relational tribulations." In the following sections, the moments within tribulation will be described.

Moments of disappointment

Attracting attention is, as mentioned, a paradoxical stage. The paradox is that some people with an emergent hearing loss blame their surroundings for breaking norms of politeness and communication. During the attracting attention stage, people still find that their personal needs are being satisfied and therefore there are no reasons for internal reproaches.

Moments of external and internal reproaches

Only external reproaching is found in the attracting attention stage. There is no internal reproaching because there is no disappointment of personal needs. Most of the motives for external reproaching are misunderstandings and non-understandings that create confusion for the plaintiffs. The spouse and children of people with an emergent hearing loss are seen as the

most likely plaintiffs. The reproaches are not considered so important, especially when they take the form of neutral statements, whereas other executions are seen as unfair because they are annoyed complaints and comments about a failed hearing that does not cause huge problems for the person.

Moments of emotional and behavioural reactions

During this first stage "attracting attention", people have two main reactions to tribulation; emotional and behavioural. These reactions are very much entangled The prevailing emotional reaction is annoyance, connected to pride and the prevailing behavioural reaction is giving reasonable explanations. At this stage people do not report serious emotional upset. There are only a few behavioural reactions, because people do not withdraw and they do not try to repair or prevent disturbed situations because they are not viewed as problematic.

When people at this stage become annoyed it is often mild. They are only externally and not internally annoyed. People become externally annoyed because they are disappointed that other people are mumbling. The outsiders are accused of violating social norms. Another reason for external annoyance is that people have a positive self-perception that the reproaches and annoyance are unfounded. External annoyance can be related to pride because people are proud when they have a positive sense of themselves. When they are proud they do not see that they are doing anything wrong.

The most prevailing behavioural reaction is to give reasonable explanations because it corresponds well with people not having any hearing problems. Giving reasonable explanations is at its highest level in the recognition process. When people do not have problems is it easy to take a broader view of the situation. They expect friends or colleagues to tell them if are not communicating well.

People think that their hearing is normal for their age. They often acknowledge that age and deteriorating hearing are connected, so if they have a few problems then it is a normal and nothing to worry about. They claim that the problems do not interfere with communication.

For people with an emergent hearing loss it is often difficult to understand why relatives constantly bring up so-called disturbances. They think that disturbances only happen once in a while and often that it is a result of the situation. People with an emergent hearing loss do not see the problem because they believe that they are answering the question that was asked. Neither are requests for repetition seen as a problem when they are warranted. People in this stage frequently use words like "just" and "only."

Problematic self-identity

Problematic self-identity is not prevalent during attracting attention because people often do not see tribulation as harmful. The tribulations are almost immediately dismissed. At the attracting attention stage, they often believe that their self-identity is intact, they have the same degree of self-esteem and there is no reason why they cannot maintain their self-image. They are still able to indulge in self-enhancement, which is one of the most important motivators. During attracting attention they want to and can still see themselves favourably. However, there might be some confusion about why other people are commenting on their hearing.

Well being is intact because there are no disappointed personal needs, no internal reproaches, no negative social emotions, no withdrawal, and no use of tactics. There are no problems adapting to the situation. People just see themselves as themselves and there are virtually no consequences for the self-identity.

Attracting attention

The stage could be summarised as follows:

- Paradoxical stage
- Experience of being unfairly accused
- Almost no experience of unpredictable hearing
- Not many self experiences of appearances of fallible communication
- Surroundings are experiencing fallible communication situations, especially misunderstandings and "blanc" non-understandings
- Mainly an appearance of relational tribulation
- Appearance of outsiders' experiences neglecting social norms due to fallible speech communication
- Almost no consequences for the self-identity
- No appearance of disappointments of personal needs
- Appearance of external reproaches where plaintiffs are relatives
- Mainly being externally annoyed
- Reacting with pride because they often see themselves as before; that nothing is wrong
- Almost only giving reasonable explanations because they still have untouched expectations and do not experience problems
- High degree of words like "just" and "only"

Stage two: Becoming suspicious

> *"I have some doubts about whether there is anything wrong with my hearing. My wife and children often complain that I cannot hear what they are saying but most of the time I find my hearing is okay. But on the other hand, if people tell me that there is something wrong then maybe there is something not quite right, but I'm not sure about it and that confuses me. I can see that I sometimes have to turn the television up before I can grasp what is being said properly. I don't get all of it; I get something else. I guess I don't get all the sounds, but I think that people in television programs are not all good speakers, not all of them. I don't know how loud I turn the television up because I only turn it up to the level where I can understand what people are saying. My family often complain about it being too loud, but I don't know how loud it really is. Sometimes when I'm talking with my wife I misunderstand what she is saying and at other times I can't understand what other people are saying. If I concentrate a little more or ask people to repeat what they said then I get it, so it is not too bad. It is mostly when we are at parties with a lot of people I have problems.*

I'm very insecure about whether there is anything wrong because sometimes there are some signs that my hearing is not too good, but then there are also signs that my hearing is okay.
The problem is that I don't know how bad it is because most of the time I find my hearing okay, like it used to be.
I also find it hard to figure out how bad it is because it is something that probably started many years ago. So it is hard to remember how it used to be and should be, but I would say that most sounds I hear correctly.
At home I don't have any problems when my wife and I are talking face to face. I think that is one of the problems with my hearing; I don't know if I will have problems or not. I often later forget about whether I have problems. I remember similar situations when I'm in situations where I can't hear but then when I come home and there are no problems, I forget everything about it until the next time I'm in a similar situation.
I can see that I'm not the only one because many of our friends are also misunderstanding or having problems understanding what has been said. I would even claim that some even have much worse problems because sometimes they sit there pretending that they have heard what has been said and you can see that they haven't. I can see that it is probably something that gets worse as you get older, I can see that in my circle of friends.
I really find it difficult to find out if there is a problem and that makes me feel insecure. I can be insecure about whether I have heard what people said or answered correctly because sometimes my hearing is good and sometimes I have problems. The insecurity is annoying me.
But, as I have said before, are there some people who talk very quietly because most voices are easy to understand while others, like my wife's, are difficult to hear. She doesn't talk very loud, the sound often disappears and then I can't separate the sounds from each other. Another thing she does which is annoying is that she is not always looking at me when she talks; she can look in another direction or even be talking from another room. When that happens I can't hear her properly. I find it very impolite when people are not looking at me when they are talking so I tell her that if she wants me to hear what she is saying then she has to look me when she talks and then she also has to talk a little louder because she has started to mumble. People do look at each other when they talk together, don't they?
My hearing can't be too bad because I can still go to a concert and enjoy it as much as I used to and I can hear mosquitoes, bells, bird song. There are many sounds that I can hear so my hearing cannot be that bad.
My wife has for some time told me to get my hearing tested but I haven't done it until now. I haven't done it because I don't think that my hearing is so bad that I need to do anything about it. I've also done it because my wife tells me to do it, but I'm almost sure that my hearing is okay and there is no need for hearing aids." (Hypothetical example)

"Becoming suspicious" is when people with an emergent hearing loss start to notice fallible speech communication; they might see it as more than usual miscommunication. It is about people beginning to realise that the number of attention-attracting incidents is increasing, they are being reproached more frequently and they start to suspect that there is some truth in what

other people are telling them about their hearing. However, they are still not sure if people are justified in reproaching them. Becoming suspicious is therefore the stage of an incipient recognition of hearing loss. People are insecure and confused when there are incidents of unpredictable hearing: "Is it me or are people just not talking very loud here?"

Figure 14 illustrates that the activities consciousness is being slightly increased and that people start to relate feelings to the disturbed situations. The interplay between the activities of consciousness, hearing related problems and manifestations of problems is increasing but still there are no consequences for the self-identity.

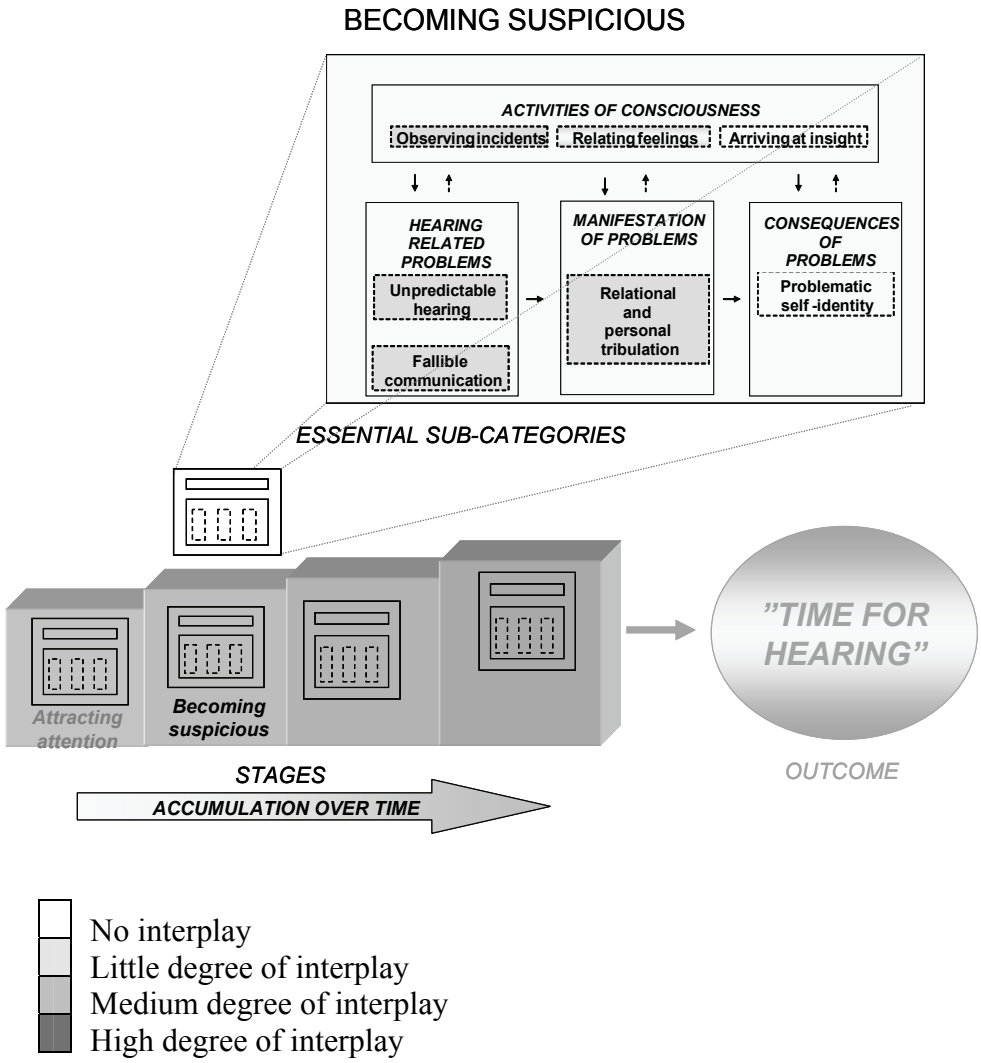

Figure 14 Stage two "Becoming suspicious"

While the attention-attracting stage was paradoxical, this stage is more about being confused. People at this stage may still think that their hearing is normal but with occasional problems. It is easy for people at this stage to think about their hearing as normal because many of the aspects that were prevalent in attracting attention are still relevant.

At the becoming suspicion stage it is easy to adapt to the confusion and conflicts because they are not serious and do not happen very often. People therefore are not so surprised when

people are reproaching them about their hearing as they were in the attracting attention stage. To a large extent however they continue to take their hearing for granted.

The change from attracting attention to becoming suspicious about hearing ability will be explained in the next section.

Unpredictable hearing

At the second stage, unpredictable hearing often appears more frequently than it did at attracting attention stage. Hearing is becoming more unpredictable than usual because of problems with audibility, localisation and identification of sounds. It can often be difficult to find out if there is something wrong because the appearance of hearing disturbances has often been so gradual. The hearing ability is better at some times than at others.

One of the major problems in the recognition process is that people often forget about disturbances until they recur, and then they remember that disturbances had happened before.

The relationship between unpredictable hearing and activities of consciousness is higher than it was at the attracting attention stage. There is still no direct recognition of hearing loss, but the degree to which people notice is higher because people are more aware of unpredictable hearing. They also start to discover feelings that accompany unpredictable hearing. When people are at this stage they often do not relate the hearing problems to hearing loss but to a failed situation (Festinger, 1954, Katzenelson, 2003).

Fallible communication

Fallible communication comes more into focus because misunderstandings become more apparent. At this stage, people are also more aware that they do not always understand correctly. This can be one of the reasons why people become suspicious, but it might also be the reason why it is so hard for them to realise that the disturbances are due to emergent hearing loss. They still may not see disturbed communication as fallible communication but as a suspiciously higher than usual degree of miscommunication. This view is also reflected in the interplay between fallible communication and the various activities of the consciousness. The reason for this was because when people are at this stage they are observing that fallible communication sometimes appears but often they often do not experience many of the associated feelings.

Relational and Personal tribulation

Tribulation is still mostly relational because it is mainly relatives who are reproaching them. People think that the hearing problems are not causing much bother for other people or themselves, which is why they assume that they are participating in communication situations as usual. Personal tribulation, on the other hand, manifests on a small scale due to people's insecurity and confusion. The insecurity and confusion can lead to disappointments of their own needs, which then lead to internal reproaches and associated negative thoughts. These negative thoughts can bring emotional reactions of irritation and fear.

Moments of disappointment

The difference between attracting attention and becoming suspicious is that at the first stage it was the outsiders who told the person that their behaviour was disappointing them and disturbing communication; at the second stage they themselves become suspicious that they

might have disturbed the communication. They become more aware that misunderstandings and problems understanding could result in violation of normal communication. When people become suspicious about their lack of hearing ability, it could lead to a sense of incompetence. Some personal needs for competence might then be disappointed.

Moments of external and internal reproaches

When people are becoming suspicious external reproaching mainly occurs. Internal reproaches start to accompany fallible communication. The external motives, plaintiffs and execution for reproaching occur in the same manner as in the first stage. The new point about reproaches is that people with emergent hearing loss start to become plaintiffs themselves. The frequency and degree of reproaches reflect the fluctuation of fallible communication. Sometimes they think that they are being criticised all the time and other times they are not criticised at all. This makes it difficult for people to understand what is going on. It also makes the situation forgettable because people do not think about the disturbed situations when they are not being reproached. As a result this makes the appearance of hearing loss more difficult to ascertain.

Moments of emotional and behavioural reactions

People react in similar ways as they did at the attracting attention stage. They are still externally annoyed and are giving reasonable explanations. People are, however, also starting to react with fear because they suspect that something could be wrong with their hearing. They may also start to use personal tactics in order to repair or prevent problems, but at this stage in the process most reactions are natural reactions. They are trying to adapt automatically to the disturbed situations. The reactions that appear when people are becoming suspicious will be discussed in more detail below.

People are externally annoyed but internal annoyance starts to appear. They react mainly with external annoyance because they feel that other people are causing the supposed disturbances and therefore the reproaches are unfair. They also react with external annoyance because a spouse is reproaching more frequently, which leads to “catching” annoyance. However, what is new at this stage is that they sometimes react by being internally annoyed because they start to feel their lack of ability. The internal annoyance can result from confusion about not knowing what is going on.

When people become suspicious, fear can result because fear accompanies things that are unpredictable and unstable. Fear results as a consequence of other people reproaching and it can also result from insecurity over infrequent misunderstandings.

People continue to offer reasonable explanations because they expect their friends to tell them if there are problems and they often also expect that their hearing would worsen simply because they are growing older. People also start to compare their hearing to other people’s hearing and often find that other people at their age have similar problems. These observations support their own beliefs that their hearing ability is similar to other people’s and is therefore normal. When people are at this stage they often have many explanations for possible hearing problems. They blame them upon having been a soldier, working in a noisy environment, or something congenital. If they can rationalise the hearing disability, then the hearing problems might seem normal.

When people are becoming suspicious they also start to reassure themselves by paying more attention towards the sounds that they can hear. When they are reassuring themselves that they can hear certain sounds then they think that their hearing problems cannot be serious.

Another way of reassuring is to have a hearing. Sometimes when people are at this stage they decide to consult a physician because they are often reproached for something they do not experience in the same way, which again causes insecurity. Most frequently they assume that there is no hearing problem so they go to the physician for confirmation. They want to prove that the relatives are overreacting. Often the result of the hearing test turns out differently from what they expected. One way to overcome the new information is to take a more intellectual approach to the hearing loss. This means that they are told that objective measurement shows that they have a hearing loss, which they can see on the audiogram, but that does not mean in their eyes that they have problems that require treatment. Sometimes they see it more as information on a piece of paper that is inconsistent with their own hearing perception because they do not experience that many problems in their everyday life. Another aspect could also be that professionals often tell people that their hearing is normal for their age, which again supports their opinion that it is not necessary to take action.

People often have a problem taking some responsibility for why they are being reproached which is reflected in reasonable explanations and external annoyance. They often blame other people for the situation but sometimes they think that it might actually be their fault. When that happens they become annoyed with themselves.

When people begin to think that there might be a little truth in external reproaches, they start to correct the disturbances and prevent others appearing. They start to use hearing tactics in order to maintain a conversation and to preserve their sense that they have normal hearing. They adapt to the changed situations by using hearing tactics. Many people, for example, instinctively start lip-reading.

Problematic self-identity

People at this stage do not have problems with their self-identity because tribulations do not occur very often. However, there might be a slight effect on the self-identity because of an inkling that their hearing is not always as good as it was. At this stage there is no threat to the self-identity which could explain why people don't experience stigmatisation. Stigma is often seen as the experience of a "spoiled identity" (Goffman, 1990a) but at this stage people are only becoming suspicious that there is a problem.

Becoming suspicious

The stage could be summarised as follows:

- Confusion stage
- Unpredictable hearing is appearing much more frequently
- Misunderstandings are becoming more obvious
- Experiences of non-understandings
- Fallible communication is often observed in as a high degree of usual miscommunication.
- Relational tribulation is the main tribulation
- Personal tribulation starts to appear

- Low degree of disappointment of social norms for communication
- Mainly external reproaching
- External annoyance
- Start of low degree of internal reproaching
- Giving reasonable explanations
- Almost no appearance of problematic self-identity
- Becoming suspicious is mainly a hindrance for recognising hearing loss

Stage three: Sensing tribulation

"I feel that there are more and more situations where my hearing is not that good any longer. Sometimes can it be difficult to find out who is talking if people are standing in group, especially if there are a lot of people. I have also problems hearing people coming, because sometimes when I'm standing in the kitchen making coffee and my wife comes in I don't hear her before she say something and then I get so frighten, that annoys me.
When I'm talking with my grandchild, she is five, I have problems catching what she tells; I don't know but she has a very soft voice which is incredibly difficult to hear. It is hard to separate the sounds from each other.
I think that over the years have I started to misunderstand more frequently. I answer something and people have been talking about something else. When that happens I feel so stupid and I find it so embarrassing because people might think that I'm not too clever or that I haven't been listening to them. They then might take me for being high and mighty.
I have also started to withdraw from conversations. It is not the other ones who are isolating me but it is me who is withdrawing because I get tired and have to concentrate more in order to catch what people are talking about. It is very seldom that I leave the table, I try to be polite. I still sit there but I'm not participating in the conversation.
In the beginning I asked people to talk one at a time but I have stopped doing that because people often forget it after five minutes. That is also okay because I know now that it is due to my hearing. Sometimes when I'm sitting there I just pretend that I understand what people are saying, trying to smile when other people smiles and say "Yes, yes" and so on because it can be uncomfortable to keep asking people to repeat what they have said. You can ask once or twice and then no more otherwise they might get annoyed.
If I find conversations too difficult to follow then I just go to the bathroom, take a walk in the garden or drink another beer. Then I can relax for a while.
I think that it is getting worse because I feel that I get tired much sooner than I used to. I can only stay there a short time before I feel that I have got enough and want to go home. I have never had it like that before. Normally I like to be at parties but not so much any longer because it is so tiring to follow a conversation. Often do I have to change topics in order to be able to get it. It is also important for me to move around all the time because I need to see when people are talking. It is tired-some.
Not long ago we went to see a funny movie. Everybody were laughing except me, I didn't get much of it. When we came out I was so tired and sweaty

because I had been concentrating so hard for a couple of hours, just to get some of it. That really annoyed me.
My wife and children are also getting more annoyed. They are complaining more and more and my daughter is getting tougher. They say that I can't hear what they are saying. My friends don't say anything only a few have made some comments about that I can't hear. My manager at work, on the other hand has sometimes said something about my hearing, because there have been some episodes at work where I didn't quite get what people had been talking about. That is embarrassing and annoying and I get so mad at my self. I have a few times walked away from customers even though that they were talking to me. When I afterwards found out I got so mad at my self because that was just so impolite to do. You can't do that to customers or anybody
Some of my colleagues have been making jokes with my hearing. One day one guy was standing out in the hallway and called me but I could not figure out from which direction he was calling. He was hiding behind a bookcase when he called and I could not hear from where. Then suddenly he turned up behind me and I got frighten. That was annoying and not very funny. However sometimes I make jokes about it myself when my wife and I have a problem or are arguing about my hearing. Then we have to make jokes about it otherwise it would be difficult to handle. We have to look at the funny side of it. But my wife is getting more and more annoyed about it and I can understand her because it is annoying to repeat over and over again what you just said. I can see it when I talk to one of my old friends who also have problems with his hearing.
The problems have come so slowly, bit by bit, so slow that I almost in the beginning did not pay any attention to them. It has almost been like a sliding tackle you don't feel it before it actually hits you. The problem is that you don't put attention to it in the beginning; it is more your close relatives that draw your attention to the hearing problems. The relatives can see that you miss something. I think it is at that time it starts.
I can still be insecure about my hearing because there are so many situations where I don't find that I have problems with my hearing but then suddenly I feel lots of problems. Sometimes I do get so annoyed with my self when something goes wrong. I feel embarrassed and sad about it and not least I also become mad at my self when I find out that there is so much that I don't get and can't do any longer. There have been parties I haven't gone to because I don't get very much out of it. I find it annoying not being how I always have been. Sometimes I get afraid of if I should lose my friends because it is not funny to be lonely. I can see that because sometimes I feel lonely even though that I'm together with a lot of people. I just stay there like in my own bell because I can't follow what people are talking about.
Sometime, several years ago, I passed a place where they made hearing tests and I thought that I would just try to make such a test to see whether I was the one causing the problems or what … So there I was in reality diagnosed but I did not do anything about it, because it didn't really bother me.
I have never run to the doctor or the emergency room with anything. It takes a lot for me before I go to a doctor or something like that. Yes, it really takes a lot and there are huge differences between people, how whimpering you are or

serious enough, I don't just run to a doctor. It is simply because I'm not whimpering enough. It is only because of my own laziness and because I haven't found it urgent enough. You don't go see a doctor just because you have a cold you don't go until you are really ill". (Hypothetical example)

"Sensing tribulation" is where people recognise the consequences of hearing disturbances and have emotional and behavioural reactions. They may experience fallible communication more often, which leads to an increased sensation of accumulating moments of tribulation. This is a stage of disappointment and suffering.

Figure 15 illustrates that the activities of consciousness is increasing and that people relate feelings to the disturbed situations and they start to arrive at insight about that they have hearing problems. The interplay between the activities of consciousness, hearing related problems and manifestations of problems is accumulating and there are consequences for the self-identity.

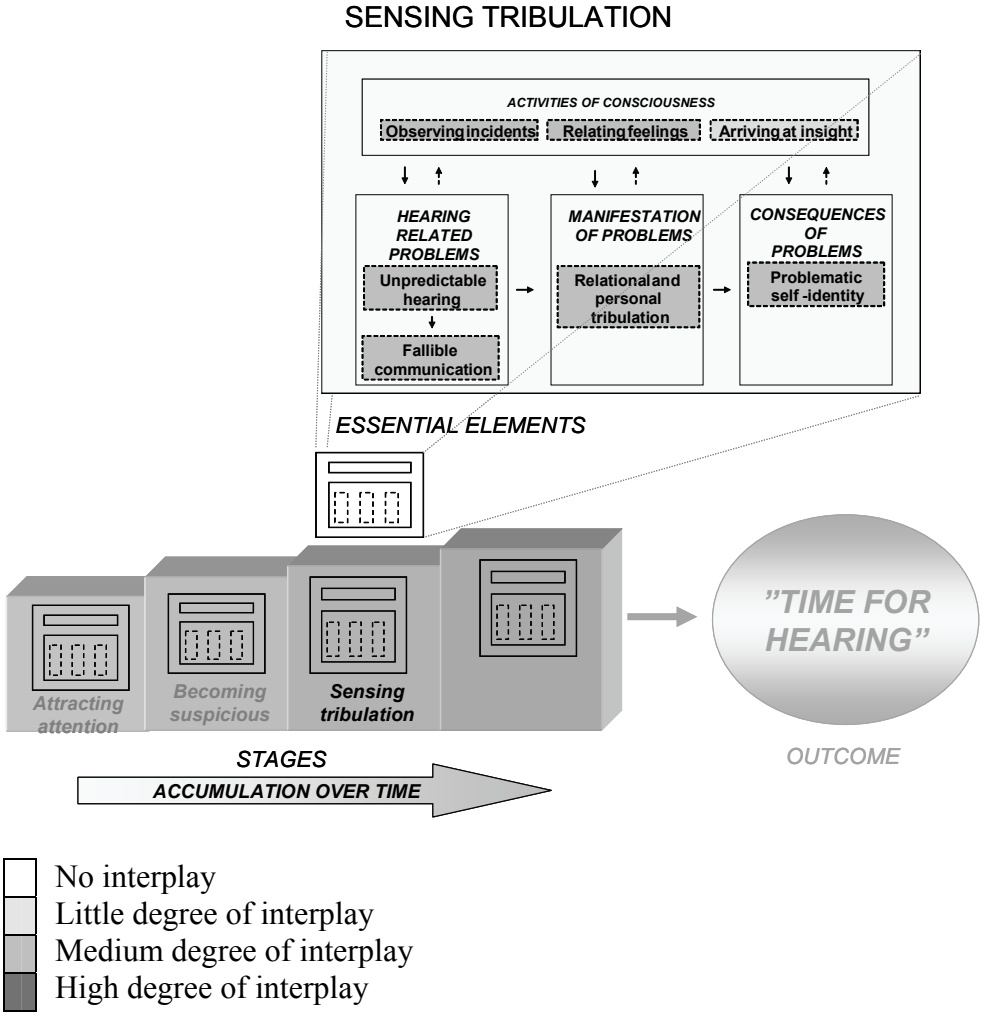

Figure 15 Stage three "Sensing tribulation"

"Sensing tribulation" is a stage that can take years for people to complete, depending on the effects of moments of tribulation and the degree of adaptation. The stage varies depending on where people are in the stage, the degree to which people experience the consequences, and the rate at which the hearing is deteriorating.

In the beginning of the stage people will be insecure about hearing disturbances. As reproaches become more internal, people may encounter more moments of tribulation.

This stage is characterised by adaptation. It is a stage where people might go forth and back in their recognition of the hearing disturbances. Sometimes people may conclude that they have a hearing loss one day and then no problems the next. Moments of tribulation sometimes affect people profoundly and at other times not at all. Sometimes it is easier to adapt than at other times. However the more moments of tribulation people experience and the more effect they feel, the harder it is to adapt and the closer they come to recognise their hearing loss. The ability to adapt to tribulation is also very situational. In some situations there may also be no tribulations, but in other situations hearing appears unpredictable and leads to moments of tribulation.
At this phase people recognise that their hearing problems have grown worse over years because of awareness about more tribulation and their cumulative effects. People might experience the effect in different ways and to different degrees depending on their personality and their needs.

Moments of relational and personal tribulation appear in this stage and many emotional and behavioural reactions are evident. The next section will explain how people at this stage become more aware of their hearing ability through unpredictable hearing, fallible communication, moments of tribulation and problematic self-identity.

Unpredictable hearing

During sensing tribulation stage unpredictable hearing appears more and more frequently with a higher level of confusion and inconvenience for everybody in the situation. The higher frequency of unpredictable hearing proves that the hearing has worsened. People may find that they have more problems hearing from behind, to localise, to distinguish voices, and to detect speech.

When people are going through the stage they start to perceive their hearing as more unpredictable but they become more aware of that the hearing function is not working properly. They become more aware of situations where hearing problems surface. However there can still be many situations where people can have problems predicting how well they will hear. People cannot predict how good their hearing will be in a specific situation. They might think that they would never get to know their hearing properly again and that they cannot take their hearing for granted any longer. There would be some situations where they will be able to predict how their hearing would work. In everyday situations, however, they cannot be sure about if they will hear the doorbell, telephone or understand everything.

There is also a much stronger relationship between unpredictable hearing and activities of consciousness because people are more sensitive to incidents of unpredictable hearing. People also associate more feelings with unpredictable hearing. Associated feelings often lead to insight into their own hearing. People may start to think that there could be a problem with

their hearing and they might even recognise that they have taken this for granted. Some people might need many different feelings in order to get insight whereas others might only need a few.

Fallible communication

Fallible communication becomes increasingly visible for people because they become more aware of the misunderstandings. People also have problems understanding and they have to concentrate harder in order to understand what is going on. People are checking their understanding more frequently to see if they have understood it correctly.

The interplay between fallible communication and activities of the consciousness is also accumulating because people have more associated feelings when fallible communication occurs. The accumulation of feelings often leads to more insight about prevalence of fallible communication. Arriving at insight can vary throughout the stage depending on the seriousness of observed incidents and associated feelings. However, when people don't have associated feelings then there is a tendency to remember those situations, because people have a tendency to remember good moments more than failed moments (Hogg & Vaughan, 2002). This tendency might change during this stage because of the accumulation of many failed moments that take place and the inability to adapt.

Relational and personal tribulation

Relational and personal tribulations both appear at the stage. In the beginning of the stage, due to the gradual transition from becoming suspicious, mainly relational tribulation occurs. However, as time passes there is a higher frequency of internal reproaches, fallible communication, and personal tribulation increasingly evident.

Moments of tribulation stack up and people go from being suspicious to becoming certain about that they have problems with their hearing. They start to relate the hearing problems to a hearing loss, because they suffer more and cannot adapt to them. One of the reasons why it takes people between five and fifteen years (Hetú, 1996) to recognise that they have a hearing loss could be because the frequency and degree of moments of tribulation vary throughout this stage. Sometimes people suffer from tribulation and at other times they do not. The shift between feeling and not feeling tribulation varies, although it can become steadier as the person approaches the next stage: jeopardising fundamental self.

Moments of disappointment - social norms and personal needs

Many disappointments appear because fallible communication occurs with increasing frequency. People experience more disappointments in communication and sociability. They see that people are annoyed when they ask for repetitions or don't answer in a coherent way. Other people question them when they withdraw. They see that their behaviour is not always appropriate, that they are often thought of as impolite.

Throughout the stage, disappointed needs accumulate. People often do not have the same full self-determination and control as they used to. This might be areas where they previous had competencies. Often people believe that they are being forced to react in certain ways in order to derive as much as possible out of the situation. Unfortunately, when this is not possible, people feel distress and anxiety.

People have a strong need for self-enhancement (Hogg & Vaughan, 2002) so they try to maintain an image of themselves as competent. They want to keep the same levels of sociability, competence and self–determination. This could be one of the reasons for why people try to conceal their hearing problems. Another reason could be that if they can "pass" as having normal hearing, then they might also be able to convince themselves that their hearing is normal. This perspective could be a longstanding pattern, but in line with an accumulation of disappointments it is harder to "pass" as having normal hearing.

People who are going through the stage may often think that there are things that they cannot do any longer. Sometimes people accept this by neglecting their needs or by saying that there is nothing to be done about it. It can get easier for people to become accustomed to unsatisfied needs because of the slow deterioration of the hearing. People can sense that hearing loss is like a sliding tackle; they slowly adapt to the disappointments of norms and needs, but suddenly the hearing loss hits them. This could be one of the reasons for why the stage sensing tribulation can take a long time. Unfortunately, when people with hearing problems cannot have their needs satisfied, their quality of life is more or less diminished (Arlinger, 2003).

Moments of external and internal reproaches

The reproaches that come in this phase are both external and internal. The external motives are the same as they were in two previous stages: the disappointment of norms for communication, and withdrawal. Other people often question the apparent reluctance to socialise and are blaming them for not participating in conversations.
Family members were the external plaintiffs are now joined by friends and colleagues. There can also be more teasing, complaints, demands, and sympathy. For some relatives the reasons for reproaching could be simple concern. Relatives worry that the person with the hearing loss might become lonely.

There is also more internal reproaching as personal needs are being disappointed by unpredictable hearing and fallible communication. People criticise themselves because their needs are not being fulfilled. The more needs that remain unfulfilled, the higher frequency of internal reproaches and more negative thinking takes place. The negative thoughts people had in the previous stage now bloom as a result of decreased well-being, which results in even more internal reproaches. It is a growing negative spiral, which is difficult to adapt to.

Moments of emotional and behavioural reactions

Sensing tribulation incorporates all the emotional and behavioural reactions. The reactions also accumulate and depend on various situations. In the beginning there are not as many reactions as at the end. People react according to their personality. Some people have many different reactions, while others only have a few. People's feelings can often determine the pace at which people are going through the stage and the degree to which they can adapt.

Annoyance changes from being mostly external to mostly internal. The degree to which people experience annoyance progresses from being slightly annoyed to being very annoyed with themselves. The more internal the annoyance gets the more do people feel it negatively. It is often harder for people to adapt and accept internal than external annoyance. When people are going from being externally to internally annoyed, it often causes problems because it is easier to be angry with other people than with oneself. When people are annoyed

or dissatisfied with themselves, they may often also be suffering more. The level of annoyance is often very high at the end and may be worsening the quality of life.

People become annoyed with themselves because of an accumulation of feelings of incompetence in everyday situations. When people feel that they have shortcomings they often also feel that their incompetence is obvious to other people. Annoyance as a result of showing incompetence is connected to embarrassment about not being able to adhere to social norms. Internal annoyance is also connected to the people's wish not to show incompetence in areas that are important for them.

People are often annoyed with themselves because they know that many of the tasks that they themselves cannot do satisfactorily are simple tasks that they have been able to conduct before, like having a conversation at a dinner party or being able to understand what the manager is saying at meetings. Another reason for changing from being externally to internally annoyed is that people realise that they are responsible for the disturbances. They see that fallible communication is becoming more noticeable. Some people see their responsibility more than others do. Again is it very much a matter of how much tribulation they are sensing– the more consequences they feel, the more aware they are of own contribution. When they can see that they are causing the disturbances, then it gets harder for them to blame other people. However, there can still be moments of external annoyance, but during this stage people are more likely to be annoyed with their environment if they have hearing problems that no one is willing to accommodate (Hallberg, 1996).

People often become depressed when they find out that they show incompetence in communication. People feel lonely even when they are with people. They can also be sad because they suffer disappointment. In this stage they feel grief, because they realise that they have lost something that has always been important to them: their hearing.

People might react more with fear because they realise that their hearing has become unpredictable, unstable and unreliable. People may fear that their hearing ability will become worse and that they suddenly will become completely deaf. Many people also fear that they will need hearing aids. They often fear hearing aids because hearing aids indicate that they have a severe hearing problem and are getting older. They might even fear their own mortality.

People might also fear that they will become more isolated and lonely because they have already experienced an accumulation of loneliness in this stage. They fear that they will no longer be the same person as they were. They might also fear other people's reaction towards them; they fear that they will be excluded if they can't hear or if they wear hearing aids (Arnold, 1998b, Hetú, 1996, Kochkin, 1994, Kochkin & Gudmundsen, 2002).

Embarrassment is one of the major differences between this stage and the previous stages. Sensing tribulation is the first stage in which people are embarrassed by their behaviour. People are embarrassed because they start to associate the disturbances with fallible communication and failed behaviour.

At first, people start to feel slightly embarrassed when they learn that they have broken social norms. They might often feel that they have embarrassed themselves by showing their

incompetence. At the end of this stage they are feeling much more embarrassed because of the accumulation of embarrassing situations.

People are therefore reproaching themselves increasingly due to the accumulation of feeling embarrassed and stupid. They also become more self-conscious about how they appear to other people and are therefore also more self-conscious. They feel guilty and apologise for their behaviour more often. Some feel guilty about how they have been blaming others for the disturbances. Often when feeling guilt they start to take responsibility for disturbed situations and can also feel guilty about not having protected their hearing better.

People's pride suffers when they start feeling guilty. However, there are people who will continue to feel pride for a long time despite the consequences of fallible communication and moments of tribulation. When people are being proud it can be difficult for them to realise that they are causing the disturbances and tribulations. A person who is proud often reacts with external annoyance, giving reasonable explanations for a long time even though they sense tribulation. There is often an attempt to avoid feelings of failure and incompetence by withdrawing. Reacting with pride is therefore a consequence of personality factors.

In the two previous stages people explained why they did not have problems with their hearing; during sensing tribulation reactions are characterised by giving reasonable explanations that in turn decrease in line with disturbances that become more visible. It becomes harder to give a reasonable explanation because there is greater awareness of irritation in relation to other people and themselves. It is harder for them to take a broader view of the disturbances because there are more people who are commenting on their hearing ability. In seeing the deterioration of hearing as normal they might also change because they suffer more from tribulation. They might still compare their hearing ability to that of other people. When they compare they might also become more aware that they are annoyed by other people's hearing problems.

This stage is characterised by a greater withdrawal and during sensing tribulation becomes a habit rather than a tactical reaction. Withdrawing gradually increases throughout the stage. Withdrawing is often interpreted as an active and positive behaviour and there is a decision to either retreat or not. The isolation is indeed a sense of control which is characteristic of this stage because it is composed of active and deliberate behaviour. This stage becomes characterised by an active retreat in order to unsuccessfully to solve the situation. Some retreat because they don't want to suffer moments of tribulation and because they out of consideration don't want to interrupt the flow of conversations. Withdrawing becomes a habit.

Sensing tribulation is the stage where more personal hearing tactics are used in order to repair disturbances. There is greater awareness of fallible communication and of the need for different tactics in order to communicate. Many of these tactics are not normally conducted in communication. Tactics complicate communication, which explains diminished well-being and problems with adaptation.

Some people find it helpful to tell other people about their hearing problems instead of trying to hide them. They need accommodation in disturbed situations. When people disclose that they have problems, they might be asking for some help; that is why mutual hearing tactics

appear. One of the tactics people use is aimed at changing the content in the conversation in order to participate more seamlessly in it.

Problematic self-identity

The consequences to the self-identity are high at this stage because alienation of the self often is the outcome of the many accumulated moments of tribulation. In the beginning there are few major problems with self-identity; this begins to emerge later in the stage and is associated with an accumulation of reproaches, which have potentially significant impacts on self-identity. Another aspect that influences the perception of problems with self-identity is changes in emotional and behavioural reactions in various communication situations. The sense of having problems therefore is consistent with a higher frequency of both relational and personal moments of tribulation that ends with jeopardising the fundamental self.

Sensing tribulation

This stage can be summarised as follows:

- Varying and adapting stage
- Unpredictable hearing is appearing more frequently
- Misunderstandings are visible
- Non-understandings are visible
- Fallible communication is observed and has associated feelings which lead to further insight
- Relational tribulation increasing a little
- Personal tribulation is increasing and becomes prevailing
- High level of internal reproaching
- High degree of embarrassment
- Less reasonable explanations
- Accumulation of emotional and behavioural reactions
- Appearance of problematic self-identity
- Arriving at insight
- Sensing tribulation is a trigger for recognition of hearing loss

Stage four: Jeopardising fundamental self

> *"My hearing is bad. I have reached that point where I have got enough. I get so annoyed with myself because I can't follow what is going on. I can have interesting conversation and then I can't hear what the person is saying then I get annoyed. I also get annoyed because I can't do what I really want to do like go to parties and other social gatherings. Increasingly often I experience that I get embarrassed because I say something stupid or do something wrong. I feel terrible because I can't hear and my life quality has decreased because I get so tired of concentrating. I don't feel like going out as much as I use to and often when we go out I get so tired that I want to go home straight away. When we have been there an hour then I feel that it is so exhausting, I don't feel that I get anything out of being there. I'm often withdrawing and then I just feel so lonely – even though there are many people around me. I can't cope any longer. I have reached the point where I accept that there is something wrong*

with my hearing and that I better do something about it. I know now that it is me who cannot hear properly so I have to do something. I understand now why my wife gets so annoyed because I do as well.
If I have to get hearing aids I would prefer to get some of those small invisible ones, but if that is not possible then I don't mind getting something else because now I have to do something, no matter what. I find that I'm missing too much and other people don't see me how I really am. Some might see me as being high and mighty, as a person who does not talk to them. I don't like to have that label on me because I want to talk with them but I have major problems understanding what they are saying. I have started to worry about if I can fulfil the demands at work especially at meetings. I'm so afraid that I would miss something important and fail at work. Sometimes I can be afraid of if I should miss my friends and turn into a grumpy old man, I would hate to do that but I guess that you do change without noticing it when you can't follow what is going on around you. I feel that I go increasingly into myself. My family also think that I have changed, that I'm not the same one as I used to be and that is annoying. I feel I get more annoyed with myself and the surroundings are reproaching me increasingly often. I owe my family and myself to do something about it". (Hypothetical example)

"Jeopardising fundamental self" is when the moments of relational and personal tribulations have intensified so much that the person decides that it is time to seek help.

Figure 16 illustrates that there is a high degree of activities consciousness because arriving at insight is reached. The interplay between the activities of consciousness and hearing related problems and manifestations of problems is also high and there are many consequences for the self-identity.

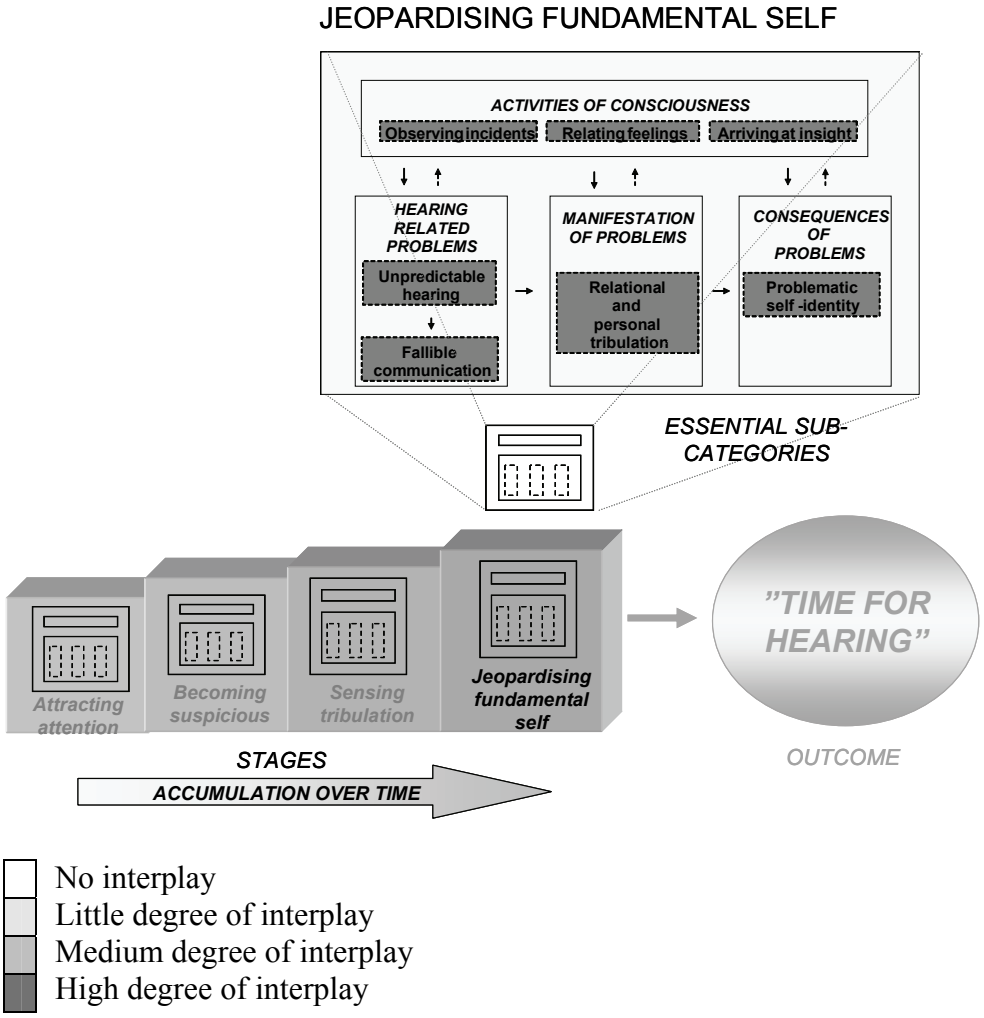

Figure 16 Stage four "Jeopardising fundamental self"

"Jeopardising fundamental self" means that people are endangering themselves because of their failed hearing. If people don't seek help, there might be a risk that they become alienated from themselves and from other people. Other people might react differently and the people with the hearing problems might not be able to live the life they want.

During this stage something fundamental about the self is being threatened. Relationships at the heart of everyday life are threatened by hearing problems and it is increasingly difficult to adapt to the disturbances. Even though there has been an accumulation of moments of tribulation, there has also been a personal and mutual adaptation to the disturbances and tribulations which has become no longer possible.

This stage is an accumulating and hurting stage. Everything is accumulating to the point at which people have to take action in order to preserve who they are. All the "triggers" for recognition of their hearing loss are present at this stage which make people move fast towards "time for hearing" (Mechanic, 1982, Zola, 1973).

People suffer at this stage, because they might feel that there are so many sides of themselves that are changing and have been changed over a long time that they cannot tolerate any more. The lack of adaptation might be one of the reasons for why people at this stage want to act quickly. They feel that they cannot remain the person they used to be without seeking help. People feel all sorts of emotions and alienated, and think that their life is out of control. Jeopardising the self is therefore the final stage with most relational and personal tribulation.

People might not experience the same degree of insecurity that were noted at the other stages because of frequent moments of tribulation, which brings them to insight about their hearing ability. When people are arriving at insight, they recognise their hearing loss and "time for hearing."

Jeopardising fundamental self is the stage at which emotional reactions produce the most negative outcomes. The behavioural reactions are multiple and exhausting. Many of the personal hearing tactics cannot provide the resources for successful communication. Some reactions, such as withdrawal, create loneliness and alienation of self-identity.

Unpredictable hearing

At this stage, people are in a better position to know when unpredictable hearing may occur. People may actually understand their unpredictable hearing better. Situations of unpredictable hearing are no longer as forgettable, because situations in which hearing problems occur arise more frequently. People often know when they can expect problems and are forced to be alert the whole time; this is stressful. They begin to take their hearing problems for granted. The relationship between unpredictable hearing and activities of consciousness is more pronounced than ever. People are reaching an insight about unpredictable hearing is a hearing loss.

Fallible communication

Fallible communication becomes more noticeable because of the greater frequency of misunderstandings and the awareness of problems. Situations that had not caused problems before are now causing problems. There is increased awareness of the misunderstandings which have become more annoying and embarrassing than ever. Strong emotional reactions are also one of the contributions to the relationship between fallible communication and activities of consciousness, this is because fallible communication is related to one's own ability to hear.

Relational and personal tribulation

Both relational and personal tribulations are accumulating but there is a higher degree of personal tribulation because of disappointments of one's needs and many internal reproaches.

Moments of disappointments –social norms and personal needs

The moments of disappointment happen frequently. At this stage there are a great number of disappointments about unsatisfied needs. These needs are closely connected to the personality. When the needs remain unfulfilled because of hearing problems, then the person's fundamental self can become jeopardised.

Moments of external and internal reproaches

There is still a heavy accumulation of external and internal reproaches. As a result of the disappointments of personal needs, internal reproaches are accumulating most and are the most powerful.

Moments of emotional and behavioural reactions

Emotional and behavioural reactions continue to accumulate. The difference between the reactions at the previous stage and the reactions at this stage are the very high degree of internal annoyance resulting from unfulfilled personal needs. There is embarrassment and an increased sensitivity to hearing ability. There is shame at their inabilities and lack of functioning. The more often embarrassment is experienced the greater the risk for associated feelings of shame. Shame settles over a longer time and is more deeply rooted. Shame increases suffering. People who are ashamed of their hearing problems do not often talk about them.

Another difference is that it is more difficult to use personal hearing tactics. The effort needed for listening increases tension and exhaustion. Withdrawing turns into isolation because there is little to be gained from communication. When that happens there is an increased sense of loneliness. At this stage it is almost impossible for people to give reasonable explanations because there are none. One positive reaction is that people increasingly are taking responsibility for the disturbed situations and are being more motivated to do something about the hearing problems.

Problematic self-identity

Tribulation has serious consequences for self-identity. Having a problematic self-identity is especially apparent at this stage because the accumulation poses major problems to the fundamental self. The problems produce insecurities about their identity and that sense of a problematic self-identity is high. In the end the person is no longer able to adapt to the changes because they are violating needs that are important and fundamental.

Self-enhancement is usually hampered by almost constant criticism from other people and from themselves. It is difficult to remain optimistic. The criticism is affecting their self-esteem and self-image. A criticism alienates them from themselves because they are not used to so much criticism, feelings of failure and questions about their behaviour. Communication which has been taken for granted before is now fraught with problems. Communication that normally reflects who they are and what they represent is now alienating.

The degree to which the fundamental self is jeopardised depends on what people find most important for them and their experience of tribulation. People might experience that there is a great discrepancy between who they are and who they want to be. This discrepancy leads to the outcome “time for hearing”. Jeopardising fundamental self is therefore an important “trigger” for the recognition process and for seeking treatment. Although self-identities is being problematic and become jeopardised was stigmatisation still not present in the interviews. People often experience that they no longer have the same self-identity; they are not the same persons as they used to be. People have problems doing what they want to do but there are no signs in data that it is other peoples fault that the self-identity becomes jeopardised.

Jeopardising fundamental self

This stage can be summarised as follows:

- Accumulating and hurting stage
- Unpredictable hearing become more predictable again
- Misunderstandings are visible
- Non-understandings are visible
- Fallible communication is observed and has associated feelings which lead to further insight
- Relational tribulation increasing a little
- Personal tribulation is the prevailing
- High level of internal reproaching
- High degree of feeling embarrassed and ashamed
- No reasonable explanations
- Accumulation of emotional and behavioural reactions
- Problematic self-identity is jeopardising fundamental self
- Arriving at insight
- Trigger for recognising hearing loss

The interplay of the essential sub-categories at each of the four stages in the recognising process has been described. The outcome of the process “time for hearing” will be explained in the following chapter.

Chapter 8

Outcome of recognising process: “time for hearing”

> *”I have never been as delighted as when I got my hearing aid. I got it and I have worn it ever since. My everyday life changed completely and nobody is ever paying any attention to it and I think that I hear perfectly.” Birte*

The outcome of the recognising process is ”time for hearing,” can now be further detailed as the result of ”an accumulating interplay between activities of consciousness, unpredictable hearing, fallible communication, relational and personal tribulation and problematic self-identity occurring over time at different stages. The outcome of the recognising process is illustrated in figure 17.

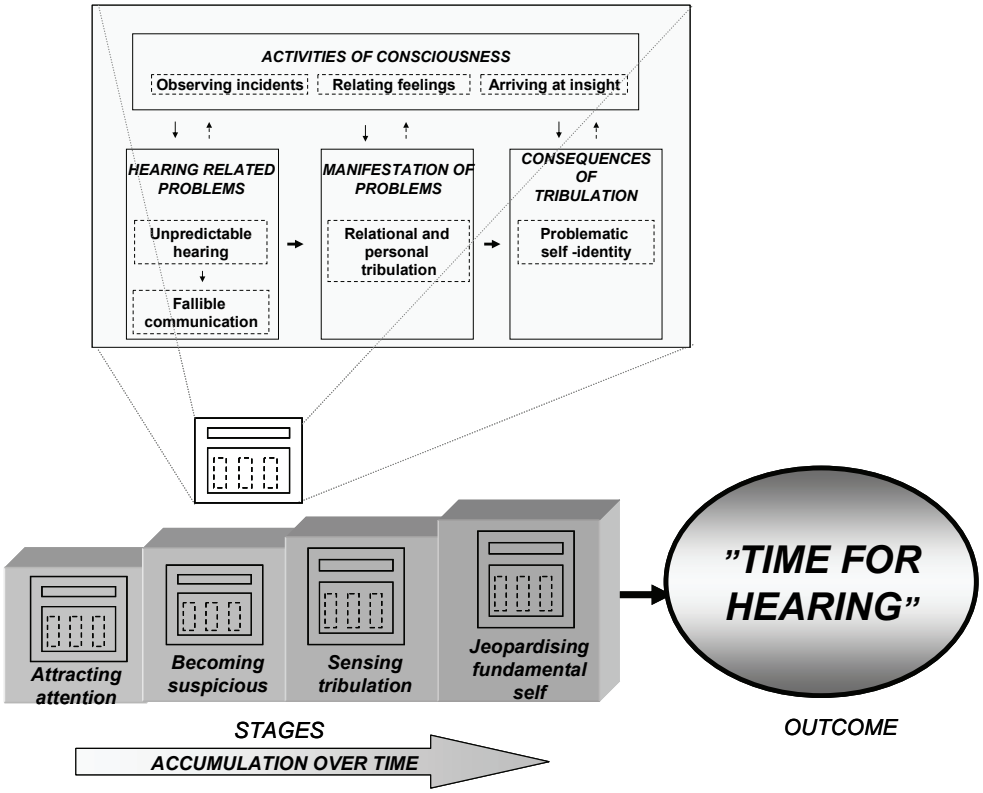

Figure 17 Outcome of the recognising process “Time for hearing”

“Time for hearing” occurs because of the discrepancy between how the person acts and how the person wants to act is great. Discrepancy inspired action. The larger the discrepancy the greater the importance was for change (Miller & Rollnick, 2002).

8. Outcome of recognising process: "Time for hearing"

> *"The discrepancy is generally between present status and a desired goal, between what is happening and how one would want things to be (one's goals)."* (Miller & Rollnick, 2002 p.22)

"Time for hearing" is a powerful concept because it is where the view of hearing loss expands into the future. There is now an expectation that hearing will worsen and personal hearing tactics will fail. It is no longer possible to adapt. It is time for help, it is time for change. This usually means seeking out hearing aid technology. "Time for hearing" is when people are ready to come to a clinic to seek help. "Time for hearing" is a positive concept because the person takes possession of his or her hearing ability and takes responsibility for the disturbed situation.

Assuming responsibility was an important reaction because it often motivated "time for hearing". Participants took responsibility when they recognised that their hearing problems where causing problems for other people and themselves. Some acted faster on disturbances than others because being responsible for own behaviour and themselves was in their nature.

> *"Well, it is probably because, well, I don't know, it is probably because it is my attitude that if there is something you can do to be able to hear better, then you have the responsibility yourself to do something about it." Dan*

When participants took responsibility it often resulted in getting hearing aids. They wanted hearing aids because they found that hearing aids were becoming necessary.

> *"The places where it started to bother me were here at work. It was in connection with my board meetings, I'm the director of the company so I have the meetings here in my office and sometimes I had difficulties in hearing what they said. Then I thought, 'Well, that doesn't bloody work' and then I got a hearing aid." Carsten*

Taking responsibility was a long term reaction, arising from the accumulation of moments of tribulation.

> *"I remember that I was at a Christmas party and I thought to myself, 'Good grief, aren't we soon going home?'. Then there was the cinema and we were also in the theatre and things like that where I thought to myself ' No, no, it just does not work any longer. You have to do something about it now.'" Frank*

> *"I can change it, me personally, but I can't change that people talk at the same time." Gunnar*

People had different degrees of responsibility, depending on:

- social interaction - the social relationship they were in when disturbance happened
- topic - degree of importance and interest for the conversation
- personality issue - what type of person was the participant: extrovert or introvert
- annoyance - degree of annoyance that participants felt about the problem. From being externally to being internally annoyed

- hearing loss progression - to what degree the hearing loss caused unpredictable hearing and fallible communication
- hearing loss recognition - the degree of recognition of hearing loss. At what stage in the recognition process the person was
- expectation - the degree to which personal needs were satisfied
- embarrassment - the degree to which the person felt embarrassed of disappointment of social norms
- withdrawing - the degree of withdrawal
- tribulation - the degrees of disappointments, reproaches, emotional and behavioural reactions

When participants reached ‘time for hearing’ they were confronting the problem. Participants knew that they had a disability that could lead to problems for everybody involved in the communication. Some participants took ownership for their own hearing disability when they had recognised their hearing loss because:

> *“As long as present reality is found to be within desired limits, no change is indicated. When an out-of-range value is detected, however, a change process kicks in. It is when things are sufficiently discrepant from the desired or expected ideal that motivation for change begins.” (Miller & Rollnick, 2002 p.10)*

When people take ownership for a disability, then they are more motivated to change the situation (Miller & Rollnick, 2002, Zola, 1973).

“Time for hearing” is therefore also when people want to change in order to achieve or keep something that is really important, such as their fundamental self (Miller & Rollnick, 2002). “Time for hearing” is for the person who wants to know what he really wants to do with his life.

Reaching “time for hearing” can put some people in conflict over getting hearing aids because of ambivalence about doing something about their problems. There is a conflict between two undesirable alternatives; hearing aids or jeopardising the fundamental self and everything that comes with it. The person’s needs or values can drag them in two different directions. There is a weighing of advantages and disadvantages. It is therefore important to listen to the person and let the person base his or her arguments on change in order to overcome those feelings of ambivalence (Miller & Rollnick, 2002, Zola, 1973).

Some will choose hearing aids and others will not. For some, getting hearing aids could jeopardise their fundamental self, which could also be related to body self-identity. For some, body self-identity is so important to maintain that they choose to do without hearing aids and adapt as best they can.
Some participants were also in conflict about revealing their hearing loss. It can be important to conceal problems for as long as possible. For many with an invisible disability, is it often important to function as normal for a long time as possible and avoid being defined as “abnormal”.

8. Outcome of recognising process: "Time for hearing"

"I would never tell a stranger just up front. In the beginning you always hope that nothing will happen. That nobody finds out and I can be perceived as being normal. If they don't find out then I pretend as long as it is possible so they don't find out." Martin

"I only tell it to people I know very well, that is logical. I don't sit at a gathering and say that my hearing is bloody bad. No I don't do that and neither would I do it." Jens

"No, I never told people before, not until the last four or five years. 'Once more, please, I cannot hear what you are saying'. I have started to do that, but I didn't in the old days, I just didn't. There is still a problem; what to say, eh… Yes, what to say, I don't want them to find out that I cannot hear, do I?" Frank

Participants had different reasons for concealing hearing problems, perhaps because they wanted to protect their image, pass as normal listeners, or maybe because it was nobody's business.

"I didn't think it was any of their business. It was not at all a part of my thinking to tell them and maybe I should have done that, so they had turned a little more towards me or talked towards my ear instead of sitting there talking in the opposite direction and then believe that I could hear it on the other side. No I didn't and perhaps that was foolish of me, but I didn't even consider it." Carsten

When participants like *Carsten* reached "time for hearing" they no longer concealed their hearing problems. They did not have any problems explaining why they could not hear. In that way they prevented tribulation. Some participants talked about their hearing problems and hearing aids had reached "time for hearing" and were satisfied with their hearing aids. They liked to show their hearing aids to other people, talk about them and they had a sense of being ambassadors for hearing aid use.

This reaction and attitude is however not typical. Research shows that many people with hearing aids try to conceal them and there is a preference to have hearing aids that are almost invisible (Kochkin & Gudmundsen, 2002). That said, satisfaction with hearing aids can - as seen in data - lead to a greater degree of openness about them.

"I NEVER forget, I NEVER forget when I left the hearing clinic and I went outside I thought 'What the heck.' I thought something was falling down or something like that, it was so overwhelming. It was the birds outside…yes.

Sitting in the nature quietly and listen to the birds. Yes, that is quality of life, yes, quality of life is connected to a hearing aid, very much so, but you do not realize the things you gradually lose. But if somebody took all your money from you at ones, but if it is like now where you experience that your pension devaluate, that... (laugh) it disappears quiet and easily every time you get a new statement , well - okay then you don't experience it as heavy as if it happened with a BANG like if you experience an explosion and loses your

hearing and could get it right back the next day. Then I think that I will get a hearing aid immediately - but those of us who haven't quite discovered what it really is we have lost, yes then it is more difficult. "Carsten

One hypothesis at the heart of this thesis is that there is a link between eventual satisfaction with hearing aids and the completion of all stages of the recognition process. It is clear that not everybody reaches "time for hearing" after the "jeopardising fundamental self" stage; and there is enough evidence to indicate that there are various trajectories for the recognition process.

Trajectories for recognising hearing loss

Participants did not go through the recognition process in the same manner or at the same pace. Some went through all the stages and some skipped stages; some reached "time for hearing," more quickly than others. Some might even reach "time for hearing" for then return to the recognising process again.

The "trajectories of recognising hearing loss" have not reached theoretical saturation as a result of time limitations. Therefore the category can only be briefly described pending further research. There are a least four types of trajectory:

- Progressive trajectory
- Slow trajectory
- Forced trajectory
- Overruled trajectory

Progressive trajectory

The progressive trajectory happens where people go through the stages as problems pile up. The trajectory is driven by internal annoyance. This kind of annoyance is hard to accept. Due to the pattern of relational and personal tribulation the recognition of hearing loss is gradual. A progressive trajectory is characterised by a gradual transition from one stage to the next.

Slow trajectory

The slow trajectory is characterised by long periods of time without any progression. It is often combined with a desire to keep ones self as usual and not experiencing many pushing "triggers". A slow trajectory is characterised by reasonable explanations for many years and is also closely related to not wanting to get old because of not wanting life to end. The trajectory might be slow because there is a paradox and the person might well think that recognition would be an undesirable admission of failure.
A slow trajectory could also be due to a more casual attitude where there are associated feelings that everything will be okay and that hearing is not so important: a kind of wait and see attitude. There is a desire for everything being as usual. A slow trajectory could also be due to a low degree of relational and personal tribulation, which happens especially if a person lives alone.

Forced trajectory

A forced trajectory can be a jumping trajectory and obliging trajectory. A trajectory is forced when a person finds him or her self in a hearing clinic although there is no sense of serious

hearing problems. In this respect there is an attempt to force the person to be at "time for hearing" even though they are not ready. There are two types of forced trajectory:

- jumping trajectory
- obliging trajectory

The jumping trajectory occurs when people skip stages. This can happen if a person gets a hearing test and is told by a professional that there is a hearing loss that needs treatment.

An obliging trajectory is when the trajectory is influenced by other people around the person. The person then attends the clinic even though that he or she does not think that there is a problem. The person is then in the clinic because of pressure from relatives or co-workers and might be jumping over some stages.

This theory proposes that a forced trajectory can result in an increased risk of dissatisfaction with hearing aids because they do not have a recognisable problem needing to be solved. This hypotheses needs to be investigated. It does not deny that someone could be satisfied with their hearing aids even though that they have a forced trajectory. It just predicts that this is potentially less likely.

Overruled trajectory

Unfortunately there are also overruled trajectories. This can happen when a person has gone through the recognition process and reached "time for hearing" but is subsequently refused professional help (Humphrey et al., 1981, Kochkin, 1993, Kochkin, 1994). Persons who have been refused are more likely to feel that they are in a no-man's land where their self is being jeopardised and there is nothing that they can do about it. They may well still have problems, even though the 'objective measurement' (audiometry) might show that their hearing is still within a normal range.

The above trajectories emerged in groups with age related hearing loss. However there are other trajectories for recognising hearing loss depending on the type of hearing loss. A fast trajectory can for example happen when people suffer a sudden hearing loss. People then spiral quickly through the stages because it is easier for them to recall how hearing should function.

In conclusion the theory presented here proposes that people with an emergent hearing loss go through a recognising process before discovering that they need hearing aids. People go through the process in different ways depending on personality and with what affect they experience relational and personal tribulation.

Part II, the grounded theory "Time for hearing" has been presented and is summarised in the final figure 18.

8. Outcome of recognising process: "Time for hearing"

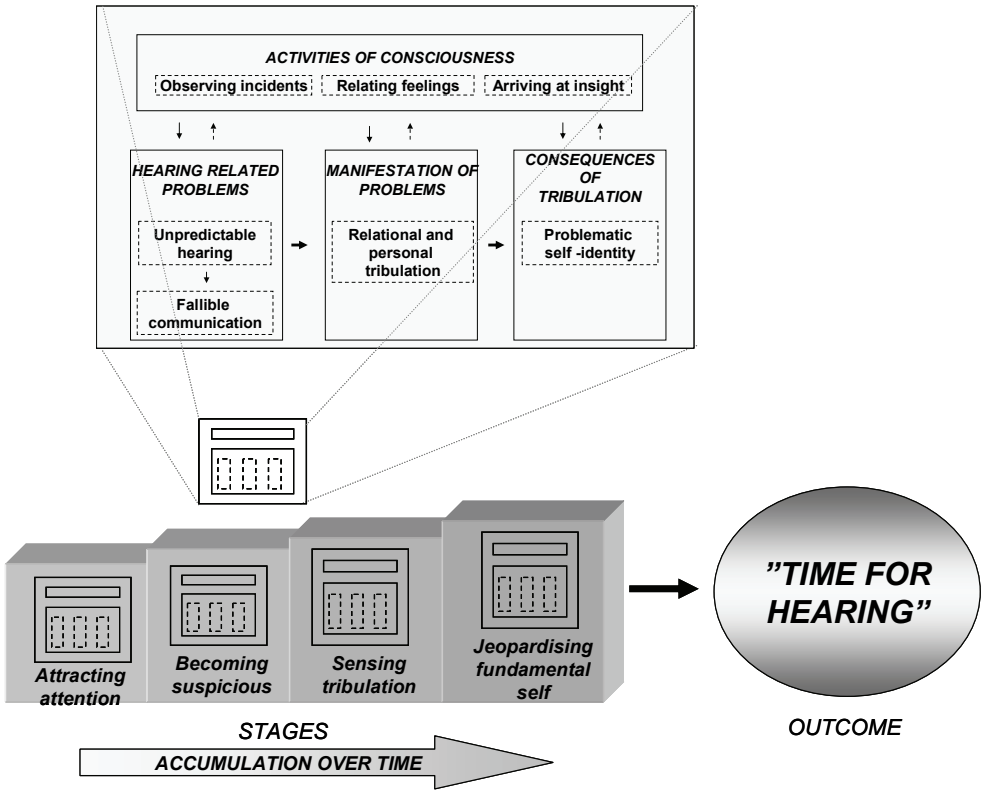

Figure 18 "Time for hearing" – recognising hearing loss for the individual

"Time for hearing" is essentially the outcome of an individual process of recognising hearing loss which can as mentioned be defined as:

> 'An accumulating interplay between activities of consciousness and unpredictable hearing, fallible communication, tribulation and problematic self-identity occurring over time at four different stages.'

Part III SUMMARY AND DISCUSSION

Part III consists of Chapter Nine. The purpose of the last chapter is to give a summary of the emerged grounded theory and to discuss different aspects of the research work.

The chapter will discuss the strengths and limitations of the study. The grounded theory "time for hearing" will be located within the literature. This section focuses on the location of this study in the area of audiological research literature. It will highlight the differences between this study and previous research where some attention has been paid to stigmatisation as one of the major reasons why people do not acquire hearing aids. The major differences between this study and the audiological stigma research are that the recognising process is active and this is characteristically different to the sometimes passive process associated with much of the work on stigma. The chapter proposes that people with an emergent hearing loss should be treated as people in process and not as people in a state of being stigmatised, in denial or not motivated. The chapter situates the theory in the social-psychological literature of "Health behaviour". Finally reflections on the practical and future research implications will be discussed.

Grounded Theory has been used as a research tool in this audiological research study, and the disciplines of audiology, psychology and sociology are therefore involved. However, I have a background in clinical audiology without any formal training in either psychology or sociology. Therefore a more theoretical discussion of the psychological and sociological aspects of the presented theory "time for hearing", are not covered in this thesis. The implication of this is of course that there is a lot of room for future work of an interdisciplinary nature.

> *At the beginning of the research project the grounded theory approach was chosen to find out why people reject hearing aids. One of the guiding motivations behind the project was a professional assumption that people with an age related hearing loss are reluctant to acquire hearing aids because they feel stigmatised. In the initial literature review, it was proposed that people are in denial and reluctant to recognise hearing problems. The initial purpose was therefore to get a relevant description and a better understanding of the stigmas attached to hearing loss and to hearing aids.*
>
> *The assumptions for this PhD work about being stigmatised were, however, not supported in the initial interviews. It was revealed that people in the substantive area had difficulties recognising when hearing problems were caused by a hearing loss. Participants found it difficult to find out when it was time to seek help. They had problems knowing when it was "time for hearing" - again. It also emerged that people were going through a process in order to find out when it was time to get hearing aids.*
>
> *Therefore the purpose of the study changed from focusing on stigma to focusing on people with emergent hearing loss. The reason for the changed focus was that participants in the study did not talk about stigma or being stigmatised. The research began to generate a substantive theory about the*

social psychological process people go through in order to recognise when hearing problems have become a hearing loss that needs treatment.

Chapter 9

Summary and discussion

Summary of the Grounded Theory

In this grounded theory, 14 people with an emergent hearing loss were interviewed about their hearing ability.

It was clear from the data that people did not mention being stigmatised as a reason for postponing getting hearing aids. Instead they talked about the difficulties they had in recognising their hearing loss and when they knew it was time to do something about it. Because the interview did not produce statements that could be interpreted as stigma or stigmatisation the focus on stigma was therefore abandoned.

Participants did not know how serious a hearing problem had to be before they needed help. In order to arrive at that understanding they had to go through a personal recognising process. It was not enough that other people told them that they had a problem. They themselves had to feel the consequences of the disturbed situation to their self-identity before they were motivated to act. In other words, they had to suffer before they found out that it was "time for hearing".

It therefore became evident in the study that the core category was "recognising hearing loss." The core category referred to the social psychological process people underwent when they came to the hearing clinic to get a hearing test or hearing aids. "Time for hearing" was the outcome of the recognising process where people had reached the final point that they had had enough; they wanted to act. The recognising process has four stages: attracting attention, becoming suspicious, sensing tribulation and jeopardising fundamental self.

This study also highlighted several significant categories that influenced "recognising hearing loss." These were "activities of consciousness", "hearing related problems", "manifestations of problems", and "consequences of problems".

It further became evident that taken-for-granted-ness (Merleau-Ponty, 2002, Schutz, 1976) pervaded the categories so it was hardly surprising to find that the recognising process was a very complex process. The recognition was that something unconsciously was going on. People could not see what was going on but when they had been through the recognising process it became obvious.

It was also discovered that there were different trajectories for recognising, depending on the degree of susceptibility to relational and personal tribulations and the effects of these on a person's self-identity. Some trajectories remained throughout the process and others had trajectories in which one or two stages were skipped.

The study of participants' patterns of behaviour would suggest that instead of denial and stigmatisation it would be more relevant to take a more positive approach towards the hearing

impaired person. That could be by regarding them as persons being in process and where they should be accepted to be at their specific, individual stage when they are met by the professional.

Summary and discussion of "Time for hearing"

A more detailed summary of the "Time for hearing " theory will be provided, in addition to a discussion of the essential elements of the recognising process, the stages and outcome that emerged.

Chapters Three to Seven presented the elements of basic social-psychological process "Time for hearing - recognising hearing loss"

Chapter Three found that participants had different activities of consciousness associated with hearing loss. This was reflected in three ways of talking about incidents of disturbed communication situations; observing incidents, relating feelings and arriving at insight. The closer people were to recognition of their hearing loss the more they talked about their hearing disability.

It was not surprising that "activities of consciousness" emerged because it would be expected to find such a category in the process of recognising. Recognising is very much about different levels of consciousness and awareness (Damasio, 2000a, Damasio, 2000b, Damasio, 2004, Damasio et al., 1996, Scambler, 2004, Searle, 2002, Searle et al., 1998). However what is interesting for audiologists is the importance of listening carefully to the words people use. The use of different words can signal where the person is in the recognising process and how conscious people are about their hearing disability. It was especially the emotions that were generated in disturbed situations that made people recognise their hearing loss. This observation corresponds well with Damasio's proposal that it is through emotions that people raise consciousness about certain aspects in their lives (Damasio, 2000a, Damasio, 2000b).

Chapter Four noted that participants related unpredictable hearing and fallible communication to their hearing ability. This category represented well the problems that hearing impaired people reveal in the hearing clinic. These findings are also well described in the audiological literature (Arlinger, 2003, Basilier, 1973, Danermark, 1998, Demorest & Erdamm, 1986, Durlach & Colburn, 1981, Erber, 1993, Eriksson, 1990, Gatehouse et al., 2003, Hetú et al., 1988, Kaplan, 1997, Lorenzi et al., 1999, Lunner, 2003, Moore, 1989, Moore, 1998, Mäki-Torkko et al., 2001, Noble et al., 1995, Stephens & Hetú, 1991, Stephens et al., 1998, Stephens, 1987, Stephens et al., 1999, Stork & Hennecke, 1995, Trychin, 1997).

However, what is not well described in the literature is the taken-for-granted-ness that was significant for this category. This taken-for-granted-ness could cause problems because it was very hard for people to think about something they took for granted. The two main functionalities, hearing and communication in everyday life were 'taken-for-granted' and it was first through the broken patterns that people became aware of the connection between hearing, communication and social life. It was also through the broken patterns that they became aware of their own hearing functions (Douglas, 2000).

Although the category was expected, it was nevertheless interesting to conceptualise hearing as unpredictable because that was not the way I, as an audiologist, used to think about hearing

impaired people's hearing. The most interesting comments were about the hearing problems as being forgettable, unreliable, causing insecurity and not least, not being able to predict the situations that would cause trouble. It was also interesting that the unpredictability later became predictable; by then the hearing disability was almost taken for granted.

Another conspicuous aspect of the findings was the fallible communication. It is quite normal that miscommunication occurs in a dialogue between people. For the hearing impaired the paradoxes were that in all patterns of communication there is an increasingly higher than normal degree of miscommunication. Participants stated that their degree of miscommunication was more disturbing than the normal degree of miscommunication. This revealed that there is a tacit agreement on the degree of miscommunication that is acceptable. When people break norms for communication they are being impolite, incoherent, or unresponsive; when that happened miscommunication turned into fallible communication. It was evident, too, that participants were differentiating between misunderstandings and problems of understanding. It was interesting that the linguistic literature (Andersen, 1991, Coleman, 1991, Coupland et al., 1991, Dua, 1990, Hogg & Vaughan, 2002, House et al., 2003, Linell, 1995, Møller, 1991, Pennington et al., 2003, Rathje, 2004, Rathje & Svenstrup, 2004, Riggins, 1990) supports the participants' statements which claimed that they in some situations were in no doubt about having heard the utterance correctly when they answered out of context (misunderstanding). The other finding was that the participants in other situations were in doubt whether they had heard something correctly or not (problems of understanding). It also emerged that there are many communication norms people have to follow in order to have a functional communication (Danermark, 1998, Hetú, 1996, Noble, 1983).

Chapter Five revealed how unpredictable hearing and fallible communication are manifested when a disturbed communication situation appeared. The theoretical category in this chapter was "Manifestation of problems" which had two properties; relational and personal tribulation. Relational tribulation was about the impact of hearing loss on other people. It referred to the social impact a hearing loss had on a person's social identity. The other type of tribulation, personal tribulation, was manifested in self reproaches associated with feelings of failure and about unsatisfied needs. Relational and personal tribulation often caused a flip-flopping between senses of belonging and alienation.

Previous research has seldom conceptualised what happens between people and inside a hearing impaired person when interaction fails. There are many descriptions of the embarrassment and annoyance people experience but the relationship between these descriptions is often not conceptualised (Danermark, 1998, Hallam & Brooks, 1996, Hallberg & Carlsson, 1991a, Jones, 1987, Orlans, 1987, Wayner & Abrahamson, 1998).

Moments of disappointment happened when there was violation of social norms and un-fulfilment of personal needs due to unpredictable hearing and fallible speech communication. Social norms were about the communication and solidarity norms that were violated and created disappointments. The personal needs were for self-determination, competence and sociability. People – both the participants themselves and others - were disappointed when the social norms and personal needs caused problems.

9. Summary and discussion

The most important finding within moments of reproaches – internal and external - was that reproaching was not only done externally but was also frequently done internally by the person himself. It was interesting to find that most external reproaches came from close relatives. The motives for internal reproaches were that participants experienced disappointment of social norms and personal needs. Being reproached could lead to a sense of problematic self-identity because, when reproaches appeared, the plaintiffs were often questioning the person's behaviour and thereby also their self-identity.

People had moments of reaction – emotional and behavioural - when there were moments of disappointments and reproaches. Participants reacted with many basic and social emotions. Annoyance, embarrassment, shame and grief were well-known and are often seen in research literature about the social-psychological consequences of hearing loss (Danermark, 1998, Hogan, 2001, Noble, 1983, Noble, 1996). There were many reasons why a person with an emergent hearing loss reacted emotionally. The reactions were closely connected to the disappointments of personal needs. Many of the emotions participants reacted with were emotions that typically are not shown in a normal communication situation. Their emotional reactions might therefore have been experienced as alien, and were often seen to be a 'trigger' (Zola, 1973) for the recognising process. This showed that people have to suffer before they recognise their hearing loss and are motivated to change.

This study identified the qualitative distinction between being externally or internally annoyed. It was primarily the internal annoyance that made people seek treatment. In the audiological literature often there is no real distinction within the different emotional reactions. The issue of vanity also showed that it is important to make more qualitative distinctions because people were not just being vain but was worried about not functioning hundred percent any longer.

Participants' behavioural reactions varied a lot and were closely related to their personality. Some participants had more reactions than others and many reactions are well-described in the literature e.g. withdrawing and personal hearing tactics. Although withdrawing is well-known (Hallberg & Carlsson, 1991a, Hetú, 1996, Orlans, 1987, Stephens et al., 1999, Strawbridge et al., 2000, Wayner & Abrahamson, 1998) it was surprising to see the emergence of the active withdrawal. This was regarded as a positive reaction whereas when it became a habit it turned into a passive withdrawal that was experienced negatively.

Hearing tactics could also been seen as behavioural reactions that made people able to adapt to the problematic situation. Personal hearing tactics could prevent the appearance of disappointments of social norms and personal needs with their accompanying reproaches. This means that highly developed hearing tactics prolong the recognising process. It also showed in the study that the use of different hearing tactics changed over time. In the beginning of the recognising process the use of hearing tactics was low whereas in the end it was much higher. The hearing tactics could have been conceptualised as coping strategies (Hallberg & Carlsson, 1991a, Hallberg & Carlsson, 1991b). However, the theoretical concept "coping" is a "diffuse umbrella term" (Andersson & Willebrand, 2003) which can be misunderstood in audiology. Recently, "coping" has increasingly been giving many different interpretations. The use of "coping" could therefore have many implicit explanations which did not conceptualise what was happening in everyday life. In the study it was further revealed that people adapt to their hearing problems by using different personal hearing

tactics. Adaptation includes daily routines and modes of getting along whereas "coping" always involves some sort of stress (Andersson & Willebrand, 2003). The difference between the present study and studies about coping strategies is that the recognising process is an active process happening over time whereas coping is not seen as a process over time (Andersson & Willebrand, 2003). It is more seen as certain behaviour to a certain demanding situation.

Another reaction that stood out early in the recognising process was "giving reasonable explanation". This reaction has not previously been described in the audiological literature. For other people this was seen as an indication that the hearing impaired did not accept his or her hearing loss, and was closing his eyes, neglecting the problems on purpose or denying any problems. When I listened carefully to what people said in the interviews it was clear that people really had reasonable explanation for why they did not experience hearing problems or a hearing loss.

Some of the reactions were "triggers" for the recognising process; other reactions were a "hindrance" (Zola, 1973). Whether it was a "trigger" or a "hindrance" depended on how much the tribulation was affecting them and how useful the behavioural reactions were. If the behavioural reactions were experienced as being beneficial then they were a "hindrance" for the recognition of hearing loss. People simply tried to function normally for as long as possible; they wanted to be as they used to be.

Chapter Six revealed that the relational and personal tribulations were affecting self-identity. The degree of problematic self-identity depended on emotional and behavioural reactions that followed the reproaches about violated social norms and unsatisfied personal needs. Although identity issues have been discussed in the literature (Clausen, 2003, Danermark, 1998, Edgett, 2002, Espmark & Scherman, 2003, Hetú, 1996, Laszlo, 1994, Noble, 1983, Noble, 1996, Rutman & Boisseau, 1995), it was an interesting finding that apart from hearing-identity, other self-identities could become problematic when people suffered from a hearing loss. The study also revealed that it was very important for people to maintain their self-identities and this was an important "trigger" (Zola, 1973) for recognising hearing loss and therefore for reaching "time for hearing". Depending on the person's personality as well as his or her social, family and job situation different self-identities may be affected and therefore influence the recognising process.

The findings in the research project further suggest that consequences of a hearing loss can result in a threat to the person's self-identity. This suggestion corresponds well with well-known knowledge within chronic illness literature where threats to self-identity are often discussed (Bury, 1982, Bury, 2001, Charmaz, 1991, Williams, 1984, Williams, 2000).

Chapter Seven summarised the core category "recognising hearing loss". In the study four stages of recognition of hearing loss were identified: attracting attention, becoming suspicious, sensing tribulation and jeopardising fundamental self.

"Attracting attention" is the stage where people experience almost no problems, yet close outsiders start the recognising process by reproaching the person with a hearing impairment about their lack of hearing ability. Relatives also often feel that the person is denying their hearing loss. People with an emergent hearing loss often feel that they are being unfairly

accused of something. This unfairness annoys them. People with an emergent hearing loss have many reasonable explanations for the disturbances. At this stage they see themselves as they always were. They are taking themselves and their hearing for granted. Some people can be at this stage for many years because as long as giving reasonable explanations makes sense to them, the less likely they are to move on in the recognising process.

It is a paradox because other people have problems with the disturbed hearing whereas the person who causes the disturbances does not. These opposing experiences can be very difficult for relatives to understand. Often the person with the emergent hearing loss is blamed for being in denial. It can, however, be argued that as long as a person does not experience any problems then there is nothing to deny and the person has no need to do something about it.

"Becoming suspicious" is where people start to think that they might have some problems with their hearing. However, they do not see the hearing problems as being serious. They are becoming more aware of misunderstandings and understanding problems. They are very insecure and confused because the problems are sporadic. Sometimes their hearing is okay and sometimes there are problems. This stage is where the seeds for recognition are planted.

"Sensing tribulation" is the third stage where people are experiencing moments of tribulation depending on the situation. It is the stage with most emotional and behavioural reactions and where people become confused, disappointed, annoyed and embarrassed. It is the stage where they suffer from their hearing loss. People are feeling both relational and personal moments of tribulation. The stage is also where people become more and more aware of their hearing loss because they have more emotional reactions (Damasio, 2000a, Damasio, 2000b). People are getting closer to insight and to recognise their hearing loss. The stage 'triggers' recognition because people are getting more tired, and having more problems with adapting to different situations which can be seen as one of the major motivations for recognition and action. However it may take years to go through the stage because people are trying hard to adapt, and for a long time they do so. Because this stage lasts so long it is probably a stage where people in general are most aware. It is the stage that could give the impression that people are at steady state level about their recognising process. Although some progression was seen within the stage it was decided to keep the stage as one.

"Jeopardising fundamental self" is the last stage in which people are endangering themselves when failed hearing occurs. They have reached the point where they have a need to seek help. People feel that they have problems being who they want to be; their fundamental self is being jeopardised. They are afraid of become alienated from themselves and from other people. The stage is an accumulating and hurting stage. Everything is accumulating to the point at which people have to take action in order to preserve themselves. They often have a sense of lost control. Jeopardising the self is therefore the final stage with most relational and personal tribulation, most negative emotional reactions and a multiple of exhausting behavioural reactions. When people feel jeopardised they are often motivated to act.

This stage might seem very destructive but there can be huge differences between how people experience the jeopardising. The most important and positive issue here is that people react because they are afraid of losing something valuable for their quality of life.

Chapter eight revealed the outcome of the recognising process which is "time for hearing". This is where people's view of their hearing ability expands into the future. "Time for hearing" is when the person takes action and goes to the hearing clinic. People recognise that the hearing does not get better but is worsening. They have problems adapting to the deteriorating hearing and their hearing tactics no longer provide the help they need. They need extra help which could be a hearing aid. "Time for hearing" appears because the discrepancy between how the person acts and how the person wants to act is too great. When people are reaching "time for hearing" they are taking responsibility for their own hearing disability. They are confronting the problem.

Zola (1973) found in a study about the timing for seeking treatment that most people tolerated their symptoms for quite some time before they went to the doctor. He further found that it was not only the symptoms themselves that made people seek treatment but something else had to happen. He identified five types of "triggers": 1) the occurrence of an interpersonal crisis, 2) perceived interference with social and personal relations, 3) "sanctioning" (pressure from other people), 4) perceived interferences with vocational and physical activity and 5) a kind of "temporalising of symptomatology" (Scambler, 2003 p.42). The findings from the present study correspond well with Zola because in order for people to recognise their hearing loss and to reach "time for hearing" there had to be some other "triggers" beside the hearing related problems; unpredictable hearing and fallible communication. The most important "triggers" for pushing people to seek treatment were mostly emotional reactions and threats to people's self-identity. The "triggers" in the present study can therefore easily be related to some of Zola's "triggers" for help-seeking.

The stages and the outcome of the process might seem well-defined but the boundaries between the stages are blurry. The proposed stages and outcome are indications of what may be going on in order to recognise a hearing loss and to seek treatment. It also has to be remembered that not all people have the same trajectory and some skip stages. However this grounded theory about "Time for hearing" reflects what was actually happening.

Reflection of research study

This research study generated a substantive theory within the framework of the Grounded Theory methodology. The theory can explain the process that people are going through in order to find out when perceived hearing problems have become a hearing loss that needs treatment.

The research process reflects what often happens with a grounded theory research project. The researcher starts out having certain ideas but because it is grounded theory research it is difficult to predict where it ends. A good research project is when the researcher lets herself get surprised. This happened in this study when I realised that people in the substantive area did not experience stigma in the way that I expected them to. Nevertheless I did let the data take me in the direction that emerged from the interview data, which represented what was going on in the world of a person with an emergent hearing loss. This departure from the stated, main objective was a little scary because I had set out to do research about stigma and suddenly I saw myself explaining the recognising process of hearing loss. Everyone I consulted found that the emerging process was more important and useful than looking for something that did not appear to be important for the participants.

The following section presents the strengths and limitations of the study in addition to some reflections about the grounded theory method.

Strengths

It can be claimed that the hallmarks of a good grounded theory: fit, relevance, workability and modifiability, are fulfilled in this study.

The research meets the criteria for fit because all the categories closely represent the incidents in the data. The categories and properties were constantly compared to each other. My supervisors and others I had discussions with helped me to focus, so if the conceptualisation did not reveal what was in data then a re-conceptualisation took place.

The criteria for relevance and workability have been proven on different occasions. Ideas about concepts and their relationship have been frequently discussed with colleagues and supervisors during the research process. The theory has been elaborated by comparing different cases to the emerging theory and in discussions with colleagues its fit and practical relevance has been assessed throughout its development. The emergent grounded theory has been presented in several public lectures throughout its changing development. One lecture was for a group of 30 hearing aid users who could relate to and recognise the findings. Another presentation was for audiologists, many of whom commented that is was nice to get a theoretical explanation of what they experienced in the clinic. When the theory is explained to people with or without hearing loss, they can easily understand the hypotheses. This shows that the theory not only has professional "grab" but also has "grab" for people in general.

The last criterion is the theory's modifiability. It ought to be asserted that this theory remains incomplete and should be readily modified by future research, especially if new data reveals new knowledge to compare with and integrate into the theory. The present theory should therefore be regarded as the beginning of an important, new research area.

The strengths of this classical grounded theory are that it has provided new insight, it is detailed, and it is new in the audiological research literature. It links topics from many disciplines such as audiology (auditory perception), linguistic (communication), psychology (emotions) and sociology (identity, self) something which is quite rare.

Limitations

One of the limitations of the present research was that the project was initiated by a desire to learn about the stigma attached to hearing loss and hearing aids. In order to do that, the research design should have been different. I should have focused more on the everyday interactions between people with hearing loss with and without hearing aids and other people. The problem with this is that this approach would have been too demanding and risky for an inexperienced researcher like my self. This is why I decided to focus on personal problems associated with an emergent hearing loss. This moved the project away from stigma.

Other limitations include that instead of doing many interviews without transcription, I did fewer with transcriptions. This could be seen as a limitation of classic grounded theory because transcriptions are time consuming. Time that could have been used to get new data. Although a grounded theory is abstracted from time, place and people, it would have been more comprehensive if I had interviewed more women. No gender specific components in the

theory emerged, either because there were no gender differences or because there were not many female participants. It would therefore be interesting in future work to see if there are gender-related differences in the recognising process. For example are the “triggers” or cutting-points different for men and women?

The “trajectories of recognising” remain unsaturated and somewhat descriptively coded at present and this remains a limitation of the theory as it currently stands. The reason for this is that the different trajectories emerged late in the research process. At that time there was no time to saturate each of the categories. If I had had more participants and more time I could have focussed further interviews on how they had progressed through the various stages of the recognising process.

There might also be another limitation because all participants were self-selected and this could result in a form of selection bias of the sample. It would have been interesting to see if the group who did not want to participate would have revealed other components of the recognising process. Almost all the participants had reached “time for hearing” in the study. The theory would probably be modified if more people at the early stages had participated; but for various reasons it was difficult to include those people in the project. In the study it was not possible to identify if some people never reach ”time for hearing”. In order to identify that aspect the study should have been a longitudinal study where people were followed over many years. The topic will be further discussed in “Implications for practical use”.

Looking back, I should have tried harder to get more participants but I had such a complex theory emerging and saturation of many codes was developing quickly that it did not appear necessary at that time. The problem was also because there were quite severe time limits. I resisted recruiting more participants because grounded theory is not about how many people there are in the study. It is about the density of incidents and the conceptualisation of the theory. That is the purpose of the work and should always remain its primary focus.

Other limitations could be due to language problems. It was sometimes very difficult to conceptualise in English what was going on in Danish data. Furthermore it was a hindrance in the conceptualisation that my English vocabulary is not fully developed. It has also been problematic to present the complex emerged theory in an easy and understandable manner. This could also be seen as a limitation of the research project.

Reflections about grounded theory method

Every methodology poses particular demands and grounded theory is not an exception. Grounded theory is not an easy method to use and I strongly recommend access to a mentor with expertise in grounded theory, which I was lucky to have. With that said, grounded theory is a very interesting method to use and this kind of study could not have been done in any other way. The method is challenging because it requires a constant attention to conceptualisation with a concomitant focus on trying to extract what is going on. Sometimes it could be difficult to know when to stop conceptualisation. To what level of details should the data be conceptualised?
One of the things that I found difficult was to use the extant literature in the right way. It was difficult to decide what was important to use for the emergent theory because some of the areas were new to me. In the literature there were so many interesting topics that I just wanted to share that knowledge with other audiologists. I felt that if I as an audiologist found it

interesting and important, then other audiologists would probably find it interesting too. That was not the proper way to use the literature in a grounded theory. As a consequence the result became a combination of how it should be used and how I wanted to use the literature.

Glaser (Glaser, 1998) claims that after the first grounded theory, a person knows how to do a grounded theory. I agree with this statement. Many of the procedures I have used throughout the research process I only understood almost at the end. On the one hand, if I had understood it clearly from the beginning then the presentation of the grounded theory would have been slightly changed and perhaps appeared clearer. On the other hand, I don't believe this belated understanding has had major implications for the generation of the grounded theory.

Based on my own experience and discussions with other grounded theorists, I concur with the advice provided by Glaser (1978, 1998, 2001). That is, the grounded theorist must be able to:

- tolerate confusion. Sometimes it can be difficult to find the main concern and core category quickly. The confusion can appear throughout the research process
- tolerate disappointments. This means that the researcher might get briefly 'lost' before finding the right direction
- trust emerging data without worrying about justification. The data will provide the justification if the researcher adheres to the rigour of the method
- have someone to discuss with. Grounded theory demands moments of isolation to get deep in data analysis and moments of consultation and discussion. However it is important to discus the emergence of the theory with someone who knows the method
- be open to emerging evidence that may change the way the researcher thought about the subject matter, and to act on the new evidence
- conceptualise to derive theory from the data, even though it can be difficult at times
- be creative, open and do not restrict one's thoughts and ideas

Other reflections

Some might pose the question if the result would have been different if using other research methods or if the research project was replicated. First of all, a grounded theory does not aim for the truth but for what is going on in the substantive area. I would answer that with my epistemological background I would not expect the recognising process to be identified in exactly the same way. My knowledge, background, creativity and personality did bias the conceptualisation and the relation among the categories. However I would expect other people to reach many of the same conclusions.

A more traditional qualitative data analysis (Denzin & Lincoln, 2000b) would not have been useful for the generation of the theory but would have given descriptions of the different categories like, for example, the unpredictable hearing. It would not have been possible to generate the relational and personal tribulation as well as the recognising process with the entire interrelationship among the categories.

If I had used a quantitative method I would never have been able to identify the recognising process because I would have based questionnaires on my presumptions about stigmatisation. A study done with that approach would not reveal anything new because an answer to a question like "Do you sometimes get embarrassed about your hearing problems" would not reveal the qualitative distinctions about why and how people feel embarrassed. However, if the person said "yes" a theoretical framework of stigma would indicate that the person was

stigmatised (Brooks & Hallam, 1998, Kochkin, 1994, Kochkin & Gudmundsen, 2002, Manzo, 2004). But as shown in the study being embarrassed is much more colourful and can have more explanations than that the person is feeling stigmatised. As the study showed embarrassment can be about saying something out of context; it is certainly not always because people feel stigmatised.

Location in extant literature

One of the final steps in a grounded theory project is to locate the findings in extant literature. This step completes the circle of research by linking the emerged grounded theory, practice and existing knowledge. Many of the substantive findings are already located in extant literature in their respective chapters and discussions. In the following section, only the two most complex theoretical conceptualisations will be located in a broader context. These are "relational and personal tribulation" and "recognising hearing loss process".

There are at least two areas in which the grounded theory can make a contribution:

- Audiological rehabilitation
- Health behaviour

I have earlier mentioned two studies: "The stigma attached to hearing impairment" (Hetú, 1996) and "The Transtheoretical model of change" (Prochaska & Velicer, 1997) to which I would like to compare the present result.

Audiological rehabilitation

I find that the contribution of qualitative research is important for audiological rehabilitation research. An audiologist must understand correctly the person in rehabilitation in order to find the best individual solution. Qualitative methods are lately seen more frequently in audiological research studies (Edgett, 2002, Espmark & Scherman, 2003, Hallberg, 1996, Hallberg & Carlsson, 1991a, Hallberg & Carlsson, 1991b, Hallberg et al., 2000, Hetú, 1996, Hetú et al., 1994a, Hetú et al., 1994b, Hetú et al., 1993, Hetú et al., 1990, Hetú et al., 1988). They have often provided good qualitative knowledge about the investigated topic. However due to lack of qualitative studies I imagine that the present grounded theory study contributes knowledge of the recognising process of hearing loss to the rehabilitation research.

I do not claim that there is no such thing as stigma attached to hearing impairment or that people do not feel stigmatised by their hearing loss or by hearing aids. This would not be appropriate when some people really do experience it. What I am trying to formulate is that reproaches and many emotional and behavioural reactions may have other components and may be explained from another point of view. For example, this is shown in the chapter about relational and personal tribulation with their many moments of disappointments, reproaches and reactions.

First of all I would therefore like to emphasise Crocker and colleagues' (1998) argument that

> *"Stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in some particular social context." (Crocker et al., 1998)(p.505)*

This argument is important to keep in mind when deciding if stigmatisation is going on or not. It could also be that people just are reacting because they have been disappointed and therefore reproached with subsequent reactions. These reactions do not necessarily mean that a devaluation of the person is taking place.

The findings of disappointments of social norms and personal needs with the following reproaches showed that the violation of social norms could indicate that something besides stigmatisation could cause reactions from other people. The unfulfilled personal needs could indicate that it is important to be aware of people's needs which could be mistaken for being self-stigmatisation. People do react when there are breaches to expectation about norms and needs but that does not imply devaluation and stigmatisation. In contrast, it could also be that if stigmatisation is appearing it could be due to the breaches of social norms and personal needs rather that the hearing loss per se.

One of the contributions to audiological stigma research (Arnold & Pryce, 1999, Brink et al., 1996, Brooks & Hallam, 1998, Doggett et al., 1998, Erler & Garstecki, 2002, Gleitman et al., 1993, Hetú, 1996, Hetú et al., 1994b, Hetú et al., 1990, Heyes, 2001, Shohet & Bent, 1998) would be that many of the qualitative phenomena such as embarrassment, guilt, withdrawal etc. do not always have to represent stigma (Brooks & Hallam, 1998). Something that is interpreted as stigma could well be due to the theoretical background with which the reactions or phenomena are being analysed. My point here is that professionals in audiology should be more cautious about labelling most hearing impaired people's reactions as related to stigma or stigmatisation.

My findings, that no stigma was present in the study, will in some research areas about stigma not be surprising. Many stigma researchers agree on that stigma is not well-defined due to a lack of interdisciplinary convergence (Crocker et al., 1998, Heatherton, 2000, Jones et al., 1984). Some researchers, especially when doing qualitative research about the topic, regard stigma as being under-defined and criticise the overuse of it in sociology and health behavioural science, (Manzo, 2004, Monaghan, 2005, Palmer et al., 2004, Scambler, 2004). Manzo (2004) poses different critical questions about the use of the stigma term because in several ethnographical studies he has not found the stigma which was implicit attached to certain health conditions; infections with HIV and people who had suffered a stroke. He therefore poses the questions

> *"How does an analyst distinguish stigma from certain emotional responses (shame, embarrassment and the like)? In other words, for all of these "discrediting" characteristics, why rely on the idea of stigma in the first place, a phenomenon that locates harm and even malice as emanating from "the public"? Are there characterizations of a persons and conditions that reference* emotions *that might better capture individuals' experiences? Is there any other alternative to terming these conditions or behaviours as stigmatizing, and if so, why are they virtually nowhere considered?" (Manzo, 2004 p.410)*

Manzo's findings are very similar to mine because neither did he find stigma when it was expected, and nor did I. These findings bring forward the critique that "stigma" often is used as an analytic term without being adequately grounded in the real world.

9. Summary and discussion

In the following I will illustrate my point of view by comparing different findings from previous audiological studies with findings the present study.

It was mentioned earlier that there are many similarities between the substantive findings in my data and those of other qualitative studies. However the analysis of the findings of what is going on is often interpreted differently. This divergence could be due to the different qualitative approaches. Is there a pre-existing theoretical framework behind the analysis of data, or are the data being conceptualised without such a theoretical framework?

Audiological stigma research was the initial guideline for this study because it proposed that one of the main reasons for hearing impaired people's rejection of hearing aids was due to stigma.

The qualitative audiological findings that I would like to compare to my findings are from the well-regarded article "The stigma attached to hearing impairment" by Hetú (1996).
There are many similar findings in the two studies, such as, for example a perceived threat to the impaired person's social identity, psychological pain, loss of control, or violation of social norms.

In this context it is important to state that originally I read Hetús article (1996) for my study-proposal but did not revisited it for almost two years because of Glaser's recommendation not to be biased by literature in the substantive area. Not until it was time to compare to extant literature did I reread the paper. It was therefore striking that Hetú and I had conceptualised some behaviours in the same way. In one of my early conceptualisations I used, for example, words like "alienation," "judge," and "failing" just to see the same appearing in Hetús work. That was very comforting.

But, reading the article now in the light of the knowledge from the present study, there are some findings which are interesting to discuss. The studies arrive at similar findings but the interpretations of their meanings are different.
In this context I will only point to a few of these similarities to show that there often are two sides of the same coin:

Hetú continually uses the word "denial" but as earlier proposed denial is not suitable to be used as a qualitative concept (Morse, 2000). Hetú stated that people were denying their hearing loss and were reluctant to recognise their problems. Hetú indicated that the hearing impaired must have some problems because there were contradictions between the spouse's statements and those from the hearing-impaired participant.
The other side of the coin, or of denial, was conceptualised in the present study as "having reasonable explanations" and that happened most frequently at the first and second stage of the recognising process. The closer the person came to "time for hearing," the more difficult it became to come up with reasonable explanations or to use Hetú's interpretation: the more difficult it would be to deny the hearing loss. Here my main problem with the word "deny" leaps to my eyes because *if* a person *does not* have problems then this person has nothing to deny - from his point of view.

From my perspective, contradictions between the spouse and the hearing-impaired, or for that matter between Hetú and me does not mean that one person is right and the other one is not. They are just motivated by different things (Miller & Rollnick, 2002).

Hetú (1996) has called for further investigation into the complex interaction between gender, social roles and stigmatisation because there are some unanswered questions. I venture to assert that the relational and personal tribulation, with all the moments of disappointments of social norms and personal needs, external and internal reproaches, and emotional and behavioural reactions would be able to answer some of the questions. Especially the disappointments of social norms and personal needs could be the answers to why there should be stigmatisation. Stigmatisation would, however, only happen if the blame and the subsequent reaction are causing a devaluation of the person's social identity.

It can be argued that the relational and personal tribulation are just another explanation of the same phenomenon, stigma. I can sometimes be uncertain whether I have conceptualised it correctly because there is so much research saying that many reactions are due to stigma. At a conference my conviction was supported that if people have a problem with stigma then they would talk about it. People have a tendency to talk about their problems, especially if somebody is paying attention to them (Manzo, 2004). I heard an interesting presentation about stigma attached to lung cancer (Chapple et al., 2004). The presenter emphasised that people who felt stigmatised mentioned it straight away. I asked her if she would expect people who feel stigmatised to reveal it. The answer was "yes," because she had seen that in her own and in other studies about stigma. This observation was interesting because it made me more certain that my observation was right that stigma was not the main reason for rejection of hearing aids; in my study people did not mention it at all, because they did not know when it was "time for hearing."
It is difficult to place the recognising process of hearing loss directly into a single area of audiological research. The process touches many different areas which have been described and discussed more separately in the literature, for example, the social psychological consequences of hearing loss (Danermark, 1998, Erdman & Demorest, 1998, Hetú, 1996, Rutman & Boisseau, 1995, Stephens et al., 1999, Wayner & Abrahamson, 1998), coping strategies or hearing tactics (Hallberg & Carlsson, 1991a, Hallberg & Carlsson, 1991b, Lieth, 1972a, Lieth, 1973, Stephens et al., 1999, Trychin, 1997, Vognsen, 1976), counselling or approaches to rehabilitation (Armero, 2000, Demorest & Erdamm, 1986, Erdman & Demorest, 1998, Noble, 1996, Rosenhall & Karlsson Espmark, 2003, Rutman & Boisseau, 1995).

As mentioned earlier, the word "process" is sometimes used in the audiological literature (Hogan, 2001, Rutman & Boisseau, 1995). Hogan uses more terms for the different processes that hearing impaired adults are going through. One is the overall rehabilitation process, another process of adjustment to hearing disability, which is associated with changes including identity and belief. The third process is a learning process.

Hogan's processes are not explained in detail and not in terms of different stages. Glaser claims that an analyst cannot talk about process without having at least two stages (Glaser, 1978). It is therefore difficult to compare the present recognising process of hearing loss directly with one of the suggested processes but there are elements in the different processes

that also are found in this recognising process. But in the present recognising process the elements are related to each other and not illustrated separately.

The recognising process is compared to another process in the audiological literature. The process is Armero's acceptance process (Armero, 2000): the six stages of grieving a hearing loss.
Armero described an acceptance process with six stages: denial, anger, awareness, depression, acceptance and bargaining. Again there were many similarities between what was happening at the stages in Armero's process and with the present recognising process of hearing loss. Armero's stage of acceptance was very close to the outcome of the recognising process "time for hearing." Armero's suggestions about rehabilitation approach were in many circumstances similar to mine (see p.188) as he also suggested a comprehensive rehabilitation program that was customised to the client's needs. Armero emphasised that not all hearing-impaired people were in denial, and some arrived at acceptance during the initial consultation.

Armero's observations reflected my suggestions that people are not at the same stages when they come to the clinic for the first time. I do agree with many of Armero's suggestions but I don't agree on the stages because I see them more as something that accompanies other reactions. Armero had an overall approach in which he saw the person being in denial, something with which I do not agree.

Armero presented a whole stage of anger; I saw it as a momentary emotional reaction and not because the person was in denial as Armero suggested. Armero presented one side of anger which in my study corresponded to external annoyance but he did not mention internal annoyance at all.

Armero's proposal was very similar to the well known "Five Stages of Grief" by Elisabeth Kubler-Ross in her 1969 book *On Death and Dying*. Kubler-Ross's work was later critically discussed for different reasons. One of the criticisms has been that Kubler-Ross (Morse, 2000)did not adhere to the dictum of qualitative research because she used the term "denial."

> *"The concept of denial is an excellent reminder for us as qualitative researchers that we must be true to our data. It reminds us that we must report discrepancies and build them into our theories because—whatever a nuisance they may be—discrepancies make our theories rich, valid, and interesting." (Morse, 2000 p.147)*

In this context it also has to be highlighted that Kubler-Ross' initial stages were "Five Stages of receiving Catastrophic News" but which over the years has been mutated by health care professionals, nurses etc into "Five Stages of Grief". It can now be claimed that they have been further mutated into six stages of grieving a hearing loss.
In this context I will make no further comparisons but call attention to the importance of having research that is grounded in substantive data and conceptualised from participants' perspective. This is important if professionals want to provide the best audiological rehabilitation targeting the clients really needs.

Health behaviour

The recognising process can also contribute to the area of health behaviour because the stages in the recognising process of hearing loss can also be found in recognition of other health related issues. The identification of the impacting categories just has to be identified for the substantive area.

Within social psychological work on health behaviour there are three main areas. One focus area is on the application of formal theories such as Attribution theory (Weiner, 1986), Social cognitive theory (Bandura, 1986), Theory of planned behaviour (Ajzen, 1991) or Social comparison (Festinger, 1954) to the health domain (Salovey et al., 1998). Another area is the development of grounded theories specifically developed for the health field. This area includes Health belief model, Protection motivation theory and various stage models of health-relevant behaviour.
The last area deals with social psychological processes that are relevant to health but which do not easily fit into existing formal or grounded theories (Salovey et al., 1998).

Many of the reactions in the recognising process could be explained from some of the formal theories. Some of the theories, such as attribution theory have been studied in the present research process in order to raise theoretical sensitivity. Internal reproaches are, for example, a common form of attribution among people with severe illnesses (Salovey et al., 1998).

Whether internal reproaches or self-blame are attributed to one's action (behaviour) or to one's character (personality) might give different outcomes.

> *"Characterlogical self-blame may undermine hope, but behavioural self-blame may lead to feelings of control over the future and motive adaptive changes." (Salovey et al., 1998 p.641)*

Using formal theories in the generation of the recognising process of hearing loss supported my conceptualisation and interpretation. The suggestion that internal reproaches and internal annoyance at the last stages often led to motivation to change could be supported by a formal theory.

Future audiological research in the area of formal theories could be interesting to conduct. This interest has also been put forward by Arnold (1998b) who has suggested using "The Theory of Planned behaviour" in developing a questionnaire to predict hearing aid rejection and use.

Although it is interesting to look into formal theories in the search for understanding hearing impaired people's health behaviour, the contribution of the present research is not within the area of formal theories.

The contribution of the recognising process can instead be seen in the area of grounded theories which are specifically developed for the health field. This area is more about models and framework which are developed especially to understand health behaviour (Mechanic, 1982, Prochaska & Velicer, 1997, Zola, 1973).

As mentioned earlier, it would be interesting to relate the recognising process to the Transtheoretical model (Prochaska & Velicer, 1997), which is one of the models in the latter area. The recognising process of hearing loss could be especially useful if the recognising process is extended to other substantive areas where recognition is present. The transtheoretical model (Prochaska & Velicer, 1997) or process of change describes how a person decides to take action. It is therefore a model of intentional change which involves emotions, cognition, and behaviour. This further involves trust of self-report and the model contains five stages.

- Precontemplation: identifies individuals who express no intention to change in the near future
- Contemplation: identifies individuals who indicate that they are thinking about changing in the next six months
- Preparation: indicates the intention to take action within the next month
- Action: involves successfully altering behaviour for one day to six months
- Maintenance: when behaviour change has continued for longer than six months

The transtheoretical model was originally developed within the substantive area of smoking and cancer but has been used within areas such as obesity, addictive behaviours, and HIV prevention. It has also recently been used in audiological rehabilitation research (Schoeffler, 2003).

The transtheoretical model could be combined with the recognising process. Attracting attention and becoming suspicious are the stages that could explain what happen during precontemplation. The knowledge is now only about what happen with a person with an emergent hearing loss, but similar stages could be found in other areas. In order to be at the contemplation stage, the person has to be at the end of the sensing tribulation or jeopardising fundamental self stages. The difference between the two processes is that it takes years to go through the recognising process; the transtheoretical model has a much shorter time frame. This could imply that most of the stages in the transtheoretical model take place in the final stages or at “time for hearing” of the recognising process.

The transtheoretical model does not explain how people reach the point at which they are motivated to change. The usefulness of the recognising process is seen here because the process starts much earlier than any other known process. It can explain what has happened before the person comes to the clinic. Many health theories or explanations start at that point at which people have already recognised or are being told by a professional about an illness (Prochaska & Velicer, 1997). The models then explain how people struggle or cope with the news.

As shown above, the recognising process can contribute to different areas within audiological rehabilitation research, health behaviour and to the area of chronic illness.

Implications for practical use

Below are some philosophical considerations. They are followed by more practical implications. I would, however, emphasise that for most of the considerations and suggestions

there is no scientific evidence. The suggestions are based on my experience as an audiologist but they need to be further researched.

Clearly, if the recognising process in this research project is to be taken seriously the general approach to hearing rehabilitation should be reviewed. This means that instead of focusing on the general assumption that almost 80% percent of hearing impaired people do not seek treatment due to stigma, the result of the presented grounded theory is that the 80% of people are at different stages in the proposed recognising process. They need different kinds of attention and rehabilitation. The rejection of hearing aids is not because all of them feel stigmatised; it is because they don't recognise when to seek treatment.

Therefore, instead of seeing a person with an untreated hearing loss as stigmatised or in denial, the person should instead be seen as someone who is in a process. This is a complex and painful process where the person faces relational and personal tribulation with moments of disappointments, reproaches, emotional and behavioural reactions. The person's self-identity will eventually be under threat. Help-seeking research suggests - as also suggested in the present study - that people often consult a professional when their ability to accommodate symptoms breaks down (Zola, 1973).

This of course begs the question: Do all 80% of people who have a hearing loss reach a "time for hearing"? I would argue that not everybody reaches a "time for hearing" because some people use hearing tactics and adapt to the hearing problems for a long period of time, maybe for ever. Further, it is quite possible that some people may not experience any of the "triggers" which are important for recognising their hearing loss. This can especially happen for people living alone and without many social activities. It can also happen with people for whom "bodily self-identity" is very important to maintain.

In addition to Zola's "triggers" (Zola, 1973) other help-seeking behaviours have been identified (Cox et al., 2005, Garstecki & Erler, 1998, Jerram & Purdy, 2001, Mechanic, 1982, Swan & Gatehouse, 1990). Mechanic demonstrated that within general help-seeking there were ten variables that pushed people to seek treatment. Some of these variables included the person's familiarity with the symptoms, the amount of threat and loss that the person experienced, the visibility or salience of the symptoms, the perceived present and future seriousness of the symptoms, the extent to which symptoms disrupted social activities, the frequency of symptoms and interpretations of the cause of symptoms, availability of treatment and the disruptiveness to everyday life. Many of the findings in the present study can be related to these ten variables and thereby emphasis the importance of the recognising process for people's ability to find out when it is time to seek help; when it is "time for hearing". If a person does not relate to any of the ten variables then the person would not move towards seeking help.

The help-seeking theories are about "triggers" (Zola, 1973) and "variables" (Mechanic, 1982) are not about people being in a kind of "help-seeking processes". The theories are all about the different "triggers" and "variables" that pushes people to seek treatment at a certain time in their life. It is not explained if or how the "triggers" and "variables" varies over time. However the present recognising process could be seen as a kind of "help-seeking process" because many of the "triggers" or "variables" appear differently over time at the different stages in the recognising process.

9. Summary and discussion

Often in audiological rehabilitation the focus is on why people do not seek treatment. The grounded theory presented here provides us with opportunities for an alternative approach which could be much more positive and understanding. A person with hearing loss should be helped through the very complex recognising process according to the stage at which the person is. The help should then be pinpointed to the problems the person is having at that stage.

The assumption that a person is being stigmatised or in denial threatens to leave them in a frozen position where there is no prospect of moving to a more motivated stage. It also risks giving the person with an emergent hearing loss a sense of not being taken seriously by professionals or their relatives. The person is not met where he or she is but where the audiologist thinks that the person is. Possible reasons for this might be that traditional rehabilitation often treats people with hearing loss from the medical model (Duchan, 2004) where the malfunctioning perception is seen as the symptom to be treated.

The suggestion here is that the person's own experience has to be much more in the centre. The audiologist must really listen carefully to what the person is saying. A person's narrative reveals important information about how the treatment should proceed. Objective measurements are necessary but their interpretation should embrace the person's story of his or her hearing ability. Audiologists are often using different kinds of self-assessment and outcome questionnaires like for example "Client oriented scale of improvement" (COSI) (Dillon et al., 1997) and the "Glasgow Hearing Aid Benefit Profile" (GHABP) (Gatehouse,1998). Even though that the questions are about self-assessment most of the questionnaires do not emphasise the proposed importance of finding out what exactly made the person seek treatment at the time he or she did. For a more comprehensive illustration of audiological self-assessment and outcome questionnaires is the reader referred to William Noble's book "Self- assessment of hearing and related functions" (Noble, 1998) which illustrates the extensive amount of different self-assessment questionnaires.
If the recognising process is to become established the suggestion is that a more individual psycho-sociological approach to hearing rehabilitation is required (Arnold, 1998a, Binzer, 2002, Danermark, 2003, Duchan, 2004, Erdman, 1994, Gagne´, 1998, Gagne´, 2003, Hogan, 2001, Lormore & Stephens, 1994, McSpaden, 2004, Noble, 1996, Noble & Hetú, 1994, Stephens, 1996). Hearing loss is much more than a poorly functioning perception. It is also about social and psychological aspects such as interaction, sociability, isolation, embarrassment, and annoyance.

Instead of focusing on why people don't seek treatment (Kochkin, 1993, Kochkin, 2000), the focus should be why people do seek treatment. Why is the person seeking treatment now? I find it important to narrow down the hearing impaired's problems and needs. What are the person's main problems? Otherwise the treatment will not be purposeful enough. Zola (1973) proposed that if doctors did not pay attention to the specific "trigger" that prompted a person to seek treatment then there was a greater chance that the person eventually would break off treatment. Instead of focusing on how sounds are perceived it would therefore be more worthwhile to focus on the whole situation which brought the person into the clinic. The emphasis should be on fulfilling personal needs and thereby giving the person his or her control back again. The emphasis should also be on restoring the person's self-identity because a person has undergone many personal changes over the years. It is therefore

impossible to restore it all at once just by providing the person with hearing aids. When the person is getting hearing aids he or she is just beginning a new process. This process is not identified in this project but deserves to be studied**.**

Practical implications could be that the audiologist would be able to find out what stage the client is in. This could be done by a questionnaire developed from the present study. It could also be done through an open interview where the audiologist listens carefully to the client and by listening for target words that reveal where the person might be in the recognising process.

When the professional knows where the person is in the recognising process the approach towards treatment could focus more or less on the hearing aid dispensing. A person who is at the becoming suspicious or the sensing tribulation stage may not be as ready for hearing aids as one who is at the jeopardising stage. This means that people should be treated differently.

A person who is at the first stage is seldom seen in the clinic and if he or she is, then the suggestion would be to perhaps try to give the person some exercises that could help improve the recognition of the persons hearing ability. It might also be sensible to suggest a series of follow up appointments to monitor progress and build a client relationship. Providing hearing aids too soon in the process may well lead to dissatisfaction and also the risk of a bad experience because the person did not have any problems that should be solved. When there are no problems then hearing aids might cause more disturbances than benefits. The person may well then have a bad experience with hearing aids and will postpone trying them again.

People who are sensing tribulation could benefit from "motivational interviewing" (Harvey, 2002, Miller & Rollnick, 2002, Osborn, 2004, Proceedings, 2004, Wagner, 2004). Motivational interviewing is a well-known evidence-based counselling approach which is used to overcome the ambivalence that keeps many people from making changes in their life. It is a facilitative approach to communication that evokes natural changes in people by recognition of the discrepancies between a desired and an actual behaviour. Motivational interviewing is therefore intended to resolve ambivalence. It is defined as

> *"A client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." (Miller & Rollnick, 2002 p.25)*

There are many similarities between the background of this approach and the findings in the present study. Similarities include that recognition of problems is crucial before motivation to change can emerge. This counselling approach supported my emerging conviction that people have to react emotionally and 'feel' that they in some way are jeopardised before they are motivated to do something. I got a strong feeling that if an audiologist knew what was going on at certain a stage then they could use this form of interviewing to help people proceed faster through the process. This would reduce the period of tribulation and suffering.

Many successful hearing aid dispensers or audiologists probably use more or less consciously a structured or unstructured form of motivational interviewing.

The following section will show some of the implications for future research which could modify and enhance the grounded theory and make it relevant for clinical use.

Implications for future research

In addition to implications for audiological practice, this study also implies directions for further research.

First of all, the study demonstrated that a qualitative approach to research can be rewarding and more similar work needs to be conducted to improve our understanding of the complex processes underlying hearing loss and living with a hearing loss identity.

While the recognising process seems generally applicable for people with hearing loss, further research would confirm the clinical usefulness of knowing the different stages of the process. It is possible that the recognising process might be applicable to other health conditions, so research in those areas using a similar approach might help generate a more formal theory of recognising health problems in general. This would involve more work using theoretical sampling in different domains of health to see if help seeking behaviours are closely tied to emotional and personal tribulation.

The information gained about relational and personal tribulation with its moments of disappointments, reproaches and reactions was important. However some of the moments need more research. Knowledge about disappointed needs might help the audiologist to take a personal client-oriented approach.

It has been mentioned that further research is needed into the various trajectories that people follow as they move through the recognising process. This would be beneficial because it would be interesting to see if there is a connection between satisfaction and various trajectories of recognition. Are people who are going through all stages more satisfied hearing aid users than users who somehow have skipped some of the stages?

Finally it could be interesting to see if there are gender related aspects about problematic self-identities. It should be emphasised that general research about why a person seeks treatment should be the focus of attention. Knowing the turning point is more useful than trying to understand why there was no turning point. Knowing the turning point may give indications for why people have not reached the turning point. Having a positive approach in audiological research would be more worthwhile.

The generation of the grounded theory of the basic social-psychology process of recognising hearing loss has now been summarised, and discussed. Strengths, limitations and research method considered, location in extant literature proposed, and practical and research implications illustrated. The last notice is that the research project has reached its final destination. I will therefore finalise the thesis with some concluding remarks.

Concluding remarks

In retrospect, the outcome of the research project is perhaps not so surprising. After all isn't it common sense that people are going through a process in order to recognise a hearing loss? What we have here however is a theory that attempts to go beyond common sense knowledge.

9. Summary and discussion

Theoretical knowledge provides a greater degree of formal structure to knowledge and allows us to begin to consider how this knowledge can be measured. It is the first step towards a more client oriented approach.
As an audiologist I have been through my own recognising process. I have recognised what hearing is about. The taken-for-granted nature of hearing is now much clearer together with the suffering that accompanies the recognition of a hearing loss. It is like circles spreading in the water; a problem starts in the centre but spreads out and affects other areas.

In addition I certainly have changed my own view of hearing-impaired people who are not seeking treatment. My attitude to words like "being stigmatised," "being in denial," "will not accept" and "is not motivated" have changed a great deal. In the future I will be much more careful about labelling people's behaviour. I hope my thesis will make other people think more carefully about the words they use to describe other people's behaviour, because their words might not reflect what really is going on. An attempt to evaluate or judge other people's experience not only undermines our professionalism, it also denies the hearing impaired person his or her voice.

> *"No, I didn't think about hearing loss, because I didn't know and had I known, had I recognised it, I had done something about it earlier, but if you do not know that there is something you haven't got, you don't miss it" Carsten*

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