

Anger-hostility and Paranoia Ideation among Person with Hard of Hearing

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ABSTRACT

Hearing impairment has become an enormous issue in public health worldwide as the prevalence of hearing impairment is growing especially among the elderly and couple with physical problems which had negative effects mental health. Study aimed to determine the association between hearing impairment and mental health of anger hostility and paranoia ideation among the 100 Aimol people with hearing impaired, and compared with 100 Aimol people who are having same demographic variables and with normal hearing, psychological evaluation was done using the two subscales of anger-hostility and paranoia ideation of the Symptoms CheckList (SCL-90): The assessment instruments used were: Symptoms CheckList (Derogatis, 2012). The results portrayed that the hearing impaired scored higher on anger-hostility and paranoia ideation than normal hearing among the samples which suggested that the urgent need of attention psychological cares for intervention.

Keywords: *Hearing, Impair, Anger, Hostility, Paranoia, Aimol.*

Hearing loss is a very common medical condition all over the Globe, accompanied by maladaptive communication strategies which may reduce self-esteem and a poor coping strategy contributes to failure in their roles.

The International Classification of Impairment, Disabilities and Handicaps (ICIDH, 1980) refer it as an inability to perform an activity and handicap. Persons with hearing loss is term as hard of hearing or deaf that affects their daily life but can use their own hearing to communicate under favourable conditions.

The communication barriers they experience are more often than hearing children, victims of physical, emotional, and sexual abuse (Knutson, Johnson, & Sullivan, 2004; Kvam, 2004; Sullivan & Knutson, 2000) resulting to increases the risk of mental health problems throughout life (Downs & Harrison, 1998; MacMillan et al., 2001; Read, 1998).

Relevant studies: Deaf children have impaired emotional competence, this effect has typically just concerned their ability to label and understand the causes of emotions (Rieffe

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Received: April 28, 2022; Revision Received: August 27, 2022; Accepted: September 12, 2022

Anger-hostility and Paranoia Ideation among Person with Hard of Hearing

& Meerum Terwogt, 2002) , more neglected and less accepted by other children resulting behave more dependently and show less self-confidence (Bat Chava, 1993) with more anger than hearing children (Hosie et al., 2000). Deaf are more prone to depression, anxiety, interpersonal sensitivity, and hostility than subjects with no hearing problems.

Hearing impairment usually causes difficulty in understanding speech that may lead to psychological, physical and social consequences which being burden on community with a high prevalence worldwide (Dalton et al., 2003). Many year it has been recognised that hearing impairments have an apparently causal effect on development and severity of psychosis including presence of Paranoia (Kraepelin, 1905).

Paranoia is the psychotic phenomena on individual which realizes that harm against him or her and that the persecutor is having the intention to cause harm (Freeman & Garety, 2000), the one of the possible causal associations between psychosis and hearing impairments includes sensory deprivation (Daniel et al., 2006). A significantly higher level of paranoid psychosis was found between patients with conductive hearing loss than patients with affective illness (Cooper et al. (1974). Study indicated that increased anger was associated with increased paranoia (Darch et al., 2015).

Objectives:

The present research was designed:

- To explore the level of Anger-hostility and Paranoia Ideation among Person with Heard of Hearing.
- To find any significant relations between Anger-hostility and Paranoia Ideation among hearing loss.

Hypothesis

The study frames with hypotheses that:

- (i) The level of Anger-hostility and Paranoia Ideation will be higher among Person with Heard of Hearing, and
- (ii) There will be positive significant relations between Anger-hostility and Paranoia Ideation.

METHODOLOGY

Sample

200 samples will be drawn from Aimol community in Manipur State, comprises of 100 severe hearing impaired and 100 of normal hearing following multi-stage sampling procedure, age range between 18 to 35 years.

The hearing impaired are collected from the list of hearing impaired identified by the Government of Manipur where as the normal hearing samples collected from where the hearing-impaired samples were drawn.

Tool used

The Symptoms CheckList (Derogatis, 2012; α : 0.72 y 0.97), consists of 90 items, which integrate the dimensions: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Aggression, Phobic Anxiety, Paranoid Ideation and Psychoticism was used (Derogatis 1983); in this study only two subscales- anger hostility and paranoia ideation were selected for further evaluation.

Anger-hostility and Paranoia Ideation among Person with Hard of Hearing

Design

The co relational design was used to compare (100) hearing impaired and (100) normal hearing of Aimol samples.

Procedure

Sample was collected from Aimol community through multi-stage sampling procedures to meet the objectives, psychological scaled was administered with a due cares of the manual and APA code of ethics including inform consent, confidentiality etc.

RESULTS

Data collected were screened for missing and outlier, applicability of the scale to the targeted population was checked and the reliability showed its trustworthiness for Anger hostility ($\alpha = .67$) and Paranoia ideation ($\alpha .73$); Parametric statistics assumption was checked that homogeneity (Anger hostility =.34 and Paranoia ideation =.29) and normality (skewness and kurtosis within normal range) which indicated its applicability for analysis.

Descriptive statistic showed hearing impaired scored higher on Anger hostility (3.61; 2.31; $t=5.97$; $p<.01$) and Paranoia ideation (3.80; 2.07; $t=8.36$; $p>.01$) at significant level. Results showed a significant positive correlation between dependent variables ($r=.74$).

Table 1: Showing Mean, SD, Reliability, homogeneity, correlation and t-test for the sample

Variable	illness	Statistics					
		Mean	SD	Reliability	Homogeneity	Correlation	t- test
Anger Hostility	Hearing impaired	3.61	1.56	.67	.34	r=.74	5.97**
	Normal hearing	2.31	1.50				
Paranoia Ideation	Hearing impaired	3.80	1.41	.73	.29		8.36**
	Normal hearing	2.07	1.51				

CONCLUSION

The study was to (i) to explore the level of Anger-hostility and Paranoia Ideation among Person with Hard of Hearing and (ii) to find any significant relations between Anger-hostility and Paranoia Ideation among hearing loss.

Results provided that hearing impaired scored higher on Anger hostility and Paranoia ideation at significant level which envies to accept the first hypothesis and was supported by earlier finding that hearings impaired have more anger than hearing children (Hosie et al., 2000).

Results also showed a significant positive correlation between dependent variables which suggest to the acceptant the second hypothesis and also got a support from earlier research which stated that anger was associated with increased paranoia (Darch et al., 2015).

Limitation

The study was done with due care of the manual and APA ethical code of research, but still not free from limitation including small sample size and limited inclusion of variables.

Significant of the study

Though some limitation was accepted but the study has contributed a valuable academic knowledge regarding the anger hostility and paranoia ideation for the targeted population which was never studied.

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Anger-hostility and Paranoia Ideation among Person with Hard of Hearing

Acknowledgement

The contribution of the participants and the great help of any persons who contributed in the study were highly acknowledged knowing without which the study could not be completed.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Aimol, L. W. & Zokaitluangi (2022). Anger-hostility and Paranoia Ideation among Person with Hard of Hearing. *International Journal of Indian Psychology*, 10(3), 810-814. DIP:18.01.084.20221003, DOI:10.25215/1003.084