

A Comparative Study of the Deaf and Blind Exceptional Children on Satisfaction with Life

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Abstract— Objective: The current study aims to compare the satisfaction with life in two groups of exceptional deaf and blind students. The main research questions were: is there a significant relationship between satisfaction with life in exceptional blind students and that of deaf ones? Method: The concerned sample in this study consists of all blind students (N=14) and deaf ones (N=44) in guidance and high school in Zahedan city in the academic year 2009-2010 registered and studied in exceptional education centers. Data related to satisfaction with life were collected using Diener's Satisfaction with Life Questionnaire used for analysis along with descriptive indices such as frequency and Chi-Square consistency test percentage to study the probable relationship between type of disorder (blindness and deafness) and satisfaction with life. Findings: the obtained results indicated that satisfaction with life is not the same in the two groups of exceptional blind and deaf students. The results of conducted Chi-Square consistency test showed that there is a significant relationship between satisfaction with life and the type of disorder (blind-deaf). Conclusion: the findings obtained in the current study indicated that exceptional deaf students are reported to have more satisfaction with life than blind students and this difference is statistically significant in satisfaction with life.

Index Terms— satisfaction with life, exceptional students, blind, deaf

1 INTRODUCTION

EXCEPTIONAL students are their abilities and characteristics are different from group norms. Exceptional students are different from normal ones in order to be acquired with education, school's initiations are consistent with their needs and are acquired with special education services according to their abilities (Glaver and Browning, translated by Kharazi, 2007). Early scholars tried to return the exceptional students to normal and natural life as much as possible and create the dignity and self-esteem they lack of (Halahan and Kafman, translated by Javadian, 2002).

Different classifications are made to exceptional students. In one of these classifications, exceptional students include learning disabilities, attention deficit hyperactivity disorder, emotional or behavioral disorder, mental retardation, communication disorder, severe and multiple disabilities, isolation, traumatic and acquired brain damage, hearing and vision failure, physical and health disabilities, smartness, creativity and talent (Hardman, Michel, Kiford and Winson, translated by Alizadeh, 2009).

The term vision disability encompasses a wide range of conditions. From the person who was always blind, person who was acquired with normal vision before becoming partially sighted or blind, person who was gradually or suddenly lose his vision to person who had limited vision. People with visual failure are categorized in one of the subgroups namely blind

and partially sighted ones (M. Hardman, Michel J, Dero Kli-

ford and M. Winson, Agen, translated by Alizadeh, Ganji, Yousefi Lowieh and Yadegari).

According to American Medical Society (1934) the blind is legally those who his eyesight is less than 22 or the like even using aids such as glasses (Halahan and Kafman, translated by Javadian, 2002). Partially sighted people are those having problem with eyesight tasks though using prescribed lenses; however, they can improve their performance in these tasks using eyesight compensative guidelines, eyesight aids and environmental changes (Kren and Gowing, 2003).

According to the rule related to training people with disabilities, deafness includes: severe deaf trauma so that the child is affected to hearing trauma with or without hearing aids in linguistic information processing to the extent that his educational performance is undesirably affected. In hardly hearing people, hearing is affected though some functions are remained healthy. Hardy hearing people are acquired with hearing to the extent that they can process human speech to hearing methods using earphone (Khoshghadam and Yaghoubian Moakhar, 2009).

Hearing deficit, according to Administrative Committee of deaf people's Specialized Education Managers Conference, there is a generic term indicating the type of hearing disabilities that can be varied between mild and profound rates consisting two subgroups namely deaf and partially deaf (Halahan and Kafman, translated by Javadian, 2002).

Human kinds were seeking to utopia to live with satisfaction and content. Happiness, satisfaction with life and mental well being are the terms used by current psychologists to express this state. Different though these terms apparently, similar issues are indicated (Argil, 1999).

Quality of life has become one of the most applicable processes in political and scientific planning in most industrially developed countries. Quality of life has been defined as the difference between reality or perceived reality, expecta-

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and partially sighted ones (M. Hardman, Michel J, Dero Kli-

tions or desires regarding health (Kalman, 1984). World Health Organization defined the quality of life as "one's perception from one's position in life regarding cultural milieu and value system involved and also regarding objectives, expectations and concerned standards (World Health Organization, 1996).

Regarding optimistic psychology of quality of life, mental well-being and also happiness are sometimes mutually performed in one concept.

Dienez (1985) related the mental well-being to one's assessment of life as "good" or "bad". Aristotle believed that a good life is the same of happiness and indicated that not only have happiness various meanings for different people, but it is has not a similar meaning in different situations (Pasandide, 2007). Karr (2004) maintains that having positive relationship with others, life objectivity, personal growth and love of others and nature are the components of happiness.

By satisfaction with life, it is meant personal judgment of happiness, prosperity and quality of life based on each selective criterion. Satisfaction with life is the reflection of one's balance between one's desire and his current status; that is to say, the more the gap between one's level of desire and his objective status, the less his happiness. Satisfaction with life indicates one's attitude towards the world living within and is a dimension of mental happiness which is related to mental health (Hintika, 2001, quoted from Zahed Bolbolan, Moayeni Kia and Jangi).

Hartli and colleagues (2005) maintain that physical and functional impacts of disability can be revealed by limited mobility or self-supervision depending on one's disable parents.

The experts maintain that satisfaction is created between satisfying feelings and rational inquiries in people in a way that satisfied people are inclined to optimism and happiness towards information process. Based on the conducted studies, satisfactions with life increase one's ability to work and activity and cause one's happiness (Wiseman, 2004, Sheferd, 2006). In fact, mental health's significant feature a healthy one should be acquired with is well-being or satisfaction feeling (Taghribi, Sharifi, Souki and Taghribi, 2009).

Morfi (2006) maintains that compared to normal children's parents, disable children's parents (including blind children) have more parental duties and this by itself causes some problems such as anxiety and stress. And this issue can be led to deterioration and reduced social activities and child's ability for self-surveillance.

Satisfaction with life can be defined as a general life assessment or as a satisfaction with life in different facets (Cummins 1996, Headey and colleagues 1984, Salvatore and Muñoz Sastre 2001, Meadow and colleagues 1992, Winhoun 1996, Rampichini and D'Andrea 1998, Mazageri and Theuns 2005) which each field's significance is different from one person to the other (Diener 1994, Andrews and Withey 1976, Campbell and colleagues, 1976).

The studies conducted by Jackson, Wegner and Tornball (2009) indicate that deaf people show less rate of satisfaction with life regarding the sense of being well. Families believed in this study that their children's deafness has a significant impact on their sense of being well. They believed that child's

family members who use verbal communication in speaking due to cochlear implant.

Satisfaction with life is correlated with high mental health. The more satisfaction with life, the person is prone to experience positive emotions and feelings. Those who have higher satisfaction with life use more effective and appropriate coping style, experience more positive and profound emotions and feelings and are more acquired with general health. Lack of satisfaction with life is correlated with weaker health status, symptoms of depression, personality problems, inappropriate health behaviors and weak social status (Bakhshipour Roudsari, 2005).

Pelnet (2006) concluded that disable children who their parents are affected with anxiety, depression or both disorders, cannot be involved in the activities associated with playing and children free time and as a result is affected to some problems.

The results of the research conducted by Dehi and colleagues (2007) indicated that increased parental anxiety is resulted in reduced blind's quality of life in social and emotional dimensions.

It seems that one's self-understanding has an effect on one's satisfaction with life as one of one's personal features. When people get to know their internal being and become aware their abilities, their problems can be overcome and their life conditions can be developed using their abilities. Existing irrational and inefficient beliefs and assumptions can be led to various worry and mental and personality problems. These beliefs and inefficient and irrational assumptions is so severely and excessively active that may be resulted in mental problems or depressed mood or reduce their positive emotions (Soudani, Nadi, Ehyakonnande and Muhammadi, 2009).

Brown and Bart (2011) studied in a research the effect of vision disorder on quality of life in four dimensions such as 1. Limitations in activities, 2. Social and economical sources. 3. Social sources and psychological sources including self-effectiveness and concluded that there is a relationship between high vision disorder levels and more depressive symptoms and lower satisfaction with life in a three-year period. Each of these factors has an effect on the impact of vision disorder on reduced quality of life, but the most significant factor is related to self-effectiveness factor.

In a research conducted by Longden etc concerning the effect of vision disorder on quality of life performed on 128 people affected to vision disorder. The results achieved indicated that vision disorder, compared to other chronic situations, has a more fundamental effect on quality of life.

Due to the fact that performed studies by the current authors in the time of this research showed that not much studies conducted the satisfaction with life assessment from exceptional student's life (blind and deaf students) there is a need a comparative study of this feature to be performed in exceptional blind and deaf students.

According to what has been said before, the research main question is whether there is a significant difference between exceptional blind student's satisfaction with life and those of the deaf ones?

2 METHOD

Subjects: the studied sample in this research includes all exceptional blind (N=14) and deaf (N=14) students studying in secondary and high school in Zahedan city in the academic year 2009-2010 registered and studying in Sistan and Baluchestan Exceptional Education General Center, Zahedan.

The Tool and Data Collection Method

Data related to satisfaction with life were collected using Denier's (1995) Satisfaction With Life Questionnaire. This questionnaire consists of 5 questions rated between "completely disagree" (score 1) to "completely agree" (score 7) for each question in Linkert scale as the response format. The validity coefficient of this questionnaire based on Cronbach's alpha is 0.87 and in the retest method with a time ranged in 2 months is reported 0.82 (Denier and colleagues, 1985). According to the studies conducted by Mozafari (2003), Cronbach's alpha coefficient for this test was 0.85 and in the retest method with a time ranged in 2 months is reported 0.84. To determine the test convergent validity, the correlation test along with PANAS scale is used, which the correlation coefficient scale of satisfaction with life with positive emotion is 0.27 and with negative emotion is -0.27 and is reported significant 99% in the reliable level.

The questionnaire was individually performed on each student. It is applied in a way that having explained the aim of this study and the subject's agreement to be involved in this study, each question was read to the subjects and their responses was recorded.

Having been applied the questionnaire, satisfaction with life of each subjects was analyzed based on the obtained score from the questionnaire.

Data Analysis Method:

Having scored the questionnaires, descriptive statistical methods such as frequency and percentage was used to describe satisfaction with life and Chi-Square Consistency Test was also used to study the relationship between type of disorder (deafness/blindness) and satisfaction with life. SPSS/13 software is used to perform the statistical calculations.

3 FINDINGS

The frequency distribution of satisfaction with life in blind and deaf students is presented in table 1 separated according to the type of disorder.

TABLE 1
FREQUENCY DISTRIBUTION OF SATISFACTION WITH LIFE

Group	Amount of satisfaction	Frequency	Percentage
Deaf	Dissatisfied	1	2.3
	Nearly Dissatisfied	13	29.5
	Average	2	4.5
	Nearly satisfied	23	52.3
	Satisfied	5	11.4
	Total	44	100.0

Blind	Dissatisfied	1	7.1
	Nearly Dissatisfied	3	21.4
	Average	6	42.9
	Nearly satisfied	4	28.6
	Total	14	100.0

As indicated in table 1, dispersion distribution of satisfaction with life is not the same between the two groups. In blind group, most participants were in average in terms of satisfaction with life (nearly 43%); however, most respondents are reported to have a satisfaction with life more than average (nearly 63%) in deaf group. Chi-Square Consistency Test is used to consider the issue whether there is a significant difference between the two groups' namely exceptional blind and deaf students. If any significant difference is seen between the two groups in terms of satisfaction, it can be concluded that there is a relationship between satisfaction with life and type of disorder. Because of the fact that people's classification is ordered based on satisfaction with life in the level of categorical (or nominal) level, and on the other hand, individual's grouping to blind and deaf ones is nominal in scale level, Chi-Square Consistency Test is used to study the relationship between the two nominal variables and the results are presented in table 2 in detail.

TABLE 2
CHI-SQUARE CONSISTENCY TEST TO STUDY THE RELATIONSHIP BETWEEN SATISFACTION WITH LIFE AND THE TYPE OF DISORDER (BLINDNESS-DEAFNESS)

Group	Satisfaction						Total
	Overly dissatisfied	Dissatisfied	Nearly dissatisfied	Average	Nearly satisfied	Satisfied	
deaf	0	1	13	2	23	5	44
Blind	1	3	6	0	4	0	14
Total	1	4	19	2	27	5	58
Chi-Square=12.87, df=5							

As shown in table 2, observed 2-Chi in the reliability level is significant in Chi-Square=95%, and therefore, there is a significant relationship between satisfaction with life and the type of disorder.

4 Results and Discussion

The findings presented in tables 1 and 2 indicate that deaf students are generally more satisfied with their life compared with blind ones.

These results are consistent with the ones conducted by Longden and colleagues (2007) concerning the effect of vision disorder on quality of life performed on 128 people affected to vision disorder and it has been concluded that vision disorder has a more profound effect on quality of life than other chronic states. There are many reasons affecting on blind's lack of satisfaction with life. Some of them can be predicted implicitly which are consistent with some studies. Those who can make an effective relationship with their environments and of oth-

ers, have a less feeling of seclusion and are more inclined to optimism and happiness in information process; that is, they are more satisfied with their life and are more happy and it can be claimed that it has some features such as positive cognition, social commitment, positive mood, coping emotion, physical health, self-satisfaction and mental awareness (Moayeni Kia and Zahed Babolan, 2009). One of the issue can be the blind's limitations in social participation independently and not having enough physical activity. The results of research conducted by Hartly and colleagues (2005), maintained that physical and performance impacts of disability can be revealed depending on disable one's condition as a limitation in mobility or self-supervision, confirm this issue.

The results of this research is consistent with the one conducted by Mourfi (2006) maintained that disable children's parents (including blind children) have more parental duties compared to normal children's parents and this by itself can be led to problems such as anxiety and stress. This issue can be led to child's deteriorated and reduced social activities and his abilities for self-supervision. Mentally speaking, blindness can have an effect on individual's general personality structure. Each blind people have a personality and naturally specific emotions. This disability is a severe condition in which one's mental balance can be endangered. The next issue can be the blind's attitude towards blindness. The results of research conducted by Sharifi (2000) indicated confirming this issue that some blind people are prone to depression and other emotional problems influenced by having a negative attitude to blindness and the more duration of depression, the blind one's personality is organized in a depressed pattern. Maleki Ranjbar (2005) maintains that eyesight helps children be provided with beloved people, things and environment through motivating people. It also indirectly helps them in various dimensions. According to the research conducted by Benazade in 2003, it has been pointed out that physical activity is led to increased self-esteem and also this process makes a positive change in interpersonal relationships and one's social networks which somehow is beneficial to one's health and mental well-being. The results of this study is consistent with the one conducted by Brown and Bart (2011) studied the effect of eyesight disorder on quality of life in four factors including 1. Limitation activities, 2. Social and economical resources. 3. Social resources and 4. Self-effectiveness psychological resources. It has been concluded that there is a relationship between high levels of eyesight disorders and more depressor symptoms and lower satisfaction with life in a three-year period, and these factors by itself play a role in eyesight disorder effectiveness on reduced quality of life, but the most significant effect is associated with self-effectiveness. Bakhshipour, Peyrovi and Abedian (2005) maintain that mobility activities has an effect on social functions and one's satisfaction with life which these issues are significantly reported one's health and mental well-being.

Sharifi Daramadi (2000, quoted from Maleki Ranjbar, 2005)

maintains those eyesight deficits are more involved people in neural stress and feelings of insecurity and deficit. In addition, disable people often conceal their deficit and pretend that they are seeing more than their actual ability for not to be rejected. There is a danger of a false identity is being created which creating a perpetual negative self-perception in the child is its only outcome (Howij Gowort, 2002).

However, the results of this study is not consistent with the one performed by Jackon, Wegner and Tornball (2009) concerning satisfaction with life in deaf people indicating that they are less satisfied with their life regarding feeling of being well. Also, families believed in this research that their children's deafness has much effect on feeling of being well, though deaf people can be compared with the blind ones in this research.

Summarily speaking, it can be said that lack of eyesight is an obstacle for perception, learning and organizing environment in children. For lack of eyesight prevents children sufficiently provided with people and things in environment. Eyesight creates a change such significance in children that even mild eyesight damage has a deteriorating effect on perceptual-eyesight and mobility-eyesight. This study is consisted with the one conducted by Zahed Bolbolan and Moayeni kia (2009) maintain that people who can make an effective relationship the environment and others are less secluded from others and are also more inclined to optimism and happiness in information processing, that is, they have more satisfaction with life and are more happy and it can be claimed that they are acquired with characteristics such as positive cognition, social commitment, positive mood, restraining feeling, physical health, self-satisfaction and mental awareness.

According to the findings of this research, it can be concluded that parents, teachers and community have a more attention to effective factors on disable people's satisfaction, especially those with eyesight disorder and have a more effort to improve their life and feeling of positive attitude in them by recognizing contexts of happiness.

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