

# Relationship between Self-Concept and Aggressive Behavior among Deaf Students

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**Abstract:** *Hearing, language and speaking are the fundamental elements of communication. Communication difficulties among deaf adolescents can lead to significant interruptions in psycho-social development of the individuals. The study aimed to examine the relationship between self-concept and aggressive behavior among deaf adolescence. Descriptive correlational design was used to achieve the purpose of this study. This study was conducted at Al Amal School for deaf students in Shebin Elkom city, Menufia Governorate. A convenience sample of 60 deaf students from the above mentioned settings were recruited. Three Tools were used for data collections as :( 1)structured interview questionnaire to assess demographic data, (2) Self-concept scale to measure self-concept and (3) Aggression scalet to measure level of aggression among students. Results reveals that near to half of the studied sample have low self-concept, near to two third of the studied sample have moderate aggression, there is highly significant negative correlation between self-concept and total mean score of aggression .This is mean when self-concept increase aggression decrease and there is highly statistical significant difference between gender and both of self-concept and level of aggression among the studied sample. Based on the study finding it was concluded that, there was higher statistical significant difference between male and female among deaf students regarding self-concept and level of aggression. There was highly significant negative correlation between self-concept and total mean score of aggression*  
**Recommendation:** *Stress management and assertiveness training program should be given to those students to minimize level of aggression and improve their self-concept.*

**Keywords:** Aggression - Self-concept – deaf students

## 1. Introduction

The development process of the individuals, life experiences during childhood, adolescence can effect on the development of personality. Any situations of miscellaneous insufficiency, disability and traumatic incidents experienced in these periods lead to significant interruptions in psycho-social development of individuals. Hearing impairment not only affects the individual directly, but also affects the environment and the family, gaining a social aspect. Hearing, language and speaking are the fundamental elements of communication and they are the most important components which a human uses within the socialization process (Most, Shinga-August & Meilijson, 2010).The hearing impaired and visually impaired adolescents are having social and psychological problems, because of their communication difficulties. In spite of their impairment and communication difficulties they are affected by the adjustment problems in personal and social life. Adjustment in terms of the mental health criteria depends largely upon how an individual interacts with his environment, his social environment in particular, in satisfying his needs and in meeting demands placed upon him. Changes in behavior and in response to demands upon the organism are termed adjustment (Bauminger, Shulman and Agam, 2003).

Adjustment to disability is a complex phenomenon and is affected by the attitude of society, parents and professionals towards person with disability. If the society labels them as handicapped and considers them as incapable of doing certain things, the person develops a negative identity and feeling of inadequacy or impotence seems inevitable. Over the time the person with disability accepts these negative

labels as self-identity. In this manner, a person with disability, impoverished with constant frustration and failures, are often considered to be difficult to maintain high self-concept (Adoyo, 2008, Anderson, et al., 2000). Behavior and future development of an individual is greatly influenced by his/her self-concept. Self-concept has a strong influence in people's behavior Self-concept can be defined as the object of an individual's own Perception or in other words it is the way people think about themselves. It is that part of personality of which one is aware The concept of self is defined as all the emotions and thoughts related to the individual and is not only affected by the perceptions of the individual but also by the thoughts and behavior of his/her teachers, friends and other people around them (LaBarbera, 2008).

Children with hearing impairment are to some extent deprived from the skills of understanding what is spoken and expressing what they think, depending on the degree of hear loss. Many studies demonstrated that an impaired child confronting all these physical insufficiencies and disability have to deal with many problems. The deprivation of communication becomes influential on the development and emotional harmony of child with hearing impaired and isolation starts as the child grows. In this case, children with hearing impairment may increase their tendency to aggression (Stevenson, McCann, Watkin, Worsfold, & Kennedy, 2010). In some of the studies investigated aggression in hearing-impaired children; it has been reported that children with hearing-impairment show more aggressive behaviors compared to those with no hearing-impairment and they have the feeling of isolation since they exhibit more depressive behaviors (Rostami et al., 2014), experiencing

behavioral disorders (Theunisian et al., 2014) and deficiencies in the development in process of social skills (Sheepard & Bodger, 2010). Students with hearing disabilities have lower concepts of self in intellectual, academic and social areas in comparison with their peers without learning difficulties (Stevenson, et al, 2010 & McIntyre and Phaneuf, 2007).

School nurses, in particular, deal with Deaf students at a very difficult period in their life. The usual pains of growing up are multiplied by the difficult communication barriers they may face with other students, their family, and teachers. A first step toward improving communications with the deaf patient is to be familiar with the various forms of communication he or she uses in daily life. The nurse's demonstration of interest in finding the most effective means of communication may help reduce the deaf patient's anxiety regarding his or her ability to communicate in health care settings (Steinberg et al., 2006). These communication approaches may improve the health care experience and increase the willingness of the deaf students to sustain participation in the health promotion process (McAlear, 2006).

## 2. Significance of the Study

According to the World Health Organization, in 2011, there were 360 million hearing impaired individuals and 32 millions of these individuals are hearing-impaired children (WHO, 2011). People with hearing problems make up at least 8.5%, which is a considerable figure. Moreover, in the United States one person in ten has some kind of hearing impairment; in the United Kingdom it is one in seven (Shield, 2006). Even more troubling is the predicted increase: in 2025 it can be as high as 900 million, of which 100 million in Europe. According to the American National Center for Health Statistics (NCHS), while the majority of cases are the elderly, there currently at least one student with a severe hearing impairment in every school (cited in Berke, 2007). Adolescents with sensor neural hearing loss, in particular, exhibit higher rates of externalizing behavior problems 30–38% than others with normal hearing. (Van Eldik, et al, 2004; Marschark & Wauters, 2011) It is stated that students with special needs frequently display problematic behavior due to the fact that they do not have enough social skills or have negative self-concept so they cannot properly use the skills that they have (Miller and kovic, 2009).

Keilmann et al., (2007) and Coll et al., (2009) evaluated the psychological well-being in 6 to 11 year old hearing impaired subjects, found that deafness leading to a lot of psychological problems and sociological maladjustment., hearing impaired subjects were found to be more restless, distractible, irritable, hypersensitive, aggressive, lack perseverance, self-conscious, crying over minor annoyances, shy, suggestible, lack self-confidence, show temper outbursts, demanding and nail biting. Further they reported that the anxiety level was found to be significantly more among hearing impaired subjects (Hintermair, 2013 & Dammeyer, 2010).

So the aim of this study to determine to the relationship between hearing impairment on students' aggressive behavior and self-concept.

## 3. Methodology

### 3.1 Purpose of the study

The purpose of the current study was to examine the relationship between self-concept and aggressive behavior among deaf students.

### 3.2 Research questions

- 1) What is the relationship between self-concept and aggressive behavior among deaf students?
- 2) What is the relationship between socio demographic characteristics of the studied sample and there level of aggression?
- 3) What is the relationship between socio demographic characteristics of the studied sample and there self-concept?

### 3.3 Research design

A descriptive correlational design was used to achieve the purpose of the study.

### 3.4 Research setting

The study was conducted in Al Amal School for deaf students in Shebin Elkom city, Menufia Governorate.

### 3.5 Sampling

#### 3.5.1. Sample size

Based on the previous studies that have examined the prevalence of deaf students in Egypt amounted to 30 to 38% of the total population (incidence of deaf adolescence in Egypt, (Marschark and Wauters, 2011). Sample size has been calculated using the following equation:  $n = (z^2 \times p \times q) / D^2$  at power 80% and CI 95%, the sample size was 60.

#### 3.5.2. Sample technique

A convenience sample of 60 deaf students enrolled in academic year 2015 – 2016 and met the following inclusion and exclusion criteria were recruited in the study.

#### 3.5.3. Inclusion criteria include

- Deaf students.
- All ages.
- Ready and accepted to participate in the study.

#### 3.5.4. Exclusion criteria include

- Have a history of other chronic physical illness
- Have a history of substance abuse.
- Have a history of Psychiatric disorder.

### 3.6. Instruments of the study

Three tools were used in this study.

**Tool (1):-** Include personal characteristics of the student: It involved data about age, sex, economic level, birth order, and level of education, Fathers and mothers education.

**Tool (2)Self-concept scale (Arabic version):-** This scale was developed and validated by (Awadh M, Al-Harbi, 2003) to measure self-concept, it consists of 33 items in the form of Likert scale answered by (Yes /Sometimes /No) score ranged from 1 for no to 3 for yes .The total score of self-concept was graded as follow (less than 50) as low, (51-67) as Mild, (68-83) as Moderate, and (more than 83) as High

**Tool (3):- aggressive behavior scale (Arabic version):-** This scale was developed and validated by (Buss and perry, 1992). To measure aggressive behavior, It consists of 29 items in the form of likert scale answered by (Never / little/Sometimes/A lot /Always done )The total score of aggression was graded as follow, (less than 73) as No aggression, (74-102) as Mild aggression, (103-131) as moderate aggression and (More than 131) as sever aggression.

### 3.7. Methods

**Preparation:** This phase included reviewing of relevant literature and different studies related to the topic of research, using textbooks, article magazines, periodicals, and internet research to get a clear picture of all aspects related to the research topic.

**Content validity:** Before starting, the data collection all tools were retested for its content validity by a group of experts in psychiatric nursing to check the relevance, coverage of the content and clarity of the questions. No required modification was carried out

**Reliability:** Test-retest reliability was applied for tool (2 and 3). The tools proved to be strongly reliable ( $r = 0.8222$  and  $0.92$ ) respectively.

**Approval:** The researcher obtained permissions from the Dean of Faculty of Nursing, Menufia University and from manager of the school after explaining the purpose of the study to conduct the study.

**Ethical consideration:** the students were informed about the purpose of the study and encouraged and give full informed verbal consent to participate, students were informed about the privacy of their information, the study was voluntary, harmless, and anonymous and confidentiality of responses would be respected and they have the full right to refuse to participate in the study at any time and they informed that the data would be used only for scientific purpose.

**Pilot study:** A pilot study was undertaken after the development of the tools and before starting the data collection. It was conducted on (6) deaf students enrolled in academic year 2015 – 2016 in Al Amal School for deaf students in Shebin Elkom city, Menufia Governorate. Using tools (1), (2) and (3). The purpose of the pilot study was to test the applicability, feasibility and clarity of the tools. In

addition, it served to estimate the approximate time required for interviewing the students as well as to find out any problems that might interfere with data collection. After obtaining the result of the pilot study, the necessary modifications of tools were done then the final format was developed under the guidance of supervisors. Those students were excluded from the actual study.

### 3.8. Data collection procedures

- Before starting any step in the study, an official letter was issued from the Dean of Faculty of Nursing, Menufia University and from manager of school for deaf students in Shebin Elkom city, Menufia Governorate after explaining the purpose of the study to obtain approval for data collection, the objectives and the nature of the study were explained.
- Once the official permissions were obtained from the principal person, and the other authorized personnel from the various settings, the researcher started the data collection.
- All of the authorized personnel were provided the needed information about the study from the researcher.
- All deaf students in Shebin Elkom city, Menufia Governorate. Who fit in the inclusion criteria was approached by the investigator to fill the questionnaires according to the following steps:
- The investigator started data collection by introducing herself to the participant.
- Oral informed consent was obtained from each participant.
- Then a brief description of the purpose of the study and the type of questionnaire required to fill was given to each participant.
- Data collected were done through interviewing with the each participant.
- Each interview lasted for 20-30 minutes, depending on the response of the interviewer. The study was carried out in the period from October 2015 to January 2016 over a period of three months. The researcher collected the data during the morning 2 days per week from 12 AM to 2 PM.

### 4. Statistical Analysis

Data entry and statistical analysis were done using the statistical package for social sciences (SPSS version 16). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, mean and standard deviation for quantitative variables. Qualitative variables were compared using the chi - square test and correlation coefficient is used to measure the direction and strength of the correlation between variables. A significant level value was considered when P-value  $<0.05$  and highly significant level value was considered when P value  $< 0.001$  while P value of  $>0.05$  indicated non-significant.

### 5. Limitation of the Study

No limitation was found.

6. Results

**Table (1):** Show personal data of studied Sample. This table reveals that more than half of the sample (51.7%) are at age 12-14 years old, majority (78.3%) are male ,more than half are in moderate education and more than half( 51.7%) have enough income.

**Figure (1):** Show level of self-concept among studied sample. This figure reveals that near to half of the studied sample (48.30%) have low self-concept compared to only (3.30%) have high self-concept.

**Figure (2):** Show Percentage distribution of aggression level among studied sample. This figure reveals that near to two third of the studied sample (63.30%) have moderate aggression compared to only (8.30%) have no aggression.

**Table (2):** Correlation between self-concept and mean score of aggression among studied sample. This table shows that there is highly significant negative correlation between self-concept and total mean score of aggression .This is mean when self-concept increases aggression decrease.

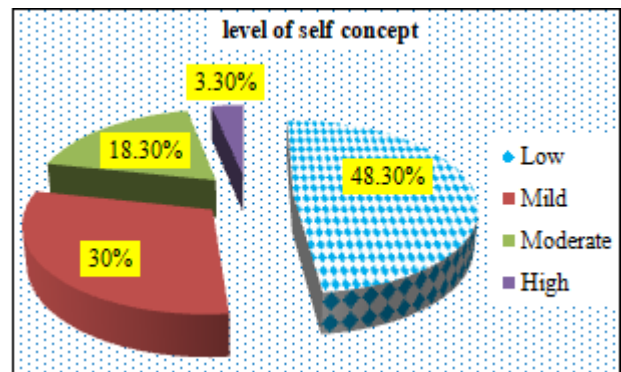
**Table (3):** Relation between self-concept and personal data of the studied sample. This table shows that there is no statistical significant difference between self-concept and personal data of the studied sample except gender there is highly statistical significant difference at 0.001.

**Table (4):** Relation between level of aggression and personal data of the studied sample. This table shows that there is no statistical significant difference between level of aggression and all personal data among the studied sample except gender there is highly statistical significant difference at 0.001.

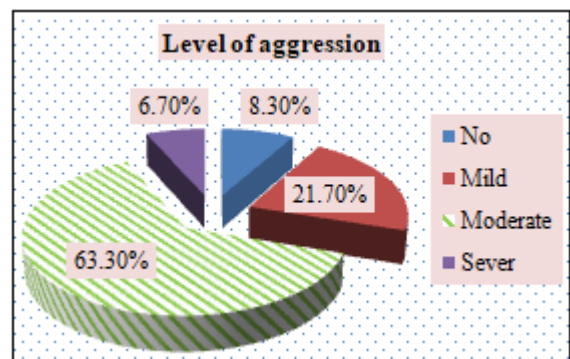
**Table 1:** Personal characteristics of studied students

Studied variables	No.	%
<b>Age :</b>		
• 8 - 10	11	18.3
• 10 - 12	18	30
• 12 – 14	31	51.7
<b>Gender</b>		
• Male	47	78.3
• Female	13	21.7
<b>Level of education</b>		
• Primary	28	46.7
• Secondary	32	53.3
<b>Child order</b>		
• First	15	25
• Middle	26	43.3
• Last	19	31.7
<b>Family size</b>		
• 1 – 3	5	8.3
• 3 – 4	21	35
• 4 – 6	34	56.7
<b>Income</b>		
• Enough	37	61.7
• Not enough	23	38.3

Hereditary diseases		
• Hearing deficiency	22	36.7
• Mental deficiency	4	6.7
• Others	2	3.3
• No	32	53.3
Father education		
• Read and write	1	1.7
• Primary education	4	6.7
• Secondary education	27	45
• High education	28	46.7
Mother education		
• Read and write	5	8.3
• Primary education	13	21.7
• Secondary education	23	38.3
• High education	19	31.7



**Figure 1:** Percentage distribution of self-concept among studied students



**Figure 2:** Percentage distribution of aggression level among studied students

**Table 2:** Correlation between self-concept and mean score of aggression among studied students

Studied variable	Self-concept	
	R	P value
Physical aggression	-0.717	0.001**
Hand movement aggression	-0.399	0.001**
Angry	-0.521	0.001**
Fighting	-0.480	0.001**
Total aggression	-0.726	0.001**

\*\*Highly significant

**Table 3:** Relation between self-concept and personal data of the studied sample:

Studied variables	Aggression				$\chi^2$	P value
	Low (N=29) N (%)	Mild (N=18) N (%)	Moderate (N=11) N (%)	High (N=2) N (%)		
<b>Age</b>						
• 8 - 10	6(20.7)	2(11.1)	3(27.3)	0(0.0)	<b>6.37</b>	<b>0.382</b>
• 10 - 12	7(24.1)	6(33.3)	3(27.3)	2(100)		
• 12 - 14	16(55.2)	10(55.6)	5(45.5)	0(0.0)		
<b>Gender</b>						
• Male	28(96.6)	11(61.1)	8(72.7)	0(0.0)	<b>16.2</b>	<b>0.001**</b>
• Female	1(3.4)	7(38.9)	3(27.3)	2(100)		
<b>Level of education</b>						
• Primary	12(41.4)	8(44.4)	6(54.5)	2(100)	<b>2.92</b>	<b>0.404</b>
• Secondary	17(58.6)	10(55.6)	5(45.5)	0(0.0)		
<b>Child order</b>						
• First	8(27.6)	5(27.8)	1(9.1)	1(50.0)	<b>2.92</b>	<b>0.818</b>
• Middle	12(41.4)	7(38.9)	6(54.5)	1(50.0)		
• Last	9(31.0)	6(33.3)	4(36.4)	0(0.0)		
<b>Family size</b>						
• 1 - 3	1(3.4)	3(16.7)	1(9.1)	0(0.0)	<b>4.23</b>	<b>0.646</b>
• 3 - 4	11(37.9)	4(22.2)	5(45.5)	1(50.0)		
• 4 - 6	17(58.6)	11(61.1)	5(45.5)	1(50.0)		
<b>Income</b>						
• Enough	15(51.7)	14(77.8)	6(54.5)	2(100)	<b>4.66</b>	<b>0.198</b>
• Not enough	14(48.3)	4(22.2)	5(45.5)	0(0.0)		
<b>Hereditary diseases</b>						
• Hearing deficiency	9(31.0)	9(50.0)	3(27.3)	1(50.0)	<b>5.91</b>	<b>0.748</b>
• Mental deficiency	3(10.3)	0(0.0)	1(9.1)	0(0.0)		
• Others	2(6.9)	0(0.0)	0(0.0)	0(0.0)		
• No	15(51.7)	9(50.0)	7(63.6)	1(50.0)		
<b>Father education</b>						
• Read and write	0(0.0)	1(5.6)	0(0.0)	0(0.0)	<b>7.76</b>	<b>0.558</b>
• Primary education	4(13.8)	0(0.0)	0(0.0)	0(0.0)		
• Secondary education	14(48.3)	7(38.9)	5(45.5)	1(50.0)		
• High education	11(37.9)	10(55.6)	6(54.5)	1(50.0)		
<b>Mother education</b>						
• Read and write	2(6.9)	2(11.1)	1(9.1)	0(0.0)	<b>9.52</b>	<b>0.39</b>
• Primary education	10(34.5)	1(5.6)	2(18.2)	0(0.0)		
• Secondary education	10(34.5)	7(38.9)	4(36.4)	2(100)		
• High education	7(24.1)	8(44.4)	4(36.4)	0(0.0)		

**\*\*Highly significant**

**Table 4:** Relation between level of aggression and personal data of the studied students:

Studied variables	Aggression				$\chi^2$	P value
	No (N=5) N (%)	Mild (N=13) N (%)	Moderate (N=38) N (%)	Sever (N=4) N (%)		
<b>Age :</b>						
• 8-10	1(20.0)	1(7.7)	9(23.7)	0(0.0)	<b>8.87</b>	<b>0.181</b>
• 10-12	2(40.0)	6(46.2)	7(18.4)	3(75.0)		
• 12-14	2(40.0)	6(46.2)	22(57.9)	1(25.0)		
<b>Gender</b>						
• Male	1(20.0)	8(61.5)	34(89.5)	4(100.0)	<b>16.1</b>	<b>0.001**</b>
• Female	4(80.0)	5(38.5)	4(10.5)	0(0.0)		
<b>Level of education</b>						
• Primary	3(60.0)	7(53.8)	15(39.5)	3(75.0)	<b>2.7</b>	<b>0.439</b>
• Secondary	2(40.0)	6(46.2)	23(60.5)	1(25.0)		
<b>Child order</b>						
• First	1(20.0)	0(0.0)	14(36.8)	0(0.0)	<b>10.3</b>	<b>0.111</b>
• Middle	3(60.0)	8(61.5)	12(31.6)	3(75.0)		
• Last	1(20.0)	5(38.5)	12(31.6)	1(25.0)		
<b>Family size</b>						
• 1 - 3	0(0.0)	0(0.0)	5(13.2)	0(0.0)	<b>5.03</b>	<b>0.54</b>

• 3 – 4	2(40.0)	3(23.1)	14(36.8)	2(50.0)		
• 4 – 6	3(60.0)	10(76.9)	19(50.0)	2(50.0)		
<b>Income</b>						
• Enough	4(80.0)	9(69.2)	23(60.5)	1(25.0)	<b>3.32</b>	<b>0.345</b>
• Not enough	1(20.0)	4(30.8)	15(39.5)	3(75.0)		
<b>Hereditary diseases</b>						
• Hearing deficiency	1(20.0)	7(53.8)	13(34.2)	1(25.0)	<b>16.7</b>	<b>0.052</b>
• Mental deficiency	0(0.0)	0(0.0)	2(5.3)	2(50.0)		
• Others	0(0.0)	0(0.0)	2(5.3)	0(0.0)		
• No	4(80.0)	6(46.2)	21(55.3)	1(25.0)		
<b>Father education</b>						
• Read and write	0(0.0)	0(0.0)	1(2.6)	0(0.0)	<b>4.82</b>	<b>0.849</b>
• Primary education	0(0.0)	0(0.0)	3(7.9)	1(25.0)		
• Secondary education	2(40.0)	7(53.8)	16(42.1)	2(50.0)		
• High education	3(60.0)	6(46.2)	18(47.4)	1(25.0)		
<b>Mother education</b>						
• Read and write	0(0.0)	1(7.7)	3(7.9)	1(25.0)	<b>12.2</b>	<b>0.199</b>
• Primary education	1(20.0)	2(15.4)	7(18.4)	3(75.0)		
• Secondary education	3(60.0)	4(30.8)	16(42.1)	0(0.0)		
• High education	1(20.0)	6(46.2)	12(31.6)	0(0.0)		

**\*\*Highly significant**

## 7. Discussion

Students with hearing impairment cause many problems, since students with hearing impairment don't have fully developed speaking and listening skills and they are unable to speak functionally, they have deficiencies in terms of social and communication skills and it is quite possible for these students to encounter difficulties in communication with the outside world (Hoffman et al., 2015). The negativities experienced by hearing-impaired students when entering the socialization process without the chance to choose differ from their peers and these negativities considered as unreachable boundaries despair them; and therefore, aggressive behaviors, low self-esteem, despair, worthlessness and the feelings of anger and frustration arise in these children. (Howley and Howe, 2004 & Fung and Tsang, 2007).

Regarding level of aggression among studied sample, the result clarified that two third of the studied sample have moderate aggression this could be due to low self-esteem, despair, worthlessness and the feelings of anger and frustration related to difficulties in communication with the outside world. This matched with the study of Al Harby (2003) who found that the level of aggression were higher among deaf adolescence. The present results revealed that more than half of the sample was at age 12-14 years old, majority was male. This could be due to connection between the levels of androgen in males and their aggressive behaviors or could be due to community and a social meaning that was attributed to this difference This was supported by Babaroglu (2014) who stated that the total aggressiveness scores by the age groups show that the highest scores belong to the children at the age group of 13 years old and also related to males than female.

Regarding self-concept the result shows that near to half of the studied sample had low self-concept this could be due to difficulties in communication, low self-esteem, worthlessness and lack of support system .this against the result of Al Harby (2003) who found increase in self-

concept of his studied sample .This difference with the present study could be due to difference in setting, and sample culture.

The result shows that there is highly significant negative correlation between self-concept and aggression .This could be due to the person who have high self-concept, have good trust in himself and the ability to communicate and relate to others in the community beside has the ability to control his aggression. In contrast the deaf person who have low self-concept, have low self-esteem and lack of trust, easily annoyed and provoked to anger and have difficult in relation and communication with others in the community. This study was in harmony with Al Harby (2003). Who found significant negative correlation between self-concept and aggressive behavior among deaf students.

The result shows that there is highly statistical significant difference between self-concept and gender, this against the finding of (Jambor & M. Elliot, 2005) which stated that there is no significant difference between self-concept in boys and girls. This could be due to culture difference.

The result shows that there is highly statistical significant difference between levels of aggression and gender, the male was higher in aggression than female. This could be due to culture structure, girls concept about aggression where she define aggression as negative behaviors resulting from the loss of control while boys consider aggression as a positive instrument to be used to strengthen their self-esteem and their behaviors are rewarded by their community. This was supported with (Derman-Taner, 2013; Morales-Vives et al., 2014) who found that boys seem to be more aggressive compared to girls. While there was some other studies suggesting that girls are more aggressive than boys (Doğan, 2001). Besides, there was also some other studies indicating that there is no significant difference between opposite gender groups in terms of aggressive behaviors (Sipal, 2010)

## 8. Conclusion

Based on the study finding it was concluded that:-

- There is highly significant negative correlation between self-concept and aggressive behavior among deaf students
- There is highly statistical significant difference between self-concept and gender, male had lower self-concept than female.
- There is highly statistical significant difference between levels of aggression and gender, the male had higher aggression than female.

## 9. Recommendations

Based upon the results of the current study the following recommendations are suggested:

- 1) Stress management and assertiveness training program should be given to those students to minimize level of aggression and improve their self-concept.
- 2) Developing teaching programs to the caregivers of deaf students concerning on how to deal with them especially during violence.
- 3) Continuous support and follow up for deaf students to enhances their self-esteem and help them to meet their needs.

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