

Maternal Attitudes in Hearing Stimulation of Hearing Impaired Children

Psychosocial functioning of a hearing-impaired child is conditioned by the level of hearing damage, effects of the conducted rehabilitation treatment and the attitude of the closest social environment, in particular family environment. Hearing disability of a child creates a situation which may shake correct family relations and impede the functioning of a family. Changes that take place in a family resulting from the child's disability impact the psychical balance of each of its members and the shaping of attitudes.

According to U. Eckert (1986), M. Góral and B. Hołyńska (1984), many parents are not able to come to terms with the irreversible fact and accept the child along with his/ her deafness. In a number of cases, parents have difficulties in coping with this complex situation. Sometimes, their reactions impede the child's stimulation. Among negative types of parental behaviour, J. Różycka (1980) lists arguments, mutual accusations, silent hostility, panic fear for the child, complete resignation and unrealistic optimism. Such attitudes are not conducive to satisfaction of needs of the child and his/ her development and in many cases result from lack of knowledge and helplessness with respect to the child, as well as fears for the child's future.

An important factor that creates atmosphere in the family and that influences development and psychosocial functioning of a hearing-impaired child are parental attitudes. The research of T. Gałkowski (1972) showed that effects of stimulation of disabled children are most closely correlated with parental attitudes.

M. Ziemska (1973) emphasises that correct parental attitudes enable mutual exchange of feelings and spontaneous interpretation of the child's needs and adjustment of reactions to those needs. Among correct attitudes the author lists co-operation with the child, providing the child with freedom proper for his/ her age and recognition of the child's rights; nevertheless, the attitude of acceptance is particularly significant.

Acceptance of the child (M. Ziemska 1973, p. 38) consists in “accepting the child the way he/she is, with his/ her physical features, character, with his/ her mental capabilities and ease of achievements in certain areas and limitations and difficulties in others.” Correct parental attitude is conducive towards shaping of undisturbed personality of the child and has a beneficial impact on the course of the rehabilitation process. The parents teach the child to express his/ her emotions in a verbal and non-verbal manner, do not set requirements with which the child cannot comply, but at the same time they are not too lenient and do not protect the child excessively (W. Pietrzak 1999).

Among incorrect parental stances, M. Ziemska (1973) lists the attitude of excessive (over-protective) care, rejection of the child, excessive requirements and passivity. The over-protective stance often results from excessive concerns related with the child’s disability or from the feeling of guilt experienced by the parents. The parents do not make use of the child’s potential, impeding his/ her correct development. The child becomes shy and distrustful towards the environment, does not establish contacts with peers, shows low level of independence and lacks initiative.

The attitude of rejection may be caused by inability and helplessness in dealing with a disabled child. The attitude of rejection is manifested by lack of interest in the child, in particular in his/ her rehabilitation, failure to take his/ her needs into account; it is often accompanied by loss of emotional ties with the child due to the fact that the role of the mother is taken over by the grandmother who is convinced that the mother is not be able to deal with bringing a disabled child up.

These incorrect parental attitudes may, according to T. Gałkowski (1978, p. 160), “cause a number of negative results, the most important of which are weakening the child’s cognitive tendencies, an inclination towards isolation, excessive dependence or independence from an authority.”

A hearing impaired child, due to impeded inflow of information, is not able to comprehend the events and phenomena of every-day life. One of the parents should constantly be with the child in order to draw his/ her attention (in a constant and ongoing manner) to ever-day situations and explain them to the child. The parent should also accompany the child to rehabilitation classes in a clinic, participate in them actively and continue the exercises at

home. The correct attitude of parents, especially mothers, who undertakes the effort of the child's rehabilitation more frequently, their patience and persistence guarantee proper psychosocial development of a hearing impaired child.

METHODOLOGICAL PREMISES OF RESEARCH

The objective of the conducted research was to determine the relation between the attitudes of mothers and the results of hearing stimulation programme in hearing impaired children.

In relation with the research objective determined in this manner, the following problem queries were formulated:

1. What are the stances represented by hearing mothers and hearing impaired mothers with respect to the examined children?
2. Is the efficiency of a hearing stimulation programme of a young hearing impaired child determined by the mother's stance?

Formulation of such queries enabled determination of the intensity level of positive and negative attitudes of examined mothers. The method of individual cases and pedagogical experiment taking into account single group technique was adopted as a basis in the research. Diagnostic opinion poll was used as an auxiliary tool. In order to determine the attitude of hearing and hearing impaired mothers with respect to their children subjected to programmed hearing stimulation, a shortened version of "Questionnaire of Attitudes Towards Family Life and Children" by M. Ziemska was used (1973 p. 212 – 218).

Within the experiment's framework, the experimental factor was "Hearing Stimulation Programme of a Young Hearing Impaired Child" and dependant variable was provided by the measurement of time necessary for performance of hearing exercises within the scope of sound identification, differentiation of sound intensity and location of its source. The measurements were conducted before the commencement and after the completion of the planned hearing stimulation of examined children.

"Hearing stimulation programme of a young hearing impaired child" was constructed on the basis of regulation of the Ministry of National Education and Sports of January 29, 2003 *on*

the manner and the mode of organising individual education programmes for children and youth, regulation of the Ministry of National Education and Sports of April 4, 2005 *on the manner of organising early aid for children's development*. The programme resulted from a detailed analysis of individual cases performed on the basis of "Individual Case Structure" by T. Oleńska-Pawlak (2006) and comprised objectives within the scope of improving hearing perception of a child, description of strategies of action during programme implementation, graphic presentation of the planned exercises, class scenarios and evaluation tools. Prior to the commencement of programme implementation, the time of execution of hearing exercises by the examined children was measured with the use of "Observation Sheet: Initial Examination." The children completed hearing exercises in three ranges of sound identification, sound intensity and location of the sound source. Another measurement was performed after the programme implementation; the programme consisted of twelve meetings with a therapist and it was entered to the "Observation Sheet: Final Examination."

Two other tools constructed by the author were also used for programme evaluation, namely "Chart of Child's Preferences and Difficulties with Respect to the Exercises" and "Verification Chart of Planned Objectives."

The research was conducted in 2007 on the basis of individual work with four young hearing impaired children. One child was a girl named Natalia and three others were boys: Filip, Igor and Kuba.

At the moment of commencement of research, i.e. during the initial examination, none of the children were older than two. The oldest, Kuba, was 24 months old, Igor and Natalia were 23 months old and Filip was 18 months old. In the boys, the hearing loss exceeded 100 dB; Natalia's loss of hearing was ca. 50 dB in both ears. All children used hearing aids; Filip has been wearing a hearing aid since he was 5 months old. Igor had had a hearing aid since 9 months of age, but at 15 months of age, it was replaced with two cochlear implants. Natalia was using a hearing aid, and Kuba and Igor had hearing aids since 6 months of age, yet when Igor was 22 months old he received an implant for the ear with better hearing.

The reason for hearing damage with respect to Filip was prematurity and being placed in an incubator for a period of time; Igor's mother lists Cytomegaloviral disease, serological conflict and the child's stay in an incubator as the cause for the loss of hearing. Natalia had a

diagnosed genetic damage of hearing and Kuba's loss of hearing was inherited – both of his parents are hearing impaired. All children come from two-parent families.

The mothers of examined children are young women; none of them is older than 30. During the conducted research, Natalia's mother was oldest: she was 29 years old. The youngest was Igor's mother – 24 years old, whereas Filip's and Kuba's mothers turned 25. Igor's mother had higher education; she also commenced post-graduate studies on education of the deaf and dumb; the other women had secondary education. Only one of them was working; the others stayed at home and took care of the children. Natalia's mother and Kuba's mother are hearing impaired.

RESEARCH RESULTS

Comparison of results of the hearing stimulation programme made with the use of initial and final examination of the children shows progress within the scope of differentiation of sound intensity. During the first examination, none of the children recognised low or high sounds. After implementation of the programme, Igor, Filip and Natalia could recognise low sounds after two or three seconds, and high sounds after four or five seconds. Kuba needed 20 seconds to recognise low sounds; he would recognise high sounds after 60 seconds.

Identifying a sound with an item, which the examined children were not able to perform prior to participation in the programme, took them from five to seven seconds after its completion. Despite numerous attempts during the programme, Igor did not perform this exercise in the final examination, even though he has had the cochlear implant, which should increase his hearing perception potential.

Sound localisation consisted in indicating the sound source and it was performed correctly by Natalia and Kuba. Natalia and Kuba are both children of hearing impaired mothers. Natalia completed this exercise within ten seconds already during the initial examination, and in the final examination the time of completion of this exercise was shortened to seven seconds. In the initial examination, Kuba was not able to perform this exercise and during the final examination he located the sound within forty seconds. Natalia and Kuba showed progress in all of the hearing exercises proposed in the programme.

Children of hearing mothers, Filip and Igor, showed progress in identifying low and high sounds, yet despite numerous exercises within the scope of location of the sound source, they were unable to show the place from which the sound came. Igor also has difficulties with identification of the sound with the item.

Despite these problems, the programme brought desired effects within the scope of development of hearing perception in the examined children.

The attitudes of mothers were examined with the use of “Questionnaire of Attitudes Towards Family Life and Children” by M. Ziemska. Sten calculations for individual negative attitudes (exceedingly demanding, avoiding, over-protective or rejecting) allowed for determination of their intensity. Intensification of negative attitudes is inversely proportional to the intensification of corresponding positive attitudes (accepting, co-operating, rational freedom and approval).

Filip’s mother obtained high level on the scale determining overly demanding attitude; at the same time, this level was low with respect to the accepting attitude. In relation with avoidance or overly protective stance, the score was within the middle level, which means that she manifests these attitudes towards Filip in an equal manner and also shows equally positive attitudes with respect to the child, i.e. the attitude of cooperation and rational freedom. She scored low with respect to the rejecting attitude, and this means that the score was high in the opposite accepting attitude. Filip’s mother accepts her child, which gives him the feeling of safety and creates conditions for full rehabilitation. Despite his 18 months of life, Filip recorded progress in two ranges of hearing exercises: differentiation of intensity and identification of sound. His mother is only 25 and the high level with respect to overly demanding attitude may be explained by lack of awareness with respect to the needs and potential of a hearing impaired child.

Igor’s mother’s score was on the middle level with respect to overly demanding attitude and this means that she manifests accepting attitude in an equal degree with respect to her son. It may be concluded that she sets requirements for her child, at the same time showing appreciation for his achievements. With respect to other negative stances (avoiding, overly protective and rejecting), low level was recorded. Therefore, within the scope of positive stances, the sten result is high which means that there is a majority of positive attitudes with

respect to the child. She accepts the child with his hearing disability and for the purpose of better help, she commenced post-graduate studies regarding education of the deaf and dumb. However, the child obtained lowest results in comparison with other children. Progress was recorded in only one out of three ranges of hearing exercises (differentiation of sound intensity). Most probably, Igor's weak results are caused by the change of hearing aid. From the 9th month of life the child was rehabilitated with the use of a hearing aid and after six months of wearing the aid, Igor received a cochlear implant, which has different parameters and the adaptation to the new acoustic conditions takes place in stages; probably, the child does not perceive all sounds and their features.

Natalia's mother is a hearing impaired person and she obtained high results with respect to overly demanding and avoiding attitudes. As far as positive attitudes (accepting and rational freedom) are concerned, the level was low, which may cause certain worries about the relations between the mother and the daughter and harmonious emotional development of the girl. Very high level with respect to overly protective stance is also worrying, which means that the mother does not give the child rational freedom and may cause the child's anxiety, uncertainty and lack of satisfaction with her own self and her achievements. However, Natalia is accepted by her mother, who, being a hearing impaired person, was prepared for giving birth to a child with a hearing problem. The ambiguous attitude of Natalia's mother results from lack of information about the child's needs and their fulfilment. In education of her daughter, the woman is guided mainly by intuition and not by knowledge; she requires assistance in this respect.

Natalia obtained positive results in all the examined ranges of hearing exercises. She has been wearing a hearing aid for three months and the results are already visible. The mother's approving attitude is probably conducive to the girl's progress in rehabilitation.

Kuba's mother presents identical attitudes with respect to her child. The accepting attitude inspires with optimism. Kuba's mother is also hearing impaired and giving birth to a child with a hearing defect was not a surprise for her. The variety of attitudes of this mother is caused by lack of knowledge about the child's needs and possibilities of satisfying them and her young age (she is only 25 years old). Her son showed progress in all three examined scopes of hearing exercises. The mother's accepting attitude influenced early commencement

of hearing stimulation of the child which results in high sensitivity of the child which is necessary for learning to talk.

RECAPITULATION

Summing up, it is necessary to state that in the examined group of mothers, positive attitudes towards children are dominant. Every hearing and hearing impaired mother accepts her hearing impaired child which results in development of the child's hearing sensitivity. The mothers' accepting attitudes are conducive towards conscious and rational involvement in hearing improvement of the child. There are also certain differences between the tendency of hearing impaired mothers to create too rigorous requirements with respect to the child and excessive protection of the child against difficulties. This incorrect attitude is explained by the lack of experience in bringing up a hearing impaired child and young age of the mothers. It is important to provide hearing impaired mothers with guidelines and information directing education of a hearing impaired child, support them in their efforts undertaken to increase the hearing perception of a child and teaching the child to speak.

References:

1. Eckert. U. 1986 "Przygotowanie dziecka z wadą słuchu do nauki szkolnej" WSiP, Warsaw;
2. Gałkowski T. 1978 "Psychologia dziecka głuchego", PWN Warsaw;
3. Góralówna M., Hołyńska B. 1984, "Rehabilitacja małych dzieci z wadą słuchu", PZWL Warsaw;
4. Oleńska-Pawlak T. 2006, "Podstawy procesu diagnozowania dziecka o specjalnych potrzebach edukacyjnych" [in:] Diagnostyka i rewalidacja indywidualna dziecka ze specjalnymi potrzebami edukacyjnymi Klaczak M. Majewicz P. (ed.) Wyd. Nauk. AP Kraków;
5. Pietrzak W. 1999, "Dzieci z wadą słuchu" [in:] Dziecko niepełnosprawne w rodzinie Obuchowska I.(red.) WSiP, Warsaw;
6. Różycka J. 1980, "Defekt dziecka jako czynnik traumatyzujący rodziców" [in:] Materiały II Krajowego Sympozjum Psychologii Defektologicznej vol. I (ed.) Jędrzejczak M., Wrocław;
7. Ziemska M. 1973, "Postawy rodzicielskie" Warsaw.