

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 INTRODUCTION**

Sensori-neural deafness is a result of dysfunction in the inner ear and central auditory pathways. According to the Australian Commonwealth Department of Industry, Science and Resources (1994), the defect of this sensori-neural deafness lies in either the cochlea or the transmission of the sound signals to the brain, once they have left the cochlea. Most children with sensori-neural hearing loss are born with the condition due to genetic factors or pre- or peri-natal damage. However, sometimes it is acquired as a result of illness such as meningitis. Whether it is congenital or acquired, sensori-neural hearing loss is not amenable to treatment and cochlea implants cannot restore complete normal hearing because this nerve deafness signifies a death of the hearing cell. The sensorineuronal hearing loss may be either a unilateral dysfunction of the hearing mechanism affecting only the right or left ear or it may be a bilateral dysfunction of the hearing mechanism affecting both right and left ears. Moreover, as a general rule, sensori-neural hearing loss does not improve over time. Unfortunately, quite the reverse is true. Some sensori-neural hearing losses do become worse as the children get older. A hearing aid will not correct the hearing. A sensori-neural hearing loss usually involves some degree of sound distortion because of the nerve damage that has occurred. A hearing aid merely boosts the level of the sound but is not able to clarify speech.

During pregnancy, it is usual for most prospective parents to cherish a mental picture of what their unborn baby is going to be like. Whatever the mental image of their unborn baby, parents are rarely prepared for the birth of a handicapped child. According to Meadow (1980), more than 90 % of the parents of children with sensori-neural hearing loss have normal hearing themselves and the news of the initial diagnosis that their child is hearing impaired comes as a tremendous shock to them. In these times of adversity, different couples will have a variety of responses. A frequently asked question will be, 'Why did this happen to my child?' According to the Australian Disability Information and Resource Center (1999), in many cases there may be no obvious reason for the sensori-neural hearing loss and parents must come to understand that they may likely never know the cause of this hearing loss. When the couples become initially aware that their child's nerve deafness is not reversible, they may undergo an emotional upheaval and a mentally disturbed condition as they ponder over their child's future. Some couples may wonder how they are going to communicate with their hearing impaired child. Couples who are not financially stable may be anxious about medical bills and the high costs of purchasing and maintaining hearing aids. There may not be a special education school or a class in the town where the couple with the hearing impaired child reside. This may become an additional problem for the couple who is forced to accept the permanent hearing loss of their child.

The hearing impaired child may also face a series of problems. The hearing impaired child in the special education classroom which is located in the normal school may face the problem of segregation whereby his or her circle of friends may only be confined to deaf peers and not the normal hearing children. In my school, the children

with sensori-neural deafness are unable to integrate with the normal children because of poor lip reading skills and a language problem. These children obtain below average grades in the English and Malay language class. Frequently, the children are frustrated because of a communication breakdown at school among their peers and teachers and even at home among their siblings and parents. During the parent-teacher meetings, couples voice out the fact that they are unable to fully grasp the meaning of the messages that their children are sending out to them. Couples are worried that their children will not be able to socially adapt themselves in the larger society outside their home and school environment. They are concerned over the matter that their children may never get married or lead a normal life. If their hearing impaired child does marry, some couples believe that their child's offspring may have nerve deafness as well. Numerous couples are doubtful as to whether their hearing impaired child will be able to secure an occupation with a reasonably satisfactory salary. In addition, they can't imagine how their children are going to communicate their needs at the bank, post office, market or the local hospital. In short, it is apt to say that the road ahead of the couple who has a child with sensori-neural deafness is not a smooth one.

The researcher has chosen this title in order to determine the extent of resilience couples have when they become aware that their child has sensori-neural deafness. The researcher hopes that the product of this research will be beneficial to parents who have to cope with the hearing impairment of their children.

## **1.2 STATEMENT OF RESEARCH PROBLEM**

In this project, the researcher intends to view how couples respond to or deal with the fact that their child is hearing impaired and whether these couples can still keep their relationship strong with each other. The researcher would like to look at their actions, which would portray their emotions and thoughts in coping with their handicapped child. In times of stress, couples may or may not have the resilience to adapt to their unexpected situation of meeting a new variety of demands, which their handicapped child needs. They may or may not turn to each other or to their extended family and society at large for support. Some couples may breakdown and become estranged or either partner spouse may shut themselves up in a self-made closet of false security. The couple may feel that society cannot comprehend their problem or accept their child. How far up the developmental ladder their handicapped child can climb will depend upon the resilience of the couple who is holding up the ladder.

This project is a study of the resilience of ten multiracial couples faced with the problem of dealing with the fact that their child has sensori-neural hearing loss. The researcher has focused on the resilience of couples whose child has nerve deafness because hardly any research has been done in our country on this topic and the researcher believes that this topic needs to be widely publicized to help couples to reflect upon their approach to life when they discover that their child has sensori-neural deafness. Upon such reflection, the researcher hopes that the couples concerned will resort to create a positive future for their child.

Resilience is of absolute necessity in a couple who is informed that their child has



sensori-neural deafness which is a life long hearing impairment that will not go away. Without resilience the couple will not be able to work together to rationally determine the best course of actions that will be useful for the healthy development of their hearing impaired child. They will be unable to mature and increase competence in the face of their adverse circumstances.

This research which is focussed on the resilience of 10 couples with sensori-neural hearing impaired children may enlighten other couples enduring the same dilemma.

### **1.3 OBJECTIVE OF THE RESEARCH**

The objective of the research is to look at the resilience of 10 couples faced with the reality of dealing with the fact that their child has sensori-neural hearing loss and will forever be hearing impaired. The objective of this research will include the following:

1. the couples' internal resilient factors such as cognitive skills and psychological resources pertaining to their internal locus of control. Resilience draws upon biological (temperament) and psychological characteristics of the person. In order to thrive during adverse circumstances, the couples need to have cognitive skills such as good reasoning and problem solving ability to overcome life's barriers. Couples with an internal locus of control believe that they have influence over their own fate and some control over what happens to them.
2. the couples' external resilient factors (example: social support), in facing and

coping with the reality that their child is hearing impaired. The environment's role is important. Emotional support from family, friends, relatives; trusting relationships; information and advice about the future of their child from the education, social welfare, medical and spiritual personnel is vital to the couple.

3. the opinions each partner has about their individual self and their spouse's resiliency. Their opinions about each others' resiliency will shed light on whether they are able to cope with stress or adversity as a couple and still keep their relationship strong at the same time.

#### **1.4 RESEARCH QUESTIONS**

Based on the objective of this research, the following research questions were formulated in order to derive pertinent answers, which are vital in conducting this research.

- i) Do the ten couples employ resiliency mechanisms that are effective in dealing with the problem of having a hearing impaired child?
- ii) What kind of resiliency mechanisms do the couples employ when they encounter the problem of having a hearing impaired child?
- iii) Does the couples' character indicate that they have the resiliency to deal with stress or adversity together?

## **1.5 SIGNIFICANCE OF THE RESEARCH**

The researcher believes that it is significant to carry out this research because of the following reasons:

- i) By viewing the couples' resilience or the lack of it in dealing with their hearing impaired children, special education teachers of hearing impaired children, like myself may enhance our understanding of the multiple problems these couple have to face and endure. Perhaps with the findings of this research, we the special education teachers could become a partner to such couples and give them the necessary support in their moment of distress, with our acquired knowledge.
- ii) This research might be useful to parents of hearing impaired children as they discover that other couples have once been in the same boat as they are in currently. These parents who think that they are groping in the dark, may feel less alienated as they look at how the ten couples coped with the problem of knowing that their child was hearing impaired. Furthermore, by viewing and learning from the couples' experiences, these parents may be able to quickly give the needful help to their handicapped child without delay.
- iii) This research may help the ten couples themselves to be more aware of their degree of resilience in their own life instead of taking their areas of strength for granted and overlooking their weaknesses. By focusing on the factors related to resilience in their life, the couples may deepen their understanding of the character of their individual self and their respective life partners'. This in turn can lead to better parenting.

## **1.6 LIMITATIONS OF THE RESEARCH**

Some of the limitations of the research are as follows:

- i) In order to cut down on travelling expenses to the other neighbouring states, my selected participants for this project come from Klang and Kuala Selangor since Selangor is the state in which the researcher resides in. However, the researcher feels that the scope of the field for her research work is not wide enough as it is limited to only the above stated locations in one state and my sample is a small one consisting only of 10 couples.
- ii) Many couples whom the researcher contacted to conduct her interviews refused to have their answers audio taped as it made them feel uncomfortable. Therefore, the researcher realized that she would have to depend on her hurried scribbling when they verbally volunteer added comments to the questionnaire and couple resilience rating scale that she would give them.
- iii) Two out of the ten couples appeared to be conscious of their spouse's presence and this may influence their rating of their life partner's resilient traits that are relevant to fulfill the objective of this research.

## **1.7 OPERATIONAL DEFINITION**

The key concepts: resilience, coping, stress, stressors, skills, internal and external resilient factors are discussed within the frame of reference of this research project.

The term *resilience*, as it is used in general literature is formally defined as the ability to overcome or adapt to extreme stress or adversity (Garmezy, 1993; Luthar & Zigler, 1991). Individuals considered resilient are those who can return rapidly to a previous state following trauma and who seem invulnerable to negative life events (Bolig & Weddle, 1988). "These definitions suggest that resilience is an outcome measure; that is, once an individual overcomes or adjust to adversity, he or she then moves on with life..." (Holaday & McPhearson, 1997).

Resiliency has been defined by many authors. Redl (1969) suggested that the concept of resiliency embraces two elements: the capacity of the individual to withstand pathogenic pressures, and the ability of the individual to recover rapidly from temporary collapse even without assistance and bounce back to normal or perhaps supernormal levels of functioning. Werner and Smith (1982), the authors of one of the few longitudinal studies of children, stated that resilience is the individual's ability to recover from or adjust rapidly to misfortune or change.

A dictionary definition of resilience is as follows: "1. the power or ability to return to the original form, position, etc., after being bent, compressed, or stretched; elasticity. 2. ability to recover readily from illness, depression, adversity, or the like; buoyancy" (Random House Dictionary of the English Language, 1973, p. 1220). In the context of this research project, resilience has to do with the ability of couples to *cope* with the problems or stresses of facing the fact that their child is hearing impaired, and still keep their relationship stable at the same time. The word *cope* used in this context is defined below.

"Coping is the process of making adaptations to meet personal needs and to respond to the demands of the environment. In the coping process, personal resources or resilient mechanisms are used to manage the routines, frustrations, stress, threats and challenges of daily living in ways that seek to maintain or enhance feelings of well-being. Coping involves learning adaptational actions. The process of coping is viewed as being directed to the generation of effortful response" (Compas, 1987; Williamson, Zeitlin, & Szczepanski, 1989).

"Stress is a tension experienced when an event is perceived as being harmful, threatening, or challenging to one's feelings of well-being. It may be experienced cognitively, emotionally, or physically; usually there is some combination of all three elements. Stress results from the initial perception of an event and is not the result of failed coping. Stress interpreted as harmful or threatening tends to have a negative inference; stress perceived as a challenge, however, is often associated with positive, energizing emotions" (Zeitlin, S., & Williamson, G.G., 1994, p. 12). In this research project, stress is linked to the reality that the couples have to deal with the certainty that their child is hearing impaired.

"Whereas stress is a reaction, stressors are actual events that elicit the reaction. Stressors can be events in the external environment or internal events such as thoughts and physical sensations that evoke stress. An event can have different meanings for different people or the same person at different points in time. Chronic stressors that persist over time, such as managing the impact of a disability is one type of stressor" (Elliot, & Eisdorfer, 1982).

Shrink (1990), says "what matters is not the number of stressful situations that one is exposed to nor the amount of stress that one has to withstand. More important is one's perception and interpretation of the stressor, and how one reacts to it. This depends on the arsenal coping skills one has". In this research project we will see that highly resilient couples have better coping skills in comparison with couples with low resilience levels. "Skills can be considered an application of knowledge. Knowledge is a body of information gained from formalized learning and life experience" (Zeitlin, S., & Williamson, G.G., 1994, p. 17).

Rutter (1987), posited that resilience is not just a matter of constitutional strengths or weakness, but also a reflection of what one does about one's plight. This implies that resilience has an active, behavioral component and that factors outside as well as inside, the individual need to be considered in the investigation of resiliency. The external and internal resilient "factors that tend to stimulate and sustain a resilient attitude fall under three major categories. These are social support, cognitive skills and psychological resources or inner locus of control the individuals have" (Holaday & McPhearson, 1997). In this research project we shall view both the above stated external and internal resilient factors the ten couples have.