

## **CHAPTER FIVE**

### **SUGGESTIONS AND CONCLUSION**

#### **5.1 INTRODUCTION**

In the previous chapter, the three research questions have been answered by analyzing the data collected during the interviews and the ratings on the couple resilience scale. The researcher discovered that after an initial period of varied reactions from the respondents such as shock, fear, denial of the chronic stressor in their life, grief, depression, guilt, anger and shame, the respondents with the exception of Mr. Krishnan and Mr. Charles gradually moved “slowly and erratically towards recognition” (Paget, 1983). Couples one to nine and Mrs. Indra Devi did employ resiliency mechanisms such as internal factors of resilience or cognitive skills and internal resilient source or psychological resources when they encountered the problem of having a sensori-neural deaf child. The couples’ character indicated that they did have the resiliency to deal with stressors together as husband and wife. However, all the ten couples voiced out a need for additional social support which is an external factor of resilience that includes variables such as cultural influences, and community, school, professional, personal and family support. During the interviews, couples numbers 3, 4, 5, 6 and 7 proclaimed to have familial support and couples numbers 2 and 10 had the support of their spiritual leader. However, in response to questions 8 and 10 on the interview questionnaire all the couples told the researcher that they wished for additional social support from the

community and professional organizations such as the Health Ministry, Education Ministry, Social Welfare Departments, Special Education Departments and their child's local school.

In response to the couples' pleas for social support, the researcher has stated some suggestions below, which if carried out could greatly help these ten couples and other couples in similar situations to be more resilient in facing and dealing with the fact that their child has hearing impairment.

## **5.2 SUGGESTIONS**

A common problem that the couples concerned, faced was the lack of information obtained from non government and government organizations like the Ministry of Health, the Ministry of Education or even the Social Welfare Department. The ten couples expressed their wish for professional counselling so that they might obtain help in order to come to terms with their problems and prevent delayed education attainment in their respective child's life. "Counselling," says Blackham (1974) may be "therapeutic, guiding or problem solving." Dilys M. Evans (1980, p. 82), suggests that couples of deaf children need counseling that is concerned with specific problems of hearing impairment that are associated with " slow language acquisition, communication methods, lower educational attainment compared with hearing peers, unintelligible speech, job suitability, the impact of deafness on the child's emotional and social development and so on." Dilys emphasizes that couples need counselling to understand these problems in order to help their deaf child. B. McCormick in his article, "Parent Guidance" (1975, pp.315-329)

suggests that it is vital for couples with hearing impaired children to have parent guidance programmes and a parent guidance worker who visits them regularly. B. McCormick (p.321), cites that one of the reactions that couples face when they know their child is deaf is " the replacement of positive aspirations for the child's future, by gloomy speculations and fear of the unknown." Couples of the hearing impaired who have just been informed that their child is deaf, need to have someone who is empathetic and trustworthy, who is prepared to offer attentive and sensitive listening. This someone should be well informed about the implications of the child's impairment. The couples need such a person who can answer their questions and provide constructive advice on meeting the child's special needs, when they are ready to receive it. The couples of the hearing impaired child should not demolish all their expectations of their child such as, to see them grow up, have a secure job and get married. Instead the distressed couples need to be guided along a difficult path to familiar ground.

Thus, it would be beneficial if the Ministry of Education, the Ministry of Health or the Social Welfare Department could make plans to train counsellors or set up some form of parent guidance to help couples and extended family members of the hearing impaired to see that their world is not hopeless but has received a severe setback which with help they can overcome resiliently.

Teachers of the hearing impaired need counseling skills to help couples through the emotional stress of facing their child's disability. Seven out of the ten couples whom the researcher interviewed, expressed their desire to have fully trained teachers for their child because they were worried over the fact that their child was being taught by untrained teachers in the field of hearing impairment. The couples added that they didn't

receive any direct, personal help from the teachers for the development of their child. The researcher suggests that trained teachers can help couples to be more resilient parents by teaching them coping skills and telling them how to provide a suitable learning environment to stimulate their child intellectually, socially and minimize the effects of their deafness in many areas of their development. The teachers can encourage couples to ask questions and seek explanations about issues that they are doubtful about pertaining to their child's academic prospects. Teachers can guide couples to set realistic goals and thus avoid undue stress and anxiety by being overly ambitious. Honesty is essential for the peace of mind of the couples. Teachers can help emphasize problems as opportunities and interpret stressful experiences in a more positive light. This will promote further resilience in the couples with hearing impaired children.

Besides qualified teachers cum counselors, the researcher believes that the Social Welfare Department should train good social workers that are allocated solely to help the hearing impaired in this country. These social workers should have specialized training to offer practical advice to the couples on what they can do to help their child immediately. The ten couples concerned would have valued this type of a social worker who has the ability to build their confidence and resilience by imparting good counsel to them. These social workers can also inform couples especially couples with limited physical resources, concerning the social services available by the Social Welfare Department such as tax exemption for educational goods, rebates on monthly telephone rentals, discounts for medical aids such as hearing aids, exemption from medical fees for treatment at government hospitals and concession fares from Malaysian Airlines, National Rail Service and City Liner busses. The researcher was surprised to be

informed that six out of the ten couples she interviewed did not know about these available services for their hearing impaired child. It is necessary that such information as stated above, should be imparted to all couples with handicap children as soon as possible.

The researcher suggests that the Social Welfare Department, voluntary organizations, the Ministry of Education and the Ministry of Health can help couples with hearing impaired children to be more resilient by organizing community-based activities and seminars for them. The workshops and seminars can be open to couples and their extended family members who wish to give familial support to the couples. The workshops and seminars should address the topic of resilience when dealing with a hearing impaired child. Extended family members can be informed how to render effective emotional and practical support to the couples such as child minding so that the couples can have a brief period of relief together. The goals of the workshops or seminars should be to help the couples to become familiar with the resiliency mechanisms. The educational objectives of the workshop should be to aid couples to identify their coping skills, psychological resources and other internal factors of resilience that they commonly use in managing their daily living. Once this is done, the couples should be guided to evaluate the effectiveness of their resilient mechanisms and the areas of their vulnerabilities. Guest speakers of the seminars and workshops who have the required expertise can help the couples to face their weaknesses and develop strategies to overcome them. They can give information about the disability of the couples' children and the causes of the disability. They can put the reality of facts in its'

proper perspective because some couples are still in a turmoil over the cause of their child's hearing impairment and tend to be overly pessimistic about it.

Another strategy for building resiliency through social support is to have a mentorship programme such as the Couple-to-Couple group. The couple mentor can provide emotional support and information about services by their testimony to couples that are facing the same dilemma and require these resources. They can share similar joys, sorrows, personal experiences and receive support that is different from the support available by their families. Couples can discuss mutual problems and perhaps, negative attitudes can be changed to more positive outcomes. Zeitlin and Williamson (1994, p.138), stated that "discussion groups generate opportunities for learning that can influence beliefs and values, increase knowledge and skill, and enhance coping styles." The researcher believes that during their discussions, couples will have the reassurance that they are not alone in their situation. New couples can receive advice from veteran couples over the decisions and actions they have taken in guiding their hearing impaired child. During the interviews, the researcher has suggested to the couples concerned that they should build their own network of social support that will help to strengthen their resilience. This suggestion was accepted by couples numbers 3, 4, 8 and 10 who thought that it was a good idea.

Another suggestion to promote resilience in couples through social support is to have telephone counseling. Perhaps, caring voluntary organizations or the Social Welfare Department can arrange for a telephone help-line that can provide couples with hearing impaired children with advice during certain days of the week. Specialists in the field of hearing impairment could give practical tips on how resilient couples have coped

with the similar problems. Besides this, couples ought to have their own personal chat room sessions with other couples in the Internet who have become resilient in dealing with their personal problems in parenting a child with sensori-neural deafness. A bibliography of appropriate books, articles and websites can be of help too.

B. McCormick (p. 322), states that couples of the deaf "have feelings of isolation, helplessness, despair, and despondency at the ignorance of the general public." The researcher discovered that the ten couples she interviewed did experience one or more of the above stated feelings. The researcher suggests that the public needs to be educated so that they might have a more complying attitude towards the integration of the hearing impaired in the society. The researcher recommends that the mass media can be effective in expanding public awareness and changing attitudes towards the hearing impaired. This would be a means to help decrease the ignorance of future couples of hearing impaired children. The radio and television has the advantage of reaching many people in the community who need to be educated to accept the deaf child in their social circle. Short and interesting stories that involve deaf children and show their ways of coping with sensory handicap can give community insights. The researcher feels that this would contribute to better community support that will be beneficial the couples that are striving to be more resilient in overcoming their problems.

Finally, the researcher believes that resilience could be enhanced in couples with hearing impaired children if the Ministry of Health, the Ministry of Education, the Welfare Department and other caring non-government organizations such as the Pusat Maju Diri in Kuala Lumpur could publish newsletters every month to be circulated among parents of the hearing impaired children and anybody else who wishes

to subscribe for it. The newsletter should contain new information and explanations of hearing aids, language development, auditory training, speech production, vocational guidance, community activities for the hearing impaired, educational placement programmes and so on, which will be useful for the couples with hearing impaired children and all readers who are involved with them. Possibly, films, tapes and videocassettes can be lent to couples with hearing impaired children and their families to help and teach them how to be resilient in facing the challenges and struggles in their daily life with their child who has sensori-neural deafness. According to C. Glendinning (1983) and M. Nolan (1981, p.91), there is a National Deaf Society in Britain that publishes useful literature and magazines for couples to educate them about the needs of the hearing impaired child. The researcher believes voluntary organizations or government organizations in this nation should do likewise. Printing of booklets with captions and pictures can supply basic information that may be highly necessary for couples to be more resilient in dealing with their hearing impaired child.

The researcher is of the opinion that if the above stated suggestions are carried out, they will doubtlessly be beneficial in enhancing resilience in present and future couples who have children with sensori-neural deafness.

### **5.3 CONCLUSION**

Resilience is like the pine tree, sending its' roots deep into the soil, surviving in spite of the lightning and insects, making the most of its' small space in the sun. The ten couples whom the researcher interviewed with the exception of couples 2 and 10,



portrayed resiliency by bouncing back over the long-term in the face of their chronic stress. The couples had cognitive skills such as intelligence, assignment of meaning, coping styles and psychological resources such as self-sacrifice, trust, maturity, hardiness, affection and commitment. Some of the couples had religious and familial support, which are external factors of resilience operating in their lives. The greatest reward for these couples of the hearing impaired children is to see their child equipped with the necessary lifestyle needs, in order to cope with confidence in the hearing world. It is the hope of these resilient couples that the related and concerned influential organizations and the society at large, would help them to make their dreams come to reality for their respective child.