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AMULTIFACTORIAL PATTERN FOR THE UNDERSTANDING OF THE PSYCHOLOGICAL DEVELOPMENT OF THE CHILD WITH IMPAIRED HEARING AND ITS CLINICAL-THERAPEUTIC IMPLICATIONS

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[Un modello multifattoriale per la comprensione dello sviluppo psicologico del bambino con deficit uditivo e sue implicazioni clinico-terapeutiche]

SUMMARY

The Authors propose a multifactorial pattern for the understanding of the psychological development of the child with impaired hearing.

According to this pattern the psychological development is determined by a variety of factors that can be regrouped into three categories:

• family features

• aspects concerning the rehabilitation and the acoustic prosthesis

• social and socio-environmental factors.

In order to apply an effective action it is necessary to consider the interaction of the different factors and to adapt the therapeutic plan to that particular situation.

Key words: Child deafness, psychological development

RIASSUNTO

Gli Autori propongono un modello multifattoriale per la comprensione dello sviluppo psicologico del bambino con defi - cit uditivo.

Secondo tale modello lo sviluppo psicologico è determi - nato da una molteplicità di fattori,

raggruppabili in tre categorie:

• caratteristiche familiari

• aspetti riabilitativi e protesici

• fattori sociali e socio-ambientali.

Per un intervento riabilitativo efficace occorre valutare l'interazione fra i vari fattori e adattare il progetto terapeutico a quella particolare situazione.

Parole chiave: *Sordità infantile, sviluppo psicologico*

Introduction

In the past, many people thought that deafness was one of the causes for cognitive development retard (Pintner and Patterson, 1917)[1] and for psychological-emotional problems (Brunschwig, 1936)[2].

The individual with a serious impaired hearing was, in this way, stigmatised and described as "dependent" "suspicious", "aggressive".

Today, luckily, many stereotypes have been dropped also thanks to a fitter use and evaluation of the intelligence tests and to deeper studies about the personality of deaf subjects.

In this way it was possible to carry out the shift from an epistemological pattern of linear casualness, according to which there is a direct relation cause-effect between deafness and psychopathology, to a pattern of complexity that takes into consideration deafness as one of the possible risk factors for the outbreak of psychopathologies.

This statement involves important consequences not only on the social plan (common belief), but also on the clinic-therapeutic plan.

In fact, since the child's behaviour is the last expression and manifestation of the interaction among several factors and of the peculiar and original way with whom a subject reacts to them, it isn't possible to think about a" pre constituted pattern of a deaf child".

Consequently, the medical specialists, the experts in the schools and in the rehabilitation therapy that want to plan effective educational and therapeutic activities must take into consideration the variety of the factors influencing the behaviour and "thinking" in an attitude of col-operation among them and with the family of the impaired child.

Discussion

In case of unfavourable simultaneous situations for the normal psycho-emotional development, it is possible that deaf children may develop typical features of maladjustment personality. In particular, it is possible to distinguish three main typologies of personality (Bacchini and Valerio, 2000)[3]:

• An obsessive kind of personality, that is mainly visible in the subject attitude controlling the surrounding environment in a constant and careful way.

• An impulsive kind of personality (Vaccari and Marschark, 1977)[4] in order to face and compensate the poor capacity of inner observation.

• A depressive kind of personality, caused by the state of social isolation in which the deaf child can be.

Let's consider the multifactorial pattern proposed by the Authors in a detailed way, to better understand the child's behaviour.

Bronfenbrenner (1988)[5] refers to the psychological development of an individual as a process that takes place in the mind and that, since it can't be observed directly, is inferred from the typical and personal way through which each person lives his or her own experiences subjectively and gets involved in the surrounding world. In this way every subject contributes to his/her own development.

On the other side, even the environment directly influences the personal developing process both through the features of the immediate context where the subject is placed (family) and through more distal contextual features (for instance the group of peers and the school context) that may amplify or reduce the effects of the immediate context.

In order to give a full explanation, let's consider three main factorial categories that influence the child's individual mental processes:

a) family relational features;

b) aspects regarding the rehabilitation and the acoustic prosthesis;

c) social and socio-environmental factors.

A) Family relational features

Rubin, et al., (1990)[6] take into consideration three variables that may influence the family and the relational environment:

◆ the social-economic conditions in which the family lives;

◆ the personal and social conditions, that is the psychological maturity and the parents' health condition, the family union and the social support provided to the family;

◆ the belief becomes mature to their child.

The last aspect is particularly important for the development of the impaired child that, even more than his ordinary classmates, needs answers about his/her own competences and limits from his/her parents.

Therefore, the advice given by the experts to the parents about the possibilities and the limits of their impaired child becomes a strongly therapeutic intervention, able to modify the more or less wrong beliefs and, consequently, the expectations of parents and the image that the child has of himself, indirectly from the way the parents consider him.

Also the child's temperamental features are involved in determining the quality of the relationship parents-child (Belsky, 1984)[7], as they can make it easier or, on the contrary, more difficult the educational task of the parents.

A "difficult" child, aggressive, avoiding, is a bit gratifying for the parents who, in the course of time, acquire a less careful and less welcoming attitude towards their child. In this way they structure an unsatisfactory relation between parents and child with some consequences for the child's development.

The family's relational style is also influenced by the way with which the parents react to the situation of their impaired child. The elaboration process of the diagnosis and of the acceptance of the problem is often long and complex and it needs mutual emotional support and adaptability by parents.

Meadow (1968)[8], in particular, identifies three distinguished phases in the elaboration process of the diagnosis about the deafness of a child:

• phases of the diagnostic funnel, characterized by the research from the parents about the data that can avert the feared diagnosis;

• phases of the diagnostic trauma that begins when doctors confirm the diagnosis of deafness;

• phases of the therapeutic alliance that allows the parents to get actively involved in the therapy of their child and to co-operate with the experts.

Not always,but the family is able to react to the diagnostic trauma with a balanced and active co-operative attitude with the experts (Maggio M. et al., 1995)[9].

In fact they can show attitudes of refusal with consequent inability to respond to their child's needs in an adequate way and running the risk to determine and encourage the rising of damages in the in the child, in the psychological, cognitive and social development (Sacks, 1993)[(10)], or hyperprotective attitudes or, still, hypo affective or ambivalent behaviours. The last ones,particularly damage the child's self-esteem seriously because, in this way, he doesn't feel worthy of his parents'love.

The audiologist, in col-operation with the speech therapist, and if possible, with other experts on impaired children rehabilitation, must think all together about the family relational features in order to plan appropriate and fit activities for a particular child living in a given family.

In this way it will be possible to involve the parents in the therapeutic project actively and make them aware of the program to carry out, avoiding, in this way, interventions that often reveal to be ineffective because not shared by the family.

B) Aspects regarding the rehabilitation and the acoustic prosthesis

The diagnostic and acoustic prosthesis precocity (Maggio O. et al., 1986)[(11)], together with the strictly clinical data such as the age of the outbreak of the disease and its seriousness, are important elements that can amplify the effectiveness of the rehabilitative interventions.

In fact, an immediate intervention can reduce the negative influence of impaired child's development significantly (Hasenstab et al., 1978)[(12)] and it is likewise indicative of an adequate and immediate reaction from the parents.

The speech therapist takes over a basic role for the psychological and relational growth of the impaired subject with whom he establishes an intense and long affective cooperation term.

First of all he has the task to motivate the child to the listening and to the communication, notwithstanding the impaired hearing situation and the difficulties that come from this. By offering apt instruments for the communication, he allows the child to establish satisfactory relations with children of the same age, avoiding, in this way, the isolation and the sense of inadequacy that derive from it.

It is likewise important that the parents are involved by the speech therapist in the therapeutic project, in order to let them know their child's potentialities as well as to stimulate the psychological, the affective-relational growth and the linguistic competence in an aware and suitable way.

Our experience of work with impaired children has given us the possibility to confirm this concept, in fact, whereas the speech therapist has taken into consideration the affective-relational dimension of the patient and has established a trustful relation as well as the sharing and the exchange with the parents and other experts involved in the rehabilitation, the therapeutic process has been carried out with more serenity and has given profitable outcomes.

C) Social and socio-environmental factors

The contact with people not belonging to the family unit has a positive influence on the psychological and relational development of the child. As it offers cognitive and social stimuli, it promotes different activities from those already known, it introduces the child in environments rich of new physical stimuli and exposes him to interactive, behavioural and linguistic modalities different from those he has experienced at home (Bandura, 1969)[(13)].

Moreover, through the social contact, the child develops the capability of the mutual exchange, a fundamental condition in human relationships. In the case of an impaired child, in addition to what has already been said, the possibility to stay with other people, above all with children of the same age, stimulates the linguistic learning and the capability to assume and to structure the information coming from the external world (Bacchini and Valerio, 2000) (Trozzi et al., 2000) (Carmuco et al., 2002)[(3)(14)(15)].

Having the possibility to spend part of the free time together with friends and ordinary schoolmates is a chance to be on an equal footing, without the mediation of adults,that are always too busy in avoiding any difficult or frustrating situations to him, preventing him, in this way, from experiencing his own potentialities.

Obviously, and this is one of the project goals regarding the school integration, it's necessary to prepare the impaired child to the integration, by giving him the suitable instruments of communication and reading and comprehension of the messages coming from outside, in order to avoid the risk of isolation or refusal from his schoolmates.

We have to consider another aspect that regards the socio-environmental factors, that is the quality and the variety of the territorial services, the socio-economic and family status and the social

representation of deafness that the environment gives back to the family.

Conclusions

According to the pattern of the complexity, the individual is considered in his dynamic and mutual interaction with the surrounding environment and with the changes described so far.

The development is a process that involves the cognitive-affective and biological factors of the individual and the proximal and distal factors of the environment where they belong in a constant and reciprocal interaction.

Such interactive process is influenced and influences the subject as a whole (Magnusson and Bergman, 1984)[16].

Therefore, it is necessary to delineate a path that involves all the medical and educational operators and the family with the purpose to "invent" together personalized instruments of intervention that guarantee a unitary therapeutic plan which is shared and takes into consideration the complexity of the individual.

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