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**PSYCHOLOGICAL DISORDERS IN DEAF AND HEARING-IMPAIRED
CHILDREN**

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ABSTRACT

Hearing as well as other senses is God's blessing that its absence can create problems for people that can point to mental health problems. In studying the mental health problems can point to a lot of problems, such as depression, anxiety, aggression and fear. The aim of this research is to study the mental health problems in children with hearing loss and deaf to solve these problems by studying and understanding these problems. Nowadays, several studies have been accomplished or are doing in the mental, social and educational dimensions of the deaf children training and there are clear prospects for growth and excellence of deaf children.

Keywords: mental disorders, learning disabilities, hearing-impaired

INTRODUCTION

In general, if the child is hearing impaired and you don't try for diagnosis, treatment and rehabilitation, after a while they suffer the complications caused by hearing impaired. These complications include:

Delays in normal development of speech and language, speech disorders, fluency disorder, impairment of grammar, language, communication disorders, emotional - behavior disorder, thinking disorder, delay in social - cultural development, and learning disorder,

academic failure, reading and writing impairment, listening memory impairment, understanding-listening disabilities, reduction of stored words, etc. Studying all of these disorders is difficult in an article and as the mental disorder is the most common in hearing-impaired, in this article, we study the psychological problems caused by hearing impaired.

Children who are deaf or hearing-impaired suffer more mental disorders. Child who cannot hear when he sees the changes in other people attributed that to himself that

causes the mental disorders in him. Mental disorders in patients with partial deafness may be psychotic reactions (delusions and hallucinations variety), neurotic reactions (depression, anxiety) and behavioral problems such as lying, evasion, resistance, revolt, which may face them in the future. The main problems of the deaf is language and communication problem, because the first level of speech relation is communication. Normal children are naturally surrounded by the environment of verbal language and sound practice and they learn the language by generalization of objects and situations. Understanding the meaning is accomplished by visiting in the deaf children. Communication problems lead to psychological and behavioral disorders for the deaf. But the important issue is that the parents have the important role in reducing these problems or even not occurring these problems in these children. In some cases the parents pay more attention to their deaf children, as they don't let them participate in social activities that it leads to social immaturities and the lower threshold of anger, anxiety and frustration in these people (Li and Prevatt, 2010).

Hearing Disorder

It is a generic term that indicates hearing disabilities ranging from mild weakness to profound degrees of intensity. Hearing loss

is composed of two sub-groups deaf and hearing-impaired.

A. Deaf: The deaf is a person who his hearing impaired prevents the successful verbal information process that is achieved by hearing (whether by hearing aids or without hearing aids).

B. Hearing Impaired: The hearing-impaired person is a person who generally can use residual hearing in the processing the achieved data (Halahan and Kaufman, 1994).

There are many definitions for the deaf, but what is striking in all these definitions associated with speech and hearing the speech. In the first half of the twentieth century, especially in the 1930s to 1940s, many definitions of deafness are about the adverse effects of hearing loss in a person's life; but later, especially in the second half of the twentieth century, most definitions of deafness are about the problems of the theological speech and communication because hearing loss is palpable on the dumbness and lack of this important human sense is more visible in this way (Pakzad, 1997: 345).

It is essential to mention that there is close relationship between hearing loss and mental retardation in language development. That's why experts are emphasizing on the onset of hearing loss. Hearing loss in children occurs as soon as

possible, she will suffer in language development. That's why professionals work with children with hearing loss often use the terms such as congenital hearing loss (i.e. those who are deaf at birth) and hereditary hearing loss (i.e. those who have become deaf shortly after birth). Other terms often used in children's language learning include:

- Deaf before language acquisition: It means that it occurs at birth or in early life, before speaking or speech that growth.
- Deaf after learning: the deafness occurs after the speech and language development.

Some Types of Deafness

A. Psychological deafness: some people are healthy in the auditory system in terms of anatomy, but they are not able to hear the voices. Today, with the invention of audiometer and psychological tests, hearing loss is separated and the children of any type are trained specifically. One of the most common types of psychological deafness is "hysterical deafness". Patients classified as hysterical, there is no sensory and motor disturbances in them, although, these patients do not have any defects and their eyes and ears are healthy, they cannot see and hear. Sometimes the person with memory impairment can be observed and

patients forget all creatures and even their name.

Another type of mental deafness is literal deafness. Although these people hear sounds well, they are not able to understand the meaning of words. In other words, the deaf person cannot find the relationship between the heard word and the object related to that. The main cause of this type of deafness may be hearing nerves or brain or trauma such as an accident or incident.

The overuse of drugs sometimes causes defects in the auditory system. Caffeine, aspirin and overdose of antibiotics have a negative impact on the auditory system. Also, those who work in the factory or busy place, later they will be protected by the sounds and after a while they realize that their hearing sensitivity to certain sounds is reduced.

B. Hearing loss in aging : Gradually the man gets old, a general fatigue appears. This fatigue is involved in auditory system. Experience has shown that after 40 years old, some members of the auditory nerves are weakened, and the hearing is gradually reduced (Pakzad, 1997).

Psychological and Behavioral Disorders in Deaf and Hearing-impaired Children

A. Attention deficit disorder / hyperactivity (ADHD)

Generally, three subsets of attention deficit disorder / hyperactivity are accepted. Attention deficit disorder, ADD, hyperactivity (impulsive) and a subset of mixed or hybrid. The disorder is about 7 to 8 percent of all children and three times more likely to be found in the boys. Although almost the same amount of disorder can be seen in deaf children between 30 to 40 percent have more problems in maintaining appropriate classroom behavior. Delays in language acquisition is associated with a delay in growth performance. As a result, deaf children become skillful in regulating emotion (control mood or emotions) and verbal restraint that lead to a behavioral protests.

One of the main problem of diagnosing ADHD in the deaf children is the overlap of the common behaviors between diagnosis behaviors ADHD and the deaf children behavior. For example, diagnosis criteria of DSM-IV include these behaviors: "it seems that he doesn't listen when he is directly spoken", "He often forgets the daily affairs", "often he interrupts others", and "he often answers before the question is ended". A deaf child may not diagnose that they are speaking, and he may forget the trainings as he couldn't understand them well. Also, as they may have problem in organizing or

completing the homework, they don't understand the orders given them. When they are processing their environment to achieve the information or to detect who is speaking, they may be distracted due to the events happened around them. They may have problems in paying attention to the teacher who is presenting the oral information due to fatigue. Similarly, due to a lot of activities, the deaf children may seem restless because of the long concentration on the verbal tasks. As they don't see the speaker's face, they may answer questions before completing the questions. Similarly, as the deaf children cannot recognize the other person is speaking or they may have problems in pragmatics, they may interrupted them. Therefore, the deaf children it is difficult to make difference between attention deficits, excessive activities and the behaviors related to poor communication and social skills. Nevertheless it is easier to make difference based on hyperactivity-normative symptoms because some of these symptoms are not associated with hearing disorder. For example, the deaf children may leave the class comparing to the health children, they may run more, or they may have problem in turn taking in games.

B- Irritability

Irritability may seem normal, but it is challenging behavior of most of the children in early years. The most common age of irritability is 1 to 3 years old, but they are different in crying for some minutes, screaming. Irritability occurs when the babies cannot control their environment or dominant them, or they cannot achieve their need or be considered, and when the baby is tired, hungry or sad, it is more probable to occur. Irritability may take more time in the deaf babies comparing to the peers and it is more severe. Irritability is more common in the second year when the child is acquiring the language and understand more than expressing. Supposing that delay in speech can be predicted in most of the deaf children when they cannot understand what they should do when they are confused in thinking, feeling or communicating.

Irritability of deaf children for parents often occurs in the context of a severe adjustment problems and strengthen the boundaries of appropriate behavior result of generalizing violation of children's problems. Many parents express their disappointment in relation to their child's education and explanations, sometimes to the point that they stop their effort. There are studies that show the mothers of the deaf children use more likely physical punishment compared to the mothers of

children with normal hearing in response to unwanted behavior.

C) Problems of going to the toilet

Naturally, this area is an issue that comes to mind on hearing damage. However, because of the frequency of parents of hearing impaired children who seek help on schedule, or what will happen in the future is focused. A deaf child who cannot speak to the therapist, the disorder may be identified. However, if the child can describe his idea, by accurate asking can determine these ideas have been developed in response to a communication problem or understand something that they feel the need to keep the issue has been fully understood, or not related to current events. Hence, these thoughts are interfering and they are not stopped by sufficient information or reassurance.

Compulsions are behaviors that an individual needs to reduce feelings of anxiety and repeat them over and over again. It seems more practical obsessions are irrational. For example, touching thing eight times before leaving the house, washing hands repeatedly or maintaining empty shampoo bottles that do not need them. Like obsession, compulsion of deaf children is different from the children with normal hearing. For example, the child may require to repeat special especially frequently. Despite the response in terms of

language or understand it is a question often asked. Identification of obsessive-compulsive disorder in children, especially deaf children with poor language skills and communication is difficult. They are more likely to be too anxious or may suffer autism or maybe due to hearing disorder rather than an obsessive-compulsive disorder.

D) Oppositional defiant disorder (ODD5)

Oppositional defiant disorder is a behavior that is cleared by an outburst of anger, breaking the law or the purposeful refuse, and an argument. The disorder that affects boys more than girls, the most common behavioral disorder is early and mid-childhood. It seems that the prevalence of the disorder among deaf children is higher, but the outbreak is more complex by the fact that there is a significant overlap between the behaviors associated with defiant disorder and attention deficit behaviors / hyperactivity disorder, autism, anxiety and depression.

Outburst of anger in children and adolescents is the norm of growth, but it is more frequent and longer in the children who suffer oppositional defiant disorder. However, deaf children may suffer oppositional defiant disorder.

Many fail because of not being able to effectively communicate instead of oppositional defiant disorder fall in anger.

Poor communication skills, especially with peers may lead to problems with a sense of empathy and social problem solving, lack the skills needed to deal with situations where deaf children can feel forgotten, misunderstood or foolish behavior. Also, during the early years of childhood, when parents are deaf as a result of communication problems caused by the lack of common mental language are more likely to use corporal punishment, modeling aggressive behavior could occur within the context of the family.

E. emotional problems in the deaf

Deaf people have emotional problems - societal many as follows:

- 1) lack of comprehensive social symbols
- 2) disruption of communication with others
- 3) anxiety and ill treatment due to lack of confidence
- 4) fear of acceptance by others
- 5) resistance and negativism
- 6) withdrawal
- 7) depression
- 8) lack of self-awareness, self-esteem, negative self-concept - self-bottom
- 9) away from class games
- 10) fear of dealing with strangers
- 11) emotional ambivalence
- 12) social immaturity.

F) The impact on the emotional and social growth

According to Morris, all human beings have the same basic needs that must be satisfied for the healthy development of the individual. Among them we can mention the need to communicate with others. The

basic needs of human communication deaf people are always not satisfied. For many children around these complex concepts, such as the death of relatives, emotional problems, problems of adolescence and youth, etc. don't give them enough information, and the parents do not communicate with them to clarify these issues and children are alone every day in fear, anxiety and apprehension. Thus, the failure is caused by poor communication, behavioral or emotional problems can lead to the deaf and the behavior, communication and motivation. Since communication skills are essential for academic learning are affected when these skills are affected academic achievement are also affected; but the social and cognitive development of deaf children need not be delayed, provided that from an early age, they become aware of the meaningful and reasonable relationship (Hardmn and J. Drew, 2010).

CONCLUSION

In this study mental disorders caused by hearing impaired and deafness were investigated. Hearing impairment is a violation in a person's health, so it is natural that many problems to follow. But when we know the ways of dealing with these problems, these problems are greatly reduced. Parents and teachers play an important role in modulating these

disorders. While they play an important role in providing psychological services and treatment to children with behavioral problems. For example, the effectiveness of treatment based on the mother's child-parent interaction, the reduction of oppositional defiant disorder in preschool children can be mentioned (Abbasi and Nashtadoust, 2013). When they realize that their child is deaf or hearing-impaired, they should be psychologically trained. Psychological trainings are designed based on experience and many tests, the desired result reduces these problems. For example, it is explained about the child's self-injury behavior that slamming head is a sign of headache or toothache in children (Austin and Jeffrey, 2007; Edwards and Crocker). So far, several behavioral management programs are designed to improve family functioning because a large number of parents do not have enough information about managing their children's behavior and emotions, as well as how to communicate effectively with them.

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