

Attachment Styles and Perceived Parenting Styles: A Comparison of Hearing Impaired Adolescents and Normal Adolescents

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ABSTRACT

This study aimed to evaluate and compare the attachment styles and Perceived Parenting Styles of hearing impaired and normal adolescents. Method: The research design was a descriptive with casual-comparative method. The research population included all students, boys, and girls of middle school and high school in Eghlid and Abadehcities (Iran) in 2015 school years. The sample consisted of 362 students, 162 student hearing impaired and 200 normal students. Samples were selected using a multistage random sampling method. The census method was used to select groups of hearing impaired students. Data were collected using the Collins and Read's attachment styles questionnaire and Schaffer's parenting styles questionnaires. The data were analyzed using MANOVA. Results: The results of multivariate analysis showed that there are significant differences between attachment styles of hearing impaired adolescents and normal adolescents. The results also showed that the uninvolved and permissive parenting style is significantly different in parents of hearing impaired adolescents and parents of normal adolescents. Conclusion: If families have strong emotional relationship with their children and apply proper operations, subsequently their children will be less prone to behavioral problems. Educating parents on parenting styles and giving proper instructions to families on how to raise healthy persons in the society become a high priority.

KEY WORDS: Attachment, parenting, hearing impaired, adolescent

1. INTRODUCTION

According to England, the national association for the deaf (NAD), hearing impaired people are those whose hearing is not sufficient for data processing [1]. Reports show that one to six children per 1000 infants are born with congenital loss of hearing. At least 90% of them are living in developing countries [2]. More than 90% of these births occur in families without a history of hearing loss [3].

Birth and presence of a child with hearing loss put forth unique and different challenges for families, which may lead to disappointment, discomfort, depression, anger and helplessness, guilt, shame, and inferiority. Members of these families display different behaviors such as aggression, withdrawnness, dismissiveness, and agoraphobia [4]. Presence of an impaired hearing child causes feelings similar to feeling of grief in parents [3]. Evidence has shown that parents of deaf children are more likely to experience social, economical, and emotional problems which are detrimental and limiting in nature [5]. When a child is diagnosed as deaf, parenting experience is influenced by this diagnosis and changes occur in parents' expectations about the child and his or her future. In other words, parents' experiences about child inability, influence parenting sensitivity, their caring behavior, and their expectations about the child and his or her future [6]. Parents tend to show different reactions when interacting with deaf children; some of them become extremely supportive of their deaf child, while some abandon the child and try to hide their child [7].

Bowlby [8] defined attachment as a kind of affective bonding. Attachment motivates children to seek proximity with attachment figures, especially when they are distressed. Many believe that children always internalize information of interactions with caregivers, which forms the structure of their relationships in adulthood. This distinct internal structure is a representation of self and others, known as working models of self and the world. They are formed based on the individual's perceptions of environmental events and act as a working schema for interpreting behaviors of others.

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In fact, attachment theory provides a useful framework for understanding close relationships throughout life [9]. This theory claims that after creating inner working models, children reflect them in their interactions and continue to reinforce and correct them. Therefore, these models tend to persist into their adult social relationships [10].

Factor analysis studies identified two important dimensions of parenting. The first dimension can be conceptualized as care, which pertains to behaviors of acceptance, warmth; while on the other hand, it pertains to rejection and criticism. The second dimension is known as control, which pertains to parenting control and overprotection, while on the other hand it pertains to promotion of autonomy.

Parental warmth and acceptance correspond to children attachment security, while studies have provided mixed evidence for the relationship between parenting behaviors and insecure attachment [11]. There are different classifications of parenting styles. Baumrind's [12] parenting typology is one of them. Baumrind identified three parenting styles: authoritative, authoritarian, and permissive parenting styles. Maccoby and Martin [13] expanded upon Baumrind's three parenting styles by placing parenting styles into two distinct categories: demanding and responsiveness. With these distinctions, four new parenting styles were defined, namely authoritative, authoritarian, permissive, and indifferent (a newly added type) parenting styles. Maccoby and Martin studied parents along these dimensions and found that authoritative parents are high in terms of demandingness and responsiveness, while authoritarian parents are high in demandingness and low in responsiveness. However, permissive parents are low in demandingness and responsiveness [14].

Given the existing theories about attachment and parenting, particularly those that emphasize on Bowlby and Ainsworth's attachment theory, Baumrind's [12] parenting typology and Maccoby and Martin's [13] theory as a complementary to Baumrind theory, this study has investigated attachment and parenting styles to try to attain a probable relationship between them, in order to provide an answer to the general question: Is there a relationship between attachment styles and perceived parenting styles of parents of hearing-impaired adolescents and normal adolescents?

2. MATERIALS AND METHODS

The research design was a descriptive with casual-comparative method. The research population included all boys and girls students of middle school and high school in Eghlid and Abadeh cities (Iran) in 2015 school years. The sample was included 362 people, 162 student hearing impaired and 200 normal students. Samples of normal were selected using a multistage random sampling method. Data collected from the "Collins and Read's attachment styles" and "Schaffer's parenting styles" questionnaires

1) Adult attachment scale (RAAS) (revised edition): RASS it has three subscales: dependence, closeness, and stress. Adult attachment scale examines quality of the assess an individual's communicate skills and the style of his/her intimate relation. It has 18 items that respondents on Likert scale of 5 degrees stated their agreement or disagreement with each statement. The questionnaire has three subscales: the dependence that indicates the trust and relies of subject on other. The near subscale that measure subject of emotional intimacy with others and anxiety subscale assess individual concern about be rejected. They use 80% Cronbach alpha for validity of the test; the reliability of the test-retest method was done by 95% correlation between the two performances in Iran.

2) Schaffer's parenting styles questionnaires (PSQ): This questionnaire has been developed by Naghashian [15] in Iran, based on Shaffer works which has 77 items to assess different aspects of control -freedom and affection-rejection in the family relationships according to subjects' point of view. This questionnaire is of likert type. At first the mean scores of affection-rejection aspects were computed separately which result to four parenting styles. Splitting reliability coefficient of this questionnaire reported to be 0.87 by its developer [16]. Cronbach alphas coefficient was 0.80 in this research. The data were analyzed using SPSS software and descriptive statistical analysis and MANOVA were used for the comparison between variables.

2.1 Ethical Considerations

Participants were informed of aims, method and how the study will be conducted. They complete an informed consent form. To protect confidentiality, participants' names were not on any of the questionnaires or reports. Participants could exit the study in any stage that they wanted.

3. RESULTS

In order to compare the groups, data were analyzed using descriptive statistical analysis and MANOVA. Demographic data and descriptive analysis of the dependent variables are presented, then groups are compared with

each other through MANOVA. Mean and standard deviation of impaired hearing and normal adolescents' attachment styles are presented in Table 1.

Table 1: Mean and standard deviation of impaired hearing and normal adolescents' attachment styles

Variable	Group			
	impaired hearing		Normal	
	M	SD	M	SD
Secure attachment style	13.80	5.06	16.64	4.07
Avoidant attachment style	15.85	3.93	13.51	4.86
Anxious- ambivalence style	14.12	3.96	12.81	4.81

Table 1.Shows that anxious- ambivalent and avoidant attachment styles mean scores of impaired hearing adolescents is higher than normal adolescents. On the other hand, secure attachment styles mean scores of normal adolescents is higher than impaired hearing adolescents

Mean and standard deviation of impaired hearing and normal adolescents' perceived Parenting Styles are presented in Table 2.

Table 2: Mean and standard deviation of impaired hearing and normal adolescents' perceived Parenting Styles

Variable	Group			
	impaired hearing		Normal	
	M	SD	M	SD
Authoritative parenting style	36.78	4.71	38.16	4.11
Authoritarian parenting style	26.12	3.93	26.01	4.86
Permissive parenting style	29.71	7.11	25.81	5.81
Indifferent parenting style	31.63	6.11	25.74	6.17

Table 2.Shows that perception of permissive and indifferent perceived parenting styles of impaired hearing is higher than normal adolescents. Also there is not a significant difference between authoritative and authoritarian perceived parenting styles of impaired hearing and normal adolescents.

Results of multivariate variance on attachment styles and perceived parenting styles scores of impaired hearing and normal adolescents are presented in Table 3.

Table 3: Multivariate variance on attachment styles and perceived parenting styles scores of impaired hearing and normal adolescents

Effect	Value	F	Hypothesis df	Error df	Sig
Pillai's Trace	.987	3.56	3	428	.001
Wilks' Lambda	.013	3.56	3	428	.001
Hotelling's Trace	75.993	3.56	3	428	.001
Roy's Largest Root	75.993	3.56	3	428	.001

As observed in Table 3, multivariate F value in $p > .001$ (3.56) is statistically significant. Multivariate variance analysis results show that there is a significant difference between attachment styles and perceived parenting styles of impaired hearing and normal adolescents. To find out this difference, univariate variance analysis was used which results are presented in Table 4.

Table 4: Univariate variance analysis attachment styles and perceived parenting styles of impaired hearing and normal adolescents

Variable	Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared
Secure attachment style	55	1	55	3.45	.064	.38
Avoidant attachment style	205.34	1	205.34	15.65	.004	.30
Anxious- ambivalence style	182.09	1	182.09	8.34	.014	.22
Authoritative parenting style	43.23	1	43.23	43.23	.649	.027
Authoritarian parenting style	31	1	31	31	.751	.016
Permissive parenting style	194.76	1	194.76	194.76	.001	.008
Indifferent parenting style	281.12	1	281.12	281.12	.001	.019

As observed in Table 4. There is a significant difference between perception of attachment and permissive and indifferent parenting styles of impaired hearing and normal adolescents.

Results show that impaired hearing adolescents has more insecure attachment (avoidant- anxious and ambivalent) than normal adolescents. In addition, parents of impaired hearing adolescents use more permissive and indifferent parenting styles than parents of normal adolescents ($p > .001$). There is no significant difference between perception of authoritative and authoritarian parenting styles of impaired hearing and normal adolescents ($p > .05$).

4. DISSCUSSION

The aim of this research was to investigate and compare attachments styles and perceived parenting styles of hearing impaired and normal adolescents. It is very crucial and important to know about the dysfunctional family environments when it comes to the identification of the problems of the children with impaired hearing in the different aspects of mental, social and cognitive problems. Perhaps many of these issues are related to the fault parental and child interactions [17]. It is important to note that family is the first and most unique social institution, and the health and success of any society is dependent on the health and satisfaction of members of family and the positive relationships within the family have durability, depth and great intensity [18]. The role of children in the form of parental communication and the consistency and ultimately rejected the appropriate social and psychological behaviour is noteworthy.

By looking at the mean and standard deviation of mothers' scores in parenting and attachment styles, one can obtain a relatively clear picture about the condition of hearing-impaired adolescents and normal adolescents. One of research hypotheses in this research states that there is a significant difference between impaired hearing and normal adolescents' attachment styles. This hypothesis was accepted. The results showed that normal adolescents have secure attachment in comparison with impaired-hearing adolescents. Therefore, securely attached people who from childhood enjoyed warm and constructive relationships with their parents learn how to express their emotions in sociably acceptable ways, and thus they are able to respond to expressed emotions of others. With a high degree of demandingness and responsiveness, authoritative parents help to form a secure attachment with their children. Thus, the children develop a positive working model of their self and others. Based on this, the children perceive themselves to be lovable and others as being responsive and accepting. Such an attachment has a positive relationship with mental health and other social virtue indexes. They are warm, kind, supportive, and they become engaged in their children's works. As a result, children find a positive attitude toward themselves. Such schema protects them from dangerous behaviors and provides mental health capability for them.

Results showed that impaired hearing adolescents have more insecure attachment styles (ambivalent- anxious and avoidant) than normal adolescents. No scientific study was found in this respect, but this is in line with Bowlby [8] who indicated that affective bond between children and parents can predict children's future adjustment. This does not mean there is a causal relationship between hearing loss and the quality of parents-children affective bond. Hence, when parents confront with hearing loss of their child, because of pressures which they experience, some changes occur in their child's attachment style. Such parenting has qualities such as lack of intimate relationships, discouragement, no acceptance, and inflexible behaviors, among others. Direct observations showed that children in this families use more negative reciprocal interactions with their parents and others. Dammeyer [19] found that impaired hearing children are in a lower level in psychosocial domain in comparison with their normal counterparts. Therefore, mother-child relationship is impaired in many respects. Mother does not receive a proper response for her efforts and stresses. At the same time, because of inabilities and difficulties which accompany impaired hearing, these children face more obstacles in education.

Parents who develop insecure attachment in their children cause a negative attitude toward themselves in their children. Such schema not only causes them to become more susceptible to dangerous behaviors, but also cause them to lower their social merit and self-esteem. To summarize the results, differences in attachment styles originate from different parents' interactions, particularly from the mothers. In one study, Yagon [20] showed that people with insecure attachment with their parents during their childhood, show misbehavior toward their peers in school. Researchers believe that these children had neglecting parents who failed to provide proper responses to their children's behaviors. On the whole, quality of care and the way family members interact with each other can determine the type of attachment in a child, an adolescent, as well as in an adult. Therefore, powerful parents-children affective relationships with an adequate function can develop a secure attachment style in children, and thus protect them from behavioral disorders. Sensitivity and responsiveness of parents to the needs of their children influence the development of secure attachments in the children.

Other finding of the study accepted the hypothesis which indicated that there is no significant difference between perceived authoritative and authoritarian parenting styles of parents of impaired hearing adolescents and normal adolescents. The difficulties of having impaired hearing children exert a major stress on parents. Therefore, these parents will face more and more unique challenges. Currently, most studies agree that mothers of impaired

hearing children experience more anxiety and distress in comparison with mothers with normal children [21], [22], [3]. With respect to observed anxiety and distress in parents of these children, differences in their parenting styles can be observed. Mothers of this children show more negative parenting behavior. In fact, parents who report higher stress and describe their children as incapable, do not show warm and intimacy in parent-child interactions, but exhibit a kind of inconsistent discipline, that is, negligence. Some parents feel a high burden as caregiver because of difficulties in bringing up their hearing impaired children. Some parents may become very tired too soon and withdraw; and they only want to be parents, but not a teacher or a trainer to their children [3].

As can be seen, we can realize that the most favorable results that leads to various adaptations in children and includes their complete growth in all the aspects, are related to the parental skillful communication. Those parents, who behave in the reasonable fair and logical way with their children and protect their rights, tend to develop the adaptations and mental growth in their children. In the authoritative parenting style, parents acknowledge their child's impaired hearing as a disability, but believe that they can overcome it. Hence, they try to satisfy the needs of their child and provide sufficient stimulants for the child to have a comprehensive growth. The permissive and ignorant model provides the greatest losses since in these models, parents do not agree with problems or they refuse to take any responsibilities related to their children.

However, in indifferent and permissive parenting styles, even though parents accept impaired hearing as an abnormal phenomenon, they make little effort to deal with the child's problems. They very soon become tired from this little effort and withdraw. This would not only cause the child to be immature, but also can consequently exacerbate the child's disability. Therefore, as a conclusion, parent-child proper interaction is a great determinant in the development of a child and his or her mental health later in adulthood. It is through a healthy interaction that children's needs can be understood and hence efforts can be spent to satisfy them.

Despite having to face exerting necessary controls, there are some limitations which relate to the findings in this research. First, this research was limited to the adolescents' opinions about "parenting and attachment styles"; clearly, parents' opinions in this respect can be complementary to those of the adolescents'. Second, given that this research was carried out on middle school and high school students, generalization of the findings to other students must be done with caution. Third, this study was conducted in one city and province; so the generalizability of the results beyond this study's population is questionable. Given the results of this study, the author proposes that training programs should be conducted to inform parents about parenting styles and their effects on children.

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