

QUALITATIVE STUDY OF THE SOCIO-EMOTIONAL SKILLS PERFORMANCE IN HEARING LOSS CHILDREN AND NORMAL HEARING CHILDREN

Sinuhé Estrada-Carmona, Andrea Jael Xequé-García, Yaritza Zuleymi López-Chan, Gabriela Isabel Pérez-Aranda, Susana R. Gómez-Rodríguez

Faculty of Humanities. Psychology. Autonomous University of Campeche, Mexico.

ABSTRACT: *Social-emotional development is the ability of a child to understand the feelings of others, control their own and get along with those around him, the performance of this capacity in adult life depends on the development that has been exposed in childhood, the processes included are emotional and behavioral and their initial stimulation from the neonatal stage, where hearing and subsequent language take a leading role, so it is thought that subjects with profound hearing loss are disadvantaged in the goal of achieving a life as an emotionally stable adult. The objective of this research was to analyze the social-emotional performance of children with hearing loss and without hearing loss through the observation of their parents and their teachers. Based on the battery of socialization (Silva and Martorell, 1989) we elaborated an interview with the items aimed at investigating the socio-emotional behaviors that were applied to parents and teachers. With the data obtained we created 3 categories with two subcategories each one; These were: 1) Personal scope, 2) Social environment and 3) Conduct. In conclusion, there are evident differences in both emotional and behavioral performance in both groups, with the group of children with hearing loss being at a disadvantage as it presents difficulties in expressing emotions and controlling behaviors.*

KEY WORDS: Social-emotional development, social-emotional performance, hearing loss, normal hearing, family level, personal scope.

INTRODUCTION

The present work aims to determine if the hearing loss implies in itself a social-emotional development at risk. Social-emotional performance conceptualizes all those human abilities that allow the subject to govern the presence or absence of feelings, emotions and behaviors, at the time of the frequency and intensity of these. In this way, the personal, social and interpersonal development varies depending on the social-emotional development that has been stimulated in the childhood of each individual. This starts from the neonatal time, stage from which the sense of hearing assumes an indispensable standard to clearly begin to conceive the environment and the interaction of oneself with it, to this the language is added later, which allows coding and to decode messages from the conception already made in advance of the world, since the hearing was needed.

This is why the subjects with profound hearing loss are considered to be at a disadvantage to the auditory isolate, limited to their observation and visual perception, since on several occasions children with hearing loss show frustration when they do not understand complex and / or abstract everyday circumstances, like anger or emotional pain. The social interaction of a child with hearing loss depends not only on successful literacy but also on acquiring the knowledge and skills necessary to embark on complex social situations without stress, anger, assault, isolation or depression; it is for such an approach that it is considered important in this investigation the need to identify if there are differences in the performance of social-emotional skills between children with hearing loss and normal hearing

children. The feelings of trust, security, friendship, affection and humor are all part of a child's social-emotional development.

LITERATURE REVIEW

When we talk about hearing impairment, it encompasses all types of hearing loss, referring to the lack or diminution in the ability to hear clearly due to a problem somewhere in the auditory apparatus. The program "Inclúyeme (2016)" classifies the main causes of hearing impairment in, genetic (hereditary), acquired in the life stage and congenital (prenatal, perinatal and postnatal).

Aguilar (2008) mentions that the hearing loss can be from the most superficial to the deepest, in terms of the auditory capacity, it is spoken of hearing loss (it refers to the ranges of hearing loss that range from mild-slight to moderate-average) and deafness (reference to a hearing loss that ranges from being severe to being profound), therefore, the acquisition of oral language does not occur naturally. In this way, the subjects with this type of loss mainly use the visual channel to receive the information, to learn and to communicate.

As mentioned by Ferrández and Villalba (1996), hearing loss by itself does not imply an intellectual disability disorder, since if a student with hearing loss is offered the necessary instruments (oral language, sign language, communication systems) alternative and / or augmentative) and opportunities (rich and stimulating environment), their cognitive development does not have to be affected, since, from the moment of birth, the child is immersed in a social and family context that also goes to be determinant for its development. In the same way Rodríguez, Hernández, Santos y Carrera (2016) refer, the family thus becomes the first school of the child, hence the importance of deepening their study, especially when it comes to those who have children with some kind of disability.

Guillén and López (nd) consider two external contexts, the first being the family environment as the main and determining factor, both for the hearing normal child and for the child with hearing loss, since it will depend on the level of acceptance of the parents the development that the child manifests with the passage of time and in the same way to maintain a stable social-economic level on the part of parents of children with hearing loss with the purpose of attending the needs presented by him; in this way, the family where a son or a brother with a disability is born, a grief occurs that affects each one of the members and the development of their daily life, since it involves reorganizing functions and tasks (Gómez and Leiva, 2007). The second external variable of great importance for the personal development of the student with hearing impairment is the school environment, hence the importance of knowing the special educational needs of each student and providing them with an adequate educational response to them. It is worth mentioning that special education is also aimed at those who manifest a learning rhythm different from that normally expected.

On the other hand, Marchesi, 1987 (cited in Guillen and López, nd), expresses that an educational attention that includes sensory stimulation, communicative and expressive activities, symbolic development, parental participation, the use of auditory remnants of the child, etc., promotes a continuous process in the child with hearing loss that will allow him to face more possibilities to the limits that this poses in its development.

In this way, Frías-Armenta, 2006 (cited in Bronfenbrenner and Ceci, 1994) argues that development in the course of life takes place through increasingly complex processes in an active bio-psychological organism. Therefore, development is a process that derives from the characteristics of people

(including genetics) and the environment, both the immediate and the remote and within a continuity of changes that occur in it through time being named model Process-Person-Context-Time (PPCT).

The evolutionary cognitive development of the child with hearing loss is different in some stages in contrast to the normal listening child. According to research based on the evolutionary development of Piaget's theory, deaf children have an evolutionary sequence practically the same as normal listeners, although with a greater delay in the acquisition of certain notions that require greater abstraction, which are expressed by the absence or oral language difficulties. It should be noted that the deaf student is not unable to communicate, but to use the Oral Language as a way to communicate. We must bear in mind that they have a greater restriction of communication with adults, and in many cases they are surrounded by excessive protection (Barros and Fernández, 2014).

In the period a) Sensory-motor, deafness, in addition to hindering communication and interaction of the child with the environment, according to Villalba, 2004 (cited in Guillen and López nd) will have an impact on their motor development, their space-temporal structuring and rhythm construction, in stage b) Preoperational (2-6 years) children with hearing loss later access the symbolic game and have delays and limitations in their development, since they are less skilled in handling symbols, in stage c) Specific operations (7-12 years) children with hearing loss and normo listeners, present the same sequence of acquisition of the different concepts in the field of specific logical operations, there being a lag when the more complex the operations involved and finally in stage d) Formal operations (over 12 years) characterized by hypothetico-deductive thinking, it has a special difficulty for preadolescents and adolescents with hearing loss. According to Marchesi, 1992 (cited by Guillen and López nd), this difficulty presented by children with hearing loss for hypothetico-deductive reasoning is explained not only by their lower linguistic ability, but by a lesser knowledge and mastery of the topics that are seen.

Along with cognitive development, physical, psychological and social changes are combined as we mentioned in his PPCT model of Bronfenbrenner, Valdez, 2014, mentions that they happen as a person grows, having a crucial interrelation between the social and emotional. Emotional expression has a privileged place in the regulation of social interactions in childhood, while social relationships, particularly attachment, influence emotional development, combining what is known as Social Emotional Development, a child's ability to understand feelings of others, control their own feelings and behaviors and get along with their peers (Hear-it, 1999). Social and emotional skills are basic in all people, but even more so in people with disabilities so that they can establish adequate interpersonal and intrapersonal relationships (Collantes, 2016).

Harris, 1992 (cited in Villanueva, Clemente and Adrián, 1997) makes reference that during childhood is when you learn to express feelings and emotions. In this learning, through the different experiences of childhood, parents and society play a very important role. According to Abe and Izard, (1999), emotions stimulate social interactions. For example, the emotion of interest that takes place and promotes the mother-child relationship, will contribute to progressive advances in the establishment of communicative shifts and in the process of intersubjectivity (cited in Villanueva, Clemente and Adrián, 1997).

The child who is born with a hearing loss or who loses hearing before developing language is affected in their linguistic, cognitive, affective and social development. The lack of hearing inhibits the child's socio-emotional development, being limited to the expression of his ideas, feelings and understanding of his environment. The information that is transmitted through intonation and the rhythm of the voice

reaches the child with hearing loss partially, causing situations of misunderstanding about the intentions and emotional situation of others (Nah, 2011). Villanueva, Clemente and Adrián, (1997) consider that some of the characteristics that are presented in them are the following: feeling of loneliness due to lack of communication with the outside world, visual attention, a certain degree of concretism and dependence and isolation in the face of difficulty in the understanding of language. In general, Clemente, and Valmaseda, (1985) are the parents who usually take the initiative, show leadership, limit the field of action of the child and allow few options in their responses. This reductionism makes it difficult for the child to understand the sequences (Cited in Villalba, 1996).

Therefore, parents should have a communication system that allows them to understand their child and regulate their behavior, but interactions with children should be effective and spontaneous, adults should avoid didacticism and adapt to the moments of play and of affective exchange, ensuring that the child enjoys contact and communication. Also, you have to stimulate your imagination and not limit our messages to specific aspects of the here and now.

In this way, children with hearing loss need to be stimulated and motivated, but, above all, that their progress be reinforced, that they be congratulated and that their efforts be acknowledged. Unconditional acceptance, the pedagogy of success and the reinforcement of its progress are the best way to build self-confidence.

They should receive a treatment similar to that of their colleagues avoiding exceptions and normalize it throughout the deal. Normal-hearing students who have colleagues with hearing loss should be instructed on the effects of the loss and trained in communication systems, knowing the precautions to observe to facilitate lip-facial reading, and to master the sign language. Therefore, it is convenient that the help of the classmates does not always go from the normal listener to the one who shows hearing loss, but also the child with hearing loss should collaborate, help, assume responsibilities and be a spokesperson for information or explanations for their classmates.

The contact between parents, schools or group dynamics helps to cope with the feelings of frustration and the inconveniences that result from the hearing loss in the child.

The link and commitment of work between the school that accepts the deaf child, the family and the professionals that support the linguistic and psychopedagogical development is crucial, it is a team task (Durán, 2015).

METHOLOGY

Research question

How are the social-emotional skills performed between children with hearing loss and normal hearing children?

Participants

The sample consisted of 6 teachers divided into two groups: 4 of special education that evaluated the children with hearing loss and 2 teachers who evaluated normal hearing children. There were also 9 parents divided into two groups: 4 mothers who evaluated their children with hearing loss and 5 who evaluated their children without hearing loss.

Of the 8 children evaluated, the 4 with hearing loss belonged to CAM # 2 (Multiple Care Center) Pedro Berruecos Téllez. The 4 normal-hearing children belonged to the Miguel Hidalgo Elementary School, all the children are between 7 and 10 years old.

Instrument

Based on the Socialization Battery BAS-1 and BAS-2 (Silva and Martorell, 1989) that evaluates a profile of socialization based on:

- a) Four positive aspects facilitators: leadership, Joviality, social sensitivity and Respect-self-control.
- b) Three negative / disturbing / inhibiting aspects: Aggressiveness-stubbornness, Apathy-withdrawal and Anxiety- Shyness.
- c) Global appreciation of socialization.

We conducted two semi-structured interviews aimed at teachers and tutors of the sample groups.

- a) Semistructured interview aimed at the teacher: the objective of the interview was to know the social and emotional development of the child, the ways of relating to their peers and the resources they use to resolve conflicts, show empathy, tolerance and deal with the frustration. It was constituted by the following 10 questions:

1. How would you describe the student in general?
2. How is his socialization inside and outside the classroom? - How is his relationship with his contemporaries?
3. During recess, does he join his peers' game or what activities does he do?
4. Does he participate and integrate into group activities within the classroom?
5. What is his level of attention in class? Explain
6. Does he follow the teacher's instructions in class or the rules established either in a game or in the classroom?
7. How does he react when he doesn't understand any indication or want to express something and can not explain yourself? - What do you do as a teacher when the child presents this situation?
8. In your point of view, how is the relationship of the parents with the student and their participation in the school environment of the same? - How pending are your school compliance?
9. How does the student react when he is called attention to something he or she did? He apologizes-cries-angers-ignores-etc.
10. In your point of view, what aspects should be worked on to improve the student's social-emotional area?

- a) Semi-structured interview directed to the tutor. The objective of the interview was to know the level of inclusion of the child within the family through the activities and responsibilities that are designated, as well as those that are separated, family dynamics (integration and strengthening of skills), situations in that expresses their emotions and in which they are regulated. It was made up of the following 13 questions:

1. How is his family dynamic?
2. How many brothers does he have and what place does he occupy?
3. How is he included it in family interaction?
4. What does he do in his spare time?
5. Can he recognize his attitudes and circumstances in which he is intimidated? Explain

6. On what occasions does he show impulsive behavior?
7. How does the child demonstrate his impatience?
8. On what occasions is he noisy: scream or shout easily?
9. How do you motivate or encourage him to do something?
10. How is he reprimanded when he does not obey or commit a fault?
11. Does he get separated or intimidated when there are many children or people around him?
Explain
12. Does he play alone or apart from the group?
13. Does he give up when he encounters some difficulty, without looking for a solution? In case your answer is No, explain what the child does to solve it.

Procedure

First, we visited CAM # 2 (Multiple Atención Center) Pedro Berruecos Téllez institutions and Miguel Hidalgo Elementary with the corresponding permits to carry out this investigation. In the second instance, the observation was made to all the students of the selected grades, 2nd and 4th, therefore, two students were chosen at random from each grade in the Miguel Hidalgo primary school, in CAM # 2. It was taken into account for the selection the proximity of similarity of hearing loss among the children, the closeness of age and then the regularity of attendance of the child to the institution, in both schools taking care that the age range was related. In the first sessions we observed within the classroom, in both groups were considered the development and social-emotional performance. Therefore, the observation and interviews conducted were our data collection instruments. Later we analyze the information and we form the analysis categories and the relationship diagram between the categories. All of the participants signed an informed report and a confidentiality certificate of personal data as indicated by the ethical code of research in psychology and the law of protection of personal data of Mexico.

Data analysis

The study was qualitative. Qualitative research studies the quality of activities, relationships, and instruments in a given situation so it seeks to achieve a holistic description, which means, to analyze exhaustively, a particular event or activity, based on the taking of two small samples per means of observing these.

The sample that was we worked with is small and the objective to be achieved was to understand the social-emotional skills performed between children with hearing impairment and normal hearing children, these skills were observed and described from the family and school contexts. Therefore, we perform a phenomenological interpretative analysis through the triangulation of researchers (Arias, 2000).

ANALYSIS OF RESULTS

Social-emotional skills (SEK)

Table 1.
Personal Scope (PS).

| Category | Children with hearing loss | Normal hearing children |
|----------------------|---|--|
| Self-knowledge (SK) | Sometimes it is difficult for them to recognize their emotions, however, they manage to recognize the emotions of others. | They know how to identify their own emotions and that of others. |
| Self-regulation (SR) | They have difficulty controlling their emotions, manifesting it with impulsive reactions towards others. | They understand their emotions, however, sometimes regulating them is complicated. |

Examples

A) Children with hearing loss *Self-knowledge*

Mom: Identification of emotions: We spend too much time together and sometimes she fights with me and at times she calms down and when I scold her he knows what she did wrong, she comes and hugs me and asks for an apology.

Teacher: Self-efficacy: You put a word to it, she divides it by letters and draws the line so that she goes repeating the same letter, it is a strategy that the same one nobody asked her to do so.

Teacher: Self-perception: When she does not grasp the task, she can stay there and is not able to raise her hand, you have to get closer to her.

Self-regulation

Teacher: Tolerance to frustration: When she is not given the same material as other children, she does not react properly, she gets angry, she does not understand that she is not given something because the activity she is doing has not ended. Only occasionally, not always, and depends a lot on her mood from home.

Mom: Emotion management: It bothers her when you don't give her things when she asks for them, she gets angry because you do not give her things quickly so she screams and pushes things like that, she insists on that attitude until you give them to her.

Mom: Emotion management: When I scream at her or when I say no to her, she gets angry and cries sometimes.

Teacher: Reward postponement: Accepts to abandon the class for a few hours so she can go training, the teacher explained to her that that training is for a contest she has been selected.

B) Normal hearing children *Self-knowledge*

Teacher: Self-efficacy: She has initiative even though for example there are topics that she does not know, she does not dominate, she does not inhibit herself from pointing out, she is a girl who is not afraid to make mistakes, she thinks, she does not see if she is going to do it right or wrong.

Teacher: Identification of emotions: With her classmates she is a bit more conservative, as she is analytical, she does not get along with anyone if she responds to the greeting of anyone, even if they are not her classmates.

Teacher: Self-perception: She does not stay quiet, she asks and tries to find a way to explain herself.

Self-regulation

Teacher: Emotion management: When she recognizes that if she was talking or admits that she was distracted, she does not get angry, but sometimes she says "it's not me, it's the other person who is talking that is distracting me" so she gets angry.

Teacher: Tolerance to frustration: He has always shown willingness to know, to learn, he is eager to know, but that anxiety goes beyond the limits of patience, he does not accept his classmates very fluently, he is not tolerant and he does not accept an error from them, and the external.

Table 2.

Social Scope (SS).

| <i>Category</i> | <i>Children with hearing loss</i> | <i>Normal hearing children</i> |
|-----------------------|---|---|
| Social Awareness (SA) | They express their intergroup support openly, although at times they demand more attention for themselves. | They keep in mind the state of their peers, seeing for the welfare and progress of these, although sometimes it is complicated. |
| Colaboración (CL) | They show skills for their relationship with their peers, however, they tend to be intolerant of the denial of any request. | They understand that mutual support is important, however, sometimes they find it difficult to work as a team. |

Examples

A) Children with hearing loss

Social awareness

Teacher: Empathy: When I get angry with her sister, she intervenes, beckoning me to calm down, and she beckons her sister "because it made me angry".

Teacher: Empathy: If the children are doing something, she does not accuse them, they have to affect her to do it.

Teacher: Active listening: If you have to give her individualized attention, you only focus on her and explain what she is going to do.

Teacher: Active listening: Se focuses a little more and carries out the sequence of what she is doing and what the teacher is asking and saying.

Teacher: Perspective: At home they do not require her to make an effort to consider the different views of the event or event.

Collaboration

Mom: Handling interpersonal conflicts: When I Yell at her she understands she did something wrong so she comes to me and hugs me.

Mom: Assertiveness: When she expresses her anger she does not believe that she can hurt someone else, she tends to hit things even though I tell her that that is not a good thing.

Teacher: Pro-social behavior: When an activity is supported, all of them are organized.

Teacher: Pro-social behavior: The girl does not get involved in the progress of others or by individual or group support.

*B) Normal hearing children****Social Awareness***

Teacher: Empathy: He has many problems to integrate and others integrating with him, he does not easily accept company, he is the one who directs what is done and that is not done here inside or outside.

Teacher: Active listening: Apparently little, but, although he is turning to another side or talking, he listens, in appearance he seems little, but he is very receptive so he can understand what he is doing or what he wants to do.

Teacher: Perspective: She is very observant, she fixes first before responding to any question or action, she first analyzes to be able to answer the situation or the case in which she has to participate.

Collaboration

Teacher: Assertiveness: She always has to be cautious with what she has to do and she knows what she should not do with them as teams, she is always very analytical, she knows how to take with them and she knows how to express herself.

Teacher: Handling interpersonal conflicts: He does not integrate easily, he is usually alone, or he does not last long in a team or with children playing, it does not last long, if only 5 or 8 minutes, because something happens there that he himself Sometimes, as they are integrated, it leaves.

Teacher: Pro-social behavior: In teams when there is an activity, she reads with her team, helps the team, integrates, but follows the activity pursued.

Table 3.

Conduct (C).

| <i>Category</i> | <i>Children with hearing loss</i> | <i>Normal hearing children</i> |
|-----------------------------------|---|---|
| Responsible decision making (RDM) | They show mostly subtle methods, which create fragile decision making. | They have the capacity to meditate between the different alternatives for a correct decision making. |
| Perseverance (P) | They manifest a lack of motivation, showing themselves at times indifferent to failure, resulting in abandonment. | They mostly show tolerance to frustration, so they look for methods that help them achieve a goal in general. |

Examples

A) Children with hearing loss *Responsible decision making*

Observation: Responsible decision making: The subject is not allowed to make decisions of great responsibility, for which reason it has been observed that he has not been able to put into practice the reflection between different options of choice according to the assessment of its consequences.

Observation: Critical thinking: It is considered that the subject does not present the options of evaluation of the consequences, since when he performs his activities or when he expresses, he does not think much, he simply does it.

Observation: Analysis of the consequences: The subject stops trying, insisting, does not look for alternatives without thinking about what may affect him.

Perseverance

Teacher: Perseverance: When he does not understand any work that is left of the school, he asks me how it is done, he asks me for help so he can finish it.

Teacher: Perseverance: You ask him if he had understood and he shrugs, but he does not make the effort to understand you or to do it in another way.

Teacher: Reward postponement: In the classroom during the preparation of the tasks the teacher insists that she hurry because the recess is approaching and if she does not finish she will not be able to leave and nevertheless knowing this, she prefers to continue in something different.

Teacher: Reward postponement: She does the craft activity without despair, knowing the purpose of it, and taking into account the joy of giving the work to her mother.

B) Normal hearing children *Responsible decision making*

Teacher: Responsible decision making: When she has a difficult question to answer she comes and asks me and when she thinks that her classmates can help her she waits for them.

Teacher: Critical thinking: She is a reasonable child before executing activities or situations.

Teacher: Analysis of the consequences: First, she analyzes in order to be able to respond to the situation or the case in which she has to participate.

Perseverance

Teacher: Perseverance: The first few times she did not even try, she would just close her notebook, now if she tells me and asks for other examples, I stop and explain it again for everyone, but I focus on those who did not understand.

Teacher: Reward postponement: She is clear that it does not matter to be wrong, that she can learn from that mistake, in fact, she is one of the most outstanding, she is very smart and she is very responsible. At the beginning of the course she was not like that, she was more distracted and

disorganized in her notes, right now if we take her notebook it is not excellent, but compared to the beginning.

As you can see the previous tables, 3 categories were identified, divided into 2 subcategories each, counting in the same way each table with examples. Thus, it can be observed that the main differences between the two groups are: in the first instance, children with hearing loss manifest difficulties in fully complying with their social-emotional skills, mainly those related to the regulation of emotions and the fulfillment of goals and / or objectives, being shown in difference in level compared to the norm hearing children, since they are more participative in terms of compliance with social-emotional skills, showing greater perseverance for the achievement of goals and showing greater tolerance to frustration.

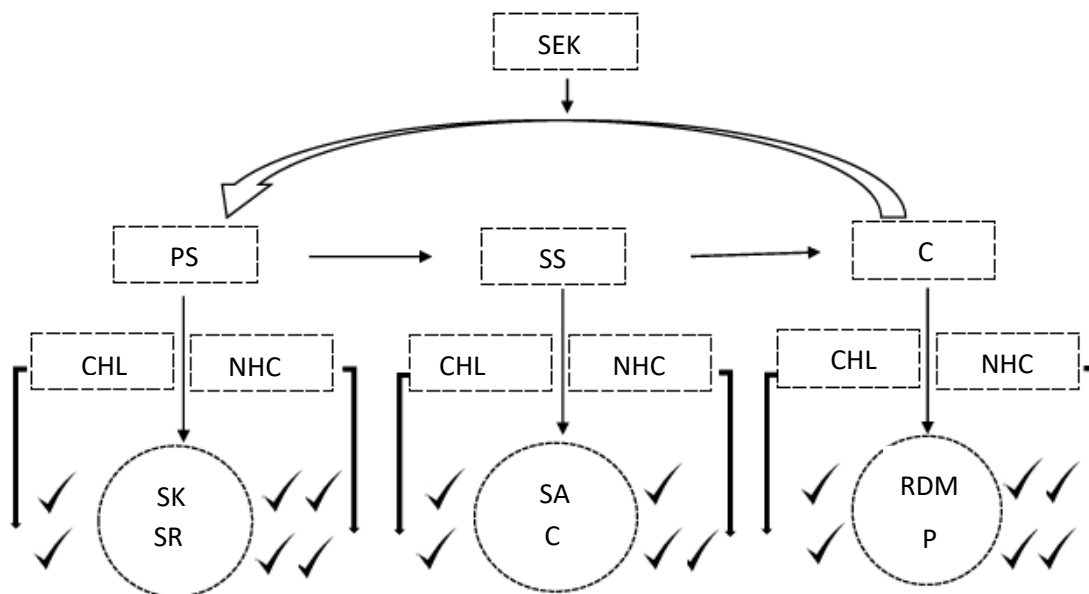


Figure 1. Relationship diagram between categories and subcategories.

The Social-Emotional Skills (SEK) are constituted by 3 main dimensions divided into two categories each, the first category is the Personal Scope (PS), which allows knowledge and Self-Confidence (SK) as well as the ability to Self-Regulate (SR). The second category is the Social Scope (SS), which establishes constructive relationships with other people called Social Awareness (SA) grouping skills that allow a better relationship such as empathy, active listening or conflict resolution for Collaboration (CL). In the Conduct (C) the Responsible Decision Making (RDM) is reflected in the different areas of life, as well as the ability to Persevere (P) to achieve goals. As a whole, the categories and subcategories provide the person with the necessary tools to achieve personal goals in different areas. Each of the social-emotional skills has the particularity of relating and precede the next, with the purpose of accompanying in the process of personal discovery, as well as actions that guide them to an unfolding development for both oneself and for others. In addition, it can be observed that Children with Hearing Loss (CHL) have a certain disadvantage (✓) compared to Normal Hearing Children (NHC) since their lack of development in each of the subcategories presented is reflected. Normal hearing children, on the other hand, showed greater advantage (✓✓) according to the management / control of the skills, however, the progress of these skills will continue to change throughout life.

DISCUSSION Y CONCLUSION

With the research carried out and the necessary analyzes, we found the existence of a social and emotional gap between the group of children with hearing loss and the normal hearing children, observing in the same way that the gap is not only in development but also in the external treat, being taken care of and considered as minors to their real ages. In comparison with the study carried out by Suarez (1997), "Social skills among deep deaf children" we find a relationship with the results obtained in this, there being a difference between the development and adaptation of a child with hearing disability in contrast to the normal hearing child, presenting greater repression on the part of the parents in terms of freedom, designation of responsibilities and independence, hindered the positive progress of an adequate social-emotional development for the future, likewise it makes reference that the disability is not only attributed to children, but to the parents as well.

It is important to realize that for a long time there has been concern for the inclusion of children with any type of disability to society, however, in subjects with hearing loss, their inclusion starts by opening the opportunity to understand what happens around them, such understanding is possible by giving them the necessary tools for their future rather than actual performance, that is, when these subjects are at an early age they are allowed to have a lot of flexibility before taking responsibilities and forging key behaviors that lead them to be dependent, not being required such impositions the subjects with hearing loss lose essential learning during their early years, essential learning for the rest of their life, such as the acquisition of language which ends their cognitive development when they are 7 years old, if children with hearing loss would achieve a competent language, they could become independent and adjust to a regular environment in their later stages of life.

The scope in which the aforementioned flexibility was found is in the family context, which, given their condition, they choose not to demand disciplines or responsibilities as a hearing child putting them at a disadvantage against the world, as Jáudenes & Patiño (in FIAPAS, 2004) mentioned in their research, the knowledge of the auditory disability produces in parents and mothers reactions of restlessness and disorientation since, on the one hand, they have to adapt to a situation that is neither expected nor desired, that fills them with uncertainty about the future of their sons and daughters and, on the other, they face a problem for which, in most cases, they do not have any information or preparation.

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RECOMMENDATIONS

It is important for future research to expand the sample and analyze other variables that could intervene in the social-emotional skills of children with disabilities.

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