Parenting Resources of Deaf Parents with Hearing Children

Barbara L. Mallory
*University of Alberta*

Jerome D. Schein

Harvey W. Zingle

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**Recommended Citation**
Abstract

Parenting resources and counseling needs of deaf parents with school-aged hearing offspring were explored as part of a larger cross-sectional descriptive study of perceptions of deaf parents' child-rearing performance. Three categories of informant provided research data. Fifteen deaf parent/hearing child dyads were interviewed. Parents also completed short questionnaires. Hearing grandparents, fewer than half of whom live near their deaf adults offspring, responded to mailed surveys. Questionnaires provided quantitative results showing that deaf parents turned more frequently to relatives and friends than to professionals for help with child-rearing problems. Parents identified few and grandparents identified no parenting programs or services suitable for deaf parents. Results of thematic analysis of interview data support and illustrate questionnaire findings. Parent support groups and counseling services in sign language were needs mentioned by deaf parents. Factors contributing to limited access to both peer support and professional resources were discussed along with implications for community service providers.

To whom do deaf parents turn for help when they experience difficulty in raising their hearing offspring? The answer to that question was sought as part of a larger cross-sectional study of perceptions of parenting performance in families headed by deaf adults.

Review of the literature reveals a dearth of systematic study into the social support and mental health needs of deaf adults. Deaf adolescents with problems communicate with parents, siblings and peers, not professionals, according Denmark, et al. (1979). Nor did their hearing parents seek professional support for child-rearing problems. Occasional anecdotal and clinical reports tend to reflect negatively upon the emotional stability of deaf parents who have hearing offspring (Arlow, 1976; Halbreich, 1979; Robinson & Weathers, 1974; Schlesinger & Meadow, 1972; Wagenheim, 1985). Flaxbeard and Toomey (1987) viewed hearing grandparents as over-involved in deaf-parented social work cases, although how involvement was assessed was not specified. Regarding intergenerational therapy with such families, Harvey (1985, 1989) raised two issues of particular interest to service providers: (1) problems in establishing effective communication with and among members of deaf/hearing families, and, (2) the need to include highly involved grandparents in the therapeutic process. However interesting and informative such reports are, it is important to remember that they discuss highly selected cases from a clinical population and therefore do not necessarily represent the support and counseling needs experienced by the average deaf parent raising hearing children in the community at large.

The resources turned to by deaf parents during the day-to-day stresses of child-rearing may
well be governed by communication factors. Given the centrality of American Sign Language (ASL) in deaf culture, along with the fact that ninety percent of deaf adults come from hearing families (Schein & Delk, 1974; Schein, 1989), it is likely that deaf adults and their families differ in preferred communication modes. Do deaf adults turn for assistance to their hearing parents from whom they were separated by the residential education/socialization experience (Evans, 1975) and with whom they may have an uneasy developmental history (Mindel & Vernon, 1971)? The current literature does not appear to address such questions.

As to accessibility of mental health agencies and services, Stewart (1981) observed that counseling services suitable for the deaf consumer were increasingly available. Galusha (1989), however, found that 82 percent of mental health agencies in one Canadian province relied on written notes to communicate with occasional hearing impaired clients. Discussing availability of mental health programs in the United States, Moses (1990) stated:

Specialized services such as marital and family therapy, sex therapy and counseling, and substance abuse counseling are generally not available to the deaf person. (p. 2)

Although specialized deaf-parent education programs have been urged (Ford, 1984; Luterman, 1979), the literature lacks documentation of such initiatives. Furthermore, deaf parents may be unlikely to turn to popular self-help literature, given the low literacy level characteristics in the deaf community (Quigley & Paul, 1984).

In this study, the question of resources for deaf parents of hearing children in times of family stress or distress was systematically explored. In addition to documentation of the range of resources identified by deaf parents, of particular research interest were the views and involvement of hearing grandparents in deaf-parented families, as well as deaf parents’ information about and frequency of use of mental health services in the large urban area in which they live.

Method

Subjects

Parent-child dyad identification. Starting with an exhaustive master list of more than 50 deaf parents thought to have at least one hearing offspring, compiled with the assistance of the local deaf community members, 21 families meeting research criteria were identified by interviews using a Telecommunication Device for the Deaf (TDD). These 21 families, all living in or near a large urban centre in western Canada, were headed by early and profoundly deaf adults only, and included at least one school aged hearing child (7 through 18 years). Of those, 16 primary deaf parents, those most responsible for child-rearing, agreed to individual meetings with the researchers, 14 in family homes, and 2 in a university office. Ultimately, 5 deaf parent/hearing child dyads provided informed consent for research participation. The 16th parent, although willing, did not appear capable of giving informed consent. In effect, the 15 participating deaf parents included almost two-thirds (15 of 21) of the total accessible local population of deaf-parented families having hearing offspring within the specified age range.

Parent subjects. The 15 primary parents included 12 mothers and 3 fathers. Ten parents were born deaf, one became deaf prior to 4 years of age. All but one parent had attended a residential school for deaf students for all or part of their basic education. Although the language mode during the early instructional years for 13 of the 15 parents was oral/lipread English, all were fluent in and used some form of sign language to communicate in the family home. Education level ranged from 4 with grade 8 or less (from a residential school) through 7 parents with some secondary or vocational school education, to 4 with university degrees. Ten of the parents were
employed full-time, 2 worked at home full-time, and one worked outside the home on a part-time basis. Three deaf parents reported being unemployed at the time of interview. The total yearly family income ranged from below $10,000 (2 families to more than $60,000 (2), with the modal income level being $30,000 to $39,000 per year (4 households)).

Child subjects. The mean age of the 7 girls and 8 boys was 12.5 years (SD=3.85). Thirteen children were the oldest hearing child in the family, only 2 of the 15 having older hearing siblings. In fact, 7 children were the only hearing person in the home, 4 of them having deaf siblings as well as deaf parents. Three offspring were "only" children.

Grandparent informants. Fourteen parent-child dyads provided the name of a hearing grandparent or grandparent surrogate to be surveyed by mail. For 2 families having no living grandparents, one volunteered a hearing uncle as informant; the other family could suggest no grandparent surrogate. Although one additional family included both grand- and great grandparents, the senior generations spoke only the language of their country of origin. In that family, a hearing aunt who lived with the grandparents was identified as a surrogate grandparent informant. For the purposes of this report, and unless indicated otherwise, "grandparents" will refer to that informant group comprised of the 12 hearing grandparents and 2 surrogates who completed mailed surveys.

Procedure

Data were collected during fall and winter of 1990. Basic demographic information, some of which has been reported above to characterize the parent and child subject groups, was obtained by interview. Presence of profound deafness was confirmed by use of Hearing Scale II (Schein & Delk, 1974).

Parent questionnaire. Each deaf parent was asked to complete four resource-related questions, circling the number beside chosen responses (see Appendix A). The researchers assisted subjects with comprehension of difficult questionnaire vocabulary or phrasing. Written responses elaborating upon circled responses were encouraged. Two parents who were concerned about difficulties of the writing task dictated comments which were recorded verbatim on the response form by the primary researcher.

Parent interviews. During data collection, hearing offspring were interviewed together with their deaf parents. Although it was recognized that younger children might have little of substance to contribute to a discussion of parenting resources, both parents and children were invited to provide multiple responses to the following semi-structured situation and question:

Suppose other deaf parents need help with raising their hearing children. Where or to whom can they go for help?

The interviewer probed for additional information using such questions as: “Tell me more about that, please.” “How did you find out about that service?” “I wonder how you communicated in that situation?” “How did Grandma help when she came that time?” However, every effort was made to avoid the researchers’ introduction of content such as names of local agencies, the intention being to tap the interviewees’ own knowledge, experience and opinions.

Grandparent surveys. Along with other data-collection materials for the larger study, the fourteen grandparent informants were sent the five-question resources survey included in Appendix B.

Results

Parent Questionnaire

Resources. As shown in Figure 1, the most frequent source of help reported by deaf parents is

Vol. 25 No. 3 Winter 1991-92
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relatives (8) followed closely by friends (7). No deaf parents reported the public health nurse as a resource but 4 mentioned their family doctor and indicated reference to books, and (3) to magazine articles. Although 4 parent interviewees stated that they had consulted psychologists in the past, only 1 indicated psychologist as a parenting resource. Two parents, one of whom circled other resources on the questionnaire, indicated that there was "nowhere to go" when they needed help. Other sources of help identified were church (3 mentions) and social worker (1).

Parenting groups and courses. The majority of the deaf parents questioned had no involvement with, or knowledge of, parent support groups or services. Table 1 summarizes responses to those questions. Two parents reported past involvement in parent groups, 1 recalling a group at the offspring’s private school and another mentioning a local early intervention program for young deaf children which offers a home-visiting speech program for hearing offspring. Only 1 in 15 parents reported current participation in a parenting group, that being offered at the family’s church.

Figure 1
Sources of help to deaf parents of hearing offspring

Sources
- Relatives
- Friends
- Books
- Doctor
- Magazine Articles
- Educational TV
- Nowhere to go
- Psychologist
- Teacher
- Public Health Nurse

Number of Reports (N=15, multiple responses)
## TABLE 1
NUMBER DEAF PARENTS INVOLVED IN OR AWARE OF PARENTING RESOURCE GROUPS OR SERVICES

<table>
<thead>
<tr>
<th>Questionnaire Item</th>
<th>Parent Response (N=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Belong to parent groups/organization</td>
<td>1</td>
</tr>
<tr>
<td>Took parent education/training course</td>
<td>2</td>
</tr>
<tr>
<td>Know of parent programs/services</td>
<td>3</td>
</tr>
</tbody>
</table>

## TABLE 2
PROGRAMS AND SERVICES NEEDED BY DEAF PARENTS OF HEARING CHILDREN (N=15)

<table>
<thead>
<tr>
<th>Suggested Resource</th>
<th>Number of Mentions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent support groups</td>
<td>3</td>
</tr>
<tr>
<td>Parent training programs/courses</td>
<td>3</td>
</tr>
<tr>
<td>Psychologists/counselors who sign</td>
<td>3</td>
</tr>
<tr>
<td>Sign language in all services</td>
<td>1</td>
</tr>
<tr>
<td>Phone services re. abusive parents</td>
<td>1</td>
</tr>
<tr>
<td>Information pamphlets</td>
<td>1</td>
</tr>
<tr>
<td>None mentioned</td>
<td>7</td>
</tr>
</tbody>
</table>

*Multiple suggestions possible.
Other single responses included a short parenting course "with a foster counselor, long time ago." A parent who has deaf as well as hearing offspring mentioned a two-week parenting course on discipline held at a provincial school for deaf students in 1989.

Recommended resources. Eight parents responded with at least one recommendation for programs and/or services which would be helpful to deaf parents of hearing children. Their responses are summarized in Table 2. Although mentioned by only one-fifth of parent subjects, some need for parent support groups and training courses was indicated. Mental health and social work professionals who are themselves fluent in sign language, “instead of [using an] interpreter,” was a similarly frequent need. One parent considered sign language use essential for access to all family support services.

Figure 2

Geographical proximity of primary grandparents to deaf parents
**Questionnaire data.** Grandparents most frequently suggested provision of occasional advice as a way they could help with deaf-parent education (5 mentions). Two suggested giving support and encouragement for deaf parents (2). Another two respondents stated definitively that grandparents should *not* be involved, one commenting: "Grandparents are old and some retired and do not wish to become educators." Two grandparents mentioned giving advice directly to the hearing child to promote cooperation with his/her parents, while one suggested that grandparents should help the child with speech and language development.

Although most grandparents (11 of 14) indicted that they had never referred their adult deaf offspring to others for assistance, 8 offered help and explanations when they felt they were needed. Summarizing other multiple responses to Question 2, 8 grandparents reported either that their offspring communicated with them seldom (2), or had never asked for (4) or needed help (2). One grandparent recalled encouraging her deaf offspring to confer with deaf friends when problems arose with the hearing child. Again, 2 grandparents indicated that if there were problems, they addressed their advice to the hearing child. Two other grandparents mentioned referral of deaf adult children to social services, child welfare, psychologist, and/or counselor. Taking into account proximity, 5 of the grandparents living at a distance reported no need for their assistance, while 3 expressed serious concerns about their deaf offspring's family situation and wished appropriate professional or peer help were at hand. In additional comments, several grandparents mentioned pride in the competence of their adult deaf children as parents. Others indicated concern in two areas: management of the hearing child, and the child's speech and language development in a non-verbal home.

Few parents and no grandparents were aware of parenting programs or services suitable for deaf parents of hearing children. Three of 15 parents mentioned a total of two programs/services suitable for deaf parents, both of which had been identified in earlier responses—the early intervention program (2 mentions) and the local church (1).

**Parent-Child Interview Themes**

Parent-child interview responses sorted naturally into four content categories: non-professional and professional resources, general lack of resources, and no need for assistance. Among non-professional sources of support, deaf peers and hearing grandparents were the only subcategories mentioned. A predominant concern related to professional resources was communication mode of service delivery.

**No Need for Intervention**

The majority of deaf parent interviewees expressed having experienced no need to consult professional support services. Ten of 15 deaf parents, or two-thirds of those interviewed, neither sought nor were aware of any need for professional assistance.

*Deaf Parent: I know that with me being deaf and my daughter being hearing and growing up, I didn't ask for help, and she seems to be turning out fine*

Of those parents who did identify resources which they found helpful, if not in fact needed, non-professional sources were most frequently mentioned.

**Non-Professional Resources**

*Peer support.* Support from peers was mentioned as a first line of resource by 7 parent interviewees, of which 2 recalled occasions when they themselves counseled other deaf parents of hearing children. Subjects' comments illustrate their views.
Deaf Parent: Young [deaf] parents ... asked me a question about why the baby was upset, and so I helped them in that. If they asked me to actually do something myself, no, but I can advise them on what to do.

One hearing teenager who could think of no organized community resources available to his deaf parents ("Absolutely not. I don't know of anything"), also pointed to deaf peers as a source of support. Her deaf parent suggested seeking help first from deaf peers, then, if necessary, from professionals recommended by those peers. Peer support, whether individual or group, may not be available when needed, however.

Deaf Parent: Friends, like really good friends, [deaf] parents ... they're strict, and they explain well, like teach about discipline and everything, but they're busy, they're always busy, so I can't stand it! I'm stuck!

Deaf Parent: For years, we've been trying to start a support group for deaf parents. We were trying to get together once, just once, at Christmas time, trying to get together. [Deaf friend] and myself, we really tried to get the deaf parents together, but this time—the time worked against us.

One parent reported occasional church-based meetings with other deaf parents and two pastors who have "a family background with deaf people."

Family support. The relatives mentioned as sources of parenting support included hearing grandparents (4 mentions) and aunts (2). One of those aunts, neither of whom served as grandparent-surrogates in this study, helped teach a young hearing and signing child to speak at three years of age. In 4 families, grandparents were described as mediating communication between deaf parents and hearing offspring (i.e., assisting others to understand conversational content, as performed by a non-professional third party, and not to be confused with skilled professional interpretation). In 3 additional families, grandparents mediated communication between parents and teachers (3 mentions) or a psychiatrist (1).

Deaf Parent: Well, sometimes it was hard for us to communicate with the kids. Like we would have a hard time explaining something, so we would call my mom and then she would talk to them and explain it.

One teenager recalled family consultations with a psychiatrist at which communication was conducted "through my grandparent, my grandmother, that was how they did it."

Professional Resources

Among the professional resources identified by interviewees were psychologists, psychiatrists, speech therapists and social workers. Additionally, 3 hearing children thought that their own schools or the provincial school for deaf children would be potential sources of information and direction.

Mental health professionals. As previously noted, only one respondent indicated psychologist/counselor as a source of help to deaf parents on the parent questionnaire. Of 4 interviewees who had consulted psychiatrists or psychologists in the past, 3 reported less than satisfactory experiences. The primary source of difficulty for deaf parents in such consultations related to communication mode, although one deaf parent underlined a need for a background in deafness. Another deaf parent who, for a period of time, had monthly consultations with a psychologist recalled:

Deaf Parent: I didn't know what he was talking about so I didn't feel like it was enough information for me. I needed more counseling, more explanation about what to do with children, what are the right things to do.

In that case, each therapy session involved "a different interpreter, always."

The one deaf parent who reported a positive experience with a local mental health professional described a psychologist who had a deaf relative.
and a rudimentary knowledge of sign. Intra-
session one-to-one communication was conducted
by “writing back and forth,” but a professional
interpreter mediated in occasional sessions
involving the hearing grandparent. This deaf
parent, who is university-educated, raised several
issues regarding communication mode preferences
in such professional consultations.

Deaf Parent: Sometimes I wish the
psychologists would know sign language so
that they could sign fluently to me in ASL.
Then I would have more confidence and more
confidentiality than with an interpreter who
is a third person. That’s my feeling. That’s
the best way for deaf people to feel
comfortable.... Sometimes the deaf person’s
English skills are really low and they would
prefer to have an interpreter, or sometimes
their skills are really high and they don’t
mind, so then they would rather have the
confidentiality of writing back and forth.

Another deaf parent and child reported less than
positive experiences with a psychologist
recommended by the family’s social worker.

Deaf Parent: It was really hard to
understand and it made me upset. It was
hard to communicate and it was a big mess
and I couldn’t understand anything from
him. It was pretty hard.

Speech therapy. Three interviewees
mentioned awareness of a speech intervention
program for young hearing offspring of deaf
parents. One other parent recalled taking her
youngster “to the university for speech therapy” in
another community. Regarding the early
intervention program, a former participant
commented:

Deaf Parent: The early intervention program
with [organization X] is pretty good but still,
it’s not efficient enough because [deaf parents]
don’t realize that they can go for help in the
first place so they just continue on [without
help]. They’re stuck.

As noted by the same parent, early intervention
services are available to deaf-parented families with
preschoolers only; for families with older hearing
offspring, there are, “None, none that will follow
up.”

Social workers. Social workers were
mentioned as resources in only 2 deaf-parented
families. In addition to monitoring the families on
an on-going basis, those professionals assisted deaf
parents to access other community services such as
psychological counseling and educational facilities.
One hearing offspring described mediating
communication between her parent and the social
worker:

Young Child: I’d interpret and he’d tell me
to tell my mom this and that, and my mom
would make the decisions about what school
I should go to and stuff like that.

Educators as resources. The hearing children
suggested that deaf parents could seek information
about professional resources through a school for
deaf students, while one child thought that staff
members at her own hearing school might provide
information. A deaf parent, whose family included
both deaf and hearing offspring reported
consulting both a social worker and a supportive
classroom teacher at the residential school when
family problems loomed.

Lack of Special Services

When asked about specialized programs or
services available to help deaf parents with family
problems, 11 of 15 deaf parents stated that they
knew of none. Two parents observed that the kind
of support available to hearing parents of deaf
children is not available to deaf parents of hearing
offspring.

Deaf Parent: Like with hearing people, they
can take courses to learn sign language for
use with deaf children, but what about the
opposite, deaf parents with hearing children?
There's nothing so far, so I wonder. There should be something for them.

As a case in point, the deaf parent mentioned earlier who was considered by the researchers as too unstable to give informed consent, did indeed recognize a need for intervention but did not know where to turn for help.

Discussion

Most deaf parents in this study perceived few serious difficulties in raising their hearing offspring, when occasional day-to-day problems arise, they turn for help to resources familiar with hearing loss and with whom they can communicate in an easy or familiar fashion, e.g., other deaf parents or their own close hearing relatives. Less frequently, they seek professional assistance from a sparse field of largely unspecialized services and this usually with dissatisfaction. It would be overly simplistic and perhaps misleading, however, to take such findings at face value without discussing factors which may in some way govern deaf parents' access to resources and/or influence their experience with them.

Peers and Grandparents as Parenting Resources

Reliance on deaf peers. Like the deaf adolescents in the Denmark et al. (1979) study, the deaf parents in this study preferred to consult deaf peers or close relatives about family problems, a preference that may be true for parents in general. However, supportive contact with deaf peers was not available in any organized fashion. In the 50 square miles surveyed, only 21 such families were found out of approximately 650,000 residents. Of course, other more-or-less similarly composed families might serve as peers. Deaf parents with preschool or adult offspring may be available as part of the informal social network of deaf parents with school-aged children. Perhaps parents with lesser degrees of hearing loss and/or hearing partners share comparable parenting experiences.

The commonality of parenting issues across such varied deaf-parent groupings has not been systematically studied.

Even among the 15 deaf parents who did participate in the study there were great individual differences, however. Subjects varied widely in educational level, employment status and household income. Their places of residence were widely dispersed within the area surveyed. Encounters with one another typically involve occasional social functions and sports events in the deaf community. Recall the deaf parent quoted earlier who found her friends were busy whenever she needed their help. According to another, the attempts of deaf parents to form a self-help group have been unsuccessful to date. Given these circumstances, peer intervention in a crisis situation, or personally delivered peer support on any regular basis, would be problematic, however desired and desirable.

Hearing grandparent support. Although some deaf parents needed or wanted no advice from their own parents, others recalled summoning hearing grandparents from the other side to town (or further) to relay their instructions, whether in person or by telephone, to recalcitrant young hearing offspring. They appeared to regard such intervention as a normal part of raising hearing offspring.

One hearing grandmother was the head of a troubled deaf-parented household. According to her, "Grandparents help a lot of the deaf," and, as the results indicated, such "help" may include direct advice to hearing children as well as mediation of parental instructions. Another distressed deaf-parented family had lived with and heavily relied on hearing grandparents throughout most of the child-rearing years until the senior generation moved elsewhere to retire. In contrast, and with some exceptions, grandparents living at a distance tended to mention little need for involvement in their adult deaf offspring's family affairs.
Is there a relationship between hearing grandparents' involvement and deaf parents' need for help? In their clinical experience, Schlesinger and Meadow (1972) encountered many deaf parents who were competent and mature, and others "who felt so incompetent in the task of child-rearing that their infants were cared for by maternal grandmothers" (p. 27). Wagenheim's (1985) psychoanalytic patient described his deaf mother as "babied and overprotected" by her own mother and maternal aunt (p. 115). How grandparent involvement is assessed, and whether "over"-involvement results in dependency, are questions raised by such clinical references. As yet, the relationship of hearing grandparents to deaf-parented families has not been systematically studied.

Results and observations from this study suggest three questions for future research. First, what factors influence certain young deaf parents to locate close to their hearing parents, while others live at a great distance? Second, do certain types of grandparent involvement serve, in effect, to disenfranchise deaf parents and promote or maintain immature behavior patterns in adult deaf offspring? Third, what modes of grandparent intervention and involvement can be helpful in the short term while at the same time promoting the development of independent deaf-parenting skills? Research into such questions may well be of interest to mental health professionals and educators of deaf persons.

Access to Professional Resources

It is not surprising that the adult deaf subjects and their hearing parents were generally unaware of community mental health resources suitable for deaf-parented families since, in fact, so few exist in the geographical area studied (Galusha, 1989). Predictably, when they did seek professional help, deaf parents' contacts with community service providers involved characteristics communication challenges. Of particular interest are issues related to language mode, literacy level and third party involvement.

Professionals consulted by or otherwise serving deaf parents in this study tended not to communicate in sign language with their clients. Notable exceptions would be speech therapists involved in the local early intervention program, and staff of a provincial school for the deaf consulted by a deaf parent. All other professional contacts, whether involving social workers, mental health professionals or educators, necessarily involved communication modes other than use of the clients' native language. The options mentioned included "writing back and forth," language mediation by hearing offspring or grandparents, and professional interpretation.

Literacy and the professional consultation.
The effectiveness of written dialoguing as a communication mode in deaf clients' consultation or therapy sessions with social workers and mental health practitioners places certain demands on the service provider.

Deaf Parent: [Deaf parents] can go to doctors who have a degree in counseling if they're willing to be patient with the deaf, writing back and forth, but if they don't have any patience ... ell, it all depends on the doctor.

A more fundamental issue in written dialoguing is the deaf person's literacy level, however. Given an average fourth grade reading comprehension level in the deaf population (Quigley & Paul, 1984), deaf clients seeking professional help cannot be assumed to function comfortably in the reading/writing mode. One wonders too about the constraints that writing may place on the free and effective expression of feelings in the therapeutic situation. Consider a young deaf parent experiencing frustration with her hearing youngster's behavior.

Deaf Parent: I want to talk! I want to express myself! I've got all these emotions and I've got to get them out!
The differential effectiveness of deaf clients' dialogue-writing relative to other communication modes (sign, mediated language) for such diverse purposes as problem-solving and emotional venting in counseling might also be of research interest.

Dual-role family relationships. A total of eight parents reported hearing grandparents' or children's language mediation during personal interviews or other consultations with professionals. Leaving aside for a moment the larger issue of third party involvement in the consultation, a complex issue of particular concern is dual-role relationships. How can children represent their own interests as children while at the same time functioning as language mediators for their parents in social work consultations involving decisions affecting the structure, function and future of the family unit? How can deaf parents access appropriate and unprejudiced psychiatric help with relationship and parenting concerns if the "interpreter" for the appointment is the hearing grandparent who houses them? Surely this cannot be considered "equal access" to needed professional services.

The role of professional interpreters. According to Brauer (1990), the use of professional visual language mediators in mental health consultations presents a "unique paradox" (p. 47). Although the lack of interpretation may deprive deaf clients of mental health services, the presence of an interpreting third party may change therapeutic situations and relationships in ways difficult to assess. Certainly, for some deaf parents in this study, interpreters were not the communication mode of choice for professional consultations. According to one subject:

Deaf Parent: Some interpreters have a problem that they can't keep information confidential. Personal information might be gossiped about and then we lose confidence in them. We end up with confidence only in ourselves, with our writing.

However, for those deaf clients who cannot or prefer not to use written communication, the options are limited. As long as such professionals as mental health practitioners and social workers do not have a working fluency in sign language, mediation by third parties may be necessary to avail certain deaf clients of service.

Who needs help, really?

Based on the findings of this study and observations made in the course of data collection, a further concern relates to deaf-parented family members' perception of their own and their families' needs. As discussed previously, fully two-thirds of the deaf parents interviewed reported not needing, and therefore not seeking, other than informal assistance with family problems. And day-to-day problems aside, their pride in the accomplishments of their hearing offspring is palpable. Yet in the course of parents' and children's open and generous sharing of experiences during research interviews, deaf parents who had never thought of deliberately seeking help from peers or professional sources raised issues that would present worthy challenges to parent educators, social workers and mental health practitioners: children whose individuality is lost in their role as service providers to deaf parents; children who worry about personal safety in home where parents cannot hear them call for help; children whose stress levels, in the face of parental expectations for academic excellence, go unrecognized; parents who face child-management and family communication problems without role-models and social support.

Such observations raise questions about the validity of self-reported needs, when the informants may be so uninformed about community parent education and service options available to hearing parented families that they are unable to evaluate their own resource needs. Then too, there is an understandable sense of pride in performing the parenting role with little or no
outside assistance, a feeling which might inhibit recall or reporting of evidence contradicting that pride. For some parents, for whom hearing in their youngsters is a wonder that makes all things possible, children's mixed feelings about the responsibility and linguistic demands involved in language mediation may be exceedingly difficult to comprehend.

References


Appendix A

Deaf Parents of Hearing Offspring: Parent Resources Survey Items

Please answer the following questions by circling the numbers for your answers.

1. When you have concerns or questions about parenting, where do you go for help? (You may circle more than one.)
   1  RELATIVES
   2  FRIENDS
   3  TEACHERS
   4  PSYCHOLOGIST/COUNSELOR
   5  PUBLIC HEALTH NURSE
   6  DOCTOR
   7  BOOKS
   8  MAGAZINE ARTICLES
   9  EDUCATIONAL T.V.
   10 NOWHERE TO GO

   OTHERS (please list) —

2. Do you belong to any parent groups or organizations? (circle one)
   1  NO
   2  YES

   If YES, please name them

3. Have you ever taken a parent education or parent training course?
   1  NO
   2  YES

   If YES, please name the agency or organization(s)

4. Do you know about any programs or services available to parents?
   1  NO
   2  YES

   If YES, please name them

If you would like to describe the kinds of programs, courses and/or services that would be helpful to deaf parents of hearing children, please write here.
Appendix B

Grandparent Survey: Sources of Support for Deaf Parents

Keeping in mind your hearing grandchild whose deaf parent provided your name, please answer these questions.

1. In what way do you think grandparents should be involved with education or training of their sons/daughters who become parents of hearing children?

2. When your _______ approaches you regarding difficulties in parenting, what do you do?

3. Are you aware of any agencies or organizations that offer courses or services for parents that are appropriate for deaf parents of hearing children?

If yes, please name them.

4. If you have ever referred your _______ to others for assistance, to which agency or organization, or to whom did you refer?

Your experiences and opinions are important. Feel free to write any additional comments here.