

The Hearing Child of Deaf Parents

As a preface, the present writer would stress that the following thoughts represent an initial response to what is an unusual situation or set of needs, and are based upon a small number of consultations and papers. It is not claimed that they provide anything more than a scan of the issues, probably raising more questions than answers !

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This quest for some basic data was stimulated by a request from an EP colleague for background information to aid planning in the case of a hearing child, in his first term of Year 2, who has profoundly deaf parents.

The parents are dependent upon signing and this is the normal means of communication at home. There is an older sister who is deaf, and who uses a signing system, and who receives signing support at school.

The boy has some speech, but significantly poorer in extent and quality than appropriate to his age (and an American accent is observable in the utterances that he does make reflecting his relative and early dependence upon TV cartoons for access to spoken words).

An initial trawl through the literature which has a bearing on this area indicates that the overwhelming majority (90%) of children born to deaf parents are hearing, and the common issues which give rise to concern seem largely to be about the means of communication on the part of teachers with the parents at routine meetings such as school consultation evenings and open days and how to ensure that the parents receive the routine bits of information that are distributed about school progress or school events.

There is also concern about the possible risk of placing too much responsibility upon the (young) child if he or she becomes the interpreter and principal "channel" of communication for the parents.

With regard to this latter, one could argue that there is an analogy with the child who has a sibling with a disability in that he or she might be expected to share some responsibility for the supervision or care of the disabled sibling beyond what is reasonable for the age and maturity level, when the individual concerned also has a right to a normal childhood. The child who acts as an interpreter for the parents might also assume a role and responsibility, or become exposed to topics and content of communications, that are not appropriate for his or her developmental level, while also having less opportunity than typical peers to participate in a range of activities.

Thus, the hearing child may grow up in a deaf culture environment, involved by the parents in activities and events associated with this environment, but he or she is also part of the hearing world and probably attends mainstream schools and has hearing friends while participating in activities and events which are part of the hearing environment. There may develop the feeling of being caught between two separate cultures and constantly seeking to reconcile the hearing and deaf cultures/identities.

In any event, the implication is that the hearing child of deaf parents is usually able to develop largely or completely normal speech and language communication skills *and* will have learned to share the signing system used by the parents so that he or she

could be described as bi-lingual (albeit bearing in mind that bilingualism can have some challenges as well as advantages, as highlighted in the BDA information pack which poses the questions of what classroom situations or demands would be harder and which easier for bilingual children, and of what CODAs have in common with other children whose parents speak a different language at home).

In the case of this present child, despite his age and access to support, there is a marked weakness in respect of meaningful *spoken* expressive and receptive language.

Accordingly, there has been raised the question whether it would be reasonable to give the child access to signing as an additional means of ensuring his fuller access to the day to day curriculum in the school setting.

Leaving aside the “political” question of which agency would or should be responsible for funding the time of a signing supporter working in school with a child who is not actually deaf, one might argue that the child is still experiencing a real handicap associated vicariously with deafness and, thus, merits additional support.

However, it begs the question of what form this support should take in this unusual set of circumstances. For example, one’s immediate, albeit admittedly untutored, response to the matter of access to signing might be to expect that the signing is delivered in close parallel with short and clear spoken statements or instructions to enable the constant pairing of sign with sound and the development of a greater facility with spoken language, so that the signing could gradually be faded. On the other hand, it appears that the child does have significant problems with regard to the reception and processing of language perhaps a relatively severe form of auditory processing disorder (See “ Central Auditory Processing Disorder ” MJC July 2000) leading to some question whether the joint spoken and signing approach would be effective.

Discussion with the local paediatrician who has specialist expertise and experience in the field of audiology confirmed the anxiety lest, despite access to language opportunities and stimulation over a (prolonged) period of schooling which would normally provide for adequate oral language, there is a specific language impairment in its own right.

The implication is for looking into oral language capacities, and there was raised the further and important question whether the child really does have adequate hearing ? The suggestion was for a further examination in order to provide reassurance that he *can* hear satisfactorily (and that he does not reflect a case of some hearing loss of a later-onset type).

Meanwhile, a comment from the Hampshire “Face Us” Centre for Families with Deaf Children/Parents indicates that it is not just exposure to language that matters but the child’s *response to*, and *interaction with*, the stimulation and language model offered. One might usefully investigate the nature of (language) behaviour in the school setting.

This kind of view is reinforced by the possibility, highlighted in studies which go back many years (eg Schiff N. and Ventry I. 1978 Communication problems in hearing children of deaf parents. Readings in Deaf Education ; Goldstein H. (Ed)

Guilford, Connecticut : Special Learning Corporation) exploring the particular experience of CODAs.

The study cited began with a reference to the quality of the mother's (or principal carer's) speech to the child as having significant implications for the child's own language development, and this led to the further question of why there are relatively few children from linguistically limited environments .. ie where the parents are deaf and limited in the use of oral language ... referred for language delays or disorders.

The study by these authors closely examined the language performance of a sample of 52 children ranging in age from below 1 year to 12 years, with normal hearing, raised by deaf parents, and found that 23 had entirely normal speech and language development. 2 children were living away from the parents. Of the remaining children, 23 appeared to have some speech and language weakness of whom 12 had problems relating to an earlier undetected hearing loss or to some other factors such as emotional disturbance or neurological deficit.

This left 11 children with speech and language weaknesses for which there seemed no other source than the deafness of the parents ; and the issues included articulation difficulty, deviant intonation, or limited fluency. All this sub-group showed some problems with vocabulary and comprehension.

Children who were elder or only children had fewer problems.

In other words, the prevalence of weaknesses among CODAs could be higher than the formal statistics indicate, and one might *speculate* that, where there are weaknesses, the difficulty may be relatively minor or subtle and not perceived as significant enough for referral for specialist attention when, actually, there could be some disadvantage in a classroom setting in terms of accurate listening, comprehension, and incidental learning with the possible risk of some learned habit of limited joining-in with language based sessions or of not being fully part of social communications.

The immediate implications would seem to include the need for a further and current re-assessment of the child's own language and learning needs (in both oral and signed formats) ; and, if this has not already been done, one might suggest that he is seen by the specialist speech and language therapist for the deaf or hearing impaired on the grounds that the child does appear to have significant language needs in his own right either linked to, or seriously complicated by, the parental deafness.

(The Buryfields team referred to the specialist role within the field of hearing impairment/deafness and related issues of Lucy Slater, a speech and language therapist based at the Farnham Hospital, contactable via 01483-782173 ; and to the expertise of Bryony Cooper, also working with complex speech and language needs, whose advice could be very helpful with an acknowledgement that it is not clear to the present writer who is already involved and whether avenues are already being followed .)

As far as further research is concerned, the initial impression is that there is no readily accessible data base relating to these children who have come to be known as "CODAs" (children of deaf adults) or, at least, not about CODAs who do not develop adequate spoken language in sharp contrast to the information about children who themselves are deaf and whose parents may be either deaf or normally hearing.

What has been located so far refers to

- The issue of children acting as interpreters where the topic and age appropriateness may be questionable thus placing them in confusing or vulnerable situations and creating further pressure which they are too young to brush off.
- It may happen that social opportunities and ease of access to peer groups are reduced because of the diffidence about having friends home, or the friends themselves may be embarrassed in seeking to communicate with the deaf parents.
- The CODA may feel the need to become highly vigilant, listening for the sounds of smoke alarms, or rain coming through the roof, or burglarious footsteps, and this kind of “role reversal” could lead to later problems with regard to family relationships when teenage conflicts or power battles can arise.
- The parents may feel at some disadvantage with regard to the general flow of information, and they may have to involve themselves in matters where they have no direct experience. It can also happen that communication between the parents and the CODA is limited if, for example, it involves a mixture of signs and fragmented speech ; and uncertainty may arise in terms of whether or not parents should sign with their hearing child. The upshot could be a kind of restricted or asymmetrical relationship.
- Alternatively, it has been argued that a CODA can have the advantage of access to the language and culture of two worlds and may be seen as very special in the family with implications ... all being well ...for gaining rapid maturity and an enhanced empathising capacity.

However, in the case of the CODA who himself has a problem with the use and understanding of speech, there is a much more complex set of issues whose relative rarity has been commented upon by various professionals contacted by the present writer.

In this circumstance, it appears relevant to cite the advice from Kerri Clark (2003) [www.lifeprint.com/asl101/pages-layout/coda] on the subject of communication systems that “ most importantly, deaf parents should make sure that they teach their hearing child the form of communication that is used predominantly by them since it is critical for the hearing child to be able to communicate his or her feelings with the parent(s) and not just serve as an interpreter for the parent’s feelings and decisions.”

In other words, whatever else is provided for this current targeted child, it is reasonable that he maintains or increases expertise in the signing system which is used by the parents.

How best to provide for him in other settings, including at school, remains the current issue, and this will include how to foster peer communications and relationship. Will they be included in the signing ? How best might one seek to compensate for what appears to be his own specific communicatory problem ? If progress in terms of spoken language remains limited, and if there is some problem with signing support in the mainstream school, might there be a case for allowing this child access to a school setting where some alternative communication system is more of the norm than the

exception ? How can one help him, and the school staff, to establish effective inclusion in a mainstream class both scholastically and socially ?

Meanwhile, there is reference, in notes of guidance about children learning to sign, to the complexity of the processes in the learning of any language (Deaf Studies Trust 1995).

With respect to hearing children, acquiring spoken language skills, it is held that there are various theories and models relating to the perceived processes.

These include the view that language “emerges” with maturity in a specific sequence of stages at given ages ; that language is generated from the model offered by the parents ; that there is an internal language generating mechanism which responds to environmental influences and linguistic stimuli ; that language is developed through interaction and via meaning, with implications for appropriate stimulation and opportunities, and motivation to communicate.

The guidance indicates that no single one of such models is sufficient in itself to describe the language-learning process, and there is reference to ongoing uncertainty about exactly what it is that happens when a deaf child learns to sign.

It is necessary, for example, to limit the amount of signed language and to focus attention upon the object under consideration before commencing the communication, or to fix eye contact as a first step ie to avoid problems of divided attention. Similar, and possibly issues which are more complex still, will apply to the early interactions between the hearing child and the deaf parent/carer, with idiosyncratic styles of signed communication emerging as a kind of parallel to the “motherese” used in spoken interaction with infants (ie signs may be lengthened in duration or extended in space, or relocated to fit the focus of child’s attention, such as over a book or close to the object the child is playing with ; and the parent may move the child’s hand to practise signs, or model and extend the child’s efforts at signs just as spoken utterances may be extended and repeated back).

In the case of this current case, it is reported that two further complications exist. Firstly, the parents have separated and the boy has been distressed by this, presenting frequently as depressed at school, and as having disturbed sleep at home and there are problems in eliciting his feelings and responding to them within an informal counselling setting because of the language issues.

Meanwhile, there is a report from the EP involved that, if signing is to be pursued and emphasised (in the school setting), it may be necessary to adopt a different signing system to that which has been used hitherto. This being so, one would need to have complete confidence in the appropriateness of putting the emphasis upon signing, with all the more implications for a careful assessment now as a basis for planning.

Discussion with an adviser at the National Deaf Children’s Society included the expression of her view that the social and emotional needs of the child are important, with some possible threat to self-esteem if he is not readily a part of the class. It was held that, despite the apparent paradox, a mainstream place *can* be less inclusive than a more specialist place where the child might more readily gain a sense of belonging and be able to be a true member of a group.

A subsequent word with an adviser at the Royal National Institute for Deaf People led to a need to be quite clear about what the parents want or expect for their son, and what aspirations *they* hold for his mode and level of communication.

One would also wish to stress the desirability of eliciting the child's own feelings and wishes and aspirations, as far as possible ? Does he wish to emphasise one form of communication over the other ? How does he want to be viewed in a school setting ?

Had the boy experienced a hearing problem of his own, then the argument might have been that signing is the norm in his family for the parents and the children ... ie signing is seen as the first language ... such that there is some right to access to signing support in the school setting.

In this current case, there is no reported *hearing* loss, but it does appear that there is some significant impediment (perhaps a processing disability) such that the needs in a classroom setting are still significant as well as unusual.

The advice given highlighted the need to have a clear picture of the boy's communication skills and weaknesses, echoing the earlier described advice.

A consultant from DELTA (Deaf Education through Listening and Talking) reinforced this advice yet further by stressing the need for some clarity in determining exactly what is the level of signing skill and spoken language skill currently possessed by the boy.

Is it of a level that would enable access to curricula and routines of the classroom, or is it at a more basic level enabling him to communicate needs or wishes at home but not a lot more ? What precisely is the level of capacity with regard to spoken language, both receptive and expressive ?

This adviser acknowledged that DELTA favours oral education rather than a bilingual approach, but stressed the issue of parental wishes and aspirations.

She used the analogy of a child arriving from a different country such that English is a second language to learn, and where some kind of interpretive and teaching support facility could be made available, but faded as the competence in English develops.

If signing is the first language (and if assessments reveal that this form of communication is the child's relatively stronger style), then it would seem appropriate to offer some supportive facility, such as signing alongside spoken communication, with the former gradually to be phased out as the spoken skills increase.

(Reference was made to Dr. Ros Herman, the specialist speech and language therapist based at City University as someone from whom advice could be sought, if so wished. There is also awareness of a specialist member of the PSSS [Claire Prescott] who seems already to be involved in the case and whose further and ongoing advice would be much valued).

One would infer that any arrangement involving signing support in the mainstream class, if perceived and agreed to be an appropriate approach to try, would require regular reviews, although it would be difficult to establish what would be a reasonable

time scale over which to determine the likely benefits and longer-term predicted outcomes.

In sum, the advice so far focuses upon the need for planning to be informed by a (specialist) re-assessment, if not already in hand, with a view to establishing the child's level of existing competence in the signing system used at home and in oral language both expressive and receptive ; and the current views, wishes, and aspirations of the parents and of the child himself.

Meanwhile, one needs to look at the longer term and try to determine what the needs will be like in the junior school and beyond, and how best to reconcile the linguistic and social and scholastic demands, ensuring that the needs and wishes of the parent(s) are taken into account as well as those of the boy himself

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Further Reading

Bull T. 1998 On the Edge of Deaf Culture. Alexandria, VA : Deaf Family Research Press

Filer D. and Filer C. 2000 Practical considerations for counsellors working with hearing children of deaf parents. Journal of Counselling and Development 78(1)

Preston P. 1994 Mother Father Deaf : Living between Sound and Silence. Cambridge, Mass : Harvard University Press

Rienzi B. 1990 Influences and adaptability in families with deaf parents and hearing children. American Annals of the Deaf 135 402-408

Schiff-Myers N., Bishop D., Mogford K., (Eds) 2000 Hearing Children of Deaf Parents : Language Development in Exceptional Circumstances. Psychology Press

Tattersall H. and Young A. 2003 Exploring the impact on hearing children of having a deaf sibling. Deafness and Education International 5(2) 109-123

Relevant Web Sites

The Organisation for Children of Deaf Adults www.coda-international.org/.

National Deaf Children's Society www.ndcs.org.uk

British Deaf Association www.bda.org.uk

Royal Association for Deaf People www.royaldeaf.org.uk/simple35.htm

Royal National Institute for Deaf People www.rnid.org.uk

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THE HEARING CHILD OF DEAF PARENTS

These brief thoughts offer an introduction to the issues surrounding the needs of a hearing child whose parents are deaf and dependent upon signing.

The case in question, which stimulated discussion and this very basic initial document, is that of a child who has already attended school for over 2 years but who appears to have some additional disadvantage beyond those associated with the parental inability to communicate orally, thus increasing the difficulty of specifying the needs and determining the most appropriate provisions.

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