Deaf Parents and Their Hearing Children

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The focus of this review article is on families with Deaf parents and hearing children. We provide a brief description of the Deaf community, their language, and culture; describe communication patterns and parenting issues in Deaf-parented families, examine the role of the hearing child in a Deaf family and how that experience affects their functioning in the hearing world; and discuss important considerations and resources for families, educators, and health care and service providers.

In this article, we focus on families with Deaf parents and hearing children and assume that a professional

(e.g., early intervention, education, or health care) may first encounter a Deaf individual within the family context. Without some deeper understanding of the Deaf culture/community and the complexities of intercultural communication and mediation between Deaf and hearing individuals, the professional is quite likely to try to fit Deaf people into standard frames, categories, and assumptions about persons with a handicap or affliction, rather than view the Deaf person as one who speaks a different language and belongs to a different culture.

The primary goals of this article are (1) to provide a brief description of the Deaf community, their language, and culture; (2) to describe communication patterns and parenting issues in Deaf-parented families; (3) to examine the role of the hearing child in a Deaf family and how that experience affects his or her functioning in the hearing world; and (4) to discuss important considerations and resources for providers who work with hearing children and their Deaf parents.

The Deaf Community: A Brief History

The American Deaf community, as it is known today, was formed in the early 1800s as a direct outcome of the establishment in 1817 of the first public school in the United States for deaf children. Thomas Hopkins Gallaudet (for whom Gallaudet University, a historically Deaf liberal arts college in Washington, DC, is named) established the Connecticut Asylum for the Education and Instruction of Deaf and Dumb Persons

(now called the American School for the Deaf), in Hartford, Connecticut. Linguists who have studied the history of American Sign Language (ASL) have surmised that ASL is a mixture of signed communication systems from several sources: French Sign Language (one of the first teachers that Gallaudet hired was Laurent Clerc, a deaf graduate of a school for the deaf in Paris, France), indigenous signed languages (linguists theorize that pockets of small deaf communities must have existed in the United States prior to 1817); and the various self-created rudimentary gesture systems brought into Gallaudet's school by each of the individual deaf students. Over time, a full-blown, standardized signed language evolved, spreading from school to school as teachers and graduates moved away from Connecticut to establish new schools in other states. (For a more detailed description of the history of ASL, see Bochner & Albertini, 1988; Lane, 1984; Lane, Hoffmeister, & Bahan, 1996; Lou, 1988).

According to Lane et al. (1996), "the presence of social institutions, notably schools, bringing Deaf people together creates out of numerous signed dialects and even distinct signed languages a common signed language of broader communication. That development, in turn, contributes to the development of Deaf society and culture" (p. 58). Thus, for some 180 years, American Deaf individuals, initially brought together within the context of education and in spite of the low incidence rate of deafness in the population (1 in 1,000), have created for themselves a community after they leave school, often referred to in ASL as the DEAF-WORLD,[1] which has its own language and culture. As evidenced by its linguistic roots, ASL is not a language based upon spoken English; it has its own distinct grammar. ASL functions as the primary language for many Deaf adults in America today, serving as the symbol of identity for membership in the Deaf culture and the store of cultural knowledge (values, customs, and information) (Lane et al., p. 67).

Though the DEAF-WORLD is thriving and ASL is considered to be the sixth most commonly used language in the United States,[2] the DEAF-WORLD is still, to a large extent, an underground or insular subculture-one that is surprisingly different from other ethnic or linguistic subgroups in the United States. There are no predominantly Deaf neighborhoods in the United States. Likewise, most Deaf-Americans cannot trace their ancestors to a "Deaf country." In fact, more than 90% of deaf individuals are born into hearing families (Marschark, 1997). Consequently, they are not "born into" this community. Most Deaf individuals spend a considerable portion of their youth trying to understand who they are in relationship to the hearing world (see Glickman, 1996, for an excellent discussion of identity development issues for Deaf individuals). They feel cut off from the conventional transmission of language and culture from their hearing parents. Moreover, depending on the decisions their hearing parents made regarding their educational placement (i.e., residential school, oral school, or in a local public school), deaf people may not be immersed in ASL or have contact with Deaf adult members of the Deaf community until they are themselves young adults. Thus, the DEAF-WORLD is a unique community, one that few deaf people are born into (*natives* are those Deaf individuals born to Deaf parents, making up only 5% to 10 % of the Deaf community).

In summary, the American DEAF-WORLD is a community that has evolved over nearly two centuries and is based on the shared experience of a particular human condition, that of deafness. To gain entry into this community, one must adopt a cultural view of deafness and be proficient in ASL. Either one is born into it (as is the case for Deaf children born to Deaf parents) or one "opts in" when he or she realizes that despite one's own efforts and those of one's hearing family, one simply cannot identify with the "Hearing world."

Diversity in the DEAF-WORLD

Diversity in membership. This community includes members with hearing losses at both levels of extreme, from those who are profoundly deaf to normally hearing children of Deaf parents, who are also viewed as part of the Deaf community. Some "hard-of-hearing" individuals identify themselves as part of the DEAF-WORLD, and there are some whose cultural identity is with the Hearing community and their family of origin. Thus, acceptance and acculturation into the Deaf community are predicated upon attitude and use of ASL and not upon the details of one's audiogram. Educa-

tional placement also can determine cultural membership in the Deaf community. Deaf individuals educated in a strictly auditory/oral program and who never learned to sign generally do not identify with members of the Deaf culture. However, as adults, some oral-deaf individuals do learn to sign and eventually join the Deaf community. By contrast, late-deafened adults, having spent a considerable portion of their lifetime in the hearing world, and who often take advantage of new technologies available for the deaf such as closed-captioning on televisions, rarely become members of the Deaf culture.

Linguistic diversity. There is a wide range of ASL proficiency levels among Deaf individuals, depending on when a person enters the community and becomes immersed in the language. Delayed acquisition of ASL is considered a primary factor accounting for the observed limitations in sign proficiency among the Deaf population (Mayberry, 1993; Newport, 1991). That ASL has survived nearly 200 years with so few native speakers is itself an amazing linguistic phenomenon (Bochner & Albertini, 1988). Additionally, there is a new generation of deaf children, educated after 1970 within the Total Communication philosophy, who may not be highly fluent in ASL. Simultaneous Communication, an approach that uses spoken English combined with a signed form of English, is currently the most common communication method used with deaf children in educational settings in the United States. However, in recent years, some researchers and educators have begun to question the effectiveness of this approach (Johnson, Liddell, & Erting, 1989; Liddell & Johnson, 1992; Supalla, 1991).[3]

A significant number of articles written about deaf children and adults describe their struggle with spoken language, whether in their speech production, speech-reading, reading, or writing abilities. It appears that it is extremely difficult to learn a spoken language like English to native proficiency through any other channel, except by simply hearing it. Latest national figures based on the Annual Survey for Hearing-Impaired Youth, conducted by the Center for Demographic Studies at Gallaudet University, reveal that the average deaf high school student reads at a fourth-grade level (Holt, 1997; Schildroth & Hotto, 1993). However, one

subgroup that tends to consistently perform better than average is the small percentage of Deaf children born to Deaf parents, the native signers of ASL (see Israelite, Ewoldt, & Hoffmeister, 1989, for a review). Thus, from a conventional view of what it means to be a native speaker of a language, the majority of the Deaf community are not native speakers of either ASL or English; however, virtually all adult members of this community do attain a high level of communicative competence in ASL and do consider ASL their primary means of communication.

Ethnic diversity. The scope of this article does not permit a detailed discussion of the cultural diversity within the Deaf community; suffice it to say that all populations are susceptible to hearing loss. Deaf people can be found among all social classes and ethnic groups (see Christensen & Delgado, 1993, and Singleton & Tittle, 2000, for an overview of multicultural issues in deafness). Marschark (1993) has speculated that hearing loss caused by nonhereditary explanations may be more frequent in low income families, related to factors such as lack of adequate prenatal care or higher incidence of medical complications due to preterm delivery. For a deaf person born into a culturally and linguistically diverse hearing family, the identity and acculturation issues are especially complex. Conventional transmission of the hearing family's heritage language and culture is likely to be disrupted due to the child's hearing loss. However, the deaf child is not completely cut off from his heritage. For example, it is possible that a deaf child born to first-generation hearing Chinese immigrant parents could still acquire some understanding of rules of behavior at the dinner table or when to observe silence or how to show respect for elders, all despite the significant lack of communication between the hearing parents and their deaf child. The deaf child may also sense a lack of familial acceptance or expressions of disappointment if the parents' native culture holds particular "negative" or "blaming" beliefs about disability or deafness. Thus, it is important to recognize the complex needs of these hearing families with deaf children and to ensure that services provided to these families are culturally, linguistically, and economically appropriate (Singleton & Tittle, 2000).

In summary, recent research has provided a con-

vincing argument that the Deaf community should not be viewed as a disability group with a medical problem, but rather as a distinct cultural and linguistic minority group. Several key resources provide a rich description of ASL and an overview of the social, political, and artistic aspects of Deaf Culture, (e.g., Humphries, 1991; Lane, 1984; Lane et al., 1996; Lou, 1988; Neisser, 1983; Padden, 1989; Padden & Humphries, 1988; Wilcox, 1989).

DEAF-WORLD Still Different From Other Linguistic Groups

Nevertheless, we must be cautious in characterizing the Deaf community as an ordinary linguistic minority group residing in the United States, as two important differences exist: (1) the composition of the group in the proportion of native speakers, and (2) the opportunity to learn English when living in the United States.

Few native speakers. Other linguistic minority groups residing in the United States, such as Mexican Americans or Korean Americans, are dominated by native speakers, whether or not they are proficient in English. A notable exception is the case of second-generation speakers potentially not being as fluent in the native language as their first-generation parents. However, the stability of the language and community in this case is generally not at risk. The Deaf community is unusual in that only 5% to 10% of the community are native speakers of ASL as only this small percentage is born to Deaf, ASL-using parents. In effect, this linguistic community is reborn with every generation. Most Deaf people are born to hearing parents and subsequently have hearing children themselves; thus, "roots" in the Deaf community are virtually nonexistent.

Limited access to spoken English. Regardless of how long a Deaf person has lived in the United States, spoken English will not be readily accessible. First, due to hearing loss, spoken English will not be available to the Deaf "listener." Second, trying to acquire spoken English via speech reading is extremely difficult when one has little or no foundation in the oral language to begin with (Moores, 1996). Third, even though printed English is visually accessible, one must know English in order to learn to read it. By comparison, members of other linguistic minority groups have the opportunity to (1) hear English on a daily basis, with possible limitations on their acquisition process due to factors such as age of acquisition, quantity and quality of their exposure to English, and motivation; and (2) use their increasing oral English knowledge base (and probable native language literacy skills) to facilitate the development of their printed English reading and writing skills.

In recent years, however, some educational programs serving deaf students have restructured their programs to promote bilingualism in ASL and English (see Strong, 1995, for a review). Although there is still debate among researchers regarding the mechanism of how ASL proficiency may enhance English learning (Mayer & Wells, 1996), several studies show a positive correlation between ASL proficiency and certain measures of English proficiency (Hoffmeister, 1996; Padden & Ramsey, 1997; Schley, 1994; Strong & Prinz, 1997).

In sum, the linguistic diversity within the Deaf population, both from the perspective of ASL proficiency and English proficiency, has important implications for how service providers and educators meet the needs of Deaf individuals, especially if they are the parent of a child requiring services.

Communication Patterns and Parenting Issues in Families With Deaf Parents and Hearing Children

For educators and service providers who may encounter and work with Deaf individuals, it becomes important to understand the communication and social interaction issues that are part of Deaf/Hearing relations, especially in light of linguistic diversity issues. As one considers the cross-cultural conflict that can occur between Deaf and hearing individuals, we tend to think only of interactions involving a Deaf adult and a hearing provider/educator. However, we must also be aware of the cross-cultural communication issues that can occur within the nuclear family between parent and child when those parents are Deaf and the child is hearing. Although there is little empirical research involving hearing children of Deaf parents, the following section summarizes the main findings in this literature and

offers several key understandings about families headed by Deaf parents. The central focus is on family communication, parenting, and socialization.

Key Understandings

ASL is a legitimate language for family interaction. After several decades of linguistic investigation, ASL has been shown to be a natural language, fully capable of expressing any thought or emotion. It is complete with a rich lexicon and complex grammar; it is not simply fingerspelling, nor is it "English-on-the-hands." Acquisition studies have also shown that Deaf or hearing children acquiring ASL from their Deaf parents learn that language from birth in a very conventional and natural way, attaining signed language milestones (e.g., babbling, first word, sentences) on a timeline similar to that of a child learning a spoken language (Newport & Meier, 1985). A child who is a native signer of ASL should not be considered language-impaired or language-delayed. Instead, that child is probably acquiring two languages (ASL and spoken English) and experiences life as a bilingual (see Grosjean, 1982). The lack of acceptance of and respect for the language of Deaf parents (ASL) and, accordingly, the native language of the hearing child is one of the unfortunate biases held by many professionals working with deaf-parented families.

If, on the other hand, the Deaf parent is not completely proficient in sign, there may be a legitimate concern about the adequacy of the signed linguistic environment for the hearing child. Nevertheless, some studies (Singleton, 1989; Singleton & Newport, in press) have shown that language-learning children are especially resilient and potentially can overcome impoverished linguistic input. Even children who are essentially deprived of conventional linguistic input (e.g., profoundly deaf children of nonsigning hearing parents) tend to create their own gestural communication system (*homesign*) that is similar in structure to child language systems, though certainly not equivalent to a full-blown language (Goldin-Meadow & Mylander, 1990).

Although ASL is a legitimate language for family interaction, it is important to note that different dyads within a Deaf-parented family could be using different communication systems, some using ASL and others not. For example, the Deaf parents may use ASL between themselves but use a mixed mode of communication with their hearing children (e.g., sometimes using speech, other times signing, or a combination of the two). Furthermore, communication between a Deaf parent and a hearing child may not always be a symmetrical discourse. The Deaf parent may use fragmentary speech to the child, but expect the child to sign back to them (an obvious problem: how does the hearing child learn to sign when the parent is not signing to him or her?). Thus, it is not unusual for the child to understand what the parent expresses, but not vice versa.

Hearing children of Deaf parents are bilingual/bicultural. Hearing children born to Deaf parents are considered bilingual and bicultural in that they potentially share the language and culture of their Deaf parents. Also, as hearing individuals, they will inevitably become members of the hearing community and acquire English, or whatever spoken language dominates their environment. Some professionals working with young hearing children and their Deaf parents have expressed serious concern about the potential for spoken language delay based upon their presumption that the child lacks adequate speech input in the home environment. According to several authors who have reviewed this literature (Hoffmeister 1985; Preston, 1994; Schiff-Myers, 1988), there is little evidence, other than a few studies of isolated cases, to support this notion. Schiff-Myers concludes that "many hearing children of Deaf parents do develop speech and language normally if their family life is otherwise normal and they have some exposure to normal hearing speakers (approximately 5–10 hours a week seems to be sufficient). There are no other obvious factors in the environment that differentiate children who experience delays or deviant speech and language patterns from those who develop normally" (p. 61).

In any case, if a hearing child of Deaf parents does show signs of spoken language delay, then a culturally appropriate, practical plan to enhance the child's spoken language input would be in order (e.g., play groups, preschool, or time spent with hearing grandparents) and would dramatically increase exposure to adequate

input. Most important, the clinician or service provider must be cautious in using generalized labels such as *language-delayed* when the child is probably not delayed in his or her other language, ASL. The family could enlist some of its natural supports (e.g., grandparents, baby-sitters, other hearing children of Deaf parents) to enhance the child's exposure to spoken language and to provide bilingual support for the child's two languages, ASL and English.

Occasionally, Deaf parents have the misguided notion that they should not sign with their child simply because the child is hearing, or because the parents have internalized a negative view of sign language (Hoffmeister, 1985). Some Deaf parents have reported not signing with their hearing child in order to prevent the possible overreliance on their child to serve as their interpreter between the Deaf and hearing worlds (Jones, Strom, & Daniels, 1989). Such parents elect to speak to their child with probable reduced speech clarity and probable ungrammatical form. The end result of this situation is that the hearing child of Deaf parents cannot sign and parent-child discourse becomes restricted and asymmetrical. Many of Preston's (1994, 1996) hearing informants expressed deep regret that they could not sign fluently with their Deaf parents. This situation should raise a provider's concern. It would seem that Deaf parents ought to use their best mode of communication, the one they are most comfortable using, with their children to ensure clear family communication, effective parenting, and to promote natural language acquisition for the child (regardless of whether it is a signed or spoken language). If the primary home language turns out to be ASL, then the hearing child can, and will, learn to speak English from other sources.

Deaf parents may not have equal access to information on effective parenting skills. Mallory, Schein, and Zingle (1992), in their study of deaf parents' childrearing perceptions and performance, report that deaf parents and their hearing children generally had very positive views about the parenting effectiveness in their family. A common frustration reported by the deaf parents involved in this particular study was a feeling of being left out of the loop when it came to information regarding their child's education. Other studies (Jones et al.,

1989; Strom, Daniels, & Jones, 1988) also find many deaf parents with above average parenting success.

Despite our understanding that parenting effectiveness is measured by most professionals according to the dominant culture standards (e.g., an authoritative, child-sensitive style of childrearing), we must recognize that parental deafness may interfere with the development of this kind of parenting competence (Harvey, 1989; Rayson, 1991). Some Deaf individuals, due to the communication barriers they faced growing up in their hearing families, may not have experienced incidental learning or modeling of parenting skills from their own parents or relatives (Hoffmeister, 1985, p. 120). Retrospective interviews with deaf adults reveal a common pattern of limited, uneasy, frustrating interactions with their own hearing parents (Foster, 1989). Thus, conventional socialization or transmittal of values, expectations, and child guidance strategies from hearing parent to deaf child can be highly distorted or even disrupted altogether. Deaf people typically turn to each other for meaningful conversation and intimate friendships, for information about parenting, and to have a sense of family (Foster, p. 226). Harvey (1989) also discusses how other family members, such as the Deaf parent's hearing parents (the hearing child's grandparents) may intervene in raising their grandchild, consequently usurping parental authority from the Deaf parents, causing boundary problems within the nuclear family (headed by the Deaf parents) and their relatives. Additionally, Harvey reports that professionals have a tendency to bypass the Deaf parents and deal directly with the hearing child or the hearing grandparents, again usurping the parents' authority in their nuclear family.

In summary, the parenting literature finds Deaf parents generally competent and caring, aware of their limited experience in their family of origin and quite concerned about gaining access to culturally and linguistically appropriate childrearing information. Apart from having some specific issues revolving around communication (within the family and with outsiders) and cultural mediation, in general it does not appear that Deaf-parented families are at a greater risk for serious family dysfunction; Deaf parents are just as vulnerable as hearing parents to other family relationship stressors such as poverty, single parenthood, and sub-

stance abuse. Furthermore, a number of researchers (Blaskey, 1983; Charlson, 1991; Rienzi, 1983; Sanders, 1984) investigating social, psychological, and educational outcomes have found that hearing children of Deaf parents are quite resilient and resourceful and are not overrepresented in the populations of children with social, emotional, or educational problems.

Deaf parents are essentially raising "foreign" children. Deaf parents raising their hearing children are not unlike other parents who are not a member of their child's *native culture.*[4] As an example, when Euro-American couples or individuals adopt an African American or Asian infant, they socialize that child into their own Euro-American culture. However, when the Euro-American (dominant) culture at-large encounters this child, they are likely to invoke their own ethnic/racial/cultural stereotype of that child, probably based on a set of physical characteristics that the child exhibits (see Agar, 1994, for a thoughtful discussion of how members of the dominant culture hold particular "cultural frames," which strongly influence how they perceive others). Thus, rather than assume culture is learned, the dominant culture appears to assume that culture is inherited. Accordingly, this Euro-American-socialized African American child and his or her family must understand and deal with what would have been the child's native culture—especially given the prevalence of cultural bias within the dominant culture—in order to facilitate the development of that child's cultural and racial identity. According to Kallgren and Caudill (1993), "Children who are raised in homes where their racial identities are denied typically develop an unhealthy emotional attitude towards their ethnic origins. This emotional attitude, in turn, has been shown to contribute to poor self-image" (p. 552). Experts in trans-racial adoptions or foster parenting of children of different ethnic or racial backgrounds agree that adoptive parents must be racially aware, give these issues important consideration, and make an effort to involve cultural brokers for the family who can contribute to and facilitate this child's bicultural identity development (Kallgren & Caudill, 1993; McRoy, Zurcher, Lauderdale, & Anderson, 1984). For example, in our particular community, members of an Asian American community meet monthly with Euro-American parents and their adopted Asian children so that these children can interact with adult role-models and their children who share similar personal characteristics.

The similarity of Deaf parents and their hearing children to trans-racial adoptive families only holds up in the vague outline. The difference here is that Deaf individuals born to hearing parents do not automatically acquire the hearing culture of their parents, nor do they share hearing culture with their own hearing children. It is as if there is a double-generation trans-racial adoption (Hearing raises Deaf raises Hearing). Consequently, Deaf parents may not consider themselves "cultural experts" when it comes to helping their hearing children navigate their way through the hearing culture. For example, they may not be able to express a parental opinion regarding teenage music preferences or the kind of spoken language children use across different discourse situations. One way that contemporary Deaf parents can obtain some information regarding *hearing culture* is through watching television. Today, many programs on television are closed-captioned, which means that one can elect to view on-screen the text translation of what each character is saying. While this is a tremendous accommodation for viewers with hearing loss, not all deaf individuals have the English literacy skills to follow all of the text or to understand the cultural meaning and subtleties of the message. Perhaps Deaf parents could enhance their parenting abilities and strengthen their connectedness to their hearing child's "foreign" world by developing a strong relationship with an adult hearing individual, perhaps a family member or an adult hearing child of Deaf parents, from whom they could comfortably attain relevant hearing cultural information. One obstacle to this *cultural broker* model is the significant problem of getting the Deaf person to trust a hearing person, given the longstanding history of Deaf-Hearing relations and the particular life experience of that Deaf individual who may feel oppressed or even controlled by the hearing majority.

Understanding the Experience of Hearing Children of Deaf Parents

Hearing children who are raised by Deaf parents have the unique experience of being insiders, yet outsiders,

in the DEAF-WORLD. As bicultural and bilingual members of the Deaf community, they are the "critical link [interpreters and cultural mediators] to the alien hearing culture, a source of information for making decisions, and a spokesperson for the family, [and consequently] some grow up feeling they have been deprived of their childhood" (Lane et al., 1996, p. 171). The added responsibility of handling family communication (the eldest children sometimes even facilitate communication between their Deaf parents and later-born siblings), and the possible exposure to inappropriate contexts (e.g., interpreting between one's parent and a divorce lawyer) creates for some hearing children of Deaf parents unwanted pressure and burdens that they are too young to resist or negotiate. Some hearing children may then begin to take on tasks because it is easier to handle things directly rather than mediate conversation with their parents present (possibly motivated by issues of shame), or because they view their parents as less competent and in need of assistance in decision making; they become "parentified" children, taking care of duties normally handled by a parent.

On the other hand, a hearing child growing up with Deaf parents, enjoys "a command of the languages and the cultural knowledge of two worlds" (Lane et al., 1996, p. 171). With this special role in the family, the hearing child of Deaf parents can also benefit from this experience. If the role of the parent is clear and the interpreting is kept to appropriate contexts, the added responsibility can result in maturity, independence, and an opportunity to have rich experiences (a result of accompanying Deaf parents to places and events that hearing peers ordinarily would never see). Furthermore, children who learned somewhat independently to navigate their way in the hearing world may develop positive attributes such as adaptiveness, resourcefulness, curiosity, and "worldliness." According to Lane et al., hearing children of Deaf parents "frequently choose careers that build on those strengths" (p. 171).

To date, the most impressive work describing the lives of hearing children of Deaf parents is that of Preston (1994). Using an anthropological approach, Preston interviewed 150 hearing adults who were raised by their Deaf parents. Many of the informants focused on how their lives involved a constant *explaining* of the DEAF-WORLD to hearing people and the hearing

world to Deaf people. Informants felt "caught within a web of difference-different from hearing people because they appeared deaf, different from deaf parents because they could speak and hear. This increased their sense of uniqueness as well as their sense of isolation from others" (Preston, 1994, p. 54). Preston organizes his synthesis of the interviews around the following four themes that he presents as fundamental aspects of their unique heritage.

1. *Meaning of deafness.* Informants understand that "one can be Deaf regardless of speaking or hearing abilities . . . and that . . . being Deaf ideally includes an attitude of self-acceptance and social interaction with other Deaf people" (Preston, p. 49). Hearing children of Deaf parents are indeed a part of their culture of origin, yet many informants felt that they faced "an uncertain adult identity: How could they be Deaf when no longer living within a Deaf family or a Deaf community?" (Preston, p. 49).

2. *Accountability.* Most informants interviewed acknowledged some difficulties growing up with Deaf parents, but struggled with the notion of who was to be held accountable. Informants felt the Deaf parents should not take all of the blame; they also pointed to the hearing grandparents, Hearing society at large, and so on. For the most part, hearing children of Deaf parents have a strong belief that their family life was normal if one adopts a "Deaf view" and that the problem lies with others holding a "hearing-centric" view of childhood, parenting, and disability. Still, there is a feeling of being lost, that no one else is like them, that their upbringing was so unlike that of their childhood friends and their adult peers (Preston, 1994).

3. *Legacy of protection and advocacy.* Informants reported concern about their parents' image, about protecting their parents from insults or ignorance on the part of hearing people, and the complexities of defending or disavowing their parents' ways. Lane et al. (1996) concur with Preston, suggesting that "experiences of cross-cultural mediation can be rewarding, but frequently they are hurtful because of the prevailing negative views about Deaf people . . . which are held by hearing people" (p. 171). In an example that reveals the emotional strain placed on hearing children of Deaf parents, Preston (1994) characterizes these children as

"repositories of their (hearing) grandparent's and their parents' untold stories [and that] informants often chose to keep this realm of sadness and anger hidden [in order to protect the feelings of each generation in their family of origin]" (p. 67). Many of Preston's informants talked about how they continue to provide assistance and advocacy for their Deaf parents into their adult lives.

4. *Similarity or difference.* Growing up within two polarized worlds, the hearing children of Deaf parents who were interviewed discussed personal struggles and revelations about identity development and cultural alignment and how they searched for a resolution between the Deaf and hearing worlds. Some have found support in creating and connecting with an adult community of other hearing individuals who grew up in the same circumstances. The international organization CODA: Children of Deaf Adults provides a community for these bilingual/bicultural individuals who grew up living between the Deaf and hearing worlds.

In summary, Preston (1994) concludes that "most informants balanced any sense of compromised childhoods with the benefits of their experiences-including being more mature, being more sensitive to others, and having a greater variety of life experiences" (p. 55). This brief review of the Deaf culture, what it is like to be a Deaf parent, and what it is like to grow up as a hearing child of Deaf parents, only captures the essence of the experience in broad strokes. Most Deaf parents are effective, loving, and determined to bring up their hearing children in the best way that they know how (despite their probable lack of access to childrearing information and social/educational services). Although there may be some risks for family stress, or even more serious dysfunction, the primary issues for Deaf parent/hearing children families center on communication and cultural awareness within the nuclear family, with other hearing relatives, and with providers/educators that interact with the family (Bunde, 1979). Further research on this topic is seen as necessary to promote effective parenting, enhanced family communication, and positive identity development. The following is an incomplete list of recommendations, based on this review of the literature, that may reduce the potential stress or dysfunction for hearing children, their deaf parents, and the individuals they contact.

Recommendations for Supporting Hearing Children With Deaf Parents

1. Find ways to understand and support the child's hearing side of their bicultural identity.

2. Create opportunities for the child to interact with both Deaf and hearing children. Having a Deaf peer will enhance their signing skills; having a hearing peer will enhance their spoken language skills.

3. Find a trusted hearing individual who is fluent in ASL (perhaps an adult hearing child of Deaf parents, or a hearing relative) to serve as a cultural broker and role model for your child as he or she navigates the hearing world; this person can also provide valuable information regarding hearing culture to the Deaf parents.

4. Convey to the child a sense of security, parental competence, and awareness of the child's dual cultures and support him or her as he or she develops into a bilingual/bicultural individual.

5. If hearing relatives seem to be intervening, or overinvolved in the family, consider intergenerational family counseling to help family members clarify their roles and authority.

6. Take full advantage of new technology that can facilitate interactions with the hearing world (e.g., TTY, TTY-to-voice relay, fax, computer e-mail, vibrating pagers, wireless Internet services) to reduce the reliance upon the hearing child to facilitate communication on the Deaf parents' behalf.

7. Require sign language interpreters whenever possible, especially in any situation that would be viewed as sensitive or inappropriate for a child. If the hearing child resists a parents' request to interpret, do not force him or her. If a hearing person asks the child to interpret, intervene and find an alternative way to have direct communication. Yet recognize that some children also feel pride when they have the opportunity to interpret for their parents. If the child enjoys this, find positive, nonstressful contexts to promote the development of their translation skills. Keep in mind that daughters (especially the eldest daughter) are more likely to gravitate toward the family interpreter role

and may insist on interpreting because it supports and endorses a nurturing, facilitative interaction style (a typically female-gendered behavior; Preston, 1996).

8. Insist that all hearing children in the family can communicate fluently with the Deaf parents. There is a tendency for the eldest hearing child (especially daughters, cf. Preston, 1996) to facilitate communication between their younger siblings and the Deaf parents, resulting in these later-born children becoming less fluent signers. Whenever a Deaf parent is present, all family members should switch to using ASL. If hearing children have separate, parallel conversations in the presence of their Deaf parents, this is exclusionary and as a consequence the parents have difficulty monitoring their children's interactions and maintaining their role as effective parents.

Providing Appropriate Services to Deaf-Parented Families

The steps necessary to make a particular service available to Deaf-parented families are not unlike those necessary to provide services to any other culturally and linguistically diverse family, in that providers primarily need to ensure accessibility to their services through appropriate and understandable methods of communication and interaction. The expectation that families must take complete responsibility for reducing communication barriers is common and should be avoided. All families deserve equal access to services. In the case of hearing children of Deaf parents, there may be a tendency on the part of providers not to recognize the need for adaptations, especially when the hearing child is old enough to communicate effectively with service providers, opening up the possibility of leaving the Deaf parent out of the conversation. Thus, when providing services to hearing children of Deaf parents, it is essential for the provider to make the necessary adaptations to include the Deaf parents or other family members in all interactions.

Parent-Child-Provider Relationship

Just as hearing children of Deaf parents experience unique relationships and power positions within their families, they can also be unintentionally placed in an inappropriate position as a messenger or interpreter for communication between providers and parents. Like all children, hearing children of Deaf parents have individual relationships with the professionals in their lives, most commonly doctors and teachers. Deaf parents, however, have a different level of access to these providers than hearing parents because of the inherent communication barriers and need for adapted communication. This difference in the relationship between the provider and the parent can, as it does in many situations, affect the relationship of the child with both the parents and providers. Such effects may be either intentional or unintentional but invariably place the child in a position of either more responsibility or more power than may be appropriate or typical. For example, if a medical provider communicates directly with the child regarding a diagnosis, treatment, or prescription, there is a serious risk that all of the necessary information will not be given to the parent by the child for a variety of reasons, including the child's lack of understanding or a tendency to wait until later to pass on information to the parent (and subsequently omitting information unintentionally or in later summary) (Preston, 1996). Additionally, the parent may not understand all of the medical terminology, even if accurately passed on from the child. Without an interpreter or other direct communication, the parent becomes a dependent third party in the conversation, even if present.

When the parent is not often present, such as with the child's teacher, the child-teacher relationship can be even more likely to run the risk of creating relational problems. All students have a relationship with their teachers that is most often exclusive of the parents. This can result in a variety of miscommunications in any family regarding homework, progress, grades, or disciplinary issues. However, when the parents are hearing, they also have direct access to teachers to facilitate their monitoring of their child's education. Whereas it is common for all children to be "messengers" carrying information between home and school, a hearing child of Deaf parents may be more relied upon as the only or primary means of communication between his or her parents and the school. Even when a school is equipped with a TTY device, all teachers may not be proficient or take the extra time necessary

to use the device to communicate with parents who are Deaf.

Although there may be little risk of harm to the hearing child in these routine interactions, any use of the child to interpret runs the risk of dependence on the child to assume this role in inappropriate situations. Parents and providers both need to be aware of the unique communication dynamics in Deaf-parented families and their effect on child-provider interactions.

Reducing Communication Barriers

Telecommunications. In serving families with Deaf parents, providers can offer accessibility through a variety of communication media. It is the responsibility of the hearing professional to use such services as much as it is the responsibility of the Deaf consumer. Advances in telecommunications and information technology in recent years have greatly simplified and expanded the availability of communication for deaf member families. Foremost, a TTY (Telecommunication Device for the Deaf) device offers direct access between Deaf and hearing callers. When TTY access is available, the number should be published in phone books and in written material about the providing organization available to the Deaf parent. The device should be operational and personnel should be trained in its use. Too often, the infrequent use of TTY by some providers results in problems with connection and use of the device.

Providers who do not have a TTY device can use indirect communication via relay services. Relay services are required by the Americans with Disabilities Act to be available nationwide 24 hours a day. This allows telephone communication between TTY users and non-TTY users. Despite perceptions that relays are designed to give the deaf user access to hearing services, all users, deaf and hearing, have equal access to relay services. All relay services have toll-free numbers, which are listed in telephone book reference pages. A relay operator translates the hearing user's spoken conversation into printed messages using a TTY and translates the deaf user's TTY conversation into spoken messages.

Although facsimile and electronic mail do not afford real-time two-way communication, they are also effective and are gaining in popularity within the Deaf community. Emerging advances in telecommunications that could prove very useful to the Deaf community are the development of wireless Internet access and the marketing of hand-held wireless communication devices that offer voice to text and text to voice relay, TTY, e-mail, fax, and paging within a single unit (Shellabarger, 1998).

Interpreting services. Despite these technological advances, which can aid in bridging a critical communication gap, there remains a difficulty in providing direct service to Deaf-member families. Although electronic communications are appropriate for some settings and information exchange, they cannot serve as substitutes for face-to-face communication. When Deaf family members must meet with helping professionals, it is critical for the professional to ensure that interpreters are available.

When working with Deaf as well as other culturally and linguistically diverse families, service providers must consider the responsibility for providing linguistic access. Although some families with Deaf parents may prefer to use their own interpreter, who might be a family member or friend, providers will most likely be asked to provide the interpreter services. In most cases, it is wise to enlist the services of a professional interpreter, but the hearing family member can remain an advocate. It is also not acceptable to recruit a coworker with limited signing skills to function as an interpreter. Although well-meaning individuals with limited proficiency in a given signed language may be available (e.g., a hearing colleague to the service provider who has taken a couple of sign classes), the complexities of signed languages, as with spoken languages, require advanced or native proficiency and training in interpreting skills to be most effective. Although U.S. law does not govern standards nor require licensing of interpreters and translators in any language, professional standards for interpreters do exist through affiliation with various professional agencies such as the National Registry of Interpreters for the Deaf (RID).

Luey, Glass, and Elliott (1995) provide a basic overview of issues that social workers must consider when providing services to Deaf people. They emphasize the

importance of utilizing professional interpreters when interacting with Deaf clients. They note that "a social worker must join each deaf or hearing-impaired person in a full and multifaceted exploration of all pertinent dimensions of life—hearing, communication, language, culture, and politics" (Luey et al., 1995, p. 181). Additionally, McEntee (1995) reviews the legal rights and responsibilities of both Deaf and hard-of-hearing clients and service providers. She further emphasizes the necessity of using qualified interpreters who are certified by the RID. RID conducts interpreter evaluations and its members follow the RID code of ethics. Many state associations for the Deaf also have their own interpreter certification efforts.

Segmentation of services. Even when professional interpreting services are available and used, all parties involved must remember that *direct* communication is not occurring. Even the most accurate interpreter is a relay, a filter of sorts, between service providers and Deaf-member families. This can result in the segmentation of services because not all services will be equally accessible.

In the case of a Deaf parent whose hearing child requires special education services, the family must work not only with the child's school to establish an Individual Education Program (IEP) but must work with a variety of medical, social services, and even legal professionals in assessing the child's disability, educational and medical needs, and ensuring their child's needs are met and maintained over an extended period. Although federal law requires that an IEP be conducted in the family's native language, including sign languages, every professional with whom the parents might collaborate in ensuring their child's needs are met may not provide interpreting services. In this situation, parents may be forced to rely on other, indirect means of communication, family members, inadequate communications such as written notes, or worse yet, no communication with necessary providers or professionals who may be important to the process.

The form the written communication takes is also important when providing services to deaf consumers. Although not exclusively the case, as mentioned earlier, many deaf children and adults are limited-English proficient (LEP) (Moores, 1996; Quigley & Paul, 1984).

Helping professionals can easily adapt written communication for deaf LEP consumers just as they do with hearing LEP consumers by ensuring that forms and letters are written at an appropriate reading level and are not overly complicated (for example, see MELD/St. Paul-Ramsey Medical Center, 1986, for a series on parenting). This does not "insult the intelligence" of any client as much as it provides clearer communication to everyone, regardless of their English proficiency.

In addition to segmented services, deaf-member families often face an experiential disadvantage in complex situations such as their child's IEP. In many cases, the deaf individuals (the parent in this example) may not necessarily be a strong self-advocate, depending on the extent of their experience in interfacing with the hearing community. If their experience is limited, either because of lack of access to the hearing culture, or because they had hearing parents or relatives who have typically advocated for them, then they may be less likely to take the initiative in navigating the bureaucracy of services.

In summary, service providers should be aware of the necessity to take responsibility for making their services accessible without burdening either Deaf or hearing families with the full responsibility for reducing communication barriers. Through recognizing their own biases, appropriately adapting communication, and taking advantage of available resources, they will best be able to serve Deaf-parented families.

Recommended Practices for Providers Working With Deaf-Parented Families

One difficulty in recommending culturally and linguistically appropriate practices for working with Deaf-parented families is that there is very little research and literature on such practices. Most studies focus on families with hearing parents and deaf children. The Division for Early Childhood's recommended practices (Odom & McLean, 1996), particularly those concerning family participation and service delivery, serve as a useful guide for all deaf-member families. Similarly, the U.S. Department of Education-endorsed *Deaf and Hard of Hearing Students: Educational Service Guidelines* (Easterbrooks & Baker-Hawkins, 1994) is a compre-

hensive and valuable resource for educators who are serving deaf children and their families. Although they emphasize early childhood special education needs, the recommended practices presented in these and other resources can be adapted in considering the needs of hearing children and their Deaf parents. For example, Calderon and Greenberg (1997) provide a concise list of seven recommended practices of early intervention for families with deaf children. Calderon and Greenberg's list could be applied to families with hearing children and Deaf parents with minor adaptation. These suggestions are:

1. Interventionists should be engaged in community education and outreach as well as in providing direct services.

2. More emphasis should be placed on working with the entire family system.

3. Development of a solid communication/language base.

4. Social support is integral to parents' adjustment and confidence in parenting, so a full assessment of support resources available to the family should be made.

5. Service providers should work toward providing a balanced approach to intervention strategies and improving coordination of manual and auditory skills.

6. Sensitivity to the way service delivery is provided. Flexibility is the key in dealing with diverse families.

7. A developmental/systems perspective may be useful in appreciating the limitations of intervention. (Calderon & Greenberg, 1997, pp. 474–477)

Whereas Calderon and Greenberg's (1997) emphasis is on deaf children, Kirshbaum (1994) addresses recommended practices specifically for families with disabled parents, and for Deaf-parented families in which hearing children must straddle both the hearing and Deaf culture. She recommends pursuing a "depathologizing process through familiarity with cultural norms as well as culturally derived expertise about solutions to disability obstacles" (p. 11).

The guiding principles presented above offer a framework within which more practical considerations and actions by service providers can be addressed. Of primary importance is that the hearing child is not dis-

advantaged in receiving legal, social, health, and educational services because of communication barriers or information gaps between the providers and Deaf parents. Similarly, access to these services should be deliverable in a manner that affords Deaf parents the same ease of communication, interaction, and information that is available to hearing parents. This means ensuring that information is available in a format that can be delivered to the Deaf parents. Information should not be withheld due to communication barriers. For example, a teacher may be reluctant to hold a parent-teacher conference with Deaf parents, particularly if the child is performing well in school. Likewise, the parents may be equally reluctant based on their prior experiences with inadequate or nonexistent interpreting services.

Similarly, preschool and school-age children should not be used by providers as interpreters for the family concerning their own or other family members' services. Even though such interpretation may seem the most convenient means of communicating with Deaf parents, it frequently places the child in an inappropriate role as a decision maker and negotiator. This is a role that would not usually be expected of hearing children of hearing parents (Hoffmeister, 1985). Using hearing children or other family members as interpreters may also violate the client's right to privacy and results in an inherent bias in communication (Luey et al., 1995).

Although there is little guidance for service providers in serving Deaf-parented families, an emerging body of literature addresses culturally appropriate service delivery within therapeutic settings. For example, in an edited volume, Glickman and Harvey (1996) approach deafness from a cultural view by adopting a culturally affirmative model of psychotherapy that is used with other diverse groups. Sloman, Perry, and Frankenburg (1987) also emphasize the necessity for family therapists to understand the complex communication issues within deaf member families.

Conclusions

As educators and service providers work to improve their understanding of multicultural issues and their own intercultural competence, their courses, textbooks,

and even life experiences often do not include or recognize the American Deaf community as a distinct linguistic and cultural group. Due to the low incidence of this population, few professionals and educators have had the opportunity to interact with Deaf individuals from this community. For the Deaf individuals, this means, unfortunately, that every time they engage in a service system, the chances are high that they will encounter a novice with no experience working with the Deaf and no understanding of the complex communication and identity issues that pervade the DEAF-WORLD.

In this article, we have focused on families with Deaf parents and hearing children, as over 90% of Deaf adults have hearing children. We described the complex communication, socialization, and cultural issues that often arise between Deaf parent, hearing child, and their extended family. Hearing children of Deaf parents essentially are bilingual and bicultural, although not always to the fullest extent in each case. In childhood, they acquire their first language and culture (ASL and Deaf Culture) yet eventually come to understand, because they are hearing, that they will not be viewed as full members of that world when they become adults. They must also learn a second language and culture (English, or whichever language is dominant in their environment and hearing culture), often without the assistance of a cultural broker. This delicate balancing act of two identities, and playing the role of cultural and linguistic mediator for their Deaf parents and the hearing world, is unique and difficult to cope with for some hearing children of Deaf parents. We ended with a discussion of how educators and service providers can ease their interactions with Deaf parent families and build a service relationship that is culturally and linguistically appropriate. Future research on hearing children with Deaf parents is much needed and would be an important contribution to the growing discipline of Deaf studies.

Notes

1. The term DEAF-WORLD represents the signed phrase in American Sign Language that members of the Deaf community use to refer to themselves, to their world, and to their culture. See Lane, Hoffmeister, & Bahan, 1996, for further detail.

2. With English first, the next four most commonly spoken languages in the United States are Spanish, Italian, German, and French (Lane et al., 1996, p. 42). This ranking does not take into account foreign language learning of these languages.

3. English-based sign systems (MCE) have been adopted for use in the majority of deaf educational settings. They currently function as the "language" of instruction with the idea that deaf children will acquire English through this signed representation of Spoken English. Some primary concerns that have been raised in the literature are (1) that children fail to acquire English successfully through MCE (i.e., national figures for reading comprehension are still low); (2) that teachers fail to produce MCE accurately, possibly because of the difficulty of speaking and signing simultaneously, and this results in the child receiving fragmented input; and (3) that children exposed to MCE end up modifying the "less-natural" elements toward a representation that is more like what we see in natural signed language structure.

4. For the purpose of this discussion, *native culture* means the culture of a child's birth parent(s).

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