An Examination of the Stress Associated With Parenting the Hearing-Impaired Child

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Introduction

"...DEAF is an acronym for Dedication, Energy, Anguish, Frustration. But ultimately for Delight, Excitement, Anticipation, Fulfillment."

mother of deaf child

It is well known that the role of being a parent is not an easy one. As well as the pleasures of raising a child goes a great deal of stress. A first child alters the one to one relationship that has developed between his or her two parents, possibly causing a stressful situation by merely being born. As the child grows, the things which cause stress may change, but parental stress will never be totally eliminated.

It is not unusual for parents to feel strong emotions about their child's successes and failures, both educationally and socially. A mother and father's concern for their child, added to the many basic responsibilities of parenting, makes raising a child a stressful occupation. However, with patience, love, and hard work, most parents are able to cope successfully with the stress and build happy homes.

While it is clear that parenting, in general, is not an easy task, when a handicapped child is involved the role becomes much more difficult. Parents of hearing-impaired children experience a great deal more stress than do parents of hearing children. The reasons for this are broader than one
might think. Not only must the parents cope with the knowledge of their child's disability, but they are also expected to focus their manner of parenting to help their child develop language skills. Most parents raise their children using their own parents as role models; however, most adults have had no exposure to hearing-impaired children or their parents. This means there is no longer role models for the parents of deaf children to follow. The new parental expectations, in addition to coping with the fact of having a disabled child, increases the stress of parents with a hearing-impaired child.

In reviewing literature about parents of hearing-impaired children, it appears that stress related times/situations fall into five major categories. The first is before and immediately following the diagnosis of the child's hearing loss. During this time, parents struggle between wanting and not wanting to know what is wrong with their child. After this comes the preschool years, during which time parents try to adequately meet their child's many language needs as well as raise their child with little or no communication. When the child reaches school age, the parents face a new set of problems, especially centered around the child's educational program. The fourth stage occurs during the child's adolescence, when concerns about the future and reality of the child's limitations must be addressed. Finally, as adulthood is reached, parents must cope with the conflict between granting their child independence and the fear that the young adult will be unable to succeed on his or her own.
This paper takes a broader look at each of these categories, focusing on the stress that parents of hearing-impaired children experience. Due to the fact that the majority of deaf babies have two hearing parents (only 10% have two deaf parents), the parents referred to in this paper are assumed to be hearing. It should be understood that deaf parents, having a totally different background than hearing parents, do not necessarily experience the same feelings of stress discussed when dealing with their hearing-impaired children.

There are many different ways to classify people with hearing-impairments. Some of these include the degree of loss, the site of lesion, the method of communication, and the age of onset. Children with a hearing loss may fall into several of these categories. Therefore, there will be no attempt to distinguish the severity of the impairment within this paper. As a result, any hearing impairment referred to can be assumed to be severe enough to warrant special attention from parents. It is hoped that this paper will be helpful to educators, therapists, and counselors in identifying and understanding the causes of stress associated with parenting a hearing-impaired child that they may help parents cope with the stressful times and realize the joy of their hearing-impaired child.


3 Stephen P. Quigley, The Psycho-Social And Educational Aspect of Deafness (Univ. of Illinois, Unpublished), pp. 3-4.
Diagnosis

Every parent hopes for a healthy, perfect child. After birth, one of the first questions asked is whether the baby has all ten fingers and toes. In other words, the parents want to know if physically their child is normal. It is within this new baby that a mother and father find an extension of themselves. As a result, high aspirations are placed on the child, with hopes that he or she may fulfill the dreams which the parents have not been able to reach themselves.

Unlike many disabilities, deafness is a hidden handicap. Most parents, unless they have a known history of deafness in their families, have little reason to fear that their child may be impaired. This unawareness is emphasized by the fact that all babies, deaf and hearing, pass through the same initial language stage, vocalizing automatically. In addition, many people have low expectations of infants, thinking nothing is wrong when a response is not given to a loud or important sound, such as the mother's voice.

For these and other reasons, it can be quite a long time before a hearing loss or problem is suspected. Even though most children see a pediatrician on a regular basis, it is usually the parents who first question their child's hearing acuity. One study indicated that in 70% of all cases a problem was first suspected by the parents. In only 7% was a loss first questioned by a medical specialist.
During this period between suspicion and diagnosis, parents experience a great deal of tension. They attempt to test their child, watching his or her reactions and responses. An interesting point is that few parents initially are concerned about a hearing-impairment. The usual fear is that their child may be mentally retarded. Conflicts often arise between the parents as to the child's condition as they enter onto an emotional "rollercoaster." They alternate from great highs when a response, or pseudo-response, is obtained to deep lows when the desired reaction is not given.  

When the parents' suspicions are eventually not calmed, they usually turn to the family physician for a professional diagnosis. At this point, most parents are fairly convinced that something is wrong, usually now suspecting deafness; however, little support is given. In one study of 56 cases, the family physician rejected the possibility of deafness in over 50% of the families, many times without even giving any test!  

At this point, two responses are possible. Either the parents are relieved at the doctor's reactions and observations or they are frustrated, still fearing a problem exists. When parental reactions are split between the mother and father, additional stress is placed on their relationship. Anger can result from the conflict of beliefs, and the much needed support may be withheld. These additional problems are usually occurring at the same time that the parents are still adjusting to the responsibilities of raising a young child. Support from physicians can help alleviate some of this stress so that parents can enjoy their new baby.
With either reaction, a different opinion on the child's condition is eventually sought. The concern becomes much greater with the child's delay of speech. At an average age of 30 months the diagnosis of a hearing-impairment is received. Parental reaction to the diagnosis is varied. After many months of confusion and fear, some parents may feel relieved to finally have their suspicions confirmed. For others who have been anxious and uncertain, the diagnosis only makes them feel worse. In both cases, the inevitable reaction is depression. Even in the most well adjusted families a disappointment such as this can result in negative emotions. These reactions naturally cause additional stress for parents who are trying to cope with their own feelings as well as those of other family members.

In a 1965 study done by Shontz, the stages which parents of hearing-impaired children pass through upon diagnosis were outlined. Most studies done on parents in this situation have similar findings to Shontz, merely expanding or combining the stages. Shontz observed that parents, reacting to the stress of their child's diagnosis, progress through five emotional stages.

Initially, the mother and father fall into a state of shock. This usually follows immediately after receiving the news of their child's impairment. Consequently, they are unable to understand or absorb very much of the information which is given to them. It is at this time that parents need positive reinforcement from professionals who can help them to realize that most hearing-impaired people have full,
happy lives. After the shock has waned, recognition or realization of the impairment occurs.

At this point, the child's parents may feel guilt about the disability. Many times a mother may blame herself, feeling deafness is a form of punishment. In some cases, this placement of blame carries over to other family problems. It must be understood by parents that the child's impairment is no one's fault. Feelings of guilt are complicated by ones of confusion and fear. The parents may experience difficulty in understanding information about the impairment and the child's educational needs. It is not uncommon for the parents, especially the mother, to be overwhelmed by the responsibilities they now have for raising their child.

Although the majority of deaf adults lead independent, normal lives, many parents feel that their child's deafness means that the future holds no more than the present, and they begin to lose hope. The many negative emotions; guilt, blame, fear, anxiety, despair, all result from the stress of diagnosis. The parents, unable to act and respond up to par, are likely to find small problems more difficult to cope with. In addition, their emotional attitudes themselves may provoke conflicts, causing more tension and stress.

Unable to cope, or as a means of coping, most parents now reach Shontz's stage of defensive retreat. They will often deny the problem and begin to seek several different professional opinions, feeling hostility toward the physician who first diagnosed the problem. When the diagnosis does not improve, the mother and father may entertain hopes of
finding a magical cure to their child's hearing-impairment. The parents' inevitable disappointment, coupled with their extra expenditure of energy, time and money, most likely creates greater stress. Professionals should be very supportive and patient with parents during this period, for ultimately they must see reality and return to the professional for help.

Eventually, the acknowledgement of the impairment must be faced. This stage is particularly stressful as the parents experience renewed anxiety. If the stress becomes too great, some parents may slip back into denial, unable to yet cope with the reality of the problem.

As this point is passed, parents are able to advance to the final stage of constructive action. They are able to accept their child's disability and to begin to make the needed adjustments to best deal with it. The emotional stress associated with acceptance of the impairment now decreases. Parents begin to change their life patterns to accommodate for their hearing-impaired child. This means a change not only in the style of living but in the parents' personal values as well. Changes such as these are within themselves stressful.

Basically, parents pass through these five stages dealing with the stress of diagnosis in their individual manners. The pressures they are experiencing are those directly related to their ability to cope. In addition to these emotions and reactions is stress associated with dealing with other family members. While families generally are quite helpful to one
another at this time, interactions with one's spouse, children and parents, as related to a child's hearing loss, are unique and can be stressful.

Recognition of a child's impairment can place a particular strain on a marriage. Some spouses may feel that they have failed sexually. This is particularly devastating for individuals of the lower and middle classes. A reaction like this may cause problems in the parents' sex life. Another reaction is the placement of blame on a spouse; this in itself may cause conflict. If the blame is accepted, that spouse may experience deeper guilt feelings, resentment, and/or feelings of inadequacy. Once one person feels he or she has disappointed a spouse, emotional isolation can result. When this happens, communication becomes restricted, weakening the marriage. Counseling can help parents to draw together at this time rather than apart. In this way, they can make each other stronger.

A diagnosis of a hearing-impairment not only makes changes in the parental relationship, but in those with relatives and children as well. Many grandparents of a child with a hearing loss stop at the defensive retreat stage, unable to accept the diagnosis. When this happens, a role reversal can occur with the parents giving support at a time they need it themselves. Some may feel resentful about this occurrence and withdraw from the grandparents.

Relatives, in general, seem to be more likely to deny the problem or place blame. In addition, they may encourage further medical diagnoses and/or faith healings while parents
are trying to accept and deal with the child's disability. In one study, only 30% of all parents reported their relatives as being helpful and supportive. Other children, as well as relatives, place an additional burden on the parents. They require extra emotional support and information from their parents who are often confused themselves. These facts tend to indicate that the family as a whole should be helped to adjust to a member's disability. The result being a close and supportive environment.

The time before and immediately following the diagnosis of a hearing loss is probably one of the most stressful for parents. Before diagnosis, a deep fear grows as the parents suspect a problem. Once their fears are confirmed, parents begin an emotionally traumatic passage through five stages, from initial shock to eventual acceptance. During this time, stress and conflict may occur within the family unit. An awareness and understanding of these things can help parents to cope with the diagnosis of a hearing-impairment in their child.

2. Ibid., p. 145.


5. Jaffe, p. 668.


8. Ibid., p. 270.


10. Ibid., pp. 667-668.

11. Murphy, p. 268.


13. Ibid., p. 657.


15. Fine, p. 65.


17. Ibid.

18. Ibid., p. 658.

19. Ibid., p. 661.

20. Ibid., pp. 671-672.

21. Freeman, Harting, and Malkin, p. 28.

22. Murphy, p. 354.
Preschool Years

For all children, the preschool years form the basic foundation for learning. Although most parents have no formal training in preschool education, they are able to meet their child's needs. During these formative years, a child becomes increasingly self-sufficient while learning to be a social being. He or she gains conceptual awareness of the world and masters a language enabling communication. It is then possible for learning of such things as numbers, colors and the alphabet to occur. These things all help to prepare a toddler for schooling a few years in the future.

Unfortunately for the hearing-impaired child, a major road block inhibits this progression. The majority of learning results through language, yet language is learned through the auditory system. A hearing loss prevents the natural acquisition of language resulting in less learning and general understanding for the child. Although some concepts can be learned visually, the majority are developed auditorally, thus weakening the child's conceptual awareness of his or her world.

Because of this, the preschool years are especially important for hearing-impaired children. With diagnosis rarely occurring before 12 months, the child is already at least a year delayed. Consequently, most parents begin to seek some means for aiding their disabled child. Unfortunately, more than 50% of all hearing-impaired children below the age of
six are unable to obtain proper diagnostic, therapeutic and educational services within their home communities.\(^1\) Even if there is no program locally available, there are many other resources for parents. It is the responsibility of the professional to make them aware of these.

For many parents, the only alternative is a correspondence course developed by the John Tracy Clinic in California.\(^2\) With this, the teaching, training and drill all take place at home with the parents directly leading the child's learning. This does give a great deal of guidance, but it lacks the person to person support which is helpful for many parents. For those parents who do seek a formal program for language development, there may be a great deal of disappointment. From 0 to 3 years of age, the educational responsibilities belong mainly to the family. It is up to all members to actively take part in the guided instruction for the child.\(^3\)

Due to this fact, many parents are lost as to how to help their child. It is now when parents first begin to face the oral education versus total (manual) education conflict. The decision which is made at this point is quite difficult, and in the future, often questioned as being the right one. Many parents, especially because they initially deal with speech pathologists and audiologists, seek an aural/oral program. It is usually their hope that the child will learn to speak and then be like a hearing child.

Choosing to go in this direction places a great deal of responsibility on the parents, especially the mother. The expectations of parents, by programs and professionals, are
quite demanding. For example, most mothers know little or nothing about hearing aids, yet many audiologists expect them to observe their child and note responses to the aids. It is also their responsibility to be sure the aids are always worn and working properly. This can be especially difficult for a woman who has other children or who may be working. The parent may experience stress associated with confusion about what to do or the fear of doing something improperly. The audiologist should help reassure parents and make them feel comfortable in working with amplification equipment.

Even when structured programs are located, the demands on the parents are still great. For example, the Mama Lere Parent Teaching Home concentrates on parent training. Parents usually go to this home about once a week during which time they learn how to help their child gain language. The total parental role is remolded by instructors at the home. The objectives of these instructors include a.) teaching parents how to "talk" to their child, b.) instructing families as to the stages of language development, and c.) advising parents of the ways to optimize the auditory environment for their child. Attempting to successfully master all these things is quite difficult and demanding. When parents feel they do not reach expectations, stress again may build.

Whichever early method is followed, the result is still the same. A great deal of added responsibility, requiring extra effort and time, is placed on the parents. For many, just the realization of this causes stress. As the responsibility is accepted, even more stress can occur. The
additional demand on time and money prevents many parents from escaping the problems and tension. This can be especially difficult for young couples who greatly need and miss the youthful freedom from which they have recently passed. However, any form of guidance is helpful, and the alternatives should be given and explained to parents.

Some parents react to additional responsibility by trying to make the child’s deafness into a professional career. The mother and/or father read several books about the disability and may contact experts in the field. Becoming an active participant in community activities, he or she may even take over leadership roles. As more and more attention is directed toward the child and his or her disability, the other spouse may begin to feel left out. This can lead to marital stress as the partner gets less gratification at home and feels his or her needs are sacrificed to those of the child. As a result, parental involvement should be encouraged but moderation emphasized.

In general, teacher/child preschool programs first become available when the hearing-impaired child reaches the ages of three to six. At this point, instructors begin to work directly with the child, and the family moves from direct focus. This alleviates a lot of parental strain, but the mother and father are still expected to maintain close contact with the teachers and administrators. It is also stressed that they continue language activities, including speech and auditory skills, speechreading, and basic drill on the child’s receptive and expressive language. In addition, it is up to the
parents to be sure that their hearing-impaired child is acquiring the needed readiness skills to begin school. Therefore, pressures still remain, causing stress, but preschool programs do offer a great amount of support and help.

It has been observed that when parents enter their child in a preschool program, this step is also stressful, especially for the mother who usually has most direct contact with the program. Emotions vary from positive to negative as the parents become familiar with the program. Initially, it is very difficult for a parent to see his or her child grouped with other disabled children. It may be felt that the child does not belong. Fear can arise when older children are observed, and they are not near a level which the parents have hoped for their own child to reach. Similarly, in all programs, parents feel frustrated by the slower than anticipated progress of their child. Personnel in the schools need to be sensitive to these parental adjustments.

Toward the end of the preschool years, few hearing-impaired children will be able to obtain the abilities their parents have hoped for. This realization is a devastating blow as the mother and father begin to become aware that their child will never be just like a hearing person. For many parents, it is long believed that with enough hard work the hidden handicap can be eliminated. As occurred during diagnosis, reality can push the parents into a deep depression.

The preschool years of a hearing-impaired child are especially difficult ones for the parents. The child's educational needs place a great responsibility on the parents'
shoulders. In addition to this, stress is increased by the fact that hospitalization, especially for tonsillectomies and adenoidectomies, is much greater for hearing-impaired toddlers that the national norm. This strain is both financial and emotional. Also, some parents, perceiving their child as helpless, create a more draining situation by doing everything for their child. This only increases their responsibilities and pressures.

Once the diagnosis of an impairment is accepted, parents begin to progress through the difficult preschool years. They attempt to fill the gap left by the hearing loss, hoping their child will gain speech and language. Their responsibilities are greatly increased as they practice a new mode of parenting. Preschool programs, though much needed, are limited and inaccessible to some parents. Those that are available may lift many but not all of the educational demands from the mother and father. In the long run, the recognition that natural speech and language may never be gained by the hearing-impaired child can be devastating. These many things, especially in combination, prove to make the preschool years physically, mentally and emotionally draining on the parents of the hearing-impaired child. As a result, a great deal of guidance and advice should be offered to the parents. They need to be able to overcome the stress so that the many thrills of raising their preschooler will not be missed.


5. Ibid., p. 143.

6. Ibid., pp. 150-152.


8. Ibid., pp. 660 & 662.

9. Murphy, pp. 333-334.


School Age Years

During the preschool years, the demand on parents to meet their child's educational needs is great. As the child reaches school age, however, this pressure is lessened to some extent by the child's entrance into a school program. The direct teaching work is removed from the parents and becomes the responsibility of the school system. This is assured by Public Law 94-142 which requires that the disabled child's educational needs be met in the least restrictive environment.

Although this law was a major breakthrough for parents of disabled children, it also placed a greater degree of responsibility on the parents. They now become directly involved in decisions about their child's individual educational program at least two times a year. This can be especially frustrating and difficult for parents who are really unsure of their child's needs and for those who desire a different program than the one suggested.

One of the first major decisions regarding schooling that parents must make is the general teaching method and environment in which they want their hearing-impaired child instructed. The controversies they faced during their child's preschool years become much more prevalent. Parents must choose between placing their child in a program based on the aural method based solely on auditory skills, the oral method that includes speechreading, the combined method which incorporates
fingerspelling, or the simultaneous (total) method which utilizes sign language as well. Directly related to this choice is the type of facility in which the child is taught. Currently, there are basically three major facilities available; residential schools, day schools (segregated classes), and day classes (self contained and integrated classes).\(^1\) Entering the child in school becomes much more confusing and difficult than for the mother with a hearing five-year-old! Unfortunately, few of these possible choices are usually located in the immediate vicinity of the child's home. Consequently, most hearing-impaired children must be bused to their school and sometimes live away from their homes.

One interesting study revealed that the chosen program had a high correlation to parental income. Children who were in programs most directly incorporated into the regular school program had parents with high incomes. The more segregated the programs became, the lower the parental income was.\(^2\) This seems to indicate that the better the parents' economical status, the more likely it is that their hearing-impaired child will eventually become part of the hearing community. Although parents may not know the statistics, it is quite reasonable to assume that they are aware of the effect their financial situation has on their hearing-impaired child. They may experience guilt at their inability to provide their child with the special equipment and/or therapy he or she needs. The burden of this realization is a great one to bear.

As the hearing-impaired child leaves for school, the separation, especially initially, may be a traumatic one for
the parents. This is even more true when the child is being placed in a residential school. It is difficult to leave any loved one for an extended period of time but especially so for the mother of the hearing-impaired child. For several years, she has worked more closely with her child than do most parents. As a result, a separation represents not only a loss, but a change of lifestyle as well. It can be even more painful for her to accept the separation when she realizes that her child is coping well without her.\textsuperscript{3}

Although the parents move from the principle role of educators, total responsibility is not eliminated. Throughout all of their hearing-impaired child's schooling, the parents must make an extra effort to be aware of their child's curriculum. They need to drill him or her on skills being developed in school yet do this in a fun, not teaching, format.\textsuperscript{4} When dishes are piled up, the baby is sick, and the dog wants out, it can be quite trying to think of a "fun" way to stress the articles a, an, and the! School officials need to be aware that parents may be fluctuating from grief to enthusiasm about their child and his or her program. As a result, communication should be kept open and joint decisions made about a reasonable level of expectation for the child and his or her parents' involvement.\textsuperscript{5}

A point of confusion and uncertainty for both parents and professionals is in the field of psychological testing. A great deal of testing is done on hearing-impaired children to assess their academic levels and future needs. Understanding test results is confusing for most parents, but for the parents
of a hearing-impaired child, it is often frustrating because they are sometimes expected to comprehend the implications that these tests hold for their child. This issue becomes even more complicated when greater light is shed on the area of psychological testing of the hearing-impaired.

One of the first weaknesses of these tests has to do with their administrators. According to one study, 83% of the psychologists administering tests to the hearing-impaired had no special preparation for work with this population. A shocking 90% knew no sign language. This indicates that the tester can rarely be sure if the client understands what is to be done. This fact is complicated by the knowledge that many children with hearing losses give the impression of understanding verbally administered tests when in actually they do not. In addition, conclusions drawn from most tests given to the hearing-impaired are actually not valid because very few have been standardized on the hearing-impaired population. This means that the normative data, though often used, cannot be considered conclusive. When the administration of tests are adjusted to accommodate a child with a hearing loss, the results are again invalidated.

Due to these facts, an accurate psychological assessment is near impossible to obtain for the hearing-impaired child. Reliable assessments of intelligence and academic ability are unclear, and the parents are left in doubt and confusion as to their child's ability and needs. Therefore, special effort should be made to explain the interpretation of test results and to reassure the parents. It has been found, for example,
that the majority of hearing-impaired individuals are really of average intelligence but ultimately two to five years retarded educationally.9

As the hearing-impaired child progresses through school, other problems besides an educational deficit become apparent. Along with the child's physical growth is his or her growth as a social being. The child experiences a need for friendship, yet this may be difficult to meet for several reasons. As stated earlier, a majority of hearing-impaired students must be bused to their schools. This isolates them from their neighborhood friends, and they become outsiders.10 The friends they make in school often live far away, so they cannot be after-school playmates unless the parents make an extra effort to get them together. This places an additional strain on the parents who in many ways suffer more than the child because they have a greater awareness of what the child is missing.11 By making that extra effort, though, parents can witness their child enjoy fulfilling friendships and become a good friend him or herself.

During the school years, it becomes the parents added responsibility to help their child understand and cope with the social implications of his or her handicap.12 This is especially difficult when the child's communication skills are severly limited. Parents must extend themselves by finding ways to help their hearing-impaired child overcome his or her handicap. The restraint and pain involved in this can be quite great. For example, the parents may insist that their
child order for him or herself at a restaurant. This simple task is quite hard for the hearing-impaired child initially. It is also painful for the parents who realize their child's anguish and the fact that they are perpetrating it. In the long run, though, it is experiences such as this one which help the child become outgoing and independent.

As the deaf child gains increased awareness of his or her hearing loss, great pain and self-consciousness occur. He or she senses the differences that the loss produces and feels others look on these negatively. As a result, the child may try to refrain from any activities which accentuate his or her handicap. This may be a point of conflict with parents who are trying to force their child to encounter social situations. While the older child adjusts to a hearing disability, he or she may become depressed and/or fantasize before ultimately reaching the point of rationalization. During this time, parents must cope with the double burden of dealing with their feelings as well as those of the child in regard to the handicap. They must be sensitive to the child and empathize with the emotions he or she is experiencing.

This is easier said than done, especially when the child is exhibiting behavioral problems. For many possible reasons, the hearing-impaired child is generally viewed as having a more difficult behavior pattern than normal. This could be the result of frustration, communication difficulties, leniency of parents--especially at an early age, and/or a combination of these or other causes. Whatever the reasons, the hearing-impaired child has been described by his or her mother
as being more restless, fussy, possessive, and disobedient than the hearing child, as well as more likely to destroy or steal others' property. These behaviors make parenting an even greater task for the already overly burdened mother and father. In addition, when parents try to correct these behaviors, a majority find their hearing-impaired child to be harder to discipline. Because communication is so difficult, parents of the deaf child are less likely to use as explanation of wrong behavior as the initial means of discipline as do the majority of parents. Instead, they most frequently resort to spanking. Professionals can help parents to understand and execute other systems of discipline. If constructive methods are used, the deaf child does not have to become a behavioral problem.

While parental interactions with the hearing-impaired child can be very challenging, these children cause a strain indirectly as well. This is especially evident in the manner that the hearing-impaired child affects the family unit. One prime example returns again to the nature of the hearing-impaired child's schooling. As parents seek a location near the desired services for their deaf child, their family is often relocated, possibly several times. The number of moves for families is higher when there is a hearing-impaired child in the home. As anyone who has moved knows, it is no easy task, and each move requires a great deal of adjustment for all family members. Once a favorable location is found for the deaf child, the parents may choose to stay there in order
to aid their child. For many families this can mean the sacrifice of job advancements and economic mobility to accommodate the hearing-impaired child.\textsuperscript{19}

Parents must also help the siblings of hearing-impaired children adjust to their brother or sister's disability. The siblings may experience a great deal of concern over the impairment. They may be worried about how the hearing-impaired child will affect relationships with friends and neighbors. Also, siblings may feel pressure to translate for the hearing-impaired child and/or to compensate the parents for the disappointment of the disabled brother or sister.\textsuperscript{20} Parents should be aware of these feelings and give extra support to their other children, alleviating the siblings' fears and frustrations. Because the deaf child cannot always enjoy participation in activities such as movies and plays, normal family routines may be disturbed.\textsuperscript{21} This can leave the siblings resentful. Parents need to be ready to confront the anger felt by siblings about the sacrifices and special efforts made for the hearing-impaired child. Unfortunately, most professional help is concentrated on the hearing-impaired child rather than the whole family, which may need it.\textsuperscript{22} When given the support they need, siblings can be especially helpful to parents dealing with a hearing-impaired child.

During the school age years, schooling responsibilities are shifted away from the parents. However, the involvement needed is still greater than usual, and the total family must sometimes sacrifice in an attempt to keep the hearing-impaired
child in a desired system. As the hearing-impaired child matures, he or she becomes more aware of his or her disability and its social implications. The parents must help their deaf child through these difficult times, aiding him or her to become a social being. These years represent a time of adjustment for the hearing-impaired child, the parents, and the family unit as a whole. This places additional stress on the parents as they cope with their own problems as well as those of their children.


5 Ibid., p. 331.


7 Ibid., p. 272.


9 Murphy, pp. 9 & 17.


11 Freddy Bloom, Our Deaf Children, (Great Britain: Butler and Tanner Ltd., 1963), p. 43.

12 Elizabeth Webster, Professional Approaches With Parents of Handicapped Children, (Springfield: Charles C Thomas, 1976), p. 36.

13 Bloom, p. 42.


15 Heisler, p. 51.


18 Freeman, Harting, and Malkin, p. 32.
19 Murphy, p. 271.
20 Ibid., pp. 356-358.
21 Fine, p. 67.
22 Murphy, p. 265.
Adolescence

The adolescent years are rarely easy ones for a parent. As the maturing youth asserts his or her independence, conflicts with parents are easily triggered. When the hearing-impaired child reaches adolescence, his or her parents must cope with these conflicts in addition to problems specifically related to the disability. The common complaint during adolescent years is a lack of communication; this rings especially true for the relationship between the hearing-impaired youth and his or her parents!

The high school years tend to mark a change in parental attitudes about the hearing-impaired child. It is usually around this time that parents gain a clear realization of the affects the hearing loss will ultimately have on their child. Because the majority of deaf students are in their last stage of education, it becomes obvious that many will be unable to reach the levels of achievement for which their parents had originally hoped.

For most deaf teens, the skill of speechreading has developed about as far as it will. Many of them have been unable to become proficient speechreaders and must rely on supplementary aids, such as gestures, writing, signs and finger-spelling, to aid communication. In like manner, speech skills too have slowed in development. In some programs for the deaf, speech therapy may be eliminated for those students who are
felt to have progressed as far as possible. Parents may have hoped and anticipated that by the teen years their child's speech would have progressed to the point of intelligibility. By high school, many children will have obtained functional speech; however, for those that have not, the reality that they most likely never will is sad and frustrating for their parents. It is especially at this point that a mother and father, becoming realistic about their child's disability, need to set new goals and revise old ones. Unfortunately, not all parents do this. Professionals can be especially helpful now in guiding parents' plans for future actions with their child.

As it has been from childhood, education is still a primary concern of the parents of a hearing-impaired child. While most adolescents begin to take full responsibility for their school work, the hearing-impaired youth still requires the involvement of his or her parents. This is especially so for those students who have progressed into mainstreamed programs. Because they are not receiving as much direct help from specially trained teachers, the parents need to be more involved.

Regardless of the program, the whole family should assist the hearing-impaired teen with his or her educational requirements. This includes being sure the student has organized notebooks and that assignments are completed to his or her best ability. The parents need to be prepared to give a great deal of supportive assistance when the teenager has difficulty with the work. Also, the thoughtful parent will continue to maintain close contact with school personnel. The student's
teachers can aid the parents with these additional responsibilities by letting them know in what areas their hearing-impaired child needs extra help.

Because so few of the deaf population continue their education after high school, what is taught during the teen years is particularly important. Parents may feel a greater amount of concern over the educational curriculum, especially due to the fact that many schools for the deaf do not have accredited high schools. Because of their students' educational deficit, some programs for the hearing-impaired teen stress vocational training. In the past, this training has been adequately suited to meet societal demands. However, as technology has blossomed, many of the old vocational skills are less needed. The result is outdated programs which do not sufficiently prepare the hearing-impaired teen for work after high school.

Parents, realizing these facts, may be anxious and concerned about their son or daughter's preparation for the working world. Even the skills that might be still suitable are questioned by the parents. For example, a girl may be taught to sew, a skill which can be utilized in a job at a textile factory. However, the depressed economy in addition to increased mechanization may have limited the number of available factory jobs. Therefore, the seamstress, though adequately skilled, may still be unable to find employment. As a part of the working force, parents are aware of the labor situation, so they may worry about their hearing-impaired teen's possible problems with future employment.
Another point of concern is the social and emotional development of the hearing-impaired youth. In comparison with hearing teens, deaf adolescents have been found to lag behind in both personal functioning and emotional development. A study done by Altshuler in 1964 indicated that the deaf were impulsive, overdependent, egocentric, and unempathetic in comparison to norms. Parents may justifiably be concerned about these emotional traits, especially during their child's teen years. With the child's increased age, parents are less tolerant and understanding of deviant behavior. They may fear their son or daughter will be unable to mesh into society with the undesirable traits.

Similarly, concern grows around the youth's personal/social development. The teen years generally represent a progression into inter-personal relationships. However, many hearing-impaired individuals lag in this developmental step. In a study conducted on girls fifteen to eighteen years of age, the deaf girls were found to be behind in the understanding of inter-personal relationships. This could be attributed to many factors; however, the school environment is partially responsible. For the youth at residential schools, dating is closely monitored and controlled. Students in day programs may have even less opportunity for social interaction. This is due to the distances students must travel to school as well as the isolation they may experience from hearing peers.

Parents may become worried over why their child does not participate in school activities and/or dating. In addition, they may feel greater stress about the situation than does their child because they are aware of the many things that their
child is missing. Luckily, some works indicate that immaturity in the deaf teen is not necessarily the direct result of the hearing loss but rather that of environment. This can be reversible if parents make a conscious effort to change the present situation. One helpful way is for the mother and father to seek out deaf role models for their hearing-impaired child. This can help the adolescent, who may have little or no concept of what adulthood holds for a deaf person, to gain maturity and an improved self-concept.

In many other areas, extra time and patience may be required to help the deaf adolescent become a functional member of his or her world. School activities, which play an important role in most teens' lives, might be missed by the deaf student. This is most likely to happen if the child's educational program is incorporated into a school with classes for the hearing. The parents must be aware of events and encourage their child's participation. If the deaf teen is not to be isolated, the parents must be an integral part of all plans as well as a "go between" for the student and any club or sport advisor. A good teacher can be of great assistance in this area!

One main factor which forces parents to take an intermediary role is that many deaf teenagers cannot use the telephone. Because the phone has become an integral part of the teen social life, the deaf adolescent is again isolated. A few things can be tried by parents to help prevent this. An amplification dial can be placed on the phone, and this may increase the volume to a level which is audible to the hearing-
impaired teen. Another possibility is the purchase of a TTY which combines a phone and a typewriter/printout. Unfortunately, TTY's are fairly expensive and only useful in calling others with the unit. For many deaf teens, there will never be the advantage of using the phone, due to inability, expense or a combination of both. For these teens, the parent must remain a strong link to the "outside" world.

There are other ways, though, that parents can help their hearing-impaired child maintain a "normal" (if there is such a thing!) teenage existence. One of the important steps toward independence which has become a teen milestone is the acquisition of a driver's license around the age of sixteen. The hearing-impaired teen may or may not be aware of the process followed in order to drive a car. Therefore, it is his or her parents who must make the extra effort to insure their child obtains a driver's license. For many parents who fear harm will come to their deaf child, granting this form of independence may be as difficult or more so than merely the extra work of tutoring, practicing and taking him or her for the driver's test.

The same type of effort should be exerted by parents in aiding the child to obtain a first job. Many hearing teens get their first work experience in part time jobs during high school. The deaf adolescent can benefit from this same type of experience; however, he or she may be unaware of how to apply for jobs or incapable of doing so independently. The concerned parent helps their teen locate avail-
able positions, complete applications and function as a "go between" for the hearing-impaired youth and the employer. It can take a great deal of work for the parents to convince the employer to hire a deaf person as well as to make him or her sensitive to the strengths and weaknesses of their hearing-impaired son or daughter.

All these things; school involvement, driving, use of the phone, and working, help teenagers become well rounded individuals while progressing into adulthood. Some hearing-impaired teens, however, are unable to make these steps of independence without assistance. An involved and interested teacher can be of great help, but usually the major responsibility for assistance falls to the parents. This means that parents must break down the protective shield they have built around the hearing-impaired child, fearing that his or her deafness will cause physical or emotional harm. The great amount of additional time and effort needed by the hearing-impaired adolescent is stressful for parents but worthwhile in the long run as a self-confident, independent teen evolves.

Like most parent/child relationships during adolescence, communication becomes difficult. There are many things which teens and parents do not or cannot share. For the deaf teen, communication most likely has always been a problem. Therefore, parents must really make a point of keeping the lines of communication open. Also, they should initiate conversations in areas in which their teen may be experiencing confusion and conflict.
This is easier said than done. Some topics, such as sex, are difficult for parents to discuss, even without communication problems. It is, however, helpful for parents to initiate conversations about such things as sexual development, smoking, drugs, and drinking. This is especially important when one is aware of the peer pressure in the high schools and the deaf teen's desire for acceptance. Conversations about things the hearing-impaired youth may be experiencing, though difficult, should be consciously held by parents who desire a healthy, informed child.

The teen years bring about new challenges for the parents of a deaf child. For the first time, reality about the youth's ultimate functional communication ability is confronted. Acceptance of this is difficult, and parents may place new emphasis on the high school curriculum their child is receiving. Conflict and concern may center around the teen's immature social and emotional functioning. Increased awareness and effort by the parents can help the deaf youth to make the necessary steps toward future independence.


4Ibid.


8Meadow and Schlessinger, p. 466.

Adulthood

As the hearing-impaired individual passes into adulthood, parental concern turns toward the independent life of their son or daughter. Parents worry about their deaf child's ability to make a living based on his or her educational level. In like manner, concern may center around whether or not their child will marry and raise a family. Also, parents may feel upset seeing their hearing-impaired child mesh into the deaf community. This is especially so for parents who have strongly supported the oral method and who have hoped their child would become a part of the hearing community.

When the hearing-impaired teen completes or terminates his or her high school years, a parent's natural concern is over the young adult's ability to obtain and maintain a job. Traditionally, vocational training has stressed the lower levels of employment. ¹ It is during early adulthood that parental concerns about employment become a reality. Their son or daughter may have problems finding employment due to a lack of training and/or a lack of available jobs. As a result, the deaf adult may be dependent on his or her parents for support after the completion of schooling. This places an additional burden on parents who may be looking forward to independent lifestyles.

Although parental concern about employment is justifiable, most deaf adults are able to obtain employment. It
has been found that the hearing-impaired worker more closely resembles hearing employees than do people with other disabilities. Also, relatively few jobs are restricted from hearing-impaired adults due to a lack of communication. Once the deaf adult does secure a job, the parents still continue to play an important part, acting as intermediaries between the boss and their son or daughter. This position often continues for the parents even as the son or daughter progresses into his or her older years.

Once the deaf adult is working, his or her parents may be dissatisfied with their vocational position. Parents tend to view their deaf child's job as less satisfying than does the employee. Also, they place a higher value on wages and security. As a result, parents may worry about or dislike their hearing-impaired child's job even though the son or daughter may be perfectly satisfied. In one study conducted on deaf women, the vast majority experienced no problems in their first jobs!

The fact of the matter remains, however, that a low percentage of deaf adults ever achieve professional vocational status. Only 6.6% of the hearing-impaired population are professionally employed as compared to 10.6% in the hearing population. Because of this, many parents may be disappointed at the vocational level for which their hearing-impaired child must settle. Families whose members are in professional positions are most likely to be displeased with a deaf individual's low income job. However, studies indicate that the highest deaf achievers come from high income families.
Although some parents may feel there are no educational avenues for their hearing-impaired son or daughter to improve their vocational status, this is not so. An increasing number of schools are accepting disabled students. Parents may worry, though, about their deaf child's ability to succeed independently when mainstreamed with hearing students. Fortunately, there are programs developed to aid the deaf college student. A recent publication listed the United States as having sixty colleges and universities that have a full or half time director who specifically works with deaf students. The two available national programs are at Galludet College in Washington, DC and National Technical Institute for the Deaf (NTID) in Rochester, New York. Both these schools have programs specifically aimed at servicing the deaf population.

Even though the programs are available, parents may feel that financially they are unable to send their son or daughter. As a result, they may feel guilty knowing that continued education could help their child's vocational status. It is unlikely that many deaf students, even the brightest, would be eligible for most scholarships due to their educational deficit. Luckily, assistance is available through Vocational Rehabilitation which helps many deaf people afford school.

Once the deaf adult has located a job, parents' concern may turn toward the question of whether their child will be able to live independently. Expectations of parents indicate that they believe their deaf child will live with them far longer than the norm. This may be a point of concern.
for parents who desire independence for their child as well as themselves. This concern is usually not long founded, for most deaf people are able to have their own home and life.

Marriage is another natural step for deaf adults. Parents, though, may worry more than usual about whether or not their child will fall in love, get married and raise a family. Interestingly, parents may have split emotions about their child's independent, adult life. Although most parents hope their child will become able to live independently, some may fear having him or her live away from home. Parents may be concerned over their deaf child's ability to function in a hearing world without them to smooth over the problems. Most deaf adults, though, do fine away from home, relying on their families only periodically for assistance.

Deaf adults do marry and raise families. While parents may hope their hearing-impaired son or daughter will find a hearing mate, most deaf people have a deaf spouse with oralists usually marrying oralists and manualists marrying manualists. This upsets some parents for two reasons. First, it indicates a withdrawal of the hearing-impaired adult away from the hearing community. Second, parents become concerned about the increased possibility of the couple having deaf children. These are concerns which parents of hearing children do not have. Deaf adults base their choice of a deaf spouse on practical reasons, though. Many believe that marriage to a hearing-impaired person will cause less conflict.
Although many parents wish it were not so, the majority of hearing-impaired adults, regardless of oral or manual training, draw away from the hearing population into the deaf community. More associations occur with other deaf people and as mentioned before, more marriages also. Although this may be difficult for parents to understand, it is only natural that a group lacking communication with the larger society seeks to form its own society to fill social and emotional needs. Such is the case of the deaf community. Parents, especially those who have stressed an oral approach, may find this fact upsetting. However, they need only look to whether their adult son or daughter is happy to know if their judgements are right or wrong.

The deaf adult, while growing away from his or her parents, is still a cause of additional parental stress. Concern may center around the educational and occupational difficulties the deaf adult experiences. Some parents may fear their deaf child's attempt to live independently of them while at the same time worrying that he or she will never experience a "normal" adult existence. The fact, however, is that many deaf adults do marry, raise families and lead successful, independent lives. Initially, parents may be upset as their hearing-impaired son or daughter draws away into the deaf community. However, on closer examination, the parents should be happy to find that the hard work they have invested for over twenty plus years has resulted in a happy, healthy, independent adult.


3 Ibid., p. 128.

4 Ibid., pp. 125 & 126.

5 Ibid., p. 47.

6 Crammatte, p. vii.


9 Ibid., p. 3.


12 Ibid., p. 52.


14 Becker, p. 9.
Summary

As has been discussed, parenting a deaf child involves years of hard work and sacrifice. The stress associated with discovering that the child's hearing is impaired is but the first of many difficult moments the parents face. The causes of stress are numerous. Especially initially, there is a large amount of emotional stress. The hearing-impaired child's many educational needs from infancy to adulthood are an extra burden to parents. Parental stress may also result from the hearing-impaired child's longtime immature social and emotional behavior. Accommodations made for the deaf child affect the whole family causing tension, confusion and fear for all members. Parents must deal with the emotions of others while trying to cope with their own.

While the picture painted looks bleak, it does not mean to indicate that all is hopeless. Yes, it is more stressful raising a hearing-impaired child. But that does not mean there is not joy. A hearing-impaired child can bring special meaning to his or her parents' lives. Professionals working with the deaf can help to make that possible. By being aware of the difficulties parents are experiencing, a teacher, clinician, or counselor can offer appropriate guidance and assistance. The parents can be helped to ease through the difficult times. When this happens, parents can overcome the stress and realize happiness and satisfaction with their hearing-impaired child.
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