Chapter 2

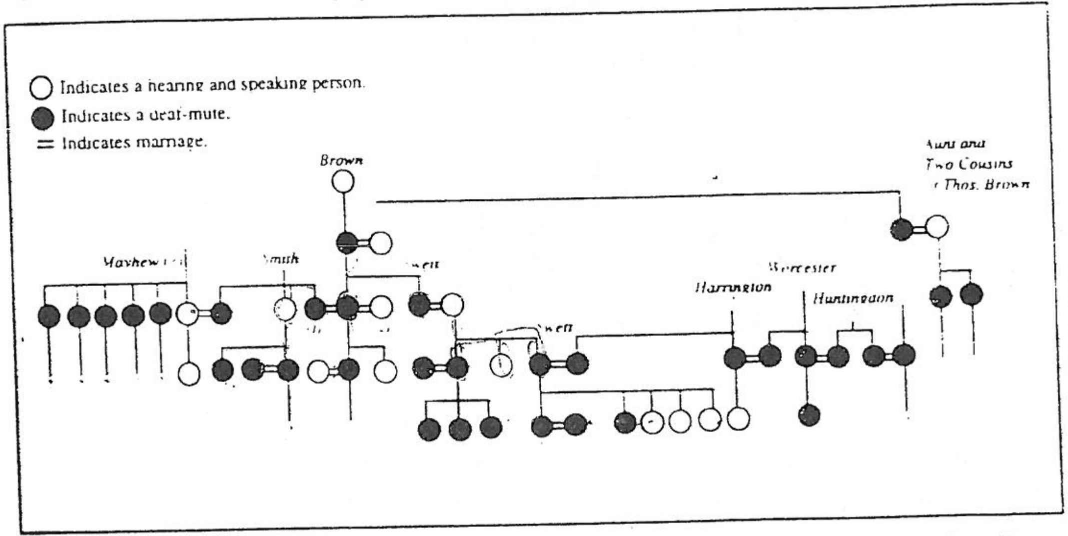
Families with Deaf Children

THE birth of a child is a momentous and happy occasion in the lives of most parents. Parents expect not only a joyous addition to the family, but also the assured continuation of the family lineage. The belief that children will be able to benefit from the life experiences of their parents contributes to the coalescing of the family unit. Parents look forward with excitement to planning their child's future.

When their child is Deaf, however, these generalizations no longer hold: the response of the parents to the advent of a Deaf child is likely to depend on whether the parents are hearing or Deaf. Hearing parents and their Deaf child commonly act out roles that are socially prescribed and extremely painful. Deaf parents, on the other hand, commonly welcome the birth of a Deaf child.

THE BIRTH OF A DEAF BABY TO DEAF PARENTS

The reactions of Deaf parents on learning that their child is Deaf are as diverse as the parents themselves. In general, however, many members of the DEAF-WORLD would prefer having a Deaf child to having a hearing child, and those whose happiness at the advent of a Deaf child is tinged with sadness (after all, that child will face many extra challenges) commonly overcome their reservations quickly.[1] If you belong to a hearing culture, you may find such Deaf preferences hard to understand; yet all cultures have preferences about children: some prefer male babies, others fair-skinned or dark-skinned babies. Of course, Deaf parents' preference for Deaf children does not mean that they love their hearing children less, only that the birth of a Deaf baby in a Deaf household signifies that the Deaf heritage of the family will be secure. Deaf families with many Deaf members are commonly proud of their genealogy.



Adapted from Bell, 1883

Fig. 2-1. **A nineteenth-century genealogy of an influential Deaf family, the Browns of Henniker, New Hampshire**

In other words, when a Deaf infant of Deaf parents is diagnosed as Deaf, the joy of the parents reflects the fact that most Deaf parents, like parents generally, look forward to having children who are a reflection of themselves. (Recall Henry's remark at the Metro Silent Club that he and his wife were thrilled to discover that their first baby was Deaf, and later that their second was, too.) Deaf parents bring their Deaf baby home to a nurturing environment in which communication is naturally dependent on visual, not aural, cues. Almost all use the signed language of the DEAF-WORLD (American Sign Language in the U.S. and most of Canada) to interact with their child. Their home is already functioning as an environment conducive to using vision as the main means of learning and development. The house is wired to respond to environmental signals with visual ones. For example, doorbells and telephones don't ring. Instead, they flash lights, each with its own pattern. Deaf parents usually have a TTY so they can communicate over the telephone.

Like the hearing child born to a well-functioning hearing family, the Deaf infant in a Deaf family, as Jake explained at the Deaf club, is immediately exposed to a world suited to maximizing his or her social, emotional, psychological, cognitive, and linguistic development. Social development is assured through exposure to adults who function normally as models for the child. Emotional development is encouraged by the positive responses of the family to its new member. Psychologically, Deaf parents treat their Deaf child as an extension of themselves. Cognitively, parental expectations are high: with proper nurturing, there are no Deaf-dependent limits on intellectual development. Finally, and most importantly, as we shall see in subsequent chapters, the child will enjoy a full command of language through exposure to ASL, allowing him or her to grasp the idea of communication, its purpose, and its form.

Deaf parents are able to communicate with their Deaf children immediately. They present a viable model for language acquisition, so the Deaf child is able to reach naturally and easily the milestones of language development essential to effective social interaction. We will discuss language acquisition at some length in chapter 3. Here, suffice it to say that all children pass through stages when they practice vocalizations and play with sounds as precursors to developing the language of their community. The cooing, babbling, and first-word stages of hearing children are paralleled in Deaf babies by their play with variations in handshape and movement, and by their first signs.[2] (Deaf babies also coo and babble orally, but since these sounds are not the building blocks of a language the children will naturally acquire, they eventually stop making them.) Deaf parents are able to communicate with their Deaf child, to respond to their child's developing language appropriately, and thus to show that he or she has been understood, just as the child shows by making appropriate responses that he or she has understood the parents. Deaf parents also naturally present original language forms (words and sentences) that are slightly above the language level of the child, and so they are able to assist their child in the natural acquisition of increasingly complex language.

Incidental, unplanned learning plays a large role in any child's acquisition of knowledge about the world. In hearing families, children observe and overhear conversations and discussions that are not directed at them. The information the children glean in this way helps them learn the mores, values, and behaviors that the family and the culture consider desirable or undesirable. Children of Deaf parents are also able to observe and oversee such interactions, especially if they have Deaf relatives. They become accustomed to interpreting other elements of the visual world, including signals that come from technology. The flashing doorbell, for example, signifies the arrival of new people, both strangers and acquaintances. But the most important visual information comes from the signed language being used all around them.

At the dinner table in a Deaf family, the Deaf child is part of the conversation from the beginning. Interaction proceeds using ASL, and all the family is included. When the doorbell flashes and friends arrive, the conversation will be conducted using ASL. The infant or toddler is able to see and receive the input, and to categorize, store, and make sense of it. An older Deaf child is able to engage in discussions concerning why it's time to go to bed, why there's no school today, how to play fair, and so on—meaningful exchanges that enhance the child's development.

Deaf parents are able to maximize these interactions. When their children are infants, they know how to get their attention by waving a hand in the baby's line of sight or by gently touching the child. They place the baby on their lap with the baby's back touching their chest and read, using signs that, when they touch the body, touch the baby's body rather than their own. This allows the baby to observe and internalize how signs are seen from the signer's perspective. Deaf parents also read to their children the traditional way, with the child sitting beside them. The combination of methods permits a comparison of perspectives, both of which allow parents and children to view the signs and the printed page simultaneously.

The visual environment and language, the enriched interactions and these small accommodations, all result in large payoffs for the development of Deaf children. Most Deaf children of Deaf parents function better than Deaf children of hearing parents in all academic, linguistic, and social areas.[3] Deaf children of Deaf parents develop a sense of identity that is strong and self-governed. At the same time, they feel included in social interactions as members of a tight-knit group. In the past, some Deaf children of Deaf parents did not even realize that there were hearing people in the world until they were of school age. (It is not uncommon for children to discover belatedly that there exist people who are different from them in profound ways.) One Deaf scholar, a member of a distinguished Deaf family in the United States, relates that he did not realize the world had hearing people in it until he was six years old. Before his mother finally explained, he was baffled by the failure of some playmates to understand him and by their habit of moving their lips.[4]

Other things being equal, Deaf children of Deaf parents have as good a chance as any other children of becoming adults with a strong sense of who they are and a highly positive sense of their ability to accomplish what they set out to do. It is no surprise that the Deaf President Now movement, which was able to change the governing structure of the world's only university for the Deaf, Gallaudet University in Washington, DC, from one dominated by hearing people to one controlled and operated by Deaf professionals—see chapter 5—was led by Deaf children of Deaf parents who felt that Deaf people should no longer tolerate the hearing world's modest view of their capabilities. By their highly effective use of the media, they projected nationwide, indeed internationally, a positive image of the DEAF-WORLD. (There is another yardstick by which the functioning of the Deaf home and the role of ASL in child development may be measured. Most of the children born to Deaf parents are hearing. These children of Deaf adults—codas—frequently function bilingually, using ASL and spoken English with ease. Even though many have parents with limited education and blue-collar occupations, a large majority—85 percent in one survey—enter the professions.[5])

As noted earlier, however, not all Deaf parents react in the same way to the birth of a Deaf baby. Some are saddened, at least in part. This is not surprising. Some Deaf parents are influenced by the values and instructions of hearing professional people who see the arrival of a Deaf child as a regrettable event, and one that will require professional intervention. These parents may adopt the hearing professionals' perspective, especially since the specialists' education and status seem to give their views special credibility. Then, too, Deaf parents know that their Deaf child must endure many arduous trials on the way to adulthood in a world dominated by hearing people. Their own experiences may have been so negative at times that they do not wish the same for their child.

Deaf parents face considerable obstacles in raising their children. They are frequently educated below their capacity, employed below their capability, and viewed negatively by the hearing world because they are Deaf. In some cases, that stigma has led social workers to seek to remove children from Deaf families. Because of social opprobrium, and because the system of Deaf education often fosters low self-esteem, some Deaf parents question their ability to function as good parents. Their daily encounters with oppression because they are Deaf may be a constant reminder that they should be something they are not—people who speak and hear. Deaf parents, like all parents, are sometimes baffled about how to manage their children. Unlike hearing parents, however, there are few places they can turn for advice.

The fact that being Deaf is viewed negatively in our society creates complicated interactions between the Deaf parents of a Deaf newborn and the hearing professionals with whom they come in contact. The difficulties begin at the well-baby checkups that are a typical part of medical practice in the United States, when the parents are exposed to what pediatricians, otolaryngologists, and audiologists generally have in mind for their Deaf child. Though the Deaf family may arrive enthusiastic, cohesive, and full of positive thoughts about their Deaf child, they are likely to encounter a perspective that, while caring, is also concerned, and thus implicitly negative. In particular, according to reports of many Deaf parents, professionals who work with the families of Deaf infants commonly give Deaf parents two pieces of strategic advice that are poorly received.

First, many professionals, in accord with accepted practice and the recommendations of books in their field, encourage Deaf parents not to use signed language with their hearing children, because that is reputed to delay the acquisition of English. (As we shall see in subsequent chapters, the opposite is closer to the truth and, in any event, for parents not to communicate with their child in signed language is tantamount to not communicating with the child at all.) This advice frequently makes the parents feel guilty (for not providing "the best" language environment), angry (since they cannot live up to the professionals' ideal), and mistrustful (since the advice is counter to their loving desire to communicate).

Second, professionals commonly encourage Deaf parents to put hearing aids on their Deaf babies, reasoning that some sound and exposure to spoken language is better than none. Since sound plays a marginal role in the lives of the Deaf parents and the family unit, many parents are naturally loath to put a prosthesis on their healthy child. Moreover, hearing aids are expensive, their use must be enforced, and many Deaf children hear no better with them than without them.

If professional people offer such alien advice, viewing the Deaf baby not as a godsend but as a problem, then Deaf parents who are secure in their cultural identity, recognizing that they have more experience and knowledge about growing up Deaf than the professionals advising them, ignore this professional input. Reassured that nothing has been found wrong with their baby, that their child is simply Deaf, they go home and proceed with their lives, drawing on the resources of the DEAF–WORLD, which offers support, encouragement, and a means to function as a self-fulfilled, contributing member of society, in the world at large as well as in the DEAF–WORLD.

A DEAF CHILD BORN TO HEARING PARENTS

Deaf people marry other Deaf people ninety percent of the time, but these marriages rarely produce Deaf children.[6] Of the children in educational programs for the Deaf, only five to ten percent have Deaf parents.[7] So most Deaf children are born to hearing parents, whose response to the birth of a Deaf infant usually contrasts markedly with the response of Deaf parents.

Families in America are influenced by the expectation that their children will live better than their parents. The birth of a Deaf child to hearing parents alters this expectation, less because the child does not hear than because of the way Deaf people are understood and valued in the culture of the larger society. If a child is born Deaf, and especially if there are other Deaf family members, the hearing parents may feel that they have produced a genetically defective child, a weak link in the family lineage. Relatives (and professionals) may contribute to this feeling by insisting that the parents must work very hard to mitigate the child's impairment. Proceeding with only this clinical perspective, hearing parents of a Deaf child may blame themselves for having inflicted a burden on their other children and on society at large.

Deaf parents raise their Deaf children with their personal experience and the DEAF–WORLD as their primary resources, but hearing parents of

Deaf children, who seldom have such resources, may be driven to begin a process of professionally guided identity development for their child that might appropriately be called "the making of a hearing-impaired person." The process begins with professional people, perhaps unwittingly, reinforcing the hearing parents' and hearing society's deficit model of their child—that is, a model founded on the idea of hearing loss. This Deaf-child-as-patient needs otologists to determine the cause of the hearing loss and to consider remedies such as hearing aids and surgery. The child needs audiologists to quantify and characterize the loss in detail. The child will need speech therapy to develop oral communication as far as possible, and special education, provided by teachers trained in managing children with disabilities. If the child is thoroughly socialized into the role of patient-client, child and parents will not only accept these services, they will seek them out. Hearing parents are commonly unaware that other parents, Deaf parents, raise their Deaf children successfully without many of these services; indeed, they raise them more successfully than hearing parents who rely on such services extensively, judging by the results of psychological and academic tests and by the testimony of the DEAF-WORLD.[7]

One reason hearing parents are so vulnerable may be the shock of discovering that their child, whom they had considered normal in every way, is in fact unable to hear. Initially unaware that they have a Deaf child, they experience a time of joy and expectation. Because Deaf babies display the same kind of sensorimotor development, babbling, and gestural behavior as hearing infants, the first few months of the infant's life will follow typical patterns. Mother-child interaction will be reciprocal, because much of it involves touch and vision. Infants, Deaf and hearing, track the movement of their parents' hands, and distinguish their parents from strangers through visual identification of facial features and physical contact. Because these normal interactions lead hearing parents to believe that their child is functioning as expected, the emotional high from the birth and enjoyment of their child goes on for months.

Typically, it is the mother who develops the closest attachment to the child during these first months of life. She notices the nuances of her infant's behavior and is the first to identify and react to the various stages of the infant's development, both physical and social. It is she, then, who usually begins to suspect when her child is a few months old that he or she s not responding "normally." Then, over the next year or two, until a definitive diagnosis is made and accepted, parents commonly experience a series of dizzying highs of hope and lows of fear, an emotional roller coaster.[10]

Because the mother's sense that something is amiss is grounded in her uniquely close relationship with the infant, her initial suspicions are often met with skepticism on the part of extended family members, the baby's pediatrician, and sometimes even the father, all of whom perceive the baby to be "normal." A mother often may air her concerns first at the twelve-week well-baby visit to the pediatrician. We know from parental reports that many pediatricians discount her feelings as over-protectiveness, however, and suggest that "there is nothing to worry about." Some, in an effort to assuage her fears, perform rudimentary tests to assess whether the child actually has some level of hearing loss. In many cases, these tests are no different from those the parents have already performed: walking behind the child and clapping, calling out, or banging objects to make noise. Many Deaf infants appear to respond to the sound in these little tests because they are so attuned to using their vision that they visually track the actions of the pediatrician.[11] The mother leaves the doctor's office with a sense of relief and looks forward to the future with the belief that there are no significant differences between her child's behavior and what might be expected. She redefines her child's observed behaviors as simply minor anomalies in ways of interacting. The infant contributes to her belief by continuing to interact with her using gesture, vocalization, and babbling.[12]

During the period from four to twelve months, however, the parents increasingly struggle to interpret behavior that, while it generally matches their expectations for child development, also includes many "misfires." For example, they may successfully and enjoyably play patty-cake with their child, yet notice that the child does not respond when urged to sing along. At approximately the ninth or tenth month, when children are expected to produce their first words, suspicion and doubt again emerge in the mother and, now, often in the father as well. A return trip to the pediatrician results in further examination and referral to an audiologist. An audiological appointment at a major medical center takes three to four weeks to obtain.

It is during this period that the interactions between parent and child begin to involve a cycle of negativity, in which the child increasingly attempts to manipulate the parents and the parents punish those initiatives in their effort to manipulate their child. The Deaf toddler is now attempting to communicate, but lacks a model that is accessible because communication for the hearing parents is based on spoken language. As a result, the child resorts to physical gestures and other "tricks" in order to express herself or himself and to control the parents' behavior. The techniques available to the child include pulling on clothing ("Let's go out and play!"), pointing to objects or walking over to them ("Give me that"), pounding or stamping of feet, and tantrums ("I am frustrated." or "I am angry"). These moves gain attention or communicate wants, but they are extremely imprecise, and they make the parents feel powerless. Many times it is difficult for the hearing parents not only to understand their child's desires, but also to discipline the child, and to explain even simple things. Frustration builds as communication fails.

The months pass. Finally, after repeated cycles of suspicion that a problem exists, rejection of the suspicion, and its re-emergence, when the Deaf child of hearing parents is about a year old, he or she undergoes extensive audiologic testing and the parents are told that their child has "a hearing loss." Many times this information is delivered as though it were exclusively medical, as if the diagnosis were one of diabetes, and little is said about how to cope with the news, or how to find more information.

To determine the actual extent of the hearing loss, as many as four visits to the audiologist may be required. Finally, the diagnosis is confirmed. The child abruptly changes from a toddler with some developmental problems into a gravely impaired child whose language, socialization, and education are imperiled. Thus begins the "stages of trauma" that hearing parents are said to experience, including grief, mourning, denial and anger.[13] (Laurel and Roberto said at the Deaf club that their parents were "devastated"; Henry's parents reacted similarly.)

It is during this difficult time that the hearing parents' understanding of their problem is constructed. The medical and audiological discussions that follow diagnosis can hardly provide an in-depth knowledge of the DEAF–WORLD. Even when clinicians do their best on this count, the novel information and perspective are difficult for most parents to grasp at this tumultuous moment. Alas, the parents do not fully grasp that countless children such as theirs grow up to become successful Deaf adults, members of the DEAF-WORLD who are engaged in the wider society as well, living fulfilled lives and becoming parents in their turn. Since the professionals are hearing and since the premise of their profession is that lack of hearing is a serious impairment, it is only natural for their discussions with the parents to end up by reinforcing the parents' view that something very bad has happened. The residual hearing the child may possess and the professional services he or she will require frequently become the focus of attention. Consultations are concerned with the need for hearing aids, speech therapy, and "language" training, by which is meant training in spoken English (in the U.S.). The idea of impairment becomes central to all the choices relating to the child's future that confront the family. Indeed, the professionals' preferred term for the child is *hearing-impaired*.[14] The professional reasons: a child with a loss of a bodily function has an impairment; the impairment gives rise to a disability, a severe restriction in a normal human activity, namely, communication; and the disability handicaps the child, preventing him or her from fulfilling various social roles.[15]

Hearing parents are recruited unwittingly to this understanding of their child in terms of disability, but they are recruited explicitly to a collaboration with professionals in the effort to provide "saturation services" to the family.[16] Professionals commonly see parental acceptance that their child is Deaf as a reluctant last choice; this may not be so much in what they say as in their vigorous, multi-faceted campaign to mitigate the child's hearing loss and its consequences. The parents naturally conclude that to do anything that would deter their child from functioning like a hearing person would be a disaster of enormous consequences.[17] For example, a priority of the audiology profession has become early detection of hearing loss. The purpose of early detection is to enable early fitting of hearing aids and other remediation. Some textbooks recommend that hearing aids be fitted on children with hearing loss as early as possible, whether they can be shown to benefit the child or not.[18] Parents who choose not to have their child fitted with aids are often viewed as negligent, and deemed to be closing off options for their Deaf child. Indeed, ignorant of the DEAF-WORLD and unable to foresee what life in that world would be like for their child, hearing parents understandably think only in terms of their familiar hearing world and of the importance of hearing.

(There are some professionals—especially, but not only, Deaf professionals—who struggle against this approach. They encourage the parents of the Deaf child to talk to Deaf adults, who can inform them about growing up Deaf, about the mores and values of Deaf culture, and about the ways they have learned to accommodate to a hearing society. Such professionals may remind the parents that someday their child is going to be a Deaf adult.)

A second priority for audiology today (in addition to early detection) is said to be parental empowerment. Professionals are urged to recognize the "suitability of a parent-centered paradigm . . . which requires [parents'] extensive and prolonged involvement in health and educational delivery systems."[19] The announced goal is to give parents information about all the different options with regard to prostheses, therapies, and educational placements. In practice, however, the options exercised by Deaf parents, such as the early use of ASL, and hiring Deaf babysitters and day caretakers, are rarely presented to hearing parents. Hearing parents often say that they "just didn't know about" such options.

This, too, is understandable. Much research on the DEAF-WORLD is relatively recent and has not been incorporated into the training of many professionals. Second, what the professional seeks is a collaboration of health-care professional and parent; orienting the family and child toward the DEAF-WORLD is not usually seen as advancing that collaboration. It may even be seen as undermining it. Deaf adults are rarely to be found in the professions consulted by hearing parents.[20] Third, health-care professionals are naturally oriented toward a health-care perspective, one that emphasizes the latest medical and prosthetic technology. It is not necessarily that they exclude the cultural perspective, but rather that their information and their enthusiasm lie preponderantly with the clinical approach.[21]

Associated with the hearing-impaired model of their child, there is, of course, a staggering amount of information. Parents who have the leisure, the means, and the education to inform themselves well are soon bewildered by claims and counter-claims, and by the sheer volume of all that appears to be relevant. Having learned about hearing aids, audiograms, the principles of hearing, the methods of speech therapy and of aural rehabilitation, they are likely to encounter an alphabet soup of invented sign systems for representing English on the hands, which we generically call ***manually coded English*** (MCE); these include Signed English, SEE 1, and

SEE 2.* ASL and PSE (Pidgin Sign English, see chapter 3) may be mentioned, as may techniques for oral communication, like cued speech. How is the parent to distill all this information and make choices without knowing the consequences of choosing one or another option?[22] After receiving a great deal of information about what to do with their Deaf child, parents feel guilty and fearful. They feel guilty because they are unprepared to make the right decisions, fearful because of what the future may hold.

Each of the professions concerned with assisting hearing parents of a Deaf child has its own history, body of knowledge and techniques. Hence, the wealth of information encountered by the parents is compartmentalized. Parents are commonly not led to an overview of the life-trajectory that is probable for their Deaf child, nor are they led to imagine possible futures. Because of professional compartmentalization, each segment of their child's life will involve a different group of people. There will be the initial medical and audiological group of professionals, then will come the parent-infant group, the preschool group, the elementary school group and the high school group (primarily groups of educational specialists and social workers), and then the rehabilitation group (primarily rehabilitation counselors).

Deaf adults who could present to hearing parents a positive view of their child's prospects are very rarely to be found in any of these groups. Professionals in parent-infant programs and early intervention programs, and most school district special educators, appear not to appreciate adequately the valuable resource that Deaf professionals represent. Indeed, the salient themes of many professional references to Deaf adults concern their limited academic achievement, their inability to speak, the limited utility of ASL, and the DEAF–WORLD as isolated.[23] Some physicians even inform parents and other medical professionals that the opinions and experiences of Deaf adults have no bearing on how to raise and "manage" their Deaf child.[24] The result of all this is to extend the duration of the parents' trauma and exacerbate their fear of the unknown.[25] Having spent months on an emotional roller coaster, some parents, like those of Henry at the Deaf club, are reluctant to accept the diagnosis that their child is Deaf. They engage in a process of denial that may last for years.

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* MCE systems are discussed in chapter 9.

Some hearing parents continue to shop among professionals, attempting to find either a conflicting diagnosis or a diagnosis more acceptable (for example, that the child has an encouraging amount of residual hearing). Parental denial is buttressed when their Deaf child is placed in programs designed for hearing children. This may occur first in early-intervention programs, where Deaf children are often placed with hearing children who have disabilities. Although the parents may find this reassuring, such a placement delays the start of effective educational programming, and the Deaf child's academic achievement is likely to reflect the delay.[26] Academic placements that reinforce parental denial may continue in elementary and high school, where many Deaf children spend much of the school day isolated in a group of hearing children. In the absence of substantive reciprocal communication between teacher and student, Deaf students may resort to a kind of communication through manipulative behavior such as disrupting the class by acting out. Frequently, the result is estrangement between the Deaf child and his or her parents. Deaf adults who were placed in regular school programs where they were the only Deaf child report their exhilaration when they were first able to congregate with other Deaf people, in school, at work, or at a Deaf club. They then discovered, many say, that they were not imperfect copies of hearing people; rather, they were proud Deaf people. Whom do they blame for their long isolation? Many blame their parents, as well as the professionals who, despite the best of intentions, misled them.

Because so few children are Deaf, many physicians who come into contact with young Deaf children and their families fail to recognize all that a hearing family with a Deaf child must be grappling with, linguistically, psychologically and socially. It has been suggested that not enough training is provided to physicians and other health professionals regarding the diagnosis, prognosis, and treatment of early childhood deafness.[27] Further, some physicians may withdraw from the unpleasantness of facing families who are in pain and may fail to relay necessary factual information, preferring to restrict their comments to medical matters. To guard against this, some professionals (but all too few) work closely with Deaf adults and support groups comprised of parents of Deaf children.[28] Parents have a right to professional advice that provides a balanced view of the possible futures for their Deaf children, including the many positive possible futures for Deaf people in our society.

The effects of all this on the family are problematic. The family constellation can become more solid or, as in Laurel's case, more divided, as family members attempt to come to terms with the diagnosis that one of its members is Deaf. There are not many support systems available that can realistically help hearing families through the trials we have described, and there are even more trials to come. Bills for medical and audiologic consultations begin to mount in the months after diagnosis. There are enormous time pressures. Parents need time for visits to the audiologists for the fitting of hearing aids and for hearing tests; they need time to schedule visits with other professionals and to keep the appointments; they need time to gather information, to read that information, and to make life-changing decisions. Parents' inquiries will leave them unsure of what to do, but at the same time they will be convinced that it is urgent to do something, and the right decisions are their responsibility. Faced with these stresses, some parents begin to blame each other.

As the Deaf child in a hearing family approaches his or her eighteenth month, the lack of communication is frequently a growing source of frustration. Parents are unable to explain to their Deaf child why the child cannot have certain objects or do certain things. Frustration builds in both parents and child, increasing parental feelings of inadequacy. Adults who are unable to communicate with their Deaf child may resort to manipulation and overdisciplining.[29] The search for answers is intensified. The stresses created by the highs and lows of the previous eighteen months begin to surface. Husband and wife communicate less. Typically, the mother is left to handle the interactions with the Deaf child. The mother also assumes responsibility for dealing with professionals, visiting the clinic and the parent-infant program, and for collecting information. The mother's investment, both emotionally and in time, is enormous, but her love for her baby drives her to do all that she can do, and eventually to neglect other family members, who may feel shut out. Because the investment in whatever decisions are made is so enormous, expressions of doubt are not long entertained. If the parents decide, with professional guidance, to try to teach their child to speak "so he will be able to cope with the hearing world," they encounter further stress, as this commitment is a vast undertaking. And if there is little progress or outright failure in teaching the child to speak, a common explanation from the professionals is "inadequate parental involvement."[30] Some parents resent this responsibility and burden and become angry with the professionals who counseled them.

Extended family members who become involved sometimes increase the tension. Grandparents tend to support the professionals' encouragement of more speech training. In the face of all this, the mother, trying to develop strategies to cope, often unwittingly becomes more controlling of her child physically, and she becomes overprotective. She begins to fear leaving her child with a sitter, for example, as normal parental separation anxieties become magnified. Many parents worry that their child will be unable to live up to their aspirations, will not be in touch with them as an adult, will not be a productive and happy member of society, and even will not be able to live independently.

The Deaf child in a hearing family also develops strategies for coping. Many young Deaf children cling to their hearing mothers excessively. The child's tremendous fear of separation results in excessive crying, holding, and visual contact. There is almost no meaningful communication, and very few interactions have the result of rewarding the child's positive behaviors. There are times in a young child's life when he or she wants to say, "Mom, I'd rather do it myself."[32] The young Deaf child of hearing parents commonly cannot. The maturation process leading to independence and autonomous behavior thus may be stunted. The limits on the young Deaf child's world, in the areas of language, cognitive explanations of the environment, intellectual reasoning, and encouragement to explore, take their toll.

The interaction between parent and child becomes more the relation of teacher to pupil. Parents are encouraged to function as speech teachers, as Laurel's mother did. Mothers and fathers spend months, sometimes years, in the naming-of-objects period of language acquisition.[33] Some parents incorporate gestural communication, as did Roberto's parents, but it becomes idiosyncratic to the families and the child.[34] The functional use of home gestures can range from simple pointing at objects and acting out messages, to a repertoire of agreed-upon gestures that convey a much more extensive range of information, sometimes even affective information.[35] However. even where such *home sign* is well developed. the restricted communication between hearing parents and their Deaf child is reflected in the child's temper tantrums. which are often the product of frustrated attempts to communicate even simple ideas. There are also often long moments of staring during communicative interactions. and these may exacerbate the parents' fears and self-doubt.

As their Deaf child grows older. hearing parents may resort unwittingly to practices that actually inhibit the child's development.[36] A survey at one school for the Deaf found that only one parent in ten could communicate with his or her Deaf child.[37] Because of this limited ability to communicate. hearing parents tend to control interactions—to dictate the topic of the interaction. for example. and to prevent their child from exploring the physical and social environment. Having difficulty in managing the normal taking of turns in a discussion. they respond to their child's attempts to introduce new topics by hurriedly retreating to the topic they themselves introduced. Most hearing parents talk *to* their Deaf children. not *with* them.[38] Reliance on spoken English as the sole means of communication with a Deaf child restricts parent-child interaction severely and interferes with the natural bonding process. When communication breaks down. the child's cognitive. linguistic. emotional and educational progress suffers.[39]

Because the parents are unable to communicate information. rules of behavior. and values to their Deaf child—the bases for the child's independent decision-making—they find they must devote a disproportionate share of of their attention to their Deaf child. Sibling relationships may be jeopardized. An imbalance in the natural hierarchy of the family constellation is created. Unhealthy stress and depression sometimes persist. Coping mechanisms are blunted. causing both the family and the child to become handicapped.[40]

Compare the common differences in approach of Deaf parents and of hearing parents to raising a Deaf child. On the one hand. Deaf parents are likely to have close rapport with their Deaf child. fluent communication. high expectations. and a well-founded positive outlook. On the other. fearful and frustrated hearing parents may not be able to communicate substantively with their Deaf child. who. in turn. is frustrated and tantrum-prone. *Yet it is the same child in both family situations.* So the root of the problem cannot be the Deaf child. Rather it must lie with the parents. It lies indeed with the hearing parents' inability to expose their Deaf child to a natural language without taking special measures.

The central issue in raising a Deaf child is language: the human capacity for language, and the roles that language fulfills in a social existence. We turn now to a consideration of the natural language that is fully accessible to the Deaf child if he or she is merely exposed to it. This language is at the center of the DEAF–WORLD. Once we have examined what the DEAF–WORLD has to offer its members, we will return to our discussion of hearing parents' loving concerns.

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