

## Mixed Deaf-Hearing Families: Maximizing Benefits and Minimizing Risks

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This article examines certain dynamics that may occur in families where the parent(s) and one or more children differ in hearing status (i.e., “mixed deaf-hearing families”). The essay has proved useful in promoting discussion during parenting workshops we have led. Hearing status differences between parents and children can be a cherished aspect of a family’s diversity or a stage upon which family conflicts are acted out. We explore dynamics that lead to healthy versus unhealthy management of these hearing differences, especially as they relate to parental confidence, problem attribution, stages of child development, and information management.

The general public learns from television and books that growing up with deaf parents means struggling to overcoming the shame and tragedy of a parent’s deafness. The popular media teaches that children of deaf parents endure great hardship, even mistreatment, through being forced into roles as the parents’ interpreter and primary information source. For example, the young hearing girl in the TV movie *Love is Never Silent* is inappropriately asked by her deaf father to negotiate the purchase of a coffin for her little brother who has just died. Such strongly negative images do not offer a representative picture of what it is like to

This essay was drafted for use during workshops on deaf-hearing family dynamics that we presented when we were employed by the University of California San Francisco’s Research and Training Center on Deafness and Mental Health in the late 1980s. We have often been asked for copies of this essay. We decided to slightly update the wording and a few of the references, so that the essay remains essentially in its original, popular form. Correspondence should be sent to Robert Pollard, University of Rochester Medical Center, 300 Crittenden Boulevard, Rochester, NY 14642 (e-mail: Robert\_Pollard@urmc.rochester.edu).

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grow up with deaf parents. Unfortunately, stories of “normalcy,” good parenting, and healthy child development do not sell books or movie tickets as easily as tragic stories do.

In the real world, there is a wide range of experiences and outcomes in mixed deaf-hearing families (Preston, 1994). For some, deaf-hearing differences stimulate valuable growth experiences that enrich the lives of the parents and children alike. Members of these families describe many specific benefits of living in a mixed deaf-hearing family. They cherish their unique experiences and cannot imagine trading them for experiences that are more “normal.” In other families, the deaf-hearing experiences feel more neutral. Members of these families look upon their experiences as just a bit different from other families’ but as neither particularly beneficial nor particularly bothersome. Finally, some families handle the challenge of the deaf-hearing differences very poorly. In such families, pathology can be organized around deaf-hearing issues, and family members may perceive their experiences in a very negative light. These persons are often the most vocal, and as a result, serve to distort the general public’s perception of the mixed deaf-hearing family experience.

As mental health service providers, we treat families who have serious psychological and social problems. Naturally, because of our communication accessibility and expertise, troubled deaf-hearing families seek us out. It is critical to bear in mind, however, that these families are not a representative sample of mixed deaf-

hearing families any more than TV families are. They are from a *clinical* population, and they come to us or are referred to us specifically because they are experiencing such dysfunction. Nevertheless, these troubled families have much to teach us about understanding and treating psychopathology in this special population and about maximizing the mental health and harmony of deaf-hearing families in the general population.

### Deaf-Hearing Conflicts in Dysfunctional Families

All families face challenges that can be handled well or handled poorly. Mixed deaf-hearing families face unique challenges as well as the more typical ones. None of these challenges, however, should necessarily lead to problems or dysfunction. In our experience, the psychopathology evidenced by families we treat is seldom attributable to deaf-hearing differences *per se*. Rather, it arises from the same sources as those that apply to hearing families in the clinical population.

It is quite common, however, for mixed deaf-hearing families to *express* their pathology through deaf-hearing conflicts. In other words, the deaf-hearing difference acts as a magnet or scapegoat around which deeper psychopathology is played out. The conflicts observed in such families would probably have involved some other issue if the deaf-hearing differences were not there. Accordingly, treatment focuses primarily on the underlying psychopathology and much less on the specific deaf-hearing conflicts evident on the surface. Most of the time, we find that when the underlying problems are addressed (e.g., parents learning to set and be consistent about behavioral expectations), the problems that appeared to be deaf-hearing conflicts (e.g., “My child doesn’t obey me *because* he’s/I’m deaf”) disappear or at least become much more manageable. (See Harvey, 1989, and Pollard & Smith, *in press*, for psychotherapy case study examples regarding such families.)

In treating mixed deaf-hearing families then, the first goal is to determine if there are fundamental problems unrelated to deaf-hearing issues that involve the parents, the child, or the family system and then address those as needed. Distinguishing between family

difficulties that arise from deaf-hearing differences and those that are played out through them is a fundamental step in this process. This step often involves demonstrating to the family members that what seems like a deaf-hearing conflict is actually a reflection of a deeper problem. Any remaining difficulties that truly relate to deaf-hearing differences are then much easier to address and overcome (see Moore & Levitan, 1993). Most of the families we treat find that resolving the fundamental parenting and family systems issues allows them to terminate therapy successfully and then deal with the remaining deaf-hearing issues within the normal context of the family’s ongoing development.

### Confidence: A Critical Issue for Both Deaf and Hearing Parents

An important prerequisite for healthy functioning in mixed deaf-hearing families is the basic child-rearing skills of the parents, regardless of whether the parents are deaf and the children are hearing or vice versa. In mixed families, the deaf or hearing parents are faced with the special challenge of raising a child who is quite different from them. These differences are unfortunately frightening to many parents and, in the worst cases, can scare the parents into passivity or other detrimental postures. The core fear of many of these parents is “I am not capable of raising this child because of our deaf-hearing difference.” It’s remarkable how similar this fear can be in deaf and hearing parents. Many books and other resources are available (e.g., Marschark, 1997) that can be helpful to hearing parents in learning about the issues and challenges involved in raising and making parenting decisions regarding deaf children.

It is critical that all parents, hearing or deaf, have a basic attitude of competence and confidence in raising their children. If a parent does not feel competent and confident in parenting—if they feel “powerless” for whatever reason—the parent-child relationship, as well as the child’s psychosocial development and academic achievement, is likely to be compromised (Lane, Hoffmeister, & Bahan, 1996; Schlesinger, 1986, 1987, 1988, 1989). Much of Schlesinger’s research involves observations of hearing parents who, when faced with the deafness of their child, lose their sense of compe-

tence. Powerless parents interact with their children in controlling, self-serving, passive, and other dysfunctional ways. Treatment for these families involves rebuilding the parents' sense of competence, not by teaching them many special things about raising their child, but through demonstrating that their inherent parenting skills are largely sufficient for promoting their child's healthy development.

Many deaf parents from the clinical population also demonstrate fears of incompetence. For them, this fear is often directly or indirectly linked to a real or perceived lack of information about babies, child development, behavior control, and the like. We have seen that many of these deaf parents were themselves neglected, poorly educated, and generally shut off from information and communication in their own families and schools. Unlike deaf persons raised in more favorable environments, they had severely limited access to information.

The majority of deaf persons do learn child development and child-rearing information and become fully competent parents in adulthood. Competent deaf parents view themselves with pride. To them, deafness might present an occasional challenge, but it is not a tragedy or insurmountable problem in living or in parenting, as long as they remain active in solving or circumventing barriers they may encounter in our sometimes unresponsive hearing society. For these competent deaf parents, the extra effort they expend in accessing and learning child development and child-rearing information actually increases their feelings of competence and pride. The dysfunctional deaf parent, however, often has felt a lifetime of shame regarding information and communication barriers and frequently has developed passive, powerless, or angry responses to confronting information and communication challenges.

It is certainly true that many kinds of information are less accessible to persons who are deaf. The reasons and consequences of this reduced access to information have been discussed widely (Jorgensen & Russert, 1982; Levine, 1960; Mindel & Vernon, 1971; Pollard, 1998; Schlesinger, 1986; Strong, 1988). It is incumbent on the general population to foster information access for its members who are deaf. Yet, when deaf parents feel limited in this regard, the clinician obviously cannot recommend that they just wait until this societal

problem improves. We encourage parents to pursue such information in any way possible and to seek access to existing community resources such as parenting classes.

In some cases, however, this is not effective because the lack of information is not the real problem; it is only the superficial expression of a deeper sense of powerlessness. If deaf parents' lifelong lack of information has made them view themselves as stupid or incompetent, it has already led to a core sense of powerlessness with all of its negative consequences. The parent's powerless attitude is not a result of being deaf per se, nor of information access problems, but is instead the outcome of profound self-criticism based on misperceptions about the meaning of their hearing loss and its consequences (Lane et al., 1996). Competent deaf parents with the same degree of deafness and the same information access limitations have not developed such negative self-perceptions. In the clinical population, these negative attitudes are often pervasive and impair many aspects of the parent-child relationship and the family's daily functioning. As with powerless hearing parents, the overriding priority in treatment is to address the deaf parent's destructive self-perception. Encouraging or even providing access to parenting information is much less effective because it addresses only a symptom, not the underlying concern.

### **Misinterpreting Deaf-Hearing Conflicts in the Family**

Wherever deaf and hearing parents fall on the continuum from competence to powerlessness, the consequences (beneficial or detrimental) will be reflected in their relationship with their child and through the interplay of the deaf-hearing differences themselves. Some of the mixed deaf-hearing families we treat find it quite difficult to see the underlying family or developmental conflict when these problems are masked as deaf-hearing conflicts. People frequently attribute far too much meaning to deaf-hearing struggle itself because that is the stage upon which deeper conflicts are played out. Even some well-meaning clinicians find the deaf-hearing differences a compelling explanation for everything that may be wrong between parent and child.

Consider the example of a hearing teenager who grew up signing fluently to her deaf parents but now refuses to sign to them, especially when her teenage friends are visiting. It is tempting to view this behavior as a rejection of the parents' deafness. If this is the parents' view of the problem, they will be angry and extremely hurt by the teen's behavior, particularly if they harbor deeper feelings of inadequacy. The more powerless the parents feel, the more likely they are to demand improved behavior by trying to convince, shame, or even punish the teen into acting appropriately. In reality, the teen is acting in a predictable (though annoying) manner given her developmental stage—she is asserting her adolescent individuality. Her refusal to sign is merely a vehicle for that assertion. Signing versus speaking is not so much the immediate issue; this is a developmental conflict being played out as a deaf-hearing conflict. Making the teen sign will not alter her need to rebel; it will likely appear again in another form, perhaps as a different deaf-hearing conflict. The substantive issue is that this teen needs to create her sense of autonomy in a manner that does not hurt or excessively disrupt the family. When these underlying dynamics are revealed and understood through psychotherapy, it is much easier to resolve the specific conflicts that reflect them.

### **Child Development and Changing Issues in Mixed Deaf-Hearing Families**

Clearly, the deaf-hearing differences in mixed families should not be overemphasized or automatically viewed as the primary cause for conflicts that may be occurring, especially when those conflicts are severe. Yet deaf-hearing differences are an important characteristic of these families and they need to be acknowledged and understood. Each deaf-hearing family finds its own meaning and creates its own experiences around the sensory, linguistic, and cultural differences of its members. Optimal mental health is promoted when the family acknowledges that these differences are real, and that they will sometimes create challenges that can have productive or unproductive outcomes. The healthy family then faces their specialness accurately, actively, and positively. This open and positive attitude leads them to make decisions that maximize the poten-

tial benefits of the deaf-hearing experience and minimize the potential risks.

As noted earlier, the overriding prerequisite for dealing successfully with these challenges is the self-esteem of the parents. The parents must view themselves as competent individuals who have the necessary talents to handle this unique situation. The health and effectiveness of the child's developing attitudes will be largely determined by the tone the parents set and the behaviors and attitudes they model. However, the child's understanding of deaf-hearing issues develops much more slowly and varies as a function of their developmental stage.

By the time a child is a toddler, he or she usually has learned how to communicate differently with members of the family who are hearing or deaf. For example, the hearing bilingual child will sign to deaf family members and speak to hearing family members. However, these very young children generally lack the ability to understand broad concepts like "deaf" and "hearing." They do not associate their family members or other people they may meet with such categories. It is, therefore, unlikely that children at this age view their family as different from other families (see Padden & Humphries, 1988). They merely know the most effective means of communicating with the people who are important in their lives.

By the time these children enter the primary grades, they have matured to a point where they can comprehend the distinction between deaf and hearing people in a broader sense. This is also the time when children have more social experiences with other children and other families. Around this age, children may realize that their family is somewhat unique, that it has deaf and hearing members while most other families do not. They begin to ask questions about why their family is different from other families, and they may have mixed feelings about it. For example, the child may worry about a deaf family member if they overgeneralize their growing understanding that the individual's hearing "doesn't work" to a broader concept that the person's overall health is in danger. Some parents are surprised that a child reaches age five or six before he or she begins to ask such questions. This is a natural reflection of the child's new developmental readiness to formulate the question and to comprehend the answer.

Sometimes, the child's recognition of the deaf-hearing uniqueness of their family is precipitated by being teased or questioned about it at school. The frequency of teasing is much greater in the later elementary and middle school years. Though it is certainly rude and even discriminatory, such teasing should be expected as an unpleasant but unavoidable experience in the child's life. Accordingly, it is best when the parents talk to the child far ahead of time in order to prepare the child for experiencing and dealing with teasing in an effective manner. In this way, the child is "inoculated" against the stress of the teasing before it happens. The key to success in preparing the child is that the parents, themselves, must not feel threatened by such school yard teasing (i.e., they must be confident and have good self-esteem). The person who teases is immature and usually frightened and ignorant of the subject they are criticizing. The primary goal of the person being teased should be to refrain from getting upset and to not respond to such immature behavior. In most cases, this will be enough to eliminate the problem, over time. If the parents explain and practice these things with the child in a supportive and understanding manner, the child will learn a great deal from their teaching and especially from their maturity. If teasing then occurs, it will not be a crisis.

The question of interpreting often becomes a major issue around school age when the child's language skills are more fully developed. How often and in what situations should deaf parents ask the hearing child to act as interpreter? How often and in what situations should hearing parents act as interpreters for their deaf child? For some families, the interpreting issue itself can be a source of disagreement, but, as we noted earlier, it is even more likely that underlying family or developmental conflicts are being played out through interpreting or other deaf-hearing issues. Obviously, there is no simple answer to questions about interpreting. Helping one another and contributing one's talents to the family are important values to learn and practice in childhood. When interpreting is managed well, it can be a very special kind of helping that makes everyone involved feel good. It can build bonds between parent and child and is a visible lesson in using one's talents, voluntarily, to aid another. Of course, there are boundaries to be recognized and maintained. If interpreting

becomes excessively time-consuming or burdensome, it is no longer helpful or productive. If the interpreting cannot be done competently (e.g., when the language is too technical), it will result in frustration and a failure experience for both parties. When the interpreting situation is private, stressful, or emotional, similar negative outcomes can result. It is incumbent on the parent to evaluate each situation with care, in light of the child's own personality and talents, before making an interpreting decision. However, children must also have the right to say "no," whether their reasons appear justified or not. It is important to note that the willingness to interpret also may change over time, such as during the teenage years when helping one's parents may be a very low priority, as most families with teens experience. Interpreting should occur only when both parties voluntarily want it to; otherwise, power struggles will be played out through this deaf-hearing issue.

A unique challenge in families with deaf parents is that hearing children have opportunities to act as messengers and, sometimes, as information filters. Through their sense of hearing, children will sometimes acquire information that their parents do not yet have. Choosing what to tell their parents, and how often to tell them about the many things they overhear, can be a difficult, frequent decision for hearing children. Deaf parents need to be aware that their hearing children struggle with such decisions every day. Some of these issues are similar to those in interpreting, but others are unique. For example, some children will be concerned about protecting their parents from information they fear will hurt them (e.g., that the boy down the street mocked Mom's deafness when she was not looking). Other times, they may withhold or even distort information because of the perceived consequences ("I'll get in trouble if I tell them that the teacher called"). Other information management issues are more concrete (e.g., those involving news on the radio, environmental sounds, and conversations in public). Here, the child and parents need to negotiate, with common sense and mutual respect, the amount of time involved in information sharing and the level of importance of information that is shared or withheld.

As children enter adolescence, they begin to look at the personal meaning of their family's deaf-hearing characteristics rather than the social meaning. Young

adults begin to come to terms with their family's uniqueness in ways that reflect their individual personality as well as the influences of their parents and significant others. Even within the same family, adolescents may respond to these deaf-hearing issues in very different ways. One child may make deafness a major component of their future; they may prefer to date deaf persons or aspire to become a professional sign language interpreter or a teacher for deaf children. Another child may play out adolescent rebellion and identity conflicts through deaf-hearing issues. Another may grow to adulthood quite successfully but with no obvious interests or concerns related to deaf-hearing issues.

### Conclusions

In this article, we have attempted to describe how family dynamics, individual roles, and interpersonal conflicts take on added dimensions when a family is made up of both deaf and hearing members. The popular press has presented a distorted, dysfunctional picture of such families. Dysfunction or conflict within such families is seldom attributable to deaf-hearing issues per se. The quality of the family's overall functioning largely depends on their general mental health. The parents' own sense of competence is a key element in that regard. When a sense of competence is lacking, there is increased risk that psychopathology will be played out through deaf-hearing conflicts. When treated appropriately in psychotherapy, such families often find that deaf-hearing conflicts were merely a scapegoat for larger issues; they are then freed to deal with the *real* deaf-hearing challenges in more honest and effective ways. Each individual in the mixed deaf-hearing family creates meaning around family experience—a process that continues throughout life. Each developmental stage brings its own unique dimension to that challenge. The outcome of the deaf-hearing family experience at each stage of development can range from very positive and enriching, to neutral, to quite painful and dysfunctional. There are many ways of maximizing the benefits and minimizing the risks of the mixed deaf-hearing family experience, most of

them related to maintaining an open-minded, supportive attitude about the family's special makeup.

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