

Acclimating to Deaf Culture as a Hearing Family with a Deaf Child
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When you think of Deaf Culture, what comes to mind? Deaf culture is defined as the beliefs, mores, artistic expressions, behaviors, understanding, and language expressions that Deaf people can use. (Leigh, 2018, p6-7) Navigating this multi-faceted culture can present challenges for a hearing family, but it can and should be a joyful experience that both supports their deaf child and enriches the entire family through exposure to cultures of both the hearing and Deaf world. The hearing parent may choose to support their deaf child with hearing aids or cochlear implants (i.e., technology), sign language, or both. It is more common for hearing families to use technology to support their deaf child in acquiring language, but this does not have to be the only solution. This choice exemplifies one of the first challenges a hearing family will face in what will be a longer-term effort to introduce sign language and deaf culture to their child, and it can be a difficult one as language acquisition is not in the parenting books. It is important to know that Deaf culture can still be included no matter what the decision may be. This paper will touch on four different themes or examples to illustrate key situations faced by a hearing family in their journey to bring sign language and Deaf culture into their child's life.

As noted above, one of the first situations a hearing family must navigate involve healthcare interactions. Unfortunately, this interaction can derail a hearing family from actively embracing sign language and Deaf culture from the very beginning of their child's life. Imagine that a child has just been screened for their first hearing test. The nurse tells the parents, "I am sorry, but your child has some degree of hearing loss and will need to see a specialist, an audiologist." The hearing family is led to believe that something is wrong with their child. Many times, not enough information is given to the family, leaving them to feel broken and

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wondering about the potential for their child to live a fruitful life. The term Deaf is scary for a family with no to little history of deafness in the family. Statistics state approximately 96% of deaf children are born to hearing parents. (Leigh, 2018, p 9) A month to several months later, the family then takes their child to the recommended audiologist. The newborn is screened again using an ABR (auditory brainstem response). The audiologist informs the family that their child is Deaf and will need hearing aids or possibly a cochlear implant (i.e., technology). Hearing aids are a device that sit behind the ear and provide amplification, increasing sounds. Individuals who are profoundly deaf, may be a candidate for a cochlear implant. This requires surgery to be done by an Otolaryngologist by inserting the device behind the ear, overriding the anatomic cochlea. The audiologist may tell the patients, that without hearing devices, their child will not have language, ignoring the reality that American Sign Language (ASL) is a recognized language with its own grammar, syntax, and established means by which their child can learn to navigate the world.

The medical perspective is that individuals who are unable to hear or speak directly with hearing people are disabled. As such, hearing families are typically presented with technology as a medical solution, rather than being encouraged to actively learn ASL. In fact, studies suggest that less than eight percent of hearing families use ASL in the home. Will the hearing family choose the nearest public school in their district or decide to send their child to the nearest Deaf residential school? This decision will most likely be determined according to which means of communication the family finds most suitable for their deaf child. This emphasizes the important, downstream impacts of this early decision, which is most often faced by an unprepared hearing family, on the likelihood that they and their Deaf child will actively integrate into the Deaf community.

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This very first challenge faced by a hearing family does not need to be a negative one.

For example, if the nurse were delivering news of a newborn's hearing loss with a Deaf family, the Deaf parents likely are happy to learn of their Deaf baby, referred to as "Deaf Gain" and may be less inclined to elect invasive medical procedures to "fix" their child through technology as the first course of action. Many Deaf adults will instead immediately embark upon immersing their child into Deaf culture, ASL, and attending a Residential Deaf School. Deaf individuals who embrace Deaf culture do not have the sense of feeling broken or worrying whether their child can live a fruitful life. Having said this, it is important for the hearing family with the newly identified deaf child to seek out Deaf adults and other culturally deaf families to help navigate these early challenges.

One of the next, early-life, challenges faced by a hearing family with a Deaf child is the choice over which school the child will attend to learn. This choice is a pivotal one as it will impact which languages the child acquires, and when. Language is the foundation to human life. A deaf child needs to have a foundation in one language to acquire another; in the Deaf scenario, the child would first acquire ASL as their first language (L1) and then English as their second language. If the child does not understand their first language, the second language will not be able to be developed. Language deprivation happens when a deaf child is denied access to their native language during the critical period of learning, which is approximately between the ages of three to five. It is important to highlight the difference between language and speech, as they are two very different things. Speech is the ability to express thoughts and feelings while articulating sounds. Language is a way of using communication, consisting of words used in a structured and conventional way and relayed by speech, writing or gesture. It is important to know that just because a child is unable to have a spoken language (i.e., if their primary language

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for communication is ASL) does not mean they will not be successful in their studies, chosen career paths, or life-long endeavors. Providing the child with a language rich environment will help support their language acquisition. The bilingual/bimodal approach is what is known as providing both spoken English and ASL providing language not only auditorily but visually as well. This is an extremely effective way of acquiring language and developing proficiency in both ASL and English. In fact, in a “study interviewing 17 deaf families, most of these non-hearing families were supportive of their deaf children learning both languages. The Deaf parents viewed English as a “survival language,” so English fluency is necessary for survival and success in an English-dominant country, whereas ASL was equally necessary for community and cultural identity and development.” (leigh, 2018, p97)

Notably, medical professionals cannot guarantee that spoken language (i.e., spoken English) will be the result of the choice to use hearing aids or cochlear implants. Research shows that many children who use cochlear implants are significantly delayed in spoken language acquisition. Cochlear implants are a great tool for deaf individuals to gain some degree of hearing, but it is important to remember they are exactly that, a tool. Cochlear implants represent one choice, but American Sign Language (ASL) is crucial regardless of which choice is made.

Deaf children who utilize hearing aids or cochlear implants with spoken language as their primary language will most likely attend a public mainstreamed school and the student will most likely not have an ASL interpreter. Speech therapy and another therapy known as AVT (auditory verbal therapy) will become part of the child’s weekly routine. A deaf student who uses ASL as their primary first language may attend a public mainstreamed school and utilize an interpreter or have access to a TOD (Teacher of the Deaf). Deaf children from both Deaf and hearing families can also choose to attend a Deaf Residential School. Potential students are

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screened and must have a specific degree of hearing loss to attend. The deaf child may use amplification or a device that helps with hearing, whether this be hearing aids or cochlear implants, but are not required to use either. Speech is included in the curriculum in all programs for deaf students, though the quantity may vary. Services such as speech therapy are also provided in Deaf residential schools. By the deaf child attending a Deaf school, they have access to their native language and access to acquire academic ASL. Attending a Deaf school gives them access to an LRE (least restrictive environment), or what many now refer to as a language rich environment. An LRE may look different per child and can be identified in the child's IEP (individualized education plan). The one constant is having access to the child's native language, ASL. "Deaf children pick up Social ASL for conversation rapidly but may take longer to acquire Academic ASL." (Leigh, 2018, p 96) One final, and important, factor for hearing families to consider in their choice over which type of schooling is most appropriate for their Deaf child is the fact that when a deaf child attends a deaf school, the child will bring Deaf culture home with them from interactions with other deaf peers, deaf teachers, and deaf staff members.

"ASL is truly a foreign language, which means it takes approximately seven years for an English speaker with full immersion to become fluent in ASL." (Leigh, 2018, p 68) As mentioned earlier, only eight percent of hearing families learn ASL in the home. For a hearing family wanting to acclimate their *entire* family within Deaf culture, learning ASL alongside their child at home can be very effective. They can also attend Deaf events with their child, such as Deaf socials at coffee shops or even sporting events sponsored by a Deaf residential school. Challenges will arise, including not being able to fully communicate in ASL as a hearing parent, which can lead to feelings of being overwhelmed as one struggles to learn a new language.

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However, this is a very normal reaction, and Deaf schools may provide ASL classes to assist hearing parents of deaf children to break the communication barrier between the child and parents. Incorporating Deaf culture into the home will also include learning about habits and issues of safety and accessibility and making those normal parts of home life for the Deaf child. For example, it is critical to learn common ways of gaining the attention of someone deaf. This may include waving, a tap of the shoulder, flashing lights, or banging on a table. A hearing family may find these behaviors odd at first but will adjust to the behaviors being displayed by their deaf child as the child interacts with others who expose them to deaf culture. Another way of acclimating to Deaf culture is accessibility. Have you ever watched television on silent? If you did, would you have any idea of what is taking place in the show or movie? The answer is most likely no. Captions are a very important means to grant language accessibility and provide the deaf and hard of hearing community with access to content. Accessibility is a term that also encompasses providing a physically safe environment at home in ways that a hearing family must learn and acclimate to over time. This can include providing alarms, fire detectors, doorbells with cameras, and video relay services that are all designed to allow Deaf children easy and safe access. A deaf child is not going to be awoken by your typical alarm clock, or the smoke detector blaring that awful sound. The hearing family will need to be aware of alarms known as bed shakers for waking the child for an everyday morning routine or in emergencies such as a fire. Companies also make smoke detectors that will alarm a deaf individual by flashing lights when smoke has been detected. There are several different video relay systems that allow deaf individuals to have a conversation with other deaf individuals through video or with hearing individuals using a video enabled ASL interpreter. Video-based doorbell systems such as Ring have made things not only safer for all individuals but accessible to the deaf

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community as well. As a hearing person, a knock or the ringing of the doorbell is heard. With

Ring, phones are notified through vibration, and a picture appears on the mobile device

associated with the Ring that can notify a Deaf individual that someone is at the front door.

Finally, pairing the child (and hearing family) with a Deaf mentor outside of the home is essential to ensure that the child has an affirming, bi-lingual experience and to give the child the best opportunity to identify with Deaf culture and gain necessary life skills. It is important for Deaf children to have access to Deaf role models or a Deaf mentor. A Deaf role model is Deaf and uses ASL as their first language, also known as a native or natural signer. A Deaf role model can be found at a Deaf social event, through an organization such as an early intervention program, can be a Deaf parent, or may be found at a Deaf school in the area. It is equally important for the Deaf child to be surrounded by Deaf peers of a similar age if possible. Deaf children benefit from seeing how other Deaf adults and children navigate their day-to-day. This could include daily tasks such as accessing a drive thru, requesting an interpreter for an event, or shopping in a grocery store. Interpreters are also an integral part of the deaf community. “It is estimated that there are approximately 360,000 to 517,000 deaf ASL users in the United States currently.” (Leigh, 2018, p13) This is a significant amount of people requiring access.

Advocating for oneself by requesting interpreters is a key piece lesson from deaf culture that should be patterned early for the child. There will be many doctors’ appointments, whether it is a checkup or dentist appointment, during which the child should always have access to the crucial information being discussed. An interpreter can be provided through insurance and is required by law. An interpreter is not an accommodation but a necessity for the deaf individual to understand the entire conversation at hand. A child is never too young to start learning to

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advocate for oneself; seeing this patterned by a Deaf Mentor or role model can help foster this skill.

The Deaf mentor is also capable of assisting the hearing parents with navigating Deaf culture and learning ASL. When a child does not have access to someone they can relate to, statistically they are more likely to have low self-esteem and perceive themselves as less than others. Identifying a role model who is “like them” can help them gain their Deaf identity. You may be asking, what is Deaf identity, and why is so important for a deaf child in a hearing family to recognize his or her Deaf identity? “Identity is about how people describe themselves or how others describe them.” (Leigh, 2018, p159) Deaf identity at home with a hearing family will look much different from a Deaf family with deaf children. If interactions with other deaf persons are a positive experience, and if the family is supportive of the child being comfortable as deaf, it becomes easier for that child to feel a strong sense of deaf identity. (Leigh, 2018, p162) Cultural identity among deaf individuals has been found to be associated with psychological well-being and other positive life outcomes. “Researchers have found that having a deaf, hearing, or bicultural identity, in contrast to having a marginal identity, was associated with psychological well-being.” (Chapman, Dammeyer, 2017) Part of acclimating to deaf culture is building a confident identity, both in the child and in the hearing family, to ensure resilience. Resilience is defined as facing risk and seeing the possibility of achieving positive outcomes. (Leigh, 2018, p184) Deaf individuals have been discriminated against for years. One example could be a culturally deaf man requesting an interpreter when asked to do a presentation and instead being told that he must find his own. At his presentation, he told the interpreter to not interpret his dialogue. The crowd of hearing individuals began to yell out after a couple of minutes requesting the interpreter to speak. The problem at this point was the crowd not knowing ASL.

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When focusing on resilience it is looked at the Deaf individual's genetics, cultural background, environment, and did the deaf individual have a good foundation in language.

It all begins in the level of Deaf cultural engagement of the hearing family; the relationship with loved ones is the foundation for access to language. (Leigh, 2018, p186). A deaf child that can communicate at home with ease will help the child feel good inside, even when things are not so great on the outside. For hearing parents of deaf children, the journey to a culturally Deaf identity for the child takes longer, sometimes never. It really is dependent on how quickly the parents act and accept that they are raising a deaf child.

So, how does a family acclimate to deaf culture? The parents need to be fierce. They must ask questions on how to give their deaf child language and provide them with an environment full of language. Learning about Deaf culture is imperative. The parents should seek out ASL classes and explore the deaf community, meeting new people who will support and share the same qualities. Find a Deaf mentor that will help with involvement in the Deaf community and their culture. Every state has an early intervention program; reach out and learn about bilingualism and the advantages of signed and spoken language. Search for a Deaf Residential school if possible. The deaf child will need unconditional love and affection just as any child does. Encourage the deaf child to have friends who are deaf. The single, most crucial thing that can be given to a Deaf child is language.

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