

Intercultural Intervention in Bi-Cultural Family Contexts with Deaf and Hearing Members: A
Thematic Analysis of Deaf Cultural Identity

by

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Thank you to my maker, my God.

Abstract

This exploratory research aims to analyse the applicability of intercultural approaches in family contexts with both hearing and deaf members. The study examines different perspectives of deafness, challenging the over-medicalization of deafness and seeking to review accessibility in practice. We discover alternatives through the innovative use of intercultural intervention outside of its usual ethno-cultural context where, instead, Deaf culture is concerned. Through the thematic analysis of written accounts of deafhood, our major findings indicated that because deafhood is a personal and unique experience, that intercultural interventions in family settings should focus on the individual needs of the deaf member, and on raising awareness of Deaf culture for hearing members. Thematic trends through this study identified deaf social workers as necessary agents in intercultural intervention. Hearing allies and the deaf community can work towards promoting and maintaining tools for family-centred, anti-oppressive and culturally competent practice.

Preface

My interest for this research topic emerged in the summer of 2016 while I was completing an international internship abroad. I spent three months working as a research agent within a Nicaraguan workers' union. I, along with two other students, were conducting a short research on the Human Rights violations faced by miners and factory workers across Nicaragua.

We spent the three months in a hostel where we met many travelers who came and went. It just so happened that a group of PhD students and a professor in linguistic psychology, Marie Capolla, spent three weeks at that very same hostel. They were conducting a research on Nicaraguan Sign Language, which was, at the time, amongst the thirty newest languages in the world. They held meetings regularly, and I couldn't help but watch and observe in curiosity.

At that point, Marie and I struck conversation on the topic of sign language. She explained to me how many people who are deaf in Nicaragua live in extreme isolation. Many of them develop their own "homesign", a personal sign language that they can use to communicate with family members, often just their mother or one sibling. I was touched by this. When I came back to Canada, I started taking classes ASL and LSQ classes. Each class had a Deaf culture component. It became very clear to me that language and culture are inseparable, including sign language and Deaf culture.

As someone who is able-bodied, I recognize my privileges - that not only am I not part of the deaf community, but I have never experienced any kind of disability, neither physical nor mental. Instead, I consider myself an ally to the deaf and hard of hearing community and recognize the importance of improving my knowledge of Deaf culture as well as my

communication in both American Sign Language and Langue des Signes Quebecois. The position I am taking throughout this research on Deaf culture is, to this end, not as an expert but as someone working in collaboration with the community.

At the same time, I identify with several marginalized communities. I am female, black, and an immigrant. Because I realize the importance that my cultural background has had in my life and in the construction of my identity, I feel as though I can relate to those who identify as culturally deaf. I strongly believe that my social positioning will help me reflect on the use of intercultural approaches in cultural contexts besides my own.

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INTRODUCTION

On June 21st, 2019, Bill C-81, the Accessible Canada Act (ACA), was passed. This policy obliges institutions under federal entities, such as banks and passport services, to become fully accessible by 2040. In light of the country's agenda to expand accessibility measures and promote inclusivity, this paper works to do the same by challenging the over-medicalization of deafness that stems from the dominant hearing society.

When we talk about a language, there is a whole set of customs, culture and history that comes with it (Pohjola, 2016). Likewise, sign language allows people of the deaf and hard of hearing (henceforth d/HH) community to participate in Deaf customs, culture, and history: to construct identities and to identify with one another. In a non-homogenous family setting with both hearing and deaf members, however, these cultural differences may go unaddressed and cause friction. Failing to recognize the identity of deaf members may participate in their revictimization. Our research question is: **When considering Deaf culture, to what extent does family intervention involve an intercultural approach?**

Our sub-question addresses the transferability of cross-cultural intervention practices where Deaf culture is present: **How can the intercultural approach be used in Deaf cultural contexts?**

This is in hopes of better guiding and demystifying practice within this field. The focus of our research is thus on exploring intercultural approaches in family intervention to gauge their applicability to a Deaf cultural family context. One of the objectives of our research is to raise awareness of the significant lack of social workers supporting the deaf and hard of hearing population. For this reason, deaf individuals and families are having difficulty accessing programs

and services. Given that academic literature detailing social work intervention within this context is scarce, there is a need to develop best practices if we are to offer support services for people within these communities. This memoir will attempt to fill that lacuna by reviewing accessibility in practice, providing instruction on how to intervene and communicate with people who are deaf, hard of hearing, culturally deaf, gestural deaf and identifying respectful terminology concerning people who experience deafness.

Chapter 1 presents an overview of the research methodology. We chose to approach our theoretical research with thematic analysis: a qualitative methodology that helped us explore people's experiences of deafhood in order to highlight the relevance of intercultural intervention in this context. In Chapter 2, we explore the history and different perspectives on deafness within literature. In Chapter 3, we discover existing intervention methods in this context. Chapter 4 considers alternatives through the innovative use of intercultural intervention outside of its usual ethno-cultural context and within the context of Deaf culture. Finally, in Chapter 5, we present and discuss the research findings to answer our research questions and draw conclusions.

CHAPTER 1: THE SCOPE OF RESEARCH

The guiding research question of this study is: **When considering Deaf culture, to what extent does family intervention involve an intercultural approach?** The objectives of the study are to: 1) consider the relevance of incorporating Deaf culture into family intervention models where deaf individuals are concerned; 2) investigate the transferability of intercultural intervention practices to a bi-cultural familial context with both deaf and hearing members and; 3) help guide evidence-informed practice leading to optimal service provision. In brief, the findings may later serve to determine best practices to help the target population.

Weighing the relevance of empirical research against the relevance of theoretical study was a crucial part of deciding how to tackle our research question. Each research approach addresses the phenomenon in a unique way, and likewise produces unique results. It is important that we selected the appropriate research approach: the approach with the fairest balance of advantages of disadvantages.

Rather than conducting an empirical study, we favor a theoretical approach in this memoir for two main reasons. First, due to the lack of social workers in the region trained in sign language, access to information through surveys, interviews, focus groups, etc., would be limited. Second, a theoretical work can be very rich in reflection and analysis. Scholars using non-empirical methods find that reflection, personal observation and experience are just as valuable for knowledge acquisition as empirical data (Dan, 2017). With the scarcity of opportunities to obtain empirical data from the field, combined with minimal social work scholarship on our research subject, a theoretical study will make up for this by drawing on unconventional sources of information through literature and scholarship, facilitating in-depth theoretical analysis.

Qualitative inquiry—specifically thematic analysis – was the methodological approach guiding the study. Qualitative research highlights individuals’ experiences and allows us to be “sensitive to issues such as gender differences, race, economic status, and individual differences” (Creswell, 2007, p. 40). Through thematic analysis, we look at patterning across language in texts that highlight the lived experiences and perspectives of deaf individuals and parents to deaf children regarding the place Deaf culture holds in their lives; this is in hopes of illustrating how support models can incorporate Deaf culture. Important concepts in relation to the research question include Deaf culture, deafhood, intersectionality, and audism. Our data is analyzed through an anti-oppressive, cultural-linguistic lens and a critical disability theoretical framework.

Thematic analysis is often used within other methodological procedures such as grounded theory, for instance, where collected data make up the theoretical sampling to then be subsequently interpreted and categorized thematically. A theory is developed from these categories and any connections that can be made between them (Noiseaux, 2006). This innovative, non-empirical utilization of grounded theory relying on journals and documentation, such as scientific articles (Ralph, Birks & Chapman, 2014), will inspire our methodological stance with respect to thematic analysis. Because thematic analysis renders accessible complex meanings within data (Guest, MacQueen & Namey, 2012), this method serves as a fitting tool to explain the significance of Deaf culture within the studied social context, as it captures the intricacies of meaning within the data set. Throughout this memoir, we will witness the complexity of culture as it is forged by numerous components including history, language, identity, values, social norms and beliefs amongst many others.

1.1 Conceptual Framework

To orient our analysis, we will use several concepts stemming from social work literature as well as from multiple fields of study, namely disability studies and deaf studies. Some deaf authors do not think that deaf studies and disability studies can go together due to the stigma behind the word "disability". It is said that disability studies have failed to include the experiences of deaf people and failed to recognize the linguistic aspect of disability (Kusters, 2011). In turn, authors like Charles Gaucher have adopted a culturalist approach, contrary to the strict rhetoric of critical disability theory, when treating the subject of deafness (Gaucher, 2009). It is our belief that literature from both deaf studies and disability studies complement one another when placed into dialogue; both contributions help us maintain an intersectional and anti-oppressive lens.

Social work, deaf studies and disability studies were chosen as the main disciplines guiding this research. There is a substantial overlap of theories used by each respective discipline to conceptualize concepts related to social structures, identity and culture. Using a multi-disciplinary approach may lead us to new insights on the nature of the relationship between such concepts when analyzed within the familial context, as explained further below.

1.1.1 Intersectionality and Anti-oppressive practice

Because many of our interrogations are focused on the question of identity and culture, we borrow the concept of intersectionality from black feminist theorists' critique of white feminism. This concept is defined as the simultaneous juxtaposition of different privileges and oppressions through identity, resulting in complex experiences which may vary from one context

to another (Crenshaw, 1991). Social work through feminist perspectives often values intersectionality.

Authors like bell hooks (hooks, 1981; hooks, 1984) do not believe in one form of feminism, nor do they believe that the popular representation of feminism is accurate, as the movement itself is complicit in various levels of oppression. Indeed, author and activist Rosemarie Garland-Thomson (1997) was among the first to introduce the inclusion of intersectionality in disability studies. Her research on intersectionality and disability discussed disability in conjunction with race and gender, exemplifying how disability is a point of social difference similar to ethnicity (Garland-Thomson, 2002; Garland-Thomson, 1997). Intersectionality is important to this research because it reveals the underlining systemic mechanisms of control and social inequalities that exist within the Western society. Veronique Leduc (2018) affirms that intersectionality allows for further reflection on the complexity of deafness. Intersectionality is a concept mobilized in anti-oppressive social work practice and research (Mattsson, 2014), as is in the study at hand. Anti-oppressive thinking is also said to:

indicate an explicit evaluative position that constructs social divisions (especially 'race', class, gender, disability, sexual orientation and age) as matters of broad social structure, at the same time as being personal and organisational issues. It looks at the use and abuse of power not only in relation to individual or organisational behaviour, which may be overtly, covertly or indirectly racist, classist, sexist and so on, but also in relation to broader social structures for example, the health, educational, political and economic, media and cultural systems and their routine provision of services and rewards for powerful groups at local as well as national and international levels. These factors

impinge on people's life stories in unique ways that have to be understood in their socio-historical complexity. (Clifford, 1995, p.65)

By theorizing intersectionality through an anti-oppressive lens in the context of social work towards deaf communities, we will conceptualize practical implications of intercultural intervention. When speaking on oppression and intersectionality as it pertains to people who are d/HH and culturally deaf, working from an anti-oppressive lens involves reducing ableism and audism. Through critical disability theory, we will denounce over-medicalization, while favoring notions like differently-abled or deaf gain in order to recognize deafhood.

1.1.2 Critical Disability Theory

Part of our analysis starts with questioning the term “disability”. The general assumption is often that disabilities are visibly detectable conditions; in reality, they can go far beyond what the eye can see or what the mind can measure. Disabilities also vary in terms of gravity and what physical or cognitive function is affected. Disability studies will help uncover the multifactorial feature of human abilities.

In disability studies, some scholars consider and critique the ways in which society disables people through social structures (i.e. policies, institutions, etc.) and infrastructures (i.e. cities, buildings, etc.) (Finkelstein, 1980). Others denounce implicit meanings behind stereotyped representations of disability in media and science (Garland-Thomson, 1997). The social model of disability, originally pioneered by the late Vic Finkelstein (1980), has since been revisited and further elaborated by both disability studies thinkers and interdisciplinary scholars alike, opening doors to broader conversations on critical disability theory (Shier, Sinclair & Gault, 2011). Critical

disability theory provides us with a set of tools to shift our understanding of disability to consider instead the term “differently-abled”, a term of empowerment that focuses on peoples’ strengths (Waldschmidt, Berressem and Ingwersen, 2017). By mobilizing critical disability theory, we seek to identify what perpetuates ableism, the oppression of people who are marginalized due to their abilities (Wachsler, 2007 cited in Shier, Sinclair & Gault, 2011), and to analyse its manifestations within the family.

Audism—defined as prejudice and discrimination against the hearing impaired (Bauman, 2004)—is the form of ableism with which we are most concerned. Although language can be acquired through sign language (English, 2018), allowing deaf individuals to communicate with those around them (Cooper, 2007), and allowing deaf communities experience cultural unification (Lachance, 1993), the audist notion of phono-centrism suggests that spoken language is the highest form language (Mauldin, 2016). Unchecked, “audism explains the rationale for the sociopolitical manifestation or institutionalization of audism in hearing colonization of deaf people” (Myers & Fernandes, 2010).

One example of this colonization is medicalization: the understanding of human conditions through medical language, medical thinking, or a medical framework (Mauldin, 2016). To medicalize deafness is to discuss it as a disability and to treat it through medical procedures that promote oralism and normalization (Bauman, 2008). Because medicalizing approaches threaten sign language, they threaten Deaf culture and communities (Bauman, 2008).

1.1.3 Cultural Linguistic Model of Deafness

Since its inception, deaf studies have addressed the systemic issues embedded within the dominant hearing culture centred around verbal linguistic forms of communication. Deaf studies' primary mandate relates directly to tackling the medicalization of deafness. As Harlan Lane states: "Like the paternalism of the colonizers, hearing paternalism begins with defective perception, because it superimposes its image of the familiar world of hearing people on the unfamiliar world of deaf people" (Lane, 1992, p. 37).

As stated by Laura Mauldin (2016), over-medicalization is explained through deaf studies literature as being rooted in "language politics" seeing as this community represents a linguistic minority. By "language politics", Mauldin is speaking of government language planning which "heavily disguised by silence on the topic at the level of governance, is a potent ideological, economic, political and cultural force that is selectively used in order to maintain hierarchical social organisation and social control" (Corker, 2000). This means that medicalization has certain benefits to the State. What's more, Charles Gaucher argues that intercultural studies have demonstrated how disability is a social construct (Gaucher, 2009), which is consistent with conclusions drawn from social model theorists like Finkelstein (1980). Whereas "the medicalization of differences deflects us from the real issue" (Lane, 2005) – that is the ethical dilemma of over-medicalization leading to audist oppressions – Deaf culture brings the individual back to the centre of the conversation and preserves their autonomy and identity.

For this reason, Deaf culture is another concept at the centre of our study and analysis. Distinguished by a capital "D" in "Deaf" versus the lower-case "d" that designates the physical condition, Deaf culture is a term that refers to the language, art, film, etiquette and overall

experience shared between the deaf community (Moroe & Andrade, 2018). We will attempt to gauge its role within the family and ultimately its importance in intervention.

Coupled with Deaf culture is “deafhood”. The concept, coined by Paddy Ladd (2003), designates the idea that the deaf experience is different for everyone (Ladd, 2003). We will also put emphasis on deaf gain (Murray & Bauman, 2014) as opposed to hearing loss, which joins the concept of differently-abled that we saw earlier. Deafhood and deaf gain play a part in the construction of one’s deaf identity.

Kafer’s (2013) "linguistic-cultural model of deafness" (p.75) will help us perform a complete analysis that considers notions stemming from both disability and deaf studies. This model, which derives from the social model of disability, views deaf communities as cultural, linguistic and ethnic communities unrecognized by our phono-centric society (Baril, 2016).

1.2 Methodology - Thematic Analysis

Thematic analysis (TA) was used in this study to examine current discussions and experiences surrounding Deaf culture, deaf identity and family-centred intervention in hopes of highlighting the perspective of the Deaf community. Though many different versions of TA exist within psychology, sociology, literature and so on, Braun and Clarke’s (2006) six-phase process of TA was chosen to inspire our methodology. Their version is rather flexible (2006, p.78), which allows us to adapt it to our unique theoretical framework.

While there are six steps when applying TA as the methodology of choice, the analytic process is recursive rather than linear (Braun & Clarke, 2006). As a result, revisiting some steps and moving back and forth between them, rather than following them one after the other,

happened regularly within this research to ensure that there was enough data and that the information was complete.

The first step in the TA process is to become familiar with the content of the data (Guest, MacQueen & Namey, 2012). In doing so, an initial reading of each of the documents was done to get a good grasp on what literature exists on the topic and to select the material most relevant to the research topic at hand, that which would compose the research corpus.

Once complete, all repeating words, concepts or ideas in the text were highlighted in order to then compile them into their respective lists using line-by-line coding to help keep track of the numerous features that may emerge (Braun & Clarke, 2006). Our coding was facilitated through the use of AtlasTI, a coding program.

The next phase is theme searching. Here, the created lists were studied and a theme, a repeating idea in any text or narrative (Guest, MacQueen & Namey, 2012), was identified for each one. While naturally texts and narratives can have more than one theme, the selection of themes was based on the most coherent and meaningful patterns in the data. Some themes were selected based on the importance they held in the text; others were relevant to the research question yet less central to the main idea of the text in question.

The final steps involved the reviewing of themes to consider how the repetitions of the chosen themes compared and contrasted to one another and within themselves, and the naming of these themes. Finally, we are ready to answer the research question by weaving together the analytic narrative with vivid data extracts in the final phase (Guest, MacQueen & Namey, 2012).

1.2.1 Composition of the Research Corpus

Our research involved the TA of documents and narratives that have been produced by different researchers as well as actors in the community who mobilize the concept of the Deaf culture through intervention. The criteria for the selection of documents was as follows:

1. they mobilize the concept of Deaf culture, the cultural-linguistic model of deafness or the intercultural approach in the context of deafness;
2. they come from the discipline of social work, deaf studies or disability studies, and;
3. they were produced within the last 20 years.

As explained earlier, the selection of these three disciplines is based on the desire to achieve a holistic approach in tackling deaf identity. Deaf studies and disability studies vulgarize the needs of people who are d/HH unlike any other social sciences discipline. Meanwhile, we will build on what social work literature already exists on the topic of family-centred intervention in Deaf cultural contexts and seek to extrapolate from the thematic analysis, elaborating on best practices for support. The social work discipline will comprise one of our three pillars of analysis but also gain from the study we are conducting.

The choice to exclude linguistic studies from the research was made due to their frequent disregard of sign languages, resulting in the relegation of ASL and LSQ amongst others as artificial and non-linguistic systems on the basis that these languages do not consist of spoken language (Evans, 1986). The choice to focus on research published within the last 20 years was made in order to focus on the most recent academic material.

In addition to the documents corresponding to these criteria, sources on family intervention in the context of deafness were prioritized and have also been analyzed. A text

usually refers to print writing (ex. magazine, book, newspaper, online). A narrative is any story – written or verbal (ex. novel, tv show, blog, etc.). Texts that featured narratives from people who are d/HH as well as parents to deaf children were chosen.

Four strategies were employed to form the body of documents to be analyzed. To start, an internet search was carried out using the Google Scholar search engine. The table below presents the keywords used, both in French and in English. Seeing as both ASL and LSQ are the two most prominent sign languages in Canada, it was of prime importance to conduct a bilingual research. Language is a vital part of identity, therefore representing both culture-linguistic backgrounds is crucial in producing a comprehensive work. These terms were used both on their own and in combination with one another.

Figure 1: Keywords Used in Google Scholar

English:	French:
Deaf culture	Culture sourde
Deafhood	Sourditude
Family intervention	Intervention familiale
Intercultural/Cross-cultural intervention	Intervention interculturelle

The selected documents appeared on the first three pages of results identified by Google. The choice to only concentrate on results from the first three pages was taken because they were often the most pertinent to the given search – results after that gradually became more loosely tied to the keywords of the search. Due to time limitations, a preliminary reading of abstracts, resums or introductions was done to assess that the texts would meet the research objectives

and data inclusion criteria. The same key words were used within the scholarly databases érudit, Proquest - Sociology Database and JSTOR. Then, using the snowball strategy, additional documents were identified by analyzing the documents selected from the internet search. Finally, a number of sources were provided through the library of Association de l'ouïe de l'Outaouais (ADOO), a community-based deaf organization in Gatineau.

1.2.2 Description of the Research Corpus

The final sampling contains six sources due to time constraints. These articles and books fall into four different groups indicating their scientific nature. The table below presents these four categories and the number of associated sources.

Figure 2: Document Categories

Categories:	Number of sources:
Social Work Literature	2
Deaf Studies Literature	2
Disability Studies Literature	1
Publications by community organizations	1
Total: 6	

A table presenting the results of the line-by-line coding of these documents can be found in Chapter 5.

1.2.3 Data analysis

Thematic analysis involves the search for and examination of patterning across language. In conducting a TA of the six sources, we were able to analyze the words and concepts

surrounding culturally deaf identity experiences and look for implications for family intervention. By using an anti-oppressive perspective, critical disability theory and the cultural linguistic model of deafness, we searched for patterning within the language used that was indicative of how social workers ought to proceed in support for deaf persons.

The interpretation of data is shaped in part by the researcher's reflexivity (based on personal assumptions, values and life experiences). As such, there are several epistemological considerations that must be made to best guide the data analysis. A certain level of mindfulness is required throughout the entire analysis as to ensure a consistency in the nature and level of analysis as well as an ongoing reflexive dialogue in data interpretation when deciding on themes.

First, we must decide what counts as a theme. With respect to the study at hand, the themes depended on how they related to the research question rather than how often they appeared in the data set.

We can also consider the type of analysis sought. Seeing as the research is of an explorative nature, it is of great importance that our work remains analytical as opposed to descriptive in order to answer our research question. In this sense, we must avoid summarizing. To this end, rather than giving an extensive description of the entire data set, we were able to give a detailed and nuanced account of specific themes within the data by the end of the study.

Third, an inductive approach was taken while conducting the analysis because it is important for the themes identified to reflect the content of the data. By going into the research without a predetermined hypothesis and letting the data to speak for itself, we relied solely on the study's results to contribute to evidence-informed practice.

It is also worth contemplating the depth of our analysis. Our research goes beyond the semantic meaning of themes and is more concerned with latent themes, where we start to examine underlying ideas, assumptions, conceptualizations and ideologies. The decisions we make as we identify underlying content demonstrate how TA is shaped by theoretical flexibility. There are many ways that data can be interpreted when using TA. These decisions all have a direct influence on how our data will be interpreted, which is why it is important to stipulate these parameters from the outset and maintain them throughout.

1.3 Limitations of the study

In all research, considering the lacunas as well as any potential ethical considerations is necessary in order to ensure the integrity of the study. Here, we'll look at the limitations of our theoretical approach. Due to the extensive theoretical sampling, theoretical research allows for the emergence of new theories on unexplained social phenomena, one of the hopes of the current study.

However, conducting theoretical research may cause us to miss out on knowledge that can be obtained directly from people in the field. Interviewing social workers, for example, would have given direct access to current practice methods and intervention models understood to benefit the population concerned.

Empirical studies also give us, when possible, the chance to hear from the user of services, which represents a rich and reliable source of knowledge on how specific models of practice do or do not respond to their needs. Obtaining feedback from clients gives us the opportunity to

answer the question regarding *how* we should intervene. Our theoretical research, however, doesn't give that needed platform to the deaf community.

Additionally, given that our work involves extensive reflection, the assessed information went through a process of analysis and interpretation. Therefore, by definition, the produced content inevitably and to varying degrees is forged in function of our own personal baggage and experiences. A crucial part of the qualitative and theoretical research process, in this case, is to recognize and acknowledge what my social positioning as a black woman brings to the research.

Summary

Our TA research will explore examine deafhood and parents' experiences with Deaf culture in order to answer our research questions. Six social work, deaf studies and disability studies texts written within the last two decades, mobilizing the concept of Deaf culture, the cultural-linguistic model of deafness and the intercultural approach have been selected as the data. The data will be analyzed through an anti-oppressive, cultural-linguistic lens and a critical disability theoretical framework.

CHAPTER 2: WHAT IS DEAFNESS

In this chapter, we will begin deconstructing the common yet audist understanding of deafness by reviewing where the prejudice that causes audism stems from. We will also present differing perspectives on deafness, namely the two main schools of thought residing in medical practices and cultural discourse. Deconstructing the common cultural assumptions that lead to obstacles and oppressions is a necessary step in sensitising families on the effects of hearing normativity through anti-oppressive, culturally competent practice. Breaking down these barriers starts with understanding the history behind them and deconstructing the strong bias society has developed regarding the ability to communicate phonetically.

We will start this chapter by defining what it means to be deaf and by introducing the oppression surrounding deafness throughout history. We will then move on to examine the ambivalent medical view of deafness and how it is understood as a disability, to then conclude with the Deaf cultural perspective at the core of our proposed intervention model.

2.1 Deafness

The deaf community is not simply one homogenous group of people (Moeller, Carr, Seaver, Stredler-Brown & Holzinger, 2013) – there is a lot of diversity within the deaf community itself as it is comprised of the culturally Deaf, oral deaf, gestural deaf, deafened, hard of hearing and deafblind. Throughout this memoir, we will often refer to this diverse community as “d/HH”.

Like many other types of disabilities, there are varying degrees of deafness which range from not hearing certain words, sounds or frequencies to complete hearing loss. Furthermore,

there is a difference between being deaf versus being hard of hearing, the main difference being that people who are hard of hearing still use their auditory sense to some extent while deaf people develop a heightened visual sense for communicating – generally sign language (Mauldin, 2016). Deafblindness, another reality of the deaf community, is a combination of both hearing and vision loss. Equally, people who are deafblind may retain some of their ability to see or hear, while others have neither. There are many different ways for people who are deafblind to communicate, ranging from sign language and tactile sign language to Braille, communication devices or boards and with the assistance of a support person (Luckner, Bruce & Ferrell, 2016; Rodbroe & Souriau, 1999; Heller, Allgood, Ware & Castelle, 1996). People who are deaf, deafblind or hard of hearing may also have additional disabilities, such as speech or language disabilities resulting from hearing loss (Mauldin, 2016). Like other disabilities, society's understanding of deafness as a disability is a social construction containing a certain stigma, or "an attribute that is discredited by others" (Jones, 2002), developed from years of oppression and discrimination.

2.1.1 History

Deaf communities have a shared history of resilience. Throughout history, people who experienced hearing loss have faced immense and outright discrimination. Many years ago, deafness was associated with being faithless, as those who displayed hearing loss could not speak and therefore could not pray. Their condition was considered a sign, a punishment from God or even devil possession, causing the hearing majority to exclude them from participating in society. Experimental medical procedures were carried out by scientists who would attempt to unblock the Eustachian tube in different ways (Edwards, 2005). It was not until the mid-19th century that

schools were opened for the d/HH in rural areas of the Canada, still with the goal of keeping this group separated from society (Carbin, 1996 in Gibson, Small & Mason, 1997). While manual forms of communication were utilized in these schools, by the 1880s sign language was prohibited and strictly oral communication was used. The first classroom hearing aids would be introduced in the 1940s and personal hearing aids would follow 20 years later (Edwards, 2005). Sign language prohibition persisted for nearly a century until the 1960s when sign language became formally recognized as a real language following linguistic studies of American Sign Language (Titus & Guthmann, 2013).

Deaf people have fought for this recognition for years. It is the reason why despite the prohibition of sign language in residential schools, deaf communities continued to form a network around their shared identity within associations and churches (Burch, 2004). This did not stop scientists from continuing to develop technology to offer treatment and a 'cure' for deafness. Cochlear implants were first popularized in France and made their way to North America in the mid 80's. At first, the technology was intended for adults over the age of eighteen, but cochlear implants were later used, starting in 1990, in children as young as two years old (Edwards, 2005). Implantation candidacy requirements continue to change; in over a decade, the age limit was reduced from 2 years old to 12 months old (Balkany et al., 2002), encouraging earlier medical intervention.

To this day, there are many misperceptions of the deaf experience and not much is known about the deaf community, which represents a linguistic minority in Canada. While Canadian Government reports suggest that 4% of the Canadian population experienced Hearing Impairment in 2004 (Social Development Canada, 2004 cited in Piche & Hubert, 2017) and 2.8%

of the Quebec population over the age of 15 versus 0.2% of children under the age of 15 were living with a hearing disability in 2001 (Berthelot et al., 2006 cited in Piche & Hubert, 2017), the prevalence of deafness in Canada is difficult to identify due to discrepancies in the data. This is because the surveys that produce statistics on deafness are created by hearing people interpreting the deaf experience and thus do not accurately reflect realities of people who are deaf. By way of example, we can consider individuals who identify as having deaf-blindness, but due to an absence of such a category, they are obliged to place themselves in the “other” category. For this reason, they might not be recognized as deafblind in one survey but will in another. These inconsistencies make it so that no two surveys produce the same observations.

2.1.2 Structural Barriers

In countries like Canada, the US, France, Belgium and Switzerland, the government has an obligation to remove and prevent the establishment of barriers that keep people who are d/HH marginalized through policies and laws, like the UN Convention on the Rights of Persons with Disabilities, for example, which ensures the global right to quality care (Puyaltó, Gaucher & Beaton, 2018). Such barriers can be found at all levels, such as physical or architectural, technological or organizational, attitudinal and may also exist through information and communication. In Ontario specifically, the 2005 Accessibility for Ontarians with Disabilities Act (AODA) requires the built environment, transportation, services and employment to be fully accessible for all people. However, the legal non-recognition of sign language as an official language has repercussions on social support resources and policy throughout Canada. Manitoba, Alberta, and Ontario are the only provinces where ASL is an officially recognized

minority language with legally embedded rights (Major, 2014) while LSQ, on the other hand, is only recognized in Quebec (Dubuisson, 1993). This affects the quantity of, quality of and access to services in sign language, resulting in a lack of signing social workers and even interpreters.

Though society is made up of policies and legislation to ensure the well-being of deaf people and to protect their rights, there is an apparent and tolerated “high degree of non-compliance with laws governing the removal of barriers and equal opportunity” (Munoz-Baell & Ruiz, 2000). In her article “Policy, politics and the silencing of 'voice'”, Mairian Scott-Hill (2002) concludes that discrimination against people with disabilities, such as deafness and blindness, does manifest through legislation; however, disability politics seeking social transformation and group rights through policy change is not the most effective response. It is an observed fact, however, that governments, through policy, encourage normativity and prioritize the interest of able-bodies. Understanding that the State is a rigid institution which aims to limit change, i.e. social change, this statement explains the rational behind governments’ demonstrated reluctance to address the pressing issues that non-inclusive policy generates. The lack of structure in place to support deaf people to interact as freely and easily as hearing people is a show of society’s failure to include all individuals regardless of their abilities or disabilities. Scott-Hill’s statement reveals to us many systemic barriers.

The education system, for instance, is one social institution where we see the effects of non-inclusive policy. An article recorded only 13 deaf schools in Canada (Cory, 1959), which shows to what extent there is a lack of adapted services for the deaf population, forcing them to conform to hearing schools and hearing society. Scholars like Felix (2008) even defend that “Placing deaf children in the mainstream education can be understood as a way to get to know

deafness and make it known. Deaf people and listeners interact and learn to acknowledge, understand and respect their differences and characteristics” (Felix, 2008 cited in Santos, 2011). Creating spaces where deaf people and hearing people are encouraged to interact will indeed make deafness known to the hearing population; however, we must not neglect to offer accessible and adapted services that are upheld through policy. Considering this, tackling oppression against the d/HH community means first pinpointing the underlying sources of oppression.

2.1.3 Oppression

For decades, deaf people have been refused basic rights, such as the right to own property, to procreate, and to drive a car. The concept of audism has developed through three distinct dimensions of oppression: individual, institutional and metaphysical (Bauman, 2004). Individual discrimination, exhibited through behaviours such as jokes and harassment, is backed by larger systems of institutional oppression dominated by the majority group (Bauman, 2004; Pincus, 1993). When those interpersonal and institutional forms of oppression become second nature and culturally accepted, this is when, as Bauman (2004) explains, metaphysical oppression takes place. Through “phono-centrism” and the belief that speech is the fullest form of language, we have narrowed our understanding of communication to a strict definition and disenfranchised those that fall outside of this norm (Bauman, 2004).

Metaphysical audism is dehumanizing – it upholds language as a prime element of what it means to be human, yet confuses language with speech, and thus considers that speech is what makes us human (Bauman, 2004). The implication of metaphysical audism that sign language

does not consist of a real language, and that spoken language is esteemed to be the one true form of language, threatens Deaf culture at its foundation. In offering anti-oppressive and accessible services, intercultural intervention must emphasize the importance sign languages.

2.2 Different perspectives

Deaf issues have proven to be relevant in a wide variety of disciplines such as education, linguistics, literacy, neuroscience, bioethics, mental health, history, cultural studies, public policy, art, architecture, and audiology. Many scholars consider the condition of deafness to be understood under two main dimensions, one being the pathological and the other sociocultural (Mauldin, 2016; Farges, 2009).

2.2.1 Pathological Perspective of Deafness and Cochlear Implants

As we determined in Chapter 1, medicalization occurs when we define human conditions as medical conditions (Mauldin, 2016). In the deaf context, medicalization promotes the utilization of hearing aids, and cochlear implant surgery to essentially “treat” or “correct” hearing loss as a disability (Mauldin, 2016; Munoz-Baell & Ruiz, 2000). For a long time, this notion of deafness as a disability has been the basis of education and rehabilitation for the deaf (Butler, Skelton & Valentine, 2001; Lane, 1997 cited in Jones, 2002).

Mauldin’s (2016) study demonstrates how medicalization is ambivalent in that it can both empower individuals yet disregard their true needs, having both positive and negative effects. While the medical regime is but one option of many when deciding how one wants to live their experience of deafness, Mauldin dives into the ways in which parents are essentially trained to

ensure that their children regain as much of their hearing ability as possible using cochlear implants, rendering these parents completely dependent on the services that the medical regime offers (Mauldin, 2016). Hearing aids and cochlear implants may be a viable option for many, but it is crucial to avoid the over-medicalization of deafness in order not to subjugate people who are deaf to further oppression by imposing hearing norms on them. One study did in fact find that despite most participants not viewing being deaf as a medical condition, they reported feeling pressured by professionals to choose a medical view over a Deaf culture view. (Hardin, Blanchard, Kemmery, Appenzeller & Parker, 2014).

Cochlear Implants

To understand the various debates and tensions in scholarship between the pathological and sociocultural models of deafness, we must first look at the scientific justification surrounding the pathological model of deafness. History has shown scientists' earliest initiatives to develop treatments for deafness. The main argument behind the medicalization of deafness is that deaf people have a multitude of benefits to reap from implantation including, but not limited to, social inclusion, self-reliance and overall well-being (Edwards, 2005). During the procedure, the surgeon drills into the skull, removes the muscle and a portion of the bone, and proceeds to insert an 18mm wire through the inner ear. The implant works by sending electric signals to the brain, engaging the auditory nerve system and allowing the patient to detect sound (DesJardin, Eisenberg & Hodapp, 2006). A microphone and transmitter are magnetically placed on the head behind the ear and a speech processor is often concealed in the clothing of the individual (DesJardin, Eisenberg & Hodapp, 2006). Surgery lasts approximately three and a half hours, and

recovery time generally spans across four weeks provided there are no complications – it is only after this period that the individual can commence rehabilitation (DesJardin, Eisenberg & Hodapp, 2006).

Implantation, like any medical procedure, carries a certain number of risks that must be weighed. Complications linked to damage to the ear cavity, infection and meningitis have caused controversy (Eshraghi et al., 2012); however, medical professionals believe the benefits, presumably the ability to recognize sounds, learn to lip-read and improve one's speech, outweigh the risks (Russell & Coffin, 2006). Cultural deprivation is never mentioned as a risk. This demonstrates how both the benefits and risks associated with implantation are being determined from the perspective of the hearing society, undermining the input of the Deaf community.

Furthermore, success after implantation is dependant on rehabilitation programs that help recipients adapt to their new device and acquire spoken language. For post-lingual adults – adults who already had access to spoken language before becoming deafened – are considered more eligible for implantation than pre-lingual adults – those who became deaf before acquiring spoken language – due to lower adaptation success (Copeland & Pillsbury, 2004). Where children are concerned, parents are expected to be heavily involved in the rehabilitation process for best results (DesJardin, Eisenberg & Hodapp, 2006). On the premise that those who undergo implantation before the age of five develop and acquire speech with more ease, medical practitioners encourage cochlear implants in infants (Discolo & Hirose, 2002). This, in turn, hinders the reproduction of Deaf culture because it discourages the use of sign language, prevents the child from experiencing Deaf culture and thus infringes on the child's right to be connected to Deaf

culture (Lane, 2005). So, while those in favor of a medicalization and the pathological perspective of deafness propose that language skills are acquired solely through spoken language, deaf children acquire language skills when learning sign language. Extensive medical rhetoric thus threatens Deaf culture when insisting on early implantation to treat deafness as a disability and facilitate spoken language.

When appropriated, disability culture refers to the shared experience, language, customs, and artistic products that emerge from living with a disability (Linton, 1998, p. 102, cited in Johnson & Nieto, 2007). Like Deaf culture, “disability culture presumes a sense of common identity and interests that unite disabled people and separate them from their nondisabled counterparts” (Barnes & Mercer, 2001, p. 522 cited in Johnson & Nieto, 2007, p. 34). However, many people who are deaf do not identify as having a disability, yet embrace the term “deaf”, which forges a fundamental aspect of their identity. Deaf culture provides a counter discourse to that of medicalization and offers the community the liberty and freedom to make their own choices and to self-identify.

2.2.2 Deaf Culture and the Notion of “Disability”

Literature is still full of misrepresentations and misinformation about disability and Deaf culture (Johnson & Nieto, 2007). Why is deafness a culture? Deaf people are proud of their shared language and culture, and they signal it with a capital D as in “Deaf culture”, a term developed in the USA by American Sign Language users to designate a community known as “DEAF-WORLD” (Lane, Hoffmeister & Bahan 1996; Lucas & Valli 1990 cited in Moroe & de Andrade, 2018).

Deaf people often use sign language to communicate, and many identify as a cultural minority rather than seeing themselves as disabled. They may be bilingual, with sign language as their native language and a spoken language as their second language, or vice versa. Signed languages are considered to be at the centre of Deaf culture because to use sign language is to contest normalization and stigmatization (Candau, Gaucher & Halloy, 2012). However, Deaf culture does not simply start and end at deafness or disability. In an exploration of how Deaf culture identities have formed in Quebec, Gaucher (2009) demonstrates the complexity of issues regarding identity construction and plurality, all of which are related to individualism in conjunction with and in contrast to the greater social surrounding.

Deafhood

Deafhood is a personal experience of deafness (Ladd, 2003; Leduc, 2015). Not everyone who is d/HH identifies with Deaf culture, or Deaf culture as defined by the American signers. This is because identity is a personal process that truly depends on one's own experience. If we take Gaucher's example of deaf French Canadians, who communicate in LSQ, their Deaf culture may be different from that of ASL signers (Candau, Gaucher & Halloy, 2012). Because language and communication methods vary between individuals who are d/HH, cultural variations in communications, expectations, norms and values also exist. Due to intersectionality, people of the deaf community have complex identities. For instance, we saw earlier how deaf people could also have additional disabilities. The deaf community is characterized not only by diversity but also other intersectional experiences of deafness and race, gender as well as class (Ruiz-Williams, Burke, Chong & Chainarong, 2015).

Deaf Gain

Where the hearing world equates deafness to hearing loss, many deaf people prefer to embrace the ways in which they gain from being deaf. According to Bauman and Murray, the concept of deaf gain encourages us to shift away from the medical model of deafness as a physical loss or impairment (2014). Deaf gain involves the valuing of Deaf culture. Seeing as “the rapid increase of medical interventions—cochlear implants and educational programs that focus exclusively on auditory and oral education— threaten to cause a precipitous decline in numbers of sign-language users” (Bauman & Murray, 2014), one example of deaf gain is the shared experience of deafness, a community anywhere people who identify as Deaf may meet (Bauman & Murray, 2014), and it’s in this exact environment that Deaf culture develops (Lachance, 1993).

Lachance (1993) believes that while d/HH people define themselves as a cultural group, the hearing majority does not recognize them as such and continues to reduce them to their physical disability – the relation between the two groups is thus established within "power dynamics" (Lachance, 1993). We see the repercussions of this in the family. Over 90% of deaf children are born to hearing parents; this is often the parents’ first ever encounter with deafness (Grémion, Côté & Mitchell, 1991). Unaware of deaf issues, hearing families treat the deafness of their child as a handicap and consult medical and educational specialists (Zegers De Beyl, 1993). Case studies have proven, however, that integration through normalization often accentuates the disability and neglects the well-being and quality of life of the person concerned (Lachance, 1993).

Deaf Culture and the Label of “Disability”

As we have seen, cochlear implants seek to treat deafness as a disability through normalization (Lane, 2005) and cater to the oralist majority, neglecting the needs of deaf persons (Edwards, 2005). Those who uphold a Deaf cultural stance argue that medicalization leads to the reduction of sign language users and prevents Deaf culture from being passed on (Levy, 2002).

In addition to denying Deaf culture, medical discussions are positioned on deafness as a disability. Words such as “treatment” encourage the disability label. Due to society’s understanding of disability, regarding deafness as a disability subjugates people who are deaf to the stigma of “lacking” a typical human characteristic (Jones, 2002). As a result, perceptions of others rooted in phono-centrism and audism are what cause disability (Young, 1999 cited in Piché & Hubert, 2007). In other words, deafness per se will not in itself lead to marginalization, but the reactions and judgments that deafness causes in hearing individuals as well as labels (such as “people with hearing loss” or “individuals with hearing impairments”) are what lead to marginalization (Lane, 1999 cited in Piché & Hubert, 2007). In contexts where Deaf people are not “dis-abled” by society, language barriers are absent. Research on Martha’s Vineyard, a destination where many locals have hereditary deafness, showed this to be true as sign language was the prominent language in the community (Levy, 2002). This demonstrates the heightened importance of language for the culturally deaf as a linguistic minority.

As children are receiving cochlear implants at earlier ages, the need for deaf schools is decreasing, which is leading to school closures and preventing Deaf culture from persisting in time. By preserving sign language, the community and values are also preserved (Turner, 2006).

Summary

The divergence between medical and cultural comprehensions of deafness represents an ethical dilemma. Medical professionals continue to insist that sign language precludes children's development of spoken language, though neurological and linguistic studies have proven otherwise (Mauldin, 2016). The two viewpoints are contradictory because they view deafness differently (Munoz-Baell & Ruiz, 2000).

Given the central role that Deaf and disability culture play within self-identification, we believe Scott-Hill's previous claim that disability politics is an inefficient avenue towards policy change and social transformation is flawed. Debates have shown that not only is linguistic oppression a reality for all people with disabilities, but it is also "explicit in the Government's containment of language policy within the confused and inconsistent rhetoric of localised 'expert' interpretations of 'special' education law, coupled with its failure to see language as the cornerstone of a national policy on social inclusion" (Corker, 2000, p.447). Our position adheres to these thoughts invoked through Corker's (2000) study on the sign language rights movement. This study defends that it is society who disables people through non-inclusive structures to then propose measures of control to "en-able", or "fix" (Lane, 1993), them by way of normalization mechanisms. Rooted within this oppressive behaviour is the notion of language. It is a harmful process, a confusing game of tug-a-war, that must be contested by a culturalist approach provided by disability politics at a macro level, and intercultural intervention at the street-level.

CHAPTER 3: DOMINANT MODELS OF INTERVENTION

Deaf services exist for infants, adults, elderly, individuals, couples, and families. These services range from education, rehabilitation and general support, and are used by deaf individuals themselves as well as their social networks of support, whether parents, children, spouses, etc. Literature shows a focus on parents with d/HH children, which reveals an imbalance in represented experiences. Understanding that deafness is a reality of all ages, we've made a conscience effort to reflect the realities of adult deafness as well.

The purpose of this chapter is to showcase existing ways to intervene within this context then to consider alternatives. In the next few pages, we'll see what the three most common systems of intervention entail: early intervention, educational practices and support services. Lane (2005) believes that audist stigmatization reproduced through these fields mislead d/HH people and parents to d/HH children.

3.1 Early Intervention

Early intervention services offered by different types of specialists target young children who display the first signs of being deaf (Santos, 2011), aiming to develop total communication or simultaneous communication through mediums of oral language intervention, sign language or sign support (Fitzpatrick et al, 2016). Typically, oralist programs and services often introduce the possibility of using hearing aids and cochlear implants before age three, aiming to normalize deaf children (Mauldin, 2016). Meanwhile, alternative programs and services offer to teach baby sign to the 95% of deaf children who do not have deaf and signing parents, and thus access to a language from an early age (Grémion, Côté & Mitchell, 1991). We will explore each of these

trajectories in detail, starting with the complex and institutionally embedded procedure of medicalization.

3.1.1 Medicalization

The medical system surrounding deafness involves an extensive process of screening, diagnosis and intervention (DesGeorges, 2003). This form of intervention, spanning across many years, consists of multiple stages of consultation with professionals such as speech therapists and audiologists in order for the child to be considered for hearing aids and cochlear implants (Mauldin, 2016; Greenberg, Calderon & Kusché, 1984; Mccracken & Turner, 2012; Hyde & Power, 2006). It is a system that is not strictly contained to the confinements of the hospital or hearing clinic – hearing technology has established itself within a range of structures and institutions, such as clinics, cochlear implantation companies, and schools, in an effort to maximize both utility and program adherence (Mauldin, 2016). The inter-institutional nature of medicalization has made it so that “school programs have become an extension of the clinic, especially as new education industries arise specifically to meet the needs of implanted student” (Mauldin, 2016, p.23). We’ll see this characteristic of over-medicalization come up time and time again in the sections that follow.

Implantation is a long-term, complex and ongoing process that spans across a multitude of years (Mauldin, 2016). Cochlear implants can cost upwards of \$20,000 (Copeland & Pillsbury, 2004). Between multiple specialist appointments (Mccracken & Turner, 2012), varying medical coverage of cochlear implants versus hearing aids (Mauldin, 2016), choices between medical, educational and communication options (Santos, 2011), parents feel the pressure to take

advantage of what each approach has to offer. They must make important decisions for their children in a short amount of time with little to no preparation or information on what other options are available to them (Hintermair & Albertini, 2005). It is a physically demanding and emotionally draining process for parents and children alike (Berg et al., 2007).

Once screening and diagnosis have been completed, the next step towards implantation is gauging candidacy (Mauldin, 2016). With the rise of hearing screening in newborns, prescribing implants to pre-lingual deaf infants is very common today (Yoshinaga-Itano, 2004 cited in Hyde & Power, 2006). Nonetheless, because implantation is quite an invasive surgery (Mauldin, 2016) a number of things are considered: the child's physical eligibility, general health and mental health are all taken into consideration (McCracken & Turner, 2012). Furthermore, prospective recipients ought to have already explored the possibility of hearing aids first and demonstrate "profound hearing loss" (Russell & Coffin, 1999) to be considered for the implant. The family must also be ready to support the child through on-going rehabilitation programs to adapt to the device and develop speech.

Alarmingly, evidence has shown that additional criteria of a discriminatory nature are being used by audiologists to select ideal candidates based on a family's class position and cultural background to predict program success (Holden-Pitt, 1998, Stern et al., in press, Fortnum, et al., 2002, cited in Hyde & Power, 2006). The result is discrimination against immigrant families (Mauldin, 2016). What's more, when hearing apparatuses underperform, the finger is most often pointed at the patient or the parent rather than the technology; any comment brought forth by the deaf community is dismissed by professionals as "cultural", "ideological" and unscientific (Mauldin, 2016).

This is a concrete representation of how “claims that medical technologies will ‘fix the problem’ or ‘cure the disability’ can create a dynamic that may rob families of time and individuality” (Hintermair & Albertini, 2005, p. 184). There is a clear need for culturally competent intervention that supports each unique family and deaf person through their journey of deafness. In 2012, certain community members and deaf professionals composed of parents, early intervention specialists, program leaders and researchers from 10 different nations, took notice of these problematic practices and have recently made strides to standardize best practices for family-centered early intervention on an international scale. Cultural competency, respect for family differences, choices and flexibility underpin the best practice standards to guide programs and service providers in early intervention (Moeller, Carr, Seaver, Stredler-Brown & Holzinger, 2013).

Early intervention does not always have to imply purely medical intervention. Some parents may choose to introduce the use of sign language early on in a child’s life in addition to following a medical regime, or on its own entirely.

3.1.2 Baby Sign

Baby sign language is often used by parents of deaf children, and more recently for parents of hearing children as well (Seal, 2010). It is a simplified transition language that allows gestures to be used to illustrate common words (eg, eat, drink, cookie, mommy) (Seal, 2010). The use of signs can be useful for parents who wish to facilitate communication with their baby from 6 months to 24 months (Kirk, Howlett, Pine & Fletcher, 2013) - it is towards this time that infants start to become more attentive to requests and quietly begin imitating those around them by

duplicating their words, movements and behaviours (Seal, 2010). During this period, hearing babies understand several spoken words, but are not able to communicate them, which can be frustrating, though they may already use certain gestures (waving good-bye, pointing at objects, clapping when happy) (Seal, 2010). Learning new signs can help babies to communicate, and they should typically be able to start using them around the age of 10 months (Seal, 2010; Kirk, Howlett, Pine & Fletcher, 2013).

However, little research has been done to confirm that sign language will help babies communicate earlier (Fitzpatrick et al, 2016). While proponents of this communication method argue that sign language accelerates the development of verbal language (Doherty-Sneddon, 2008), some specialists, such as speech therapists, are not of the same opinion. Audiologist JS Moog (2000), privileges an auditory-oral approach, in contrast to the use of sign language, and upholds that the best way to develop reading skills is to incite deaf children to speak. According to the speech therapist, "the goal of mainstreaming is to give the deaf individual the necessary spoken language skills to be mainstreamed educationally and to function independently in the hearing world without a sign language interpreter" (Moog, 2000, para. 3). This is an example of common audist misrepresentations of sign language that cause confusion when shared with parents (Negura, Breau & Gaucher, 2018).

A huge concern for parents with deaf children is that the sign language will confuse the baby by delaying development, more specifically language development, cognitive development, and, when applicable, the acquisition of speech (Hardin et al., 2014; Puyaltó, Gaucher & Beaton, 2018; Santos, 2011). Parents want to know what the future possibilities for their children are and what options they have in navigating their deafness. Research by British psychologist Gwyneth

Doherty-Sneddon (2008) has shown that sign language does not hinder the learning of spoken language without, however, proving that it significantly accelerates it. Similar studies confirm that sign language significantly improves the relationship between the baby and his parents (Acredolo et al., 1999; Goodwyn et al., 2000 cited in Doherty-Sneddon, 2008).

Whereas baby sign is an add-on to spoken language for hearing children, “deaf children born into hearing families are without an external language model as they cannot hear the spoken language around them and their parents cannot use sign language” (Goldin-Meadow, 1999 cited in Doherty-Sneddon, 2008, p.303). Goldin-Meadow’s (1999) report shows convincing trends that deaf children develop their own homesigns that ought to be incorporated into family routines with their infant to promote language, cognitive and emotional development as well as eventual literacy abilities in academic contexts.

3.2 Educational Practices

Education for the deaf differs from conventional school models as it seeks to do more than simply educate by also targeting the individual, linguistic, cultural, and social needs of students who are deaf and hard of hearing through a continuum of services (Gárate, Batamula & Kite, 2016). Because deaf education has distinctive aspects, it's been widely considered to be a form of special education for decades, though it has not yielded the same results as other curricular disability services (Luft, 2017). A study shows that despite program changes and accommodation improvements, deaf students are still having difficulty achieving to the same standard as their peers with and without disabilities, illustrating that there is still work to be done in providing adequate services (Luft, 2017).

What sets deaf students apart from their disabled and able-bodied counterparts is the ability to hear which, when not met with a visual language within the first 3 years of life, causes inconsistent neurological access to the stimuli that develops language acquisition and refinement skills (Luft, 2017; Meier, 1991). In short, “the importance of early and complete access to the language of one’s environment cannot be overstated” (Luft, 2017, p.28). As a result, subsequent development and academic achievement is obstructed as curricular content is founded on social learning through interactions with adults and peers (Luft, 2017).

Professionals in the field have a huge part to play in guiding and supporting families and their d/HH children through early communication decision-making to ensure access to language and to minimize language delay (Luft, 2017); we have seen above how this can be done in different ways. Some early intervention programs include in-home services to support families’ key roles for the first 3 years of the child’s life, and typically transition into full-time or part-time preschool services there after (Mauldin, 2016; Abrams & Gallegos, 2011; Aguilar, Breese, Olson, Sinnott, & Westmaas, 2011; Corwin, 2011; Dicker, 2011; Lawrence, 2011 cited in Luft, 2017). One major concern for these professionals is users’ respect for program outlines and clinical timelines (Holte et al., 2012 cited in Luft, 2017). They continue to disregard individual family choices not to partake and push for normalization on many fronts. For example, the popularity of the cochlear implant has grown exponentially over the past two decades. In 1999, 5.3% of d/HH students from kindergarten to grade 12 used cochlear implants; however, this grew to reach 15.0% 10 years later (Gallaudet Research Institute, 2001 cited in Luft, 2017) and now exceeds 40% (Moog, 2000). Amplification systems rapidly continue to see improvement and have been integrated into the

classroom through the use of assistive listening devices (Paul & Whitelaw, 2011, Gallaudet Research Institute, 2001 cited in Luft, 2017).

These technological advances have facilitated the emergence of bilingual education, a growing global trend that incorporates both signed and spoken language (Marschark, Tang & Knoors, 2014). Keeping to a process of normalization, this education model relies heavily on auditory technologies (Mertes, 2015), and many scholars deem it a necessary element of bilingual development for the deaf on the basis that language development depends on both spoken and signed language (Grosjean, 1986, 1994, 2010a, 2010b; Hoffmeister, 2000; Lane, Hoffmeister, & Bahan, 1996; Padden & Humphries, 1988; Wilbur, 2000 cited in Marschark, Tang & Knoors, 2014). On the contrary, “few studies of inclusion or coenrollment of DHH students have examined impacts on academic achievement” (Luft, 2017, p.31), therefore, a significant number of researchers defend that there is not enough evidence to support bilingual education’s effectiveness for deaf education, concluding that further studies are needed on the subject (Knoors & Marschark, 2012; Mayer & Leigh, 2010; Spencer & Marschark, 2010 cited in Marschark, Tang & Knoors, 2014)

What we do know is that sign language is crucial to learn reading, writing and literacy skills (Marschark, Tang & Knoors, 2014; English, 2018). Using sign language, “parents and educators can capitalize on the child's vision to ensure he or she is exposed fully to language and avoid the pitfalls inherent in early language deprivation.” (English, 2018, p.44). Furthermore, placing importance on d/HH students’ variations in lifestyle and cultural backgrounds (English, 2018) will assist in responding to individual needs.

3.2.1 Popular Literacy

Literacy on its own refers to “using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential” (Craig et al., 1993, p. 68). We have seen to what extent acquiring reading and writing skills presents a challenge for children when language is not mastered. Alphabetization also effects deaf adults in terms of numeracy, problem solving skills in day to day life, and has significant repercussions on the search for employment and maintenance of a community life (Craig et al., 1993; Luey, 1980). However, educators use a discourse that is both alienated and alienating, often with technical terms that are difficult to understand, and an overall lexis that is not adapted to the concrete situation of those to whom they speak (Filion, 2011).

Sign language is the language that renders the world intelligible for d/HH people and is the bridge to other trajectories of expression such as written language and cultural worlds (Craig et al., 1993). For this reason, literacy programs in a Deaf cultural context can offer possibilities for deaf people to further not only alphabetization, but also capacities to lead a group life and to take on personal projects (Craig et al., 1993). When deaf community members group together during community activities, this presents opportunities for conversation and conceptualization of the world through dialogue. What's more, quality of life is linked directly to one's ability to participate in society (Leblanc, 1993; Rebourg, 1993). Consequently, some organizations for the deaf population, such as ADOO in Gatineau, Quebec, choose to use popular education and popular literacy as a means to this end.

The word “popular” finds its meaning in people and collectivity. In popular education, participants and educators learn together, engaging with one another to reflect on issues in their

community and take action (Besse, Chateigner & Ihaddadene, 2016). Similarly, popular literacy uses workshops and trainings to favor collective learning objectives geared towards critical thinking and transformative social action (Craig et al., 1993). Both are better suited than academic models explored above as they are empowerment- and resource-centered approaches (Hintermair, 2006).

The tendency for these practices, however, is that the educator's culture is put forward as opposed to the participants' culture, which runs the risk of depriving them of power (Filion, 2011). This calls for the recognition of cultural differences between participants and facilitators to improve democratic practices (Filion, 2011).

3.3 Support Services

Community-based organizations for the d/HH population, such as AQEPA (L'Association du Québec pour enfants avec problèmes auditifs), RESO (Regroupement des parents et amis des enfants sourds et malentendants franco-ontariens), the Canadian Hearing Society and the Ontario Association of the Deaf to name a few in Ontario and Quebec, offer a spectrum of services to support individuals, couples and families as they navigate their deafness. There are equally hearing people that use deaf services, most often parents, partners, hearing children of deaf parents (also known as CODAs) and others (Filer & Filer, 2000; Santos; 2011; Luterman, 2004; Mosier, 1999).

Counseling for individuals, families and couples is a popular approach to servicing the d/HH community. Issues are often directly or indirectly related to communication and relationship building, for example when hearing parents have difficulty communicating with their

child, a deaf spouse isn't being understood by their hearing partner, or kids taking advantage of the fact that one parent is deaf. Though we should continue to strive for true inclusion through widespread sign language aptitudes in hearing society, the ensemble of these support services relies heavily on the utilization of sign language interpreters to facilitate communication (Harvey, 1984). When centered on the individual's needs rather than the application of general dogma, counseling provides significant support (Filer & Filer, 2000).

Mental health is another area of intervention. Professionals working with the deaf community from a mental health capacity encounter acute depression, anxiety, feelings of abandonment and ostracization (Luterman, 2004). The diagnostic of hearing loss is the first area where parents may need assistance as they are confronted with all the stereotypes and preconceptions that they didn't realize they had about deafness (Farges, 2009; Mauldin, 2016; Santos, 2011). Early diagnosis at birth can trigger unexpected reactions in couples (Santos, 2011). Mourning is a reoccurring theme in families who have experienced a diagnosis of deafness (Feher-Prout, 1996; Puyaltó, Gaucher & Beaton, 2018; Santos, 2011). When coming to terms with diagnosis, parents go through a few different stages including "denial, adaptation, understanding, and acceptance of the deaf son/daughter" (Santos, 2011). Deafened adults whose hearing deteriorated with age equally experience feelings of grief surrounding the fact of losing a sense (Aguayo & Coady, 2001).

Community events are an additional way in which organizations support people who are d/HH towards socialization (Vennat, 1990). Pierre J. G. Vennat, a pioneer within the Quebec d/HH community, believes in community engagement to develop strong networks between deaf people and allies, which provides a solid and cohesive base for the services and programs that

are developed for and by the community. This community intervention has its merits as it empowers the community to think, advocate and build itself (Vennat, 1990).

3.3.1 Resilience, Coping Strategies and Future Possibilities for Support

To maintain a balance between what is important to them and the medical regime, it is not uncommon for people who are deaf and parents of deaf children to adjust clinical recommendations to their specific situation (Young, 1999; Mauldin, 2016). Research findings have shown that families with hearing parents and deaf children often have trouble when coming to terms with deafness and have varying coping methods and support systems, as opposed to deaf parents to deaf children, who display more resilience (Feher-Prout, 1996; Ritter-Brinton & Stewart, 1992; Weiner & Gardner, 1997). Coupled with other familial obstacles such as divorce or domestic violence, family dynamics vary from family to family.

In general, parents with children who have a disability are more stressed than parents whose children develop “normally”, most likely due to the sheer amount of responsibility that comes with raising special needs children (Quittner, Glueckauf, & Jackson, 1990; Meadow-Orlans, 1995; Feher-Prout, 1996; Äsberg, Vogel, & Bowers, 2008 cited in Santos, 2011). At each level of a child’s development, parents of deaf children are required to make decisions about communication methods, amplification technologies, available medical options, educational programs, among others - decisions that do not concern hearing households (Santos, 2011).

The above sections have detailed several areas where systems have failed people who are d/HH and their families. Harlan (1993) says the professions intervening with Deaf community

create and develop their portfolio around perceived problems based on values of hearing-normativity. His proposed solution is for d/HH community members to re-appropriate these roles and professions (Lane, 1993). Intercultural approaches that integrate knowledge of Deaf culture are needed to further support families, ensure the best interests of deaf family members and facilitate familial communication and cohesion. As we have seen, however, this is not the approach that every professional help model takes. While the parents may need to collaborate with various teachers, counselors or doctors throughout the child's development, the social worker can provide a stable and constant support with Deaf cultural competency. We have highlighted each existing intervention method areas for improvement – alternative solutions ought to fill the gaps by focalizing on empowerment, cultural competency, providing information and resources, facilitating sign language communication and respecting family individuality and choices.

Summary

This chapter was an overview of the main intervention models that exist when adapting to hearing loss. The medicalization of deafness has been pushed as *the* solution for to integrate d/HH individuals into hearing society. Medical intervention starts early and has had a spill-over effect into other domains, such as education. As a result, educational practices respond to the needs of implanted children, not deaf children. Support services need to be further developed and informed by both theory and evidence as parents scramble to ensure a bright future for their children and families develop personal coping mechanisms.

Our role as social workers is to help remove barriers by maintaining accessible and anti-oppressive practice models. Through cultural competency, we can arrange alternate communication methods and support ethical decision-making for parents and deaf persons while allowing individuals to maintain their dignity and independence.

CHAPTER 4: INTERCULTURAL FAMILY INTERVENTION

Parents to deaf children have been conditioned to look for guidance and reassurance from audiologists and teachers of d/HH students (Burke et al., 2011; Gascon-Ramos, Campbell, Bamford, & Young, 2010 in Hardin et al. 2011); however, the educational and medical communities have often shown inaccessible and culturally incompetent care, which is likely the by-product of societal prejudice towards those who are D/HH (Ulloa, 2014; Cooper, Mason & Rose, 2005 cited in Garibay, 2019). Interpreters are often called in as a source of support, but even the role of interpreters cannot be reduced to the simple act of translation (Santos, 2011). They too must demonstrate cultural competence (Williams & Abeles, 2004).

The purpose of this chapter is to paint a picture of the social worker's role in a bi-cultural deaf-hearing familial context. Unlike other professions that tend to focus on one dimension of intervention, social workers can provide continuous support, whether at home, in hospitals, at school, etc., similar to interpreters. However, while interpreters are meant to remain objective and facilitate communication (Williams & Abeles, 2004), the nature of the social work profession should call professionals to address social issues of oppression and discrimination, which can be done through advocacy and support in an anti-oppressive framework (McLaughlin, 2005). It is, therefore, imperative to develop strategies and techniques which raise social workers' awareness on issues related to the deaf community (Garibay, 2019).

Through this overview of intercultural intervention within the bi-cultural deaf family context, we will aim to review accessibility in practice, provide insight on how to communicate with people who are d/HH and how to identify respectful terminology concerning people who are d/HH. We will see how implementing an intercultural approach involves a process of both

learning and unlearning in order to support families' emotional, relational and adaptive needs. Though most texts on the intercultural approach are from an ethnocultural context, we will adapt it to the Deaf culture context as language has a heightened importance when working with a cultural and linguistic minority (Pohjola, 2016).

Deafness as an "ethnicity" has surfaced in academic literature. In our work, we first saw how the cultural linguistic model of deafness views deaf communities as ethnic communities marginalized by a phonocentric society (Baril, 2016). Next, we saw how Garland-Thomson (1997) has discussed disability as a point of social difference similar to ethnicity (Garland-Thomson, 2002; Garland-Thomson, 1997). Authors like Harlan Lane (1993) even go as far as to draw parallels between the colonization mechanisms and techniques in African countries and the belittling of d/HH individuals.

In previous chapters, we've explored the history, language and values of the Deaf and have seen to what extent deafness has a rich culture. Members of the deaf community have affirmed that there is a need for further professional development when it comes to Deaf culture in relation to self-identification, communication methods and family-centered practices (Hardin et al., 2014). For parents and families of d/HH children, studies indicate that the key predictors of parental and family well-being are emotional, relational and adaptive support (Henderson, Johnson & Moodie, 2014). This calls for professionals to be well versed in the needs or experiences of the deaf community to strengthen family-centered practices.

4.1 Intercultural Approach

The social and historical context in which the culturalist approach appeared dates back to the end of the 1950s and early 1970s. The first works that regarded culture as an element worth consideration through social interaction came from the fields of anthropology, social and transcultural psychology, linguistics and communications. Researchers emphasized the importance of culture as a variable of behavioral processes and interpersonal relationships, which was largely absent from services. They challenged ethnocentrism in theoretical and practical development and advocated for more culturally appropriate approaches (Asamoah, 1996): intercultural interventions.

Typically, intercultural approaches are mobilized in an ethnocultural context to intervene with visible minorities (Este, 2007). For example, you can integrate an intercultural approach through feminist intervention when supporting immigrant women. But the basic skill of cultural competency – defined as the capacity to recognize others, value pluralism, and celebrate diversity within groups (Miley, O'Melia & DuBois, 1998, cited in Turcotte & Lindsay, 2014) – is pertinent regardless of the specific intervention model, and regardless of whether the intervention is at an individual, family, group or community level (Cohen-Emerique, 2007). Strong interpersonal skills are necessary to respect individual realities, perspectives and choices in multicultural settings (Este, 2007). We do that through cultural competencies which allow us to exhibit empathetic support, an atmosphere of non-judgment, and to build trusting relationships with clients (Este, 2007).

Using an intercultural approach is relevant in a bi-cultural Deaf and hearing context, especially when looking at how Deaf culture intersects with family culture, ethnocultural

background, and all the various places from which people compile a multi-faceted identity (Gaucher, 2009). When adapting the interculturalist approach within a Deaf cultural context, one way to accomplish this is by privileging the cultural-linguistic model of deafness (Kafer, 2013; Young, 1999) which was described at length in Chapters 2 and 3.

Though widely used in practice, defining what intercultural competencies really entail has proven difficult as scholars have different definitions of the vague term (Yan & Wong, 2005). For example, Stier (2007) divides intercultural competences into two forms of knowledge: content-competencies (know-that) and process-competencies (know-how), which englobe learned and practical knowledge about cultures, languages, social conduct and socioeconomic context belonging to ethno-cultural groups. Yan and Wong (2005) offer the most relevant definition of the intercultural approach for our study as it encompasses many of the main points on interpersonal skills raised by other theorists (Cross, Bazron, Dennis, & Issacs, 1989; Green, 1999; Lum, 1999; McPhatter, 1997; Pinderhughes, 1989 cited in Yan & Wong, 2005). This definition is easily applicable to contexts that are not solely ethnocultural. It includes three main components:

(a) awareness of and sensitivity to workers' own values, biases, and power differences with their clients;

(b) knowledge of the practice environment, the helping methods, and the client's culture;
and

(c) skills in verbal and nonverbal communication (Yan & Wong, 2005, p. 182)

Though no direct correlation has been made to link culturally competent practice to positive client outcomes, research does reflect that the two are connected (Lie et.al, 2010 in Ulloa, 2014). There is an acute "need for materials to help social workers develop cultural competency with

Deaf clients” (Ulloa, 2014, p.29). We will refer back to these competencies for the remainder of this chapter as we dissect the approach in the following sections to see more concretely how to operationalize intercultural competences in a deaf familial context.

4.1.1 Awareness and Sensitivity

The first cultural competence calls for the social worker’s awareness and sensitivity of their own personal values, prejudices and power dynamics with participants (Yan & Wong, 2005). It thus aims for an anti-oppressive practice whereby the social worker must have a good knowledge of their position on assimilation and cultural pluralism. (LaFramboise, Coleman & Gerton, 1993). Phono-centrism in our case, where one culture is viewed to be superior, poses an obstacle in multicultural settings.

In addition to preconceptions, professionals also must heed their levels of competency when working with the deaf community (Williams & Abeles, 2004). High levels of cultural competency have been linked to higher sensitivity to marginalized realities (Garibay, 2019). David Este (2007) maintains that social workers who accept that cultural differences exist are in better positions to become curious about other worldviews, to learn from and work with their clients from different backgrounds. These social workers are also more inclined to consider cultural differences can impact access to services. Cultural competency can therefore be attained through both self-reflection and research of the target population’s culture in order to cultivate sensitivity to the realities of the population.

Respecting cultural variations in communications, norms and values is necessary in incorporating Deaf culture into intervention. Participants of one study, for instance, “stressed the

importance for the family to be able to choose communication styles, the degree to which they participated in Deaf culture, and to what degree the medical view was incorporated into self-identity or family identity” (Hardin et al., 2014, p.115). This also means respecting identification wishes and becoming familiar with what constitutes oppressive language in order to make sure offensive terms that may revictimize service users are absent from all interactions. The widely accepted convention is to put the person first, not address/identify them by their disability, ex. “a person with a disability” as opposed to “a disabled person”. Not reiterating stereotypes and stigmas is crucial in not perpetuating ableism, audism and oppression. Becoming aware of one's own experiences, beliefs and culture lays the foundation for intercultural and anti-oppressive communication.

4.1.2 Intercultural communication

Communication is at the centre of social work (Stier, 2004). Communication can be defined as a relationship that is established between people from the common meanings that they attribute to words, gestures, body language, expressions, and so on (Barrette, Gaudet & Lemay, 1993). When people share the same meanings, communication is easier - it is when people do not attribute the same meanings to the same realities that there can be difficulties in communication and comprehension (Stier, 2004). These meanings are learned and vary according to intersecting social factors such as sex, age, class, but also according to cultures (Barrette, Gaudet & Lemay, 1993).

Yan and Wong (2005) named verbal and non-verbal communication as another aspect of cultural competence. Verbal communication takes into account the content of the

communication (the vocabulary used, and the meanings given to the words), tone, volume, speed, and so on (Jones, 2013). For example, it is better to use familiar vocabulary as opposed to a specialized one to maximize understanding and clear communication. Non-verbal communication incorporates body language, body movements, facial expression, and so on (Samovar, McDaniel, Porter & Roy, 2015). Clear intercultural communication requires us to become conscious of our intentional and unintentional non-verbal, which expressed through learned behaviors and responses (grimaces, looks, bodily confinement) that become natural reflexes and can indicate and be received as judgments (Samovar, McDaniel, Porter & Roy, 2015).

Communication also involves listening. Active listening is an essential skill that facilitators can use to develop positive and healthy interaction with participants (Turcotte and Lindsay, 2014) by clarifying information with the person, making affirmations, asking open questions that do not elicit a "yes" or "no" answer and maintaining eye contact. However, in a study of 11 social work textbooks on cross-cultural approaches, Johnson and Nieto (2007) uncovered that manuals do not address the specific communicative needs of d/HH individuals. When applying the intercultural approach to Deaf culture, anti-oppressive communication doesn't stop there.

Communication methods vary from person to person. While many individuals who are d/HH communicate through ASL, LSQ or other sign languages that are commonly utilized such as Pidgin Signed English (PSE), some people and households develop their own homesign. Anti-oppressive communication in a deaf context would entail respecting the deaf person's communication methods. We believe one way of respectfully and effectively ensuring anti-oppressive communication is by asking people what their hearing capacity or status is and how they'd like to facilitate communication, whether through interpretation, oral language, sign

language or a mix. In fact, while one study suggests that deaf adolescents preferred seeing counselors who signed or facilitated communication using an interpreter (Williams & Abeles, 2004), another survey indicates that many older deaf adults do not understand most interpreters (Kyle & Pullen, 1988). Actively offering various communication forms is paramount in anti-oppressive communication. By listening and showing empathy, emotional support is provided.

4.1.3 Empowerment

The final key determinant of cultural competency is knowledge of the domain and models of assistance (Yan & Wong, 2005). Indeed, it is found that social workers who received education on deaf issues were more apt in providing support to community members (Garibay, 2019). This is necessary to providing information and resources which give parents and people who are deaf the power to decide for themselves. By promoting a cultural-linguistic model of deafness, raising awareness about systemic medicalization and educating on Deaf culture, this helps deconstruct internalized oppressions and empowers them to be the best advocate for their children's interests (Young, 1999). What's more, through psychoeducation, individuals are supported to better understand and cope with any mental health conditions or illnesses they experience in conjunction with deafness. This form of adaptive support gives parents the tools to make ethical decisions and to support their children to the best of their ability.

The deaf community and family members are the expert of their experience. Creating spaces for socialization between the deaf persons and hearing family members can generate a supportive network. For example, we believe this can be realized through peer pairing initiatives

with parents who share common experiences or deaf community members who can be positive role models for parents and children. In this way, participants can take advantage of this experiential information that only another parent of deaf person could supply and be foster relational support amongst one another.

Summary

Intercultural family intervention can offer emotional, relational and adaptive support to parents by raising awareness on Deaf culture, referring them to services and exchanging information with other parents and the deaf community. Access to specialized professionals is, therefore, essential (Puyaltó, Gaucher & Beaton, 2018; Santos, 2011). In both social work and wherever the deaf community is concerned, clear communication is highly valued. The truth remains that most deaf people have never been able to communicate their perspectives without them being altered by misinterpretations of the hearing culture (Kyle & Pullen, 1988). That being said, "it is not possible to understand deaf people until the language is acquired but it is not possible to achieve in the language until there is contact with the culture" (Kyle & Pullen, 1988, p.57). While the ideal qualifications for mental health professionals in this setting are fluency in sign language and Deaf cultural competency, we are far from cultural pluralism (Kyle & Pullen, 1988) because very few have any formal training in the matters of deafness, and those who do are most likely overwhelmed with service requests (Halgin and McEntee, 1986 cited in Williams & Abeles, 2004). The outcome of the above debates on intercultural family intervention in Deaf culture settings should now allow us to bring to light the perspectives of deaf individuals and family members and consider further implications for practice.

CHAPTER 5: RESULTS

The purpose of this Thematic Analysis was to explore the experiences of deaf persons and parents who participate in Deaf culture in order to gauge to what extent family intervention in this non-homogenous family context ought to incorporate an intercultural approach. Chapter 5, our final chapter, first focuses on the data set where we name the selected texts and provide a brief summary of emerging themes. A discussion of themes then follows, narrating the thematic findings and highlighting various journeys of deafhood to answer our research question. This will be accomplished by demonstrating how existing experiences illustrate the environment's impact on deaf identity development, the cultural diversity in deaf identity and how deaf leadership can facilitate intercultural intervention. We will subsequently move on to view the implications for practice. The memoir then concludes with a recap of the study, findings and recommendations for future research.

5.1 The Data

A total of six texts were analyzed in the study. All of these texts were produced within the last 20 years, use the concept of Deaf culture, the cultural-linguistic model of deafness or the intercultural approach in the context of deafness and come from the discipline of social work, deaf studies or disability studies. Additionally, all texts emphasize the voices of d/HH people as well as parents to deaf children. The six texts we consulted are presented below by category:

Figure 3: Texts

Social Work Literature	<i>A parent's response to Alys Young's article: The impact of a cultural-linguistic model of deafness on hearing parents' adjustment to a deaf child</i> by Flo Cavanan
	<i>Deaf and Hard of Hearing Social Workers Accessing Their Profession: A Call to Action</i> by Martha A. Sheridan, Barbara J. White and Judith L. Mounty
Deaf Studies Literature	<i>My Deaf Is Not Your Deaf</i> by Elena Ruiz-Williams, Meredith Burke, Vee Yee Chong and Noppawan Chainarong
	<i>Quand les sourds nous font signe : histoires de sourds</i> by Marguerite Blaise
Disability Studies Literature	<i>Family-Centered Practices and American Sign Language (ASL): Challenges and Recommendations</i> by Belinda J. Hardin, Sheresa Boone Blanchard, Megan A. Kemmery, Margo Appenzeller and Samuel D. Parker
Publications by community organizations	<i>Vivre parmi les entendants</i> by Louise Blondin, Gervaise Cloutier, Gisèle Cyr, Diane Blondin Canuel and Yvon Larrivé

5.1.1 Theme

Through TA, we were able to identify emergent themes and answer the research question. This portion provides a narrative of the themes constructed from the line by line coding of the data analysis. Coding refers to the generation of concise labels for important features of the data that are relevant to the broader research question (Braun & Clarke, 2006). Words do

not need to repeat exactly; as long as it is some permutation of the word or derives from the word and remains true to the concept in question, it can be regrouped in its respective list. What's more, themes were selected in relation to the research questions and are not necessarily based on how often they appeared within the data.

First, let's review the central research question: **When considering Deaf culture, to what extent does family intervention involve an intercultural approach?**

Our sub-question treats the relevance and transferability of intercultural intervention within a Deaf cultural context: **How can the intercultural approach be used in Deaf cultural contexts?**

To answer our research questions, data was analyzed through an anti-oppressive, cultural-linguistic lens and a critical disability theoretical framework. Upon examining the data containing life journeys of parents to deaf children, deaf persons to hearing families and deaf adults across texts, three main themes were grouped in relation to our research question: **Environmental Influence on Deafhood, Diversity in Deaf Identity, and Re-Appropriation of Support Roles**. Figure 3 provides a brief overview of the themes and a detailed description of the themes follows the figure.

Figure 4: Themes

Theme Description	Frequency	Examples
Environmental influence on deafhood, ex.: • Geographic location • Family	52	- [...] I went from being surrounded totally by hearing family members, friends, and work spaces to total cultural and linguistic immersion in a Deaf school context.

● School ● Workplace ● Support systems ● Language barriers		- [...] I would read lips and dinner it was a struggle. They were always talking and I was quiet.
Diversity in deaf Identity, ex.: ● Culturally deaf ● Gestural deaf ● Oral deaf ● Bi/multi-culturalism ● Intersectionality	67	- Eventually, they turned to me and asked which I was: Deaf or disabled first? Despite what I felt inside, I told them “Deaf-first.” - [...] il ne revendique aucune appartenance, ni aux sourds ni aux entendants. [...] Tel un caméléon, il se fond à n’importe quel environnement.
Re-appropriation of support roles, ex.: ● Education ● Social work ● Leadership ● Collaboration with Allies	13	- The program received [...] many referrals from other community agencies that believed that their deaf and hard of hearing consumers could be best served by a provider with the necessary communication and cultural competencies. - [...] des entendants peuvent participer à des comités, ou encore travailler comme consultants, mais les Sourds doivent pouvoir exprimer leurs pensées profondes sans être influencés [...]

Under **Environmental Influence on Deafhood**, geographical location, school-going experiences, family life, workplace, language barriers and support systems all seem to play a part in the development of one’s culturally deaf identity, or lack of.

Many different deaf identities, such as culturally deaf, gestural deaf, oral deaf and bi-cultural were brought up under the **Diversity in Deaf Identity** theme. These identities intersected with disability, race and gender as well.

In **Re-Appropriation of Support Roles**, individuals expressed their participation in providing deaf education, social work and leadership within deaf rights movements.

5.2 Discussion of Themes

This research focused on the personal journeys of deaf persons and parents to deaf children, as well as their lived experiences with Deaf culture. In doing so, the aim of the TA was to explore to what extent Deaf culture forges their day to day life and plays a part in their identity, and thus to examine the place of the intercultural approach to intervention in a family context.

The study found that all of the examined experiences are a testament to how participants' diverse backgrounds played a major role in their Deaf culture experience. Through this examination of experiences, barriers and challenges were uncovered, enabling us to consider opportunities for practitioners to cultivate further sensitivity and cultural competency when working with families and d/HH persons.

5.2.1 Influence of the environment

This theme encapsulates how identity formation is forged by the environment in which one dwells. As individuals recounted their life experiences, most expressed how their identity evolved over time in different spaces until they defined their own self-identity. The spaces in which they navigated thus had an impact on their deafhood.

One of these spaces was school. For many deaf people, the first contact with Deaf culture is within deaf schools. One account came from Naponwee, who didn't experience Deaf culture until attending Gallaudet University:

"I eventually decided to apply for the Deaf studies graduate program because Thailand had no Deaf studies program and Deaf education training programs in Thailand rarely made any connections to Deaf culture and cultural awareness about Deaf people. I felt that I needed to gain more knowledge and understanding about Deaf culture, identity, community, education, language, and the meaning of being Deaf." (Ruiz-Williams et al., 2015, p.269)

By attending a deaf school and interacting with peers and teachers, Naponwee was able to refine his social identity.

Another space that was said to have an influence on how individuals forged their self-identity was at home in their families. In this analysis, family dynamics with parents, siblings, spouses and in-laws were described. Those that expressed positive experiences at home had supportive families. For instance, Louise Blondin, whose mother was very encouraging and who also had a deaf brother, assumed her deafness as a personal identity (Blondin, Cloutier, Cyr, Canuel & Larrivé, 2013). Others explained how communication challenges in families created social isolation:

"I only had one sister you know just try to learn. She would not do it. She was embarrassed of me and the signing, you know at home she would sign, gesturing more,

but mostly she would just talk and I would read lips and dinner it was a struggle. They were always talking and I was quiet.” (Hardin et al., 2014, p.116)

Language barriers at home have the potential to keep family members who are d/HH isolated, impeding the realization of a personal identity, thus the importance of intercultural intervention within bi-cultural familial contexts. This approach aims to facilitate communication and create a bridge between both cultures, emphasising cultural sensitivity.

For Francis Roussel, however, who was previously oral deaf, language barriers in his deaf work setting are what influenced him to finally discover sign language and ultimately identify to Deaf culture (Blais & Desrosiers, 2003).

This theme substantiates that the environment can influence deafhood in different ways, both positively and negatively. While the social environment greatly impacts identity formation, the process is different for everyone. This theme has partially responded to our research question by providing information on how the family is one of the environments where deaf identity development takes place. Because deafness is not one defined experience, deaf identities cannot be presumed to be all the same.

5.2.2 Diversity in cultural identification

Patterns in this theme showed that cultural Identification is a process; it is not automatic. Patterning affirmed that in order for someone to identify with Deaf culture, they need to be exposed to it. For this reason, infants and children are not born Deaf with a capital D, as stated by Elena:

“Throughout my childhood and adolescence in Sacramento, California, I had gravitated toward living life “hearing,” opting to use largely spoken English with some supplemented Signed English via a sole interpreter at school and with my mother, the lone signer in my family. I had little to no socialization with other Deaf peers and adults. [...] my Deaf identity formation did not happen in my early life [...].” (Ruiz-Williams et al., 2015, p.270)

Interestingly, there is also reason to believe that the older population identifies less with Deaf culture in comparison to deaf youth. Deafhood experiences shared in *Vivre parmi les entendants*, all dating between the 1950s to the 1990s, made no explicit mention of identification to Deaf culture. Indeed, in most of these experiences, people went to strict residential schools dominated by oralism and likely didn’t experience the Deaf culture surrounding sign language. The only person who made explicit mention of a culturally deaf identity was Yvon Larrivé, a CODA (Blondin et al., 2013). Furthermore, post-lingual adults who became deafened later in life often did not consider themselves as culturally deaf but instead viewed hard of hearing status as a disability. This was the case for Diane Blondin Canuel and (Blondin et al., 2013) Natalie Baril (Blais & Desrosiers, 2003).

Apart from the variance in culturally deaf identity through the texts, there were also mixed experiences with sign language and hearing technology. Some deaf people were oral deaf, preferring to communicate through spoken language, whereas others were gestural deaf, using a form of sign language, and some openly considered themselves as bicultural, like Martin Bergevin, who remarked living comfortably between the Deaf and hearing community (Blais &

Desrosiers, 2003). People who are bi-cultural often use both sign language and spoken language to communicate.

Intersectional identities revealed how due to multi-culturalism, other identities may be equally important as deafhood. Meredith expressed this about being DeafDisabled:

"[...] I believed in deaf-same: that nothing else mattered, such as race, sexual orientation, class, gender, and disability, and that my peers and professors would approach me with that attitude. Eventually I realized that was not going to happen. I was excluded [...] I saw and felt something that gave me awareness of what Deaf able-privileged, sighted, and able-minded are doing to DeafDisabled, DeafBlind people [...] denying their experiences of oppression and even carrying out this oppression." (Ruiz-Williams et al., 2015, p.267)

Herself and two of her graduate program classmates also expressed the importance of their LGBTQ identities in conjunction with their lived deafness (Ruiz-Williams et al., 2015). If we are to provide culturally competent support to families, we ought to understand deafhood and the d/HH community in its multifaceted diversity. Because people identify with Deaf culture to varying degrees, intercultural intervention ought to respect identity variations.

5.2.3 Re-Appropriation of Support Roles

While this was the least prominent theme that emerged, it was an important one in addressing our secondary question concerning the transferability of intercultural intervention. We've seen in Chapter 4 how several aspects of intercultural intervention are transferable to a

Deaf culture setting, such as cultural competency. There are, however, other features of Deaf cultural competency that the intercultural approach, as it stands now, does not have the tools to address.

Social workers who identify themselves as d/HH, with the necessary communication and interpersonal abilities, have experiential knowledge and may be better positioned to provide culturally competent and accessible services to community members. One deaf social worker's experience re-affirmed this:

As Amanda began to assess community needs and develop her program, she found that the agency's enthusiasm for the program and willingness to make the agency more "deaf friendly" was a strength that would work in her favor. The program received much support and many referrals from other community agencies that believed that their deaf and hard of hearing consumers could be best served by a provider with the necessary communication and cultural competencies. (Sheridan, White & Mounty, 2010)

By taking on helping roles, deaf social workers can utilize their experiential knowledge and know-how to support deaf individuals and families with deaf children. Deaf people who go on to take on leadership roles, such as Francis Roussel who was involved in the deaf rights movements as well as Melanie Galarneau and Julie-Elaine Roy who became teachers (Blais & Desrosiers, 2003), can participate in expanding schools for the deaf to share Deaf culture. These stories exemplify Lane's (1993) point regarding the re-appropriation of support roles and deaf leadership with real life examples.

One parent, however, brought forward a point for consideration through her own experience and opinion. As a parent to her deaf daughter Molly, Flo Canavan expressed how families have difficulty in receiving support from professionals of the d/HH community:

“[...] just because a family uses sign language and encourages their deaf child to meet other deaf children, and to develop a positive sense of their deaf identity, it does not necessarily mean that they want to associate with deaf people themselves and accept deaf culture without query. Indeed, at that stage the relationship between hearing parents and deaf people seems to be one of distrust and radically different from the one that the linguistic and cultural model assumes to be taking place.” (Canavan, 1999, p.173)

As essential as it is for d/HH individuals to reclaim support roles for their communities, it is equally important that the intervention process nuance the cultural model of deafness and accompany the family at their pace. As we can see, there is overlap between the thematic results and what we explored in previous chapters. From our findings, we are furthermore able to derive some implications for practice which will benefit the betterment of intervention within families with d/HH members.

5.3 Implications for Services

The following is my perspective on how our findings can help to improve social work services for families with deaf and hard of hearing members. Through the first two themes, **Environmental Influence on Deafhood** and **Diversity in Deaf Identity**, we were able to gauge to what extent the intercultural approach should be applied in deaf family contexts. The thematic

results determined that deafhood and cultural identity are formed in relation of one's environment, including the family. Deafhood differs for everyone; the intercultural approach should, therefore, focus on the individualized needs of those who are d/HH and collaborative family services. When it comes to Deaf culture, our work is to raise awareness to family members to empower the family and provide parents with the resources necessary for informed decision-making. As allies, we also must work to bring back deaf schools to allow a place for members of the deaf community to create social ties, and to learn and sign together, which promotes Deaf culture.

Additionally, we have a part to play on the topic of the **Re-Appropriation of Support Roles**. Through this paper, we recognized a need for more deaf social workers to take on support roles within their community: a need we must meet through accessible education in the social work field. This is something missing from culturally competent and anti-oppressive practice in this context. Initiatives for collaborative efforts can encourage colleges and universities to commission deaf studies programs, taught by deaf professors, and admit d/HH students. To reach full inclusivity, hearing allies must also join forces to create more positions for d/HH social workers in the workplace.

In sum, the intercultural approach can provide culturally competent support and respect differences in family identity and choices through intervention. The approach is flexible in that it follows the lead of family's needs and does not impose cultural norms or values. One danger of intercultural intervention as an anti-oppressive approach is falling into cultural appropriation (Wilson & Beresford, 2000). When applying the intercultural approach in a deaf context, deafness

is understood through the cultural-linguistic model which regards deaf communities as ethnic and linguistic minorities. Audism is then compared to racism and colonisation, and many authors draw on examples pulled from African, African-American and Indigenous experiences to illustrate structural oppression against deaf people (Ruiz-Williams et al., 2015). In turn, the appropriation of these experiences decontextualizes and erases their realities by “presuming that racialized oppressions share the same structures and processes as phono-centrism and audism and rendering the intersections of DDBDDHH-POC invisible.” (Ruiz-Williams et al., 2015, p.264). When working in a supporting role, we cannot consider ourselves experts. Anti-oppressive practice should seek to include the views and perspectives of service users in the development of anti-oppressive practice (Wilson & Beresford, 2000). Omitting to do so may continue oppression.

CONCLUSION

In answering our two-fold research question, we derived several conclusions. Deafhood is unique, and families are unique. Intercultural and collaborative work between both the hearing and deaf communities will respond well to d/HH people's needs, as well as demystify Deaf culture for families. Collaborative efforts between deaf communities and allies can also work towards the shared goal of inclusivity within the field of social work so that service users may benefit from the experiential knowledge of deaf social workers.

All things considered, there is still a need for better understanding. Academic literature on Deaf culture still needs development (Johnson & Nieto, 2007) and in order for us to best serve this population, we must make efforts to improve our understanding of their realities (Paul, 2015). It is apparent that cross-cultural intervention needs further development in this area and on its own as well. While social workers in this field are scarce, there is still a lot of knowledge that can be pulled from their practical experience.

Accessibility is not black and white; it is mostly grey. Deaf communities still operate in a society where the dominant narrative insists that disabilities are deficiencies, when instead they should be seen as human needs like any other. For a long time, hearing society has chosen not to educate themselves on deafness, nor recognize d/HH communities as culturally diverse groups. However, breaking barriers takes intentionality. Over time, by putting the anti-oppressive approach into practice, raising awareness and influencing others around us to do the same, people will begin to expect it. At that point, inclusivity becomes the norm, and the culture shifts.

REFERENCES

- Aguayo, M. O., & Coady, N. F. (2001). The experience of deafened adults: Implications for rehabilitative services. *Health & Social Work, 26*(4), 269-76. DOI:10.1093/hsw/26.4.269
- Baril, A. (2016). "Doctor, am I an Anglophone trapped in a Francophone body?" An Intersectional Analysis of "Trans-crip-t Time" in Ableist, Cisnormative, Anglonormative Societies. *Journal of Literary & Cultural Disability Studies, 10*(2), 155–172. DOI:10.3828/jlcds.2016.14
- Barrette, C., Gaudet, E., & Lemay, D. (1993). *Guide de communication interculturelle*. Saint-Laurent, Québec: Éditions du Renouveau pédagogique.
- Bauman, H. L., & Murray, J. J. (Eds.). (2014). *Deaf gain: Raising the stakes for human diversity*. Minneapolis, Minn.: University of Minnesota Press. Retrieved from <https://muse-jhu-edu.proxy.bib.uottawa.ca/book/35686>
- Balkany, T. J., Hodges, A. V., Eshraghi, A. A., Butts, S., Bricker, K., Lingvay, J., ... & King, J. (2002). Cochlear implants in children. *Otolaryngologic Clinics of North America, 34*(2), 455-467. DOI:10.1016/S0030-6665(05)70342-X
- Bauman, H. (2008). Listening to phonocentrism with deaf eyes: Derrida's mute philosophy of (sign) language. *Essays in philosophy, 9*(1), 2. Retrieved from <http://commons.pacificu.edu/eip/vol9/iss1/2/>

- Bauman, H. (2004). Audism: Exploring the Metaphysics of Oppression. *Journal of Deaf Studies and Deaf Education*, 9(2), 239-246. DOI:10.1093/deafed/enh025
- Berg, A.L., Ip, S.C., Hurst, M., & Herb, A. (2007). Cochlear implant in young children: Informed consent as a process and current practices. *American Journal of Audiology*, 16(1), 13-28. DOI:10.1044/1059-0889(2007/003)
- Besse, L., Chateigner, F., & Ihaddadene, F. (2016). L'éducation populaire. *Savoirs*, (3), 11-49. DOI:10.3917/savo.042.0011.
- Blais, M., & Desrosiers, J. (2003). *Quand les sourds nous font signe: histoires de sourds*. Loretteville, Québec : Le Dauphin Blanc.
- Blondin, L., Cloutier, G., Cyr, G., Canuel D. B., & Larrivé, Y. (2013) *Vivre parmi les entendants*. Saint-Alphonse-Rodriguez, Québec : Groupe MFR.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. DOI:10.1191/1478088706qp063oa
- Burch, S. (2004). Capturing a movement: Sign language preservation. *Sign Language Studies*, 4(3), 293-304. Retrieved from <http://www.jstor.org/stable/26190751>

Butler, R., Skelton, T., & Valentine, G. (2001). Language barriers: Exploring the worlds of the deaf. *Disability Studies Quarterly*, 21(4). Retrieved from <http://dsq-sds.org/article/view/316/380>

Candau, J., Gaucher, C., & Halloy, A. (2012). Présentation: Gestes et cultures, un état des lieux. *Anthropologie et sociétés*, 36(3), 9-26. DOI:10.7202/1014163ar

Clifford, D.J. (1995) Methods in oral history and social work. *Journal of the Oral History Society*, 23 (2). Retrieved from <http://www.jstor.org/stable/40179116>

Cohen-Emerique, M. (2011). Pour une approche interculturelle en travail social: Théories et pratiques. Rennes, France: Les Presses de l'École des hautes études en santé publique

Cooper, R. (2007) Can It Be a Good Thing to Be Deaf?, *Journal of Medicine and Philosophy*, 32 (6), 563-583. DOI:10.1080/03605310701680940

Corker, M. (2000). Disability politics, language planning and inclusive social policy. *Disability & Society*, 15(3), 445-462. DOI:10.1080/713661963

Cory, W. C. (1959). *Education of the deaf in Canada* (T). University of British Columbia. Retrieved from <https://open.library.ubc.ca/collections/ubctheses/831/items/1.0106008>

Copeland, B. J., & Pillsbury, H. C. (2004). Cochlear implantation for the treatment of deafness. *Annual Review of Medicine*, 55, 157-167.

DOI:10.1146/annurev.med.55.091902.105251

Craig, W. N., Craig, H. B., Paul, P. V., Daniele, V. A., Martin, D. S., Loera, P. A., ... & Ramsey, C. (1993). Programs and Services for the Deaf, *American Annals of the Deaf*. 138 (2), 67-99.

Retrieved from: <https://www.jstor.org/stable/44390072>

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*. 43 (6). Print.

Creswell, J. W. (2007). *Qualitative inquiry and research design*. California USA : Sage Publications.

Dan, V. (2017). Empirical and Non-Empirical Methods. In Matthes,J., Davis C. S. & Potter R. F. (Eds.), *The International Encyclopedia of Communication Research Methods*.

DOI:10.1002/9781118901731.iecrm0083

DesGeorges, J. & Vohr, B. (2003). Family perceptions of early hearing, detection, and intervention systems: Listening to and learning from families. *Mental Retardation and Developmental Disabilities Research Reviews*, 9(2), 89-93. DOI:10.1002/mrdd.10064

DesJardin, J. L., Eisenberg, L. S., & Hodapp, R. M. (2006). Sound beginnings: Supporting families of young deaf children with cochlear implants. *Infants & Young Children*, 19(3), 179-189.

Retrieved from

https://journals.lww.com/iyjournal/Fulltext/2006/07000/Sound_Beginnings_Supporting_Families_of_Young.3.aspx

Discolo, C. M., & Hirose, K. (2002). Pediatric cochlear implants. *American Journal of Audiology*, 11(2), 114-119. DOI:10.1044/1059-0889(2002/021)

Doherty-Sneddon, G. (2008). The great baby signing debate. *Psychologist*, 21(4), 300-303.

Retrieved from <http://nrl.northumbria.ac.uk/id/eprint/933>

Dubuisson, C. (1993). Signer ou le sort d'une culture. *Nouvelles pratiques sociales*, 6 (1), 57–68. DOI:10.7202/301196ar

Edwards, R. (2005). Sound and Fury; Or, Much Ado about Nothing? Cochlear Implants in Historical Perspective. *The Journal of American History*, 92(3), 892-920.

DOI:10.2307/3659972

English, A. (2018). ASL Is Just the Beginning: A Plea for Multicultural Deaf Education. *Odyssey: New Directions in Deaf Education*, 19, 44-48. Retrieved from

<https://eric.ed.gov/?id=EJ1180350>

Eshraghi, A. A., Nazarian, R., Telischi, F. F., Rajguru, S. M., Truy, E., & Gupta, C. (2012). The cochlear implant: historical aspects and future prospects. *The Anatomical Record: Advances in Integrative Anatomy and Evolutionary Biology*, 295(11), 1967-1980.

DOI:10.1002/ar.22580

Este, D. (2007). Forum [invited papers]: CULTURAL COMPETENCY AND SOCIAL WORK PRACTICE IN CANADA: A retrospective examination. *Canadian Social Work Review*, 24(1), 93-104.

Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/docview/210098228?accountid=14701>

Evans, G. (1986). Sign Language Research and Linguistic Theory. *Nexus – The Canadian Student Journal of Anthropology*, 5(1). Retrieved from

<https://journals.mcmaster.ca/nexus/article/view/61>

Farges, N. (2010). Enjeux éthiques et surdités. *Pratiques Psychologiques*, 16(1), 21-35.

DOI:10.1016/j.prps.2009.04.009

Filer, R. D., & Filer, P. A. (2000). Practical considerations for counselors working with hearing children of deaf parents. *Journal of Counseling & Development*, 78(1), 38-43.

DOI:10.1002/j.1556-6676.2000.tb02558.x

Filion, E. (2011). Vers une amélioration des pratiques démocratiques en alphabétisation populaire. *Nouvelles pratiques sociales*, 23 (2), 47–64. DOI:10.7202/1006128ar

Finkelstein, V. (1980). *Attitudes and disabled people: Issues for discussion*. New York: World Rehabilitation Fund, Inc.

Fitzpatrick, E. M., Hamel, C., Stevens, A., Pratt, M., Moher, D., Doucet, S. P., ... & Na, E. (2016). Sign language and spoken language for children with hearing loss: A systematic review. *Pediatrics*, 137(1). DOI:10.1542/peds.2015-1974

Freeman, B., Dieterich, C., & Rak, C. (2002). The Struggle for Language: Perspectives and Practices of Urban Parents with Children Who Are Deaf or Hard of Hearing. *American Annals of the Deaf*, 147(5), 37-44. Retrieved from <http://www.jstor.org/stable/44393512>

Gárate, M., Batamula, C. & Kite, B.J. (2016). Deaf Education. *obo* in Education. DOI:10.1093/obo/9780199756810-0159

Garibay, E. J. (2019) Falling On Deaf Ears: Social Workers' Attitudes About Deafness, Hearing Loss, and Deaf Cultural Competence. *LSU Master's Theses*. 4926. Retrieved from https://digitalcommons.lsu.edu/gradschool_theses/4926

Garland-Thomson, R. (2002). Integrating Disability, Transforming Feminist Theory. *NWSA Journal*, 14(3), 1-32. Retrieved from <http://www.jstor.org/stable/4316922>

Garland-Thomson, R. (1997). *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (ACLS Humanities E-Book). New York: Columbia UP.

Gaucher, C. (2009). *Ma culture, c'est les mains: La quête identitaire des Sourds au Québec* Presses de l'Université Laval. Québec: Les Presses de l'Université Laval.

Gibson, H., Small, A. & Mason, D. (1997). Deaf Bilingual Bicultural Education. In Cummins J., Corson D. (eds) *Bilingual education*, 5, 231-240. Springer, Dordrecht. DOI:10.1007/978-94-011-4531-2_23

Greenberg, M. T., Calderon, R. & Kusché, C. (1984). Early intervention using simultaneous communication with deaf infants: The effect on communication development. *Child Development*, 607-616.

Grémion, J., Côté, P. R. & Mitchell, C. (1991). *La planète des sourdes*. Paris, France: Presses Pocket.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Thousand Oaks, CA: SAGE Publications, Inc. DOI: 10.4135/9781483384436

- Hardin, B. J., Blanchard, S. B., Kemmery, M. A., Appenzeller, M., & Parker, S. D. (2014). Family-Centered Practices and American Sign Language (ASL): Challenges and Recommendations. *Exceptional Children*, 81(1), 107–123. DOI:10.1177/0014402914532229
- Harvey, M. A. (1984), Family Therapy with Deaf Persons: The Systemic Utilization of an Interpreter. *Family Process*, 23 (2). 205-213. DOI:10.1111/j.1545-5300.1984.00205.x
- Healy K. (2001), “Reinventing critical social work: challenges from practice, context and postmodernism”, *Critical Social Work*, 2(1). Retrieved from <http://www1.uwindsor.ca/criticalsocialwork/reinventing-critical-social-work-challenges-from-practice-context-and-postmodernism>
- Heller, K. W., Allgood, M. H., Ware, S., Arnold, S. E., & Castelle, M. D. (1996). Initiating requests during community-based vocational training by students with mental retardation and sensory impairments. *Research in Developmental Disabilities*, 17(3), 173-184. DOI: 10.1016/0891-4222(95)00040-2
- Henderson, R., Johnson, A., & Moodie, S. (2014). Parent-to-parent support for parents with children who are deaf or hard of hearing: A conceptual framework. *American Journal of Audiology*, 23(4), 437-448. DOI: 10.1044/2014_AJA-14-0029

Hintermair, M. & Albertini, J. A., (2005) Ethics, Deafness, and New Medical Technologies, *The Journal of Deaf Studies and Deaf Education*, 10 (2), 184–192, DOI:10.1093/deafed/eni018

Hintermair, M. (2006). Parental Resources, Parental Stress, and Socioemotional Development of Deaf and Hard of Hearing Children. *Journal of Deaf Studies and Deaf Education*, 11(4), 493-513. DOI:10.1093/deafed/enl005

hooks, b. (1984). *Feminist Theory from Margin to Center*. Boston: South End Press.

hooks, b. (1981). *Ain't I a Woman: Black Women and Feminism*. Boston: South End Press.

Hyde, M. & Power, D. (2006) Some Ethical Dimensions of Cochlear Implantation for Deaf Children and Their Families, *The Journal of Deaf Studies and Deaf Education*, 11 (1), 102–111. DOI:10.1093/deafed/enj009

Johnson, J. R., & Nieto, J. (2007). Towards a cultural understanding of the disability and deaf experience: Implications of a content analysis of introductory special and multicultural education textbooks. *Multicultural Perspectives*, 9 (4), 32-39.
DOI:10.1080/15210960701569641

Jones, M. (2002). Deafness as culture: A psychosocial perspective. *Disability Studies Quarterly*, 22(2). Retrieved from <http://dsq-sds.org/article/view/344/435>

Jones, R. (2013). *Communication in the real world: An introduction to communication studies*. The Saylor Foundation.

Kafer, A. (2013). *Feminist, queer, crip*. Indiana University Press.

Kirk, E., Howlett, N., Pine, K. J., & Fletcher, B. (2013). To sign or not to sign? The impact of encouraging infants to gesture on infant language and maternal mind-mindedness. *Child Development*, 84(2), 574-590. DOI:10.1111/j.1467-8624.2012.01874.x

Marschark, M., Tang, G., & Knoors, H. (Eds.). (2014). *Bilingualism and bilingual deaf education*. Perspectives on Deafness. DOI:10.1093/acprof:oso/9780199371815.003.0001.

Kuada, J. E. (2012). *Research Methodology : A Project Guide for University Students (Vol.1st edition)*. Frederiksberg, Denmark: Samfundslitteratur Press. Retrieved from <https://search-ebSCOhost-com.proxy.bib.uottawa.ca/login.aspx?direct=true&db=nlebk&AN=503632&site=ehost-live>

Kusters A. (2011) Deaf and Disability Studies: Do They Tango?, *The Journal of Deaf Studies and Deaf Education*, 16 (4), 555. DOI.org/10.1093/deafed/enr005

Kyle, J. G., & Pullen, G. (1988). Cultures in Contact: deaf and hearing people. *Disability, Handicap & Society*, 3(1), 49–61. DOI:10.1080/02674648866780041

Lachance, N. (1993). L'intégration par la normalisation : étude d'un cas. *Nouvelles pratiques sociales*, 6(1), 83–95. DOI :10.7202/301198ar

Ladd, P. (2003). *Understanding deaf culture: In search of deafhood*. Clevedon, England: Multilingual Matters.

Laframboise, T., Coleman, H.L.K, & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory, *Psychological Bulletin*, 114 (3), 395-412. DOI:10.1037/0033-2909.114.3.395

Lane, H. (2005). Ethnicity, ethics, and the deaf-world. *The Journal of Deaf Studies and Deaf Education*, 10(3), 291-310. Retrieved from <http://www.jstor.org/stable/42658765>

Lane, H. (1993). L'oppression dans les relations entre les professionnels entendants et les sourds de culture. *Nouvelles pratiques sociales*, 6(1), 41–56. DOI :10.7202/301195ar

- Lane, H. (1992). *The Mask of Benevolence: Disabling the Deaf Community*. New York: Knopf.
- Leblanc, A. (1993). Évolution de la vie associative chez les sourds. *Nouvelles pratiques sociales*, 6(1), 99–104. DOI :10.7202/301200ar
- Leduc, V. (2015). *C'est tombé dans l'oreille d'une Sourde. La sourditude par la bande dessinée*. Montreal, Quebec : L'Universite de Montreal.
- Leduc, V. (2018). La trajectoire historique de la sourditude. *Relations*, (797), 19–20. Retrieved from <https://id-erudit-org.proxy.bib.uottawa.ca/iderudit/88423ac>
- Levy, N. (2002). Reconsidering cochlear implants: The lessons of Martha's Vineyard. *Bioethics*, 16(2), 134-153.
- Luckner, J. L., Bruce, S. M., & Ferrell, K. A. (2016). A Summary of the Communication and Literacy Evidence-Based Practices for Students Who Are Deaf or Hard of Hearing, Visually Impaired, and Deafblind. *Communication Disorders Quarterly*, 37(4), 225-241.
DOI:10.1177/1525740115597507
- Luey, H. S. (1980). Between worlds: The problems of deafened adults. *Social Work in Health Care*, 5(3), 253-265. DOI: 10.1300/J010v05n03_03

- Luey, H. S., Glass, L., & Elliott, H. (1995). Hard-of-hearing or deaf: Issues of ears, language, culture, and identity. *Social Work, 40*(2), 177-82. Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/docview/215266908?accountid=14701>
- Luft, P. (2017). What Is Different About Deaf Education? The Effects of Child and Family Factors on Educational Services. *The Journal of Special Education, 51*(1), 27–37.
DOI:10.1177/0022466916660546
- Luterman, D. (2004). Counseling Families of Children with Hearing Loss and Special Needs. *The Volta Review, 104*(4), 215-220. Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/docview/199059379?accountid=14701>
- Major, M.-C. (2016). *La reconnaissance officielle des langues des signes*. Office des personnes handicapées du Québec.
- Mattsson, T. (2014). Intersectionality as a useful tool: Anti-oppressive social work and critical reflection. *Affilia, 29*(1), 8-17. DOI:10.1177/0886109913510659
- Mauldin, L. (2016). *Made to hear: Cochlear implants and raising deaf children*. Minneapolis, Minn.: University of Minnesota Press.

- Mccracken, W., & Turner, O. (2012). Deaf Children with Complex Needs: Parental Experience of Access to Cochlear Implants and Ongoing Support. *Deafness & Education International*, 14(1), 22-35. DOI:10.1179/1557069X12Y.0000000005
- Mclaughlin, K. (2005). From ridicule to institutionalization: anti-oppression, the state and social work. *Critical Social Policy*, 25(3), 283–305. DOI:10.1177/0261018305054072
- Meier, R. (1991). Language Acquisition by Deaf Children. *American Scientist*, 79(1), 60-70.
Retrieved from <http://www.jstor.org/stable/29774278>
- Mertes, J. (2015). Auditory Technology and Its Impact on Bilingual Deaf Education. *Odyssey: New Directions in Deaf Education*, 16, 36-39. Retrieved from <https://www.learntechlib-org.proxy.bib.uottawa.ca/p/158482/>.
- Moeller, M. P., Carr, G., Seaver, L., Stredler-Brown, A. & Holzinger, D. (2013) Best Practices in Family-Centered Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement, *The Journal of Deaf Studies and Deaf Education*, 18 (4), 429–445. DOI:10.1093/deafed/ent034
- Moog, J. S. (2000). *Auditory-oral education: Teaching deaf children to talk*. Audiology Online.
Retrieved from <http://www.audiologyonline.com/articles/auditory-oral-education-teaching-deaf-1248>.

- Moroe, N., & de Andrade, V. (2018). Hearing children of Deaf parents: Gender and birth order in the delegation of the interpreter role in culturally Deaf families. *African Journal of Disability*, 7, 10. DOI:10.4102/ajod.v7i0.365
- Mosier, A. G. (1999). Marital quality in deaf-deaf and deaf-hearing marriages. *All Graduate Theses and Dissertations*. 2646. Retrieved from <https://digitalcommons.usu.edu/etd/2646>
- Munoz-Baell, I. M., & Ruiz, M. T. (2000). Empowering the deaf. Let the deaf be deaf. *Journal of Epidemiology & Community Health*, 54(1), 40-44. Retrieved from <https://jech.bmj.com/content/54/1/40>
- Murray, J., & Bauman, H.L. (2014). *Deaf gain raising the stakes for human diversity*. Minneapolis, Minn.: University of Minnesota Press.
- Myers, S. & Fernandes, J. K. (2010). Deaf Studies: A Critique of the Predominant U.S. Theoretical Direction, *The Journal of Deaf Studies and Deaf Education*, 15 (1), 30–49. DOI:10.1093/deafed/enp017
- Negura, L. Breau, J. & Gaucher, C. (2018). Le rôle des représentations sociales (surdité, parentalité, services professionnels) dans l'engagement des parents auprès de leurs enfants vivant avec une surdité au Québec. *Human Development*, 24, 21-34. Retrieved from <https://www.researchgate.net/publication/323915124>

Noiseaux, S. (2006). « Le devis de recherche qualitative », dans M-F. Fortin, *Fondements et étapes du processus de recherche*, Montréal : Chenelière Éducation, p. 267-286.

Paul, P. (2015). Deaf and Hard of Hearing With a Disability or an Additional Disability: The Need for Theory, Research, and Practice. *American Annals of the Deaf*, 160(4), 339-343.

Retrieved from <http://www.jstor.org/stable/26235224>

Piché, G. & Hubert, J. (2007). La construction sociale du handicap : regard sur la situation des jeunes sourds. *Nouvelles pratiques sociales*, 20 (1), 94-107. DOI :10.7202/016979ar

Pincus, F. L. (1994). "From Individual to Structural Discrimination." In F. L. Pincus & H. J. Ehrlich, *Race and Ethnic Conflict: Contending Views on Prejudice, Discrimination and Ethnoviolence*. Boulder, Colo.: Westview

Pohjola, A. (2016). Language as a cultural mediator in social work: Supporting Sámi culture with services in Sámi. *International Social Work*, 59(5), 640–652. DOI: 10.1177/0020872816646818

Puyaltó, C., Gaucher, C., & Beaton, A. (2018). Is the Right to Access to the Services and Supports Ensured for the Deaf and Hard-of-Hearing Children? An Ethnographic Study Based on the Experience of Hearing Parents. *Societies*, 8(3), 53. DOI:10.3390/soc8030053

- Ralph, N., Birks, M., & Chapman, Y. (2014). Contextual Positioning: Using Documents as Extant Data in Grounded Theory Research. *SAGE Open*. DOI:10.1177/2158244014552425
- Rebourg, F. (1993). Changements des pratiques et santé mentale des sourds : l'apport d'un mouvement associatif. *Nouvelles pratiques sociales*, 6(1), 97–107. DOI:10.7202/301199ar
- Rodbroe, I. & Souriau, J. (1999) Communication. In J. M. Micinnes (Ed.), *A guide to planning and support individuals who are deafblind*. Toronto: University of Toronto Press.
- Ruiz-Williams, E., Burke, M., Chong V. Y., & Chainarong N. (2015). 22. “My Deaf Is Not Your Deaf”: Realizing Intersectional Realities at Gallaudet University In Friedner, M. & Kusters, A. (Eds.), *It's a Small World: International Deaf Spaces and Encounters* (pp. 262-273). Washington: Gallaudet University Press. Retrieved from <https://muse.jhu.edu/chapter/1672372>
- Russell, K. E., & Coffin, C. (1999). Cochlear implants and the deaf Child: A nursing perspective. *Pediatric Nursing*, 25(4), 396-402. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12024359>
- Samovar, L. A., McDaniel, E. R., Porter, R. E., & Roy, C. S. (2015). *Communication between cultures*. Nelson Education.

- Santos, C.M.S.M. (2011). Entering School: The Drama of Families with Deaf Children. *Procedia - Social and Behavioral Sciences*, 29, 322-329. Retrieved from <https://www.researchgate.net/publication/257714940>
- Scott-Hill, M. (2002). Policy, politics and the silencing of voice. *Policy & Politics*, 30(3), 397-409. doi:10.1332/030557302760094757
- Seal, B. (2010). About baby signing. *The ASHA Leader*, 15(13), online-only. DOI:10.1044/leader.FTR5.15132010.np
- Sheridan, M. A., White, B. J. & Mounty J. L. (2010) Deaf and Hard of Hearing Social Workers Accessing Their Profession: A Call to Action, *Journal of Social Work in Disability & Rehabilitation*, 9 (1), 1-11. DOI: 10.1080/15367100903524091
- Shier, M., & Sinclair, C. & Gault, L. (2011). Challenging 'ableism' and teaching about disability in a social work classroom: A training module for generalist social workers working with people disabled by the social environment. *Critical Social Work*. 12. 47-64.
- Stephen, F. G., Bricout, J. C.. & Baskind, F. R. (1998). Listening to the voices of individuals with disabilities. *Families in Society*, 79(2), 188-196. Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/docview/230166626?accountid=14701>

Stier, J. (2004). Intercultural Competencies as a Means to Manage Intercultural Interactions in Social Work. *Journal of Intercultural Communication*, (7), 1-17. Sweden: Mälardalen University. Retrieved from <http://www.immi.se/intercultural/nr7/stier.htm>

Titus, J. & Guthmann, D. (2013). Using evidence-based practices with people who are deaf or hard of hearing. *Counselor*, 14, 68-73. Retrieved from <https://www.researchgate.net/publication/242329712>

Turcotte, D., & Lindsay, J. (2014). L'intervention sociale auprès des groupes (3^e éd.) Montréal, Québec: Gaëtan Morin éditeur.

Turner, G.H. (2006). Why protect heritage sign languages? *International Journal of Applied Linguistics*, 16(3), 409-413. DOI:10.1111/j.1473-4192.2006.00128.x

Ulloa, A. W. (2014) "Social Workers' Cultural Competency with Deaf Clients: A Continuing Education Module". *Master's of Arts in Interpreting Studies (MAIS) Theses*. 14. Retrieved from <https://digitalcommons.wou.edu/theses/14>

Vallières, M., Hillion, M. & Labrèche, J. (1993). Briser le silence entourant le monde des Sourds ! *Nouvelles pratiques sociales*, 6(1), 33–39. DOI : 10.7202/301194ar

- Vennat, P. J. (1990). Un champ d'exploration sociale complètement négligé : La surdit . *Nouvelles Pratiques Sociales*, 3(2), 181. DOI:10.7202/301098ar
- Waldschmidt, A., Berressem, H., & Ingwersen, M. (2017). *Culture - theory - disability: Encounters between disability studies and cultural studies*. Bielefeld: Transcript.
- Walsh, C. A., Casselman, P. J., Hickey, J., Lee, N., & Pliszka, H. (2015). Engaged in Research/Achieving balance: A case example of teaching research to masters of social work students, *Contemporary Issues in Education Research (Online)*, 8(2), 93-n/a.
DOI:10.19030/cier.v8i2.9142
- Weiner, M., & Gardner, Albert H. (1997). *Raising Bilingual and Bicultural Children: Deaf Parents' Perceptions*, Maryland: University of Maryland College Park. Retrieved from <http://search.proquest.com/docview/304352397/>.
- Williams, C. R., & Abeles, N. (2004). Issues and Implications of Deaf Culture in Therapy. *Professional Psychology: Research and Practice*, 35(6), 643-648. DOI:10.1037/0735-7028.35.6.643
- Wilson, A., & Beresford, P. (2000). 'Anti-Oppressive Practice': Emancipation or Appropriation? *The British Journal of Social Work*, 30(5), 553-573. Retrieved from <http://www.jstor.org/stable/23716169>

- Yan, M. C., & Wong, Y. R. (2005). Rethinking self-awareness in cultural competence: Toward a dialogic self in cross-cultural social work. *Families in Society*, 86(2), 181-188. Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/docview/61298686?accountid=14701>
- Young, A. M. (1999). Hearing parents' adjustment to a deaf child-the impact of a cultural-linguistic model of deafness. *Journal of Social Work Practice*, 13(2), 157. Retrieved from <https://search-proquest-com.proxy.bib.uottawa.ca/docview/217570692?accountid=14701>
- Zegers De Beyl, Y. (1993). Elle danse avec les sourds. *Nouvelles pratiques sociales*, 6(1), 105–120. DOI:10.7202/301201ar