2016

The Effect of Grief on Bonding With a Deaf Child

Gabriela Cardona
University of Rhode Island, gabrielatcardona@gmail.com

Creative Commons License

This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.

Follow this and additional works at: http://digitalcommons.uri.edu/srhonorsprog

Part of the Speech Pathology and Audiology Commons

Recommended Citation

http://digitalcommons.uri.edu/srhonorsprog/462
The Effect of Grief on Bonding With Deaf Child
Gabriela Cardona
University of Rhode Island
Fall 2015
Abstract

Since hearing screenings for children only happen after birth, there is no way for parents to prepare themselves for having a child with hearing loss and any lifestyle changes that will follow. Parents may have trouble coping with and accepting the news of having a deaf or hard-of-hearing child along with balancing the stress of a newborn and necessary appointments and decisions. Their idea of a “perfect and ideal” child is gone. Parents need to grieve the loss of this idea while also attending to their child and giving their child the opportunities and support needed for success.
When a child is born with a disability, there is an extreme focus on the child - but what about the parents? After a child’s birth, he or she will undergo a series of tests designed to detect the presence of any disorders. Since there is no prenatal screening for hearing loss, often the family finds out about their child’s hearing loss right after birth. For many families, this postnatal period is a very vulnerable, emotional time. The parents should be able to celebrate the birth of their child, not have to worry and make crucial decisions. Prior to the development of newborn hearing screening, children were not typically identified with hearing loss until 18 to 36 months of age. The positive aspect of this longer time frame is that the parents had time to bond with their infant; the negative is that this is crucial language learning time and the child with a hearing loss is already put behind their peers. It is necessary to be mindful of the grieving process that a parent goes through when learning that their child is hearing impaired. Grief occurs in response to a loss. The loss in this case is the loss of an ideal child and the hoped-for future (Kurtzer-White and Luterman, year; Beck, 2003). If a parent cannot move through their grief in a healthy manner, it can have severe effects on the successful raising of the child.

A 1974 study determined that 90% of babies with hearing loss are born to hearing parents (Schein and Delk, 1974). This means than most parents are typically unprepared to raise child with hearing loss (Kurtzer-White and Luterman, 2003; Knight and Swanwick, 1999). In families with deaf parents and deaf children, the deafness is usually more accepted and welcomed because it is the “norm”. In this scenario, the parenting process is not altered; the child’s development course and the bond between parent and child remains unaffected (Knight, Swanwick, 1999). Unsuspecting hearing parents of children newly identified with hearing loss receive an influx of information that needs to be sorted through on top of being emotionally vulnerable after having a child. They have to make decisions on language acquisition - hearing
aids, cochlear implants, sign language. Parents have to learn about the different tests and procedures and the associated terminology. This information overload can severely hinder the bonding process between parent and child. The focus is put on the disability and the deafness, as opposed to the child itself. Luterman (2002) made the point that if there was no hearing screening the day of birth, but instead 3-4 months in, parents would still have time to bond with their child and then also seek out the necessary intervention methods and keep the child on track with language development. The key problem is getting families to come in at the 3-4 month mark for testing. Even about 50% of those who screen positive for a hearing loss do not come back for a follow-up screening with the same pediatrician (Beck, 2012). Regardless of the time of diagnosis, it is important the parents make the decisions and the appointments needed and helping their child develop a form of language and the ability to communicate. Treatment of the hearing loss as a pathological disorder is necessary, but it does not stop there.

In order to create a bond with the child, parents need to recognize and accept the deafness. Parents will also need to move through questioning their own identities (Bosteels, Van Hove, and Vandenkooren, 2012). They are not only parents now, but parents of a deaf child. A wide array of emotions are expected when finding out a child has a hearing loss, such as fear, shock, confusion, blame, and anger (Kurtzer-White, Luterman 2003). Parents are under a high level of stress at this time. There is the pressure of not only raising a child, but a child with hearing loss. It is acceptable and understandable for parents to feel the way they do, but they need to move through these emotions in a healthy manner in order to make decisions and accept their child. As previously mentioned, the parents are going through a loss. However, this grief is not as finite as a death. Their child is a part of their life and the grief may not ever go away. It is
typical that milestones may bring up these feelings again such as when the child misses his or her first words, or wonders what his or her life would be like if he was not deaf (Luterman, 2012).

The model of grief over death put into place by Kubler-Ross (1969) set out 5 stages: denial, anger, bargaining, depression, and finally onto acceptance. The parents’ full acceptance of the child and his hearing loss is imperative; parents need to accept their child for who they are. If a parent has poor grief and coping skills, this will affect the goal of positive outcomes for the child. For example, if parents are stuck in denial that their child has a hearing loss and thus takes no action they are depriving their child of the necessary exposure for language acquisition and putting their own child behind. It is okay if the parents never resolve their grief over their child being deaf, but that does not mean that they should not be doing what they can to help their child learn language. Parents may with emotionally crippled in dealing with the stress of the diagnosis. Their fear, anger, and loss of control in their lives may be taken out on the professionals they are working with. Parents want to be seen as good parents, but regardless of what others think, they may doubt themselves and their own capabilities (Bosteels, Van Hove, and Vandenbroec, 2012). Parents should seek out help such a counseling to help them through these emotions. They may internalize their emotions or not have a healthy outlet and be depressed due to the feelings of powerlessness.

Parents need to deal with their self-concept and work towards a positive one. Self-concept is learned, so parents are typically the models for their children. A positive self concept is important in terms of helping the child feel accepted and valued. If parents are struggling to accept their child’s disability, this will eventually play a role in the child having a negative self-concept due to seeing the parents not fully accepting them (English, 2002). Self-perception is very important in our lives. Adults with hearing loss later in life undergo self-perception changes
and they may struggle to cope with the loss or worry if they will be stigmatized. Support is crucial at any age of hearing loss onset and can help individuals maintain a positive and healthy self-concept. Parents need to redefine competence in the scope of a child with a disability. There is a correlation between parents who are emotionally available and interact and bond with their child and the expressive language gains of the child (Kurtzer-White and Luterman, 2003). Along with self-concept, parents are huge role models in a child’s life. It is necessary that the child learn social skills and cues. Early support programs help with social adjustment. Once the parent can embrace the identity of the child, they need to be sure their child embraces his own identity. Parents play a role in showing self-love and self-esteem. Praising the child and showing affection can help in these areas. They should focus on what the child can do and what language abilities they do have.

When the parent can work through their grief and accept their child, there are numerous benefits to the mental health and development of the child. This is because the child is shown a positive self-image. Some ways parents work through grief include talking and connecting with other families affected by deafness. Meeting other families with older deaf children can also provide reassurance to the family that their newborn will develop into a successful and functioning member of society. A support team of professionals (social worker, advisor, educational psychologist, audiologist, etc.) will also help alleviate some stress and be good sources of information involving the educations system and the communication process. It is important that parents remember to parent the child, in addition to dealing with deafness. Typically, parenting plays a role in the child’s cognitive, social, and language development. The home is a learning environment, but should still be relaxed compared to an educational setting (Knight and Swanwick, 1999). For example, reading with a child is a way to promote literacy
and bonding with the child. This is also a good time to engage the child in practicing communication – oral or signing, and reading. Parents still need to have proper communication with their children in terms of any behavior problems and discipline. It is important to hold the child to the same standards as a normally hearing child in terms of discipline and other situations where they are capable.

In conclusion, it is not unusual that parents go through a whirlwind of emotions when finding out their child has a hearing loss. These emotions can compound an already vulnerable situation. Such feelings are neither considered right nor wrong. Everyone reacts differently, and every situation is different. The important part is that parents work through the grief and focus on their child while making the necessary and time sensitive decisions. Though the grief may never fully go away, parents need to accept and love their child wholeheartedly. Parents need to create a bond with their child as typical parents do. Parents are responsible for the child developing a positive self-concept, confidence and sufficient cognitive and social skills; they play a large role in the child’s success in life and mental health. Working through their emotions and accepting the disability is key in a successful parent-child relationship.
References


