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Deaf Parents' Life Experiences About Their Hearing Children

Serpil Yıldız ÇOKSAN[1]
Aynur BÜTÜN AYHAN[2]
Şahin KARABULUT[3]

ABSTRACT
This study aimed to understand and explore the experiences of deaf parents who have hearing parents by examining in depth their experiences while raising their hearing children. To do this, we conducted in-depth interviews with four deaf parents (four mothers and four fathers) using Turkish Sign Language. Interpretative phenomenological analysis revealed four superordinate themes: (a) concern about the child, (b) need for social support, (c) communication, and (d) access to information sources. All these themes indicated that deaf parents in Türkiye have difficulty communicating in hearing society, have problems receiving public services through sign language, and experience prenatal and postnatal anxiety about their children because they have difficulty accessing suitable sources of information. We discussed the findings in the context of Türkiye's policies towards the Deaf community and the types of intervention Programs that may be suitable to be implemented in the future.

Keywords: Parenting in Deaf families, Turkish Sign Language, Deaf in Türkiye, Deaf parents with hearing children.

Sağır Yetişkinlerin İşiten Çocuklarına İlişkin Yaşam Deneyimleri

ÖZET
Bu çalışma, işiten ebeveynleri olan sağır ebeveynlerin, işiten çocuklarını yetiştirirken yaşadıkları deneyimleri derinlemesine inceleyerek, deneyimlerini keşfetmeyi ve anlamayı amaçlamıştır. Bunun için dört sağır ebeveynle (dört anne ve dört baba) Türk İşaret Dili kullanılarak derinlemesine yarı-yapılandırılmış görüşmeler gerçekleştirilmiştir. Yorumlayıcı fenomenolojik analiz bulguları, görüşmelerde dört ana temanın varlığını ortaya çıkarmıştır: (a) çocukla ilgili endişeler, (b) sosyal destek ihtiyacı, (c) iletişim ve (d) bilgi kaynaklarına erişim. Tüm bu temalar, Türkiye'deki sağır ebeveynlerin işiten toplum ile iletişim kurmakta zorlandıklarını, işaret dili aracılığıyla kamu hizmetlerinden yararlanmada sorun yaşadıklarını, uygun bilgi kaynaklarına erişimde zorlandıkları için çocukları hakkında doğum öncesi ve doğum sonrası kaygı yaşadıklarını göstermiştir. Bulgular Türkiye'nin Sağır toplumuna yönelik politikaları ve gelecekte uygulanması uygun olabilecek müdahale programı türleri bağlamında tartışılmıştır.

Anahtar Kelimeler: Sağır ailelerde ebeveynlik, Türk İşaret Dili, Türkiye'de Sağırlık, sağır ebeveynler, sağır ebeveynlerin deneyimleri.

INTRODUCTION

According to the World Health Organization (WHO, 2020), almost 5% of the world's population is hard of hearing or experiences hearing loss. This number is predicted to nearly double by 2050. Although the Deaf community makes up a significant portion of individuals, there is relatively limited

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[1] Dr., Ankara Unıversıty, Instıtute Of Health Scıences, Chıld Development, sycoksan@ankara.edu.tr
[2] Ankara Unıversıty, Instıtute Of Health Scıences, Chıld Development, aayhan@ankara.edu.tr
[3] Ankara Unıversıty, Institute of Social Sciences, sahinkarabulut42@gmail.com

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literature exploring the experiences of the Deaf community. For instance, it is stated that approximately 90% of deaf babies have hearing parents. When these babies grow up and become parents, approximately 90% of their children become hearing individuals. This statistic highlights the importance of examining the experiences of Deaf parents in raising their hearing children. The difficulties that deaf individuals experience when communicating with their children become especially evident in countries where sign language is not widespread. The difficulties that Deaf parents face when communicating with their hearing children can negatively affect the parent-child relationship and the parents' mental health. Based on this, the present study aims to understand the life experiences of deaf parents while raising their hearing children through a qualitative approach, interpretative phenomenological analysis.

Parenting and Communication Issues

About 90% of deaf babies have parents who are hearing adults (Napier, 2021; Schein, 1989). When these babies grow up and become parents, approximately 90% of their children are hearing individuals (Levinger & Orlev, 2008; Mitchell & Karchmer, 2004; Schein, 1989). This statistic points out the importance of examining how the life experiences of the deaf parent with a hearing parent are shaped while raising their hearing children and how the deaf parent reflects on their own parents' experiences with their hearing children. Previous research by Kushalnagar and colleagues (2017) demonstrated that deaf individuals have high depression tendencies, and these high depression tendencies are associated with communication problems with parents.

Deaf individuals might experience concern about their children due to potential communication barriers with their children, especially in countries where sign language use is low. Also, hearing parents may encounter various difficulties while communicating with their deaf children (Barker et al., 2009; Mallory et al., 1992). For instance, when these parents do not attempt to communicate with their deaf children through communication methods deaf children can understand, like sign language, they may experience various negative life events. This includes a potential decrease in social sharing among parents and children (Henderson & Hendershott, 1991). For deaf children who become parents, these individuals may also experience adverse life events if they have hearing children due to a similar communication barrier. For instance, previous research has demonstrated that deaf individuals can have difficulties parenting. Communication problems can develop within families due to a lack of understanding between hearing and deaf individuals. Communication issues may lead to a lack of productive time spent between family members and lower emotional availability in the parent-child relationship (Daniel et al., 1986; Jones et al., 1989; Levine et al., 2016; Mallory et al., 1992; Quittner et al., 2013; Strom et al., 1986).

Hoffmeister (1985) describes deaf parents’ inability to get a good parenting model as the greatest misfortune. Elaborating these experiences may guide training programs to be developed if needed. It is crucial to support the parenting skills of deaf parents with educational programs (Dirks & Rieffe, 2019; Moeller et al., 2013) so that the negative parent-child experiences with their own parents are not reflected on their own parenting skills; however, many deaf parents cannot access parent education programs (Mallory et al., 1991).

Another difficulty that deaf parents experience is observed during contact and communication with the hearing society. Although deaf people's ease of access to information is increasing compared to previous years through social media and technological literacy, deaf individuals still experience various problems accessing the right and accurate information (Chininthorn et al., 2016; Naseribooriabadi et al., 2017). Because of this, deaf parents may use their hearing children to communicate with the hearing community if sufficient communication skills do not exist (Singleton & Tittle, 2000). An example of this would be a deaf person taking their children to hospitals or schools where the majority of individuals they will interact with are hearing, and verbal language is dominant to effectively interact with hearing people. This problem is repeatedly observed in different contexts. For instance, deaf parents may have limited contact with their children's schools and cannot exchange information about their children's education processes (Mallory et al., 1992; Napier, 2021). Consequently, deaf parents may experience immense difficulty communicating in public places, which means they cannot receive services in the same way as hearing individuals and must seek support from family members, potentially harming the parent-child dynamic (Seven & Göl-Güven, 2016). For example, previous research has suggested that hearing people may ignore deaf parents and prefer to communicate with their hearing relatives (Harvey, 1989), which can place the role of the deaf individual as a parent at risk. This problem is also observed in different contexts. For instance, deaf parents have limited contact with their children's schools and cannot exchange information about their children's education processes, and this situation may cause deaf parents to have negative experiences (Mallory et al., 1992; Napier, 2021). In order to obtain detailed information about these negative life experiences of deaf parents, this study focused on the processes that deaf parents experience with their children's teachers, classmates and friends' families.

Importance of the Acquisition of Sign Language

The acquisition of sign language by the hearing community may be one of the main solutions that can be used to overcome these problems. In cases where the use of sign language for communication is not common in the hearing society, the hearing children of the deaf parents assume the role of communicating between the deaf parent and the hearing society. These children play a role in transferring the deaf culture, sign language, and the experiences of the deaf to the hearing society (Buchino, 1990; Burge, 2018); thus, hearing children undertake a role of protecting their deaf parents from the hearing society (Filer & Filer, 2000; Seven & Göl-Güven, 2016). Some deaf parents also attribute some roles to their children to build a bridge between themselves and the hearing society by teaching sign language to their children. This attribution is considered a responsibility that deaf parents impose on their children (Clark, 2003). Children of immigrant families who are given this responsibility are defined by terms such as informal interpreters (Cohen et al., 1999), young interpreters (Valdés et al., 2003), family interpreters (Meyer et al., 2010), and child language brokering (Cline et al., 2017). Napier (2021) also defined children who are the communication bridge between their deaf parents and the hearing society as sign language brokering. These conceptualizing attempts in different societies and cultures may indicate a fundamental role of hearing children between deaf parents and the hearing society in terms of communication between the parties. Preston (1998) stated that such responsibilities imposed on the children of deaf adults may engender an emotional burden on the child. Parallel with this argument, teaching sign language to their children by deaf parents may be considered another imposition of responsibility to the child. However, other research has suggested that teaching sign language by deaf parents to their children strengthens the parent-child relationship (Filer & Filer, 2000; Wohar-Torres, 2003) and contributes to positive family experiences, improving the empathy skills of hearing children (Preston, 1998). However, some deaf parents may avoid teaching sign language to their children because they do not want their children to take on such roles (Jones et al., 1989; Napier, 2021). Moreover, others may avoid teaching sign language to their children due to a common and false belief that learning sign language hinders verbal language development (Petitto et al., 2001), an empirically unsupported assertion (Jones et al., 1989; Levinger & Orlev, 2008). On the contrary, learning sign language supports children’s verbal language skills (Daniel, 1994; Petitto et al., 2001; Schiff & Ventry, 1976). Hence, we also aim to understand the opinions of deaf parents about the acquisition of sign language of their hearing children.

Verbal Language Development of Child

In addition to the sign language acquisition of a hearing child of a deaf parent, the verbal language development of these children may also indirectly affect the parent's life experiences. Children of deaf parents develop similarly in both languages when they are exposed to both verbal and sign language (Newport & Meier, 1985); however, in order for the verbal language development of the hearing child to be similar to their sign language development, it is recommended that the child spend time with individuals who hear and actively use verbal language for at least 10 hours a week and be exposed to verbal language (Schiff-Mayers, 1988). This demonstrates that it is essential that there are hearing individuals around the child as well as their deaf parents to facilitate ease of language acquisition (Hofmann & Chilla, 2015).

The individuals that typically provide the children of deaf parents with access to verbal language are the hearing grandparents the parents of the deaf parent (Hofmann & Chilla, 2015). However, this communication may sometimes lead to role conflict between parents and grandparents. The taking over of parenting roles by grandparents may create various problems for both their hearing grandchildren and their own children who are deaf parents. In such cases, the parent-child relationship may be damaged, and thus, the expected bond between the child and the parent may not be as easily established.

Concerns Regarding the New Member of the Family

Deaf people may experience several unique anxieties when they learn that they will be a parent. For instance, they may experience various anxieties about the health and care of their children when they-to-be learn that they are going to have a child. Such anxieties may differentiate individuals' future expectations and their life experiences. For instance, deaf parents may have negative thoughts that their future children may be deaf (Watkin et al., 1998). Some parents may also think that their children may have communication problems and, therefore, cannot adapt to a hearing society since they cannot provide quality communication. Further, deaf parents may also experience concern if they have hearing children. For instance, they may be concerned about whether they can hear their children when they cry and whether they can know if something happens at night. However, these arguments (e.g., Chaudhury, 2014; Ebrahimi et al., 2017; Hardonk et al., 2010; Jackson et al., 2008) have generally focused on hearing parents with deaf children and assessed deaf parents' concerns about their hearing children. Since the relevant studies indicate that deaf parents' life experiences may be different from their hearing peers when they learn that they will have a child, in this study, we aimed to reveal the life experiences of deaf parents about having a new child by focusing on this topic.

The Current Context of the Deaf Community in Türkiye

The Turkish Deaf community has three unique aspects as compared to other Deaf communities (e.g., the American Deaf community) when a general evaluation is made. First, there is a national policy that sign language should not be taught in schools for the deaf in Türkiye. The government justifies this by believing children should only learn verbal language, and so instead of teaching sign language, children are taught to lip-read. The thought behind this is that sign language learning inhibits verbal language acquisition, though this is unsupported by the literature. (e.g., Woll et al., 2013). The consequence of such is that there is no sign language taught in schools in Türkiye, and even if teachers wanted to teach this language, there is no established curriculum for them to do so.

Second, there is a belief among medical doctors and special education teachers that children cannot learn verbal language if they learn sign language. For this reason, neither these children nor their parents are given sign language education. However, in other countries, sign language training is readily offered to parents with deaf children (e.g., Humphries et al., 2016).

Third, the visibility of the deaf community is lower in Türkiye compared to other countries. For instance, in public services such as hospitals or post offices, there are currently no individuals for deaf people to readily communicate with. In schools, deaf parents cannot get information about their children from teachers. Not only the lack of personnel, but also the fact that the state does not provide sign language acquisition training for the personnel working in these places means that the deaf community cannot benefit from public services sufficiently. However, the implementation of sign language-translated news and employment of assistant personnel has increased in recent years in the country, promoting the incorporation of deaf individuals into the community.

On the other hand, it can be stated that there has been a visible change in the last thirty years regarding Deafness and education of the Deaf. In the nineties, the education of Deaf children often focused on hearing aids and lip-reading techniques. Sign language was not considered a formal part of education and education often relied on auditory-oral methods. Deaf children were often directed to schools requiring special education. These schools were specialized for hearing-impaired individuals and differed from the general education curriculum. With a law that came into force in 2005, vital steps were taken to protect the education rights of the Deaf. Following this law, Deaf children were integrated into general education schools and began to receive education together with their peers. Despite this, the use of sign language was still not widespread. In 2015, Turkish Sign Language (TİD) was legally recognized and the Turkish Sign Language course was added to the national curriculum. This step allowed sign language to be accepted as an important tool for the education of Deafs. Additionally, universities have created programs on sign language education (see, TSMF, 2024). Today, there are relatively more innovative and inclusive policies in this context; despite the fact that policies towards Deaf society in Türkiye are far behind compared to countries such as the USA, and Canada. Additionally, public adoption of these policies appears to be quite low (see also, Kemaloğlu, 2016).

To sum up, all these issues provide clues about the current situation and subjective experiences of the deaf community in Türkiye. Based on this, in this study, we focused on the life experiences of deaf parents living in Türkiye with a hearing parent and children aged between 0 and 5 years old. We believe it is important to convey the experiences of the Deaf community in Türkiye and the current context in order to offer a chance to evaluate it from a broad perspective and provide insight for cross-cultural comparison. We believe that this research will be able to provide insight for cross-cultural comparison.

METHODS

As we stated above, the purpose of this research is to interpret, through IPA, the experiences of deaf parents with hearing parents while raising their hearing children. In this context, semi-structured interviews were conducted with 4 parent pairs, detailed information of which is provided below.

Participants

We recruited our first participant through Turkish Deaf communities. We recruited the next participants with the snowball sampling method. We interviewed four sets of parents (four mothers and four fathers). Ages varied among participants- the ages of the mothers are between 24-36, and the ages of the fathers are between 32-37. Among the participants, three sets of parents have one child and one set of parents have two children. Children are in the age range of 1 to 4 years old. All sets of parents in this study were children of hearing parents who did not know Turkish Sign Language. Only one set of parents has deaf siblings. Only one father in the sample continued to attend Deaf school until university, but it should not be forgotten that even Deaf schools provide verbal Turkish education to deaf people.

We aimed to reach a homogeneous group in this study in line with our analytical approach. We only sampled couples if they both identified as deaf parents since differences would be observed in the parents’ experience if one was hearing. We also sampled deaf parents whose children were hearing and younger than five years old. The purpose of controlling the participants' children to be between the ages of 0 and 5 years old is to focus on the experiences of deaf parents with young children. In addition, as we aim to prepare intervention programs for deaf parents with hearing children in early childhood in future studies, we aim to reach participants with children in this age range. The demographic information of the participants and their hearing children is presented in Table 1.

Table 1

Demographics of deaf parents and their hearing children

Participants[1]		**Education**	**VL**[2]	**TID**[3]	**DA or CI**[4]	**Occupation**	**SES**[5]	**Duration of Relationship**	**Number of Children**	**Child’s TID**[6]
1st	Mother (Sevgi)	Bachelor	Yes	Yes	Yes	Designer	Upper	9-12 years	1	No
	Father (Rifat)	Master	Yes	Yes	Yes	Engineer				
2nd	Mother (Ceyda)	High School	Yes	Yes	No	Housewife	Lower-middle	3-6 years	2	Yes
	Father (Ali)	High School	Yes	Yes	No	Worker				
3rd	Mother (Zeynep)	High School	Yes	Yes	No	Civil servant	Middle	6-9 years	1	Yes
	Father (Sercan)	Associate	Yes	Yes	No	Worker				
4th	Mother (Eda)	High School	No	Yes	Yes	Translator	Lower-middle	6-9 years	1	Yes
	Father (Eray)	High School	No	Yes	No	Worker				

Note. [1]Names in brackets are pseudonyms, [2]Use of verbal language, [3]Use of Turkish Sign Language, [4]Use of deaf-aid or cochlear implant, [5]Socioeconomic level based on self-report, [6]Child’s use se of Turkish Sign Language.

Measurements

Semi-structured interview form

In line with the purpose of the research, we first prepared a form consisting of approximately 25 questions. Then, by interviewing a deaf mother, we left out questions that we thought were poorly understood and finalized the form with 12 questions. Since four of the questions focused on deaf identity and were beyond the purpose of this research, the answers obtained from eight questions were analyzed in this research. This pilot interview took approximately 45 minutes. We sent all questions to native sign language experts who were raised by a deaf adult and requested an evaluation of meaning. We revised the questions based on the expert's opinion. The final form is presented in Table 2.

Table 2

Semi-structured interview form

#	**Interview Questions**
1	Can you tell us about your feelings, thoughts, and experiences when you found out that you are pregnant/will have a child?
2	Can you tell us about your experiences with the birth of your child? (Caregiving, feeding, meeting their needs, primary care, changing diapers, playing games, etc.)
3	How do you access information about your child’s development and health?
4	Who do you think contributes to your child’s care and development? Did you need support? If so, how did you get support? What are you doing for your child’s development?
5	What do you think about your child’s sign language speech? (What were your child’s first signs?)
6	Could you tell us about your experiences in your child’s learning Turkish? (Was support needed? Was support received in the process?)
7	(This question will be asked if the child goes to preschool) Can you tell us about your experiences after your child started preschool? (Parent/ teacher-relationship with other parents, child/ teacher-peer relations)
8	Can you tell us what you did when you were with your child? (Games, events communication)

Procedures

First, we made an appointment with the participants who agreed to participate in the study after receiving IRB approval. We conducted one-session online interviews with these participants. The first and last authors conducted the interviews through Zoom, and the first researcher took the video interview recordings. In interventions focusing on parents (see, Duppong-Hurley et al., 2016), although the participants largely consist of mothers, generalization of the findings to both parents has been criticized. It is stated that this limitation occurs because one of the parents is taking care of the child or working (Heath et al., 2018). To overcome this limitation, in this study, both mothers and fathers attended each session. We started the interviews introducing ourselves, and then, we informed participants on the purpose of the research. During the interview, we asked all questions to both parents in verbal Turkish and Turkish Sign Language simultaneously (see Pöchhacker, 2004). After all the interviews, the first researcher watched the interview videos, and the answers received from the parents were written down verbatim. Where there was doubt in parents' responses since their Turkish Sign Language was faster and more complex than the authors, the first and third researchers re-watched the interview recordings, and the parent responses were reevaluated.[4]

Interpretative phenomenological analysis as an analytic approach

We analyzed the interview records with interpretive phenomenological analysis using the steps suggested by Smith and colleagues (2009). Interpretive phenomenological analysis is an approach that tries to explain how individuals make sense of their life experiences and aims to reveal these experiences for each participant. Because of this, it is recommended that studies using this method be conducted with small and homogeneous groups (Smith, 1999, 2011; Smith et al., 2009). Based on this information, we decided to conduct semi-structured interviews with eight people (four mothers and four fathers) for this study. As a first step, we read all original data at least twice to analyze the interviews. After taking initial notes, we developed emergent superordinate themes. We focused connections across emergent superordinate themes and finally, revealed patterns across cases. Then, possible superordinate themes were noted. We then considered all the notes that were taken about possible themes, and overall themes were tabulated (for a similar approach in Türkiye, see Alma et al., 2023).[5]

Insiderness, reflexivity, & bracketing

The present study was conducted by three researchers. The first author of this paper is a developmental psychologist and Ph.D. student studying child development funded by the government to work with Turkish Sign Language and the Deaf community. She learned sign language later in life and is able to use it for communication. Her educational process has been shaped by the positivist paradigm, and she is currently continuing her research within the framework of the post-positivist approach. This author is one of two researchers conducting the online interviews. Spontaneous questions about the experiences of deaf parents with their hearing children were posed by this researcher to the participants, and she mainly analyzed the transcripts of the interviews. After consulting with the other researchers on this

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[4] We changed the names of the participants, the third person names and city names mentioned in the interview within the framework of ethical rules and used pseudonyms instead of these names in the manuscript. For instance, we used the pseudonyms Tyrat, Pyrat, Kyrat as city names.

[5] This study follows Smith et al.'s (2009) IPA terminology. Hence, we used the concept of "themes", instead of experiential statements. For the latest terminology, the second version of the study (2021 version) might be checked.

project about the themes revealed in the main analysis, the researchers made various adjustments and reached a consensus on these themes.

The second author is a professor in the child development program. This researcher has conducted several studies that aim to support children and parents navigating early childhood and has several studies to support children and parents. In this study, as the supervisor of the first author, her role was to take part in planning the research, preparation of the semi-structured interview questions, and overseeing all research steps.

The third author is CODA, whose parents are deaf and who specializes in Turkish Sign Language. The researcher's mother tongue is Turkish Sign Language. He grew up in the Deaf community and currently continues to work as a spontaneous translator between the Deaf community and the hearing community. He is one of two researchers conducting the online interviews. When necessary, translation and transcription of Turkish Sign Language into verbal language were carried out by this author. Throughout the text, all three authors agree that if the expression refers to the society, it should be written *Deaf*, and if it refers to the individual with a related medical or audiological condition, it should be written *deaf* (Padden & Humphries, 2005).

Triangulation

We used two different triangulation methods in the study. First, the findings were evaluated by three experts- a developmental psychologist, a social psychologist, and a clinical psychologist, who had training in interpretative phenomenological analysis, though all authors differed in their area of expertise and perspective on the subject. The researchers organized the analysis results according to the feedback from the experts, and this process was repeated until consensus among experts was maintained. Second, we sent the themes and their contents to another expert trained in the Deaf community and received feedback on the appropriateness of our assessments. We discussed with this expert about the appropriateness and suitability of all themes and content until we reached a consensus.

RESULTS

Four superordinate themes were determined according to our interpretive phenomenological analysis: (1) concern about the child, (2) need for social support, (3) communication, and (4) access to the information source. Concern about the child and communication main themes have two sub-themes, which are (a) prenatal concern and (b) postnatal concern under concern about the child, and (a) language barrier and (b) sign language under communication. The main and sub-themes are presented in Table 3.

Table 3

Main and sub-themes emerged from the interpretative phenomenological analysis

Superordinate themes	Subthemes	Participants' responses
Concern about the child	Prenatal concerns	All participants
	Postnatal concerns	All participants
Need for social support	-	All participants
Communication	Language barrier	All participants
	Sign language	All participants
Access the information source	-	All participants

Concerns About the Child

The concerns experienced by deaf parents about their children are gathered under this theme. Under this main theme, the concerns experienced by the parents before and after the birth are presented as a sub-theme to be handled separately. In addition, under this theme, the concerns of deaf parents about their grandchildren are also included.

Prenatal Concerns

Deaf parents whose hearing parents experience various concerns about the possibility of their child being deaf. Some of these concerns seem to start even before birth. For instance, a participant's hearing parents said to the parent, "The deaf cannot have children; even if they have children, they probably will be deaf". Exposure to such information causes participants to worry about their children even before birth.

> *Before I got pregnant, my family was worried if I would be able to take care of the child because I was deaf. They were asking themselves questions such as whether the deaf have a child or whether a child born deaf will be born. (...) Then I told my wife's parents and my own parents what could have happened. Some issues were on their minds. I did not get very angry with them; I accepted these questions as usual and went on with my life. (Rifat, 34, father)*

Another example of prenatal concerns is seen as follows:

> *My wife and I met at university through a friend of mine. Then I thought ahead. I wonder if my child will be deaf after marriage. I always had a question mark in my mind about this subject. Because I was never used to the deaf. Then we talked to my family. (...) Fortunately, we had a hearing child. (Sevgi, 36, mother)*

A similar statement of parents related to concerns about prenatal deafness is as follows:

> *Actually, I did not expect to be pregnant at all. I thought about what would happen to my child because I am deaf. Because I am deaf, my wife is deaf, and my brother is also deaf. I thought my child would be deaf, too.* (Ceyda, 24, mother)

Unlike the concern that her baby might be deaf in the prenatal period, who have concerns about the care of their baby are as follows:

> *Because I did not hear anything, I was afraid of what would happen to the child when she was born and what would happen to her if she got sick. (...) We had sleep concerns, also. Nevertheless, my wife and I had no trouble as we could wake up to the sounds.* (Eray, 37, father)

Those who see themselves as experienced because they are deaf and state that they do not have any concerns about their child's hearing but are happy when they learn that they have a hearing baby state as follows:

> *When I heard that my wife was pregnant, I had a different feeling. Because I would be a father for the first time, I felt positively different. It would not be a problem for me if my baby was deaf. It can be talking or deaf. For us, this is not important. The important thing is that the baby is healthy. I am deaf. (...) I heard that my father was distraught because I was deaf. However, it does not matter if my daughter is deaf or speaking.* (Sercan, 33, father)

Postnatal Concerns

Parents have experienced concerns about whether their child is deaf or not and how to care for them. The statements of the participants regarding these concerns are as follows:

> *We bought a device that detects sounds so that we do not have a problem noticing our child's voice. I was following my baby on the camera. (...) My phone was vibrating when the camera caught movement, so I was going to the room to check on my baby. My parents were constantly asking us if we would move to Kyrat (a pseudonym of a city in Türkiye), where they lived in. (...) Because they were worried that I would not notice the baby even if he cried a lot at night. That is why they were always looking for us. It was bothering us a little. (...) They were constantly warning us. They were giving much advice like be careful, give the baby food, and take him to the doctor if anything happens. (Rifat, 34, father)*

Statements of a mother about her postnatal concerns are as follows:

> *At first, we had some difficulty in caring for our baby because we did not know how to take care of the baby. For instance, we had fears about how we would call the hospital if the baby got sick. Also, the communication problem scared us. How will we be informed if she is sick? How will we understand her when she cries? (...) For instance, we were afraid of how we would hear her, how we would notice her voice and get up when she woke up crying. I was constantly stressed. (Ceyda, 24, mother)*

Also, another mother, Eda, has a similar thought:

> *We were afraid that she would get sick and cough, and we would not be able to understand it. (...) When she cried a lot, for example, I could not shut her up; no matter how hard I tried, and then we were both crying. As she cried, I cried too because I was afraid. Whether I should cry, breastfeed, or change diapers, I did not understand anything. (Eda, 30, mother)*

Need for Social Support

Today’s deaf parents, who are deaf children of hearing parents, mostly take care of their children themselves. However, this caring process needs various supports. Statements about those who need support are presented under this theme. The statements of deaf parents about their need for support while raising their hearing children are as follows:

> *It is challenging to take care of children. So, unfortunately, some support is needed. So, you need to take a break. For instance, I cared for my child for two years, and we did not talk much. That is why I mean that the baby's grandparents had to be supportive. Then, we had to leave our child in the nursery. So, we needed someone who could speak to our child before the age of two. She needed a voice and someone to talk to, which is fundamental.* (Sevgi, 36, mother)

Expressions of a father that they need social support while communicating with their child’s school are as follows:

> *For example, they call other students’ guardians by phone, but they message us. If my parents were here, we would like to tell them, talk to the school and tell us what happened. Sometimes, we do it that way, so when my parents are available, we send them to school as our child’s student’s guardian and ask them to tell us the details.* (Rifat, 34, father)

Similarly, statements about social support are as follows:

> *If it were not for my parents, we would have been in trouble. My parents always accompanied us. For instance, when we went to the hospital, we were communicating with other people, thanks to my mother and father. In their absence, we could only explain ourselves to the people in the hospital by writing. For example, when we went to the hospital, we could not explain our problem in detail. However, my mother was always helping me on the phone. In such situations, they always supported us.* (Ceyda, 24, mother)

Another mother expressed her thoughts as follows:

> *My husband’s brother’s wife has been very supportive of me. My mother came, and stayed with us for 40 days. Since I did not understand the baby’s crying and other problems, I learned what to do in what situation from my mother and my husband’s sister’s wife. For example, my wife’s sister helped us a lot in following the child’s development and checking his speech progress.* (Eda, 30, mother)

Zeynep, who is another mother, has similar statements:

> *(...) That is why I did not feel the need to get support from anyone else. Because I knew what I was going to do. Of course, they came to my house in the first weeks. (...) Then I said there was*

> *no need; you could go. (...) I knew and understood what my baby wanted. I did not get help from anyone for years. (...) This was also the case when caring for my child, as I am used to living alone.* (Zeynep, 36, mother)

Communication

Communication experiences of deaf parents are gathered under this theme. There are two sub-themes that make up the main theme. In these sub-themes, sample expressions are presented from the processes that parents experience with their hearing children, hearing parents, and other hearing societies. In addition, the attitudes of deaf parents towards their hearing children's learning sign language and the child's expressions about sign language development are also expressed under these sub-themes.

Language Barrier

Parents experience various negative situations in establishing a language barrier in hospitals when their children are sick. The statements of the parents regarding these negative experiences are as follows:

> *I tell the nurse, the secretary, and the counselor that we are deaf. Only in this way the attendant helps us. (...) For example, we had to call the hospital, but there was no number that we could talk to or send a message to. (...) There is no place to make a video appointment ... Trying to communicate in this way is very difficult. Sometimes, when we do not have a phone to contact, my wife tells her father to call the hospital. So, we cannot reach the hospital easily.* (Sevgi, 36, mother).

Parents also have some difficulties in communicating with their children's schools.

> *(...) We are looking for a solution. We are currently talking to teachers by texting. They call other parents on the phone, but they text us. (...) I cannot ask my parents to go to school because they are getting old and get tired quickly. When they attend the parent meeting, they receive information about our child from the teachers and transfer them to us, but they cannot convey it in detail; they can only summarize the situation. (...) In fact, it would be much more helpful for me if I could get one-on-one information about my child from the teachers.* (Rifat, 34, father)

The fact that parents do not teach sign language to their children prevents the formation of a common language. When there is no common language, various negative situations arise between the parent and the child. An example of these negative situations is as follows:

> *(...) Sometimes, I understand when my son speaks. When I do not, I ask my wife what my son is trying to say. My wife understands my son better. When I do not understand my child, I say it. (...) When I ask my son to tell it again, my son gets a little angry with me and starts to cry. (...) We can have some difficulties like this. He used to wake up his mother all night long. When something happens, he gets up and comes to me. When I say what happened, he talks about something, but I do not understand what he is talking about because I cannot see his lips in the*

> *dark of night. We have such difficulties. I tell my wife that I do not fully understand my son's problem and that he should help. (...) My wife wears the implant when she cannot read my son's lips. (...) Actually, I want my son to learn a little sign language.* (Rifat, 34, father)

Some statements of deaf parents highlight the lack of common communication with their hearing parents:

> *When I was a child, I had trouble communicating with my father. Because my father did not know sign language, this is how we have come so far. We are currently experiencing communication difficulties. For example, I try to lip-read while they are talking. Sometimes, there are words that I do not understand. I try to communicate by writing in words or long sentences that I do not understand.* (Ali, 32, father)

A mother also has a similar opinion as follows:

> *… I was weak in school and did not talk much with my parents. I mean, I do not like to talk. My father did not like to talk much, and my mother only spoke word for word about everyday things. Our parents always sent us to speech and lip-reading training. Therefore, they did not need sign language* [The participant emphasizes that she complains about this situation]. (Zeynep, 36, mother)

Sign Language

In some cases, deaf parents avoid teaching sign language to their hearing children, though others choose to teach sign language to their children. The statements of parents about teaching sign language to their hearing children are as follows:

> *We have to teach sign language to my child in a specific age range; I just learned this. For instance, we need to teach sign language to my child between zero and two. Thus, my child could communicate easily using sign language. There are problems after the age of four* [the participant refers to communication problems between her partner and child by pointing to the father]. *My child does not use sign language because I am able to hear a little bit. However, it would be better if my child learned because it is important for my child to be able to communicate with the father.* (Sevgi, 36, mother)

Another mother has a similar thought regarding the sign language speech of a hearing child:

> *I did not teach my child sign language as a baby because I wanted her to improve his speech. (...) After one, we started to teach simple words like water. (...) Because my daughter had to inform us. (...) However, after two, we started to teach the words like mother and father. Now, she does not always use sign language. It uses 30%. She has started to speak now, and we do not teach the words in sign language much so that there is no problem in communication, but there is no prohibition either.* (Sercan, 33, father)

Also, a mother's statements highlight a similar issue:

> *I was afraid because I thought she would speak late, and I did not teach my child sign language. We were teaching simple words only in infancy*. (Zeynep, 36, mother)

Different from the other participants, the expressions of the participants who teach sign language as their mother language are as follows:

> (…) *When my daughter grows up, I plan to give more education in the future since I want my child to develop in translation or communication. Thus, I want our communication to be better. I want her to communicate with us better by using sign language.* (Ali, 32, father)
>
> *(...) My child's learning sign language is also so beneficial for us because, for instance, when I ask her what she is talking about on the phone, she can tell me what happened in sign language. (...) We are proud of her. For instance, we are very proud of her when she speaks outside in both sign and spoken language.* (Ceyda, 24, mother).

The expressions of other participants who teach sign language as their mother language to their hearing children are as follows:

> *At the age of 1.5, he started to form sentences with words like mother and father. Of course, he has made mistakes while making sentences. (...) Currently, he has dramatically improved his ability to speak sign language. (...) He can also speak Turkish properly. (...) He can speak and sign language at the same time.* (Eda, 30, mother)

Access to Information Source

Statements about how deaf parents access information about their children's development are gathered under this theme. The resources that parents use to gather information about their children's development (e.g., developmental stages, toilet training) and their experiences while accessing these resources are included under this theme. Expressions about parents' attitudes towards their children and how they access information about child development are as follows:

> *Instagram has some information. There is also an app that my wife found. (...) This is how we followed our child's development until he was one year old. However, a deaf must know how to read and write to do this. Since I am a university graduate, I can read and write, but some people who are deaf get help from me. So, in that sense, we support each other.* (Sevgi, 36, mother)
>
> *I researched on the internet in general. (...) We did not know when our child would take his first step and when he would start walking. That is why I was afraid of whether he could take the first step and thought there might be a problem with his legs. To find out about these, we rarely asked the doctors questions. There was also a problem with our child's toilet training. It did not improve until three years of age. Alternatively, he did not give us any information about whether he had a pee while he was sleeping at night. (...) However, sometimes, we give him a penalty when he is bed-wetted because we do not want him to be spoiled. (...) I punish him by wearing a diaper. I force him to wear a diaper for an hour and wait. He also cries because he does not want the diaper. Alternatively, I prevent him from playing games on the phone and lock him in a*

> *room. (...) As a minor punishment, I leave him alone without books, toys, and phones, but sometimes he still goes bed-wetting.* (Ceyda, 24, mother)

Expressions that convey access to resources regarding the developmental processes of their children are as follows:

> *I first did a lot of research on the internet about the baby and learned almost everything. For instance, I used to take my baby to my mother's three days a week so that she would not lose her hearing development because my mother could speak. I never stopped visiting my mother for two or three weeks. I used to visit my mother two or three days a week so that my child could acquire language and complete her hearing development.* (Zeynep, 36, mother)

Another similar thought is as follows:

> *I search on the internet (...) I search on the internet when there are problems related to education, health, flatulation, or toilet. I ask my wife's mother when she needs to drink water or do something else. (...) Just before my child turned two years old, we had difficulties in toilet training. My child sometimes was bed-wetted, and sometimes she used the toilet. When I got angry with her, she started to do more bed-wetting. After the age of two, she only used diapers when she went to bed in the evening. (...) She left diapers entirely after the age of three.* (Eda, 30, mother)

DISCUSSION

We aimed to examine the positive and negative life experiences of deaf parents with hearing children in this study. Results showed that the life experiences of deaf parents converged on the themes of concern about the child (prenatal and postnatal concern), the need for social support, communication (language barrier, sign language), and access to information resources.

The first theme points out that parents have experienced intense concerns that their children may also be deaf because they are deaf themselves. Although they clearly say it would not be a problem for their children if they were deaf, they also state they are happy when they realize their child is hearing after birth. They also have negative perceptions and concerns that deaf individuals may not have children and that deaf individuals may not be able to take care of children. This is related to their feelings toward the concerns expressed by their hearing parents. Participants also have concerns about whether their deafness would prevent them from meeting the child's needs. Deaf parents' postnatal concerns are similar to their prenatal concerns. Parents are more concerned about not being able to hear their children during their sleep at night. In addition, parents experience concerns that if their children get sick, they will not be able to understand them. The difficulties experienced by the parents in the care of the child and communication with the hospital in case the child is sick are expressed under the theme of the need for social support. However, it is seen that parents request social support when they cannot cope with some difficult situations, such as asking their hearing parents for support in communicating with their child. The fact that parents access social support from their close relatives and parents is in line with previous findings in the literature (e.g., Mallory et al., 1991). Since the visibility of the Deaf community in Türkiye is quite low (İlkbaşaran, 2015), such concerns are reasonable. Thankfully, there is hope for these parents; such concerns can be resolved quickly by having access to accurate information. However, the fact that these problems are still being experienced by deaf individuals in the country may indicate that deaf people are not able to access this information, as other studies demonstrate (Chininthorn et al., 2016; Naseribooriabadi et al., 2017).

The negative experiences that deaf parents face in communicating with their children can impede the development of their identity as a parent. This may lower their self-esteem and reduce individuation. Over time, individuals may become more dependent on their hearing parents or social environment to parent their children (Seven & Göl-Güven, 2016). Previous research suggests that grandparents of hearing children of deaf adults may take on the role of communicating with schools and doctors, which may lead to role conflict with the parent (Hofmann & Chilla, 2015). It is thought that having Turkish Sign Language interpreters in schools and hospitals may be beneficial in reducing these potential negative consequences for deaf parents.

Some parents did not ask for support from their families shortly after the birth of their child and assumed all the responsibility themselves. One mother stated that she has been coping with difficult situations since her childhood and will continue to do the same while raising her child. This implicitly suggests that her childhood years were difficult, though, they appear to have made the mother a stronger individual. We believe that this is a very important point because it provides an example of deaf people persevering in environments that are not adapted for them, such as in Türkiye. Appropriate intervention programs can strengthen the communication skills of deaf people and help assist the development of the relationship between parent and child.

Parents' attitudes towards teaching sign language to their children differed. Some parents avoided teaching sign language from birth because they thought it would inhibit their children's verbal language development. For instance, some parents explicitly stated that they avoided teaching sign language to their children. Some studies (e.g., Napier, 2021; Petitto et al., 2001) also highlight this false belief to exist among deaf people. As we discussed above, this situation seems to be related to deaf people being unable to access accurate information about language acquisition. This demonstrates that having access to information is essential for parents to be able to make decisions about their child's development and that this access seems to be missing in Türkiye for deaf individuals.

On the other hand, some parents stated that they are happy for their children to learn sign language and attributed various responsibilities to their children for communication with hearing society. This finding that parents have taught their children sign language and attributed the role of a bridge between them and the hearing society is in line with previous literature (Clark, 2003; Filer & Filer, 2000; Napier, 2021; Wohar-Torres, 2003). Importantly, the statements of these families may indicate that sign language makes the relationship between child and parent positive (Filer & Filer, 2000; Wohar-Torres, 2003). However, the role of the interpreter may not be in the best interest of the child. To eliminate this *interpreter* role, we think that Türkiye should provide translation services in public areas so deaf parents can meet their own needs without relying on others.

Our results indicated that parents tended to access information more on the internet about their child's development, although some studies (e.g., Mallory et al., 1992; McKee et al., 2015) pointed out other family members and physicians. This seems to be another difference in the context in Türkiye. This may also be related to the ease of internet use over time. However, it should not be forgotten that the information obtained on the internet may not be accurate. In fact, parallel to the situation we discussed above, using internet resources may be the main source of false expectations of deaf parents. Various negative experiences and incorrect attitudes towards toilet training were noted in the statements of some deaf parents. The wrong attitudes of deaf parents in toilet training, which is a crucial process for the personal-social development of children, may express the need of deaf parents for child development. Hence, it is thought that it would be beneficial to have informative modules on toilet training and child development in intervention studies to be prepared to support deaf parents.

Becoming a parent is a situation that greatly changes the family dynamic. In this new changing dynamic, people's needs also differ. Parent support programs may create great opportunities for parents to adapt to this dynamic. It is known that deaf parents have more limited access to these intervention programs (Dirks & Rieffe, 2019; Moeller et al., 2013). In this context, it is very important that parent support programs be offered in Turkish Sign Language to increase their accessibility to deaf parents.

Limitations, Conclusion, and Suggestions

Findings revealed the mostly negative experiences of deaf parents while raising their children, which appear to be negative due to Türkiye's inadequate services and incomplete information resources - not related to being deaf. These findings would be an experienced-based source for the intervention programs to be prepared for deaf parents with hearing children and would guide other studies planned to be done. Making various arrangements in public institutions and organizations (e.g., providing interpreter support, not hindering sign language teaching) so that deaf parents with hearing children do not have negative experiences in places such as hospitals and schools may reduce the negative experiences of deaf parents due to communication and contribute positively to the parent-child relationship.

Second, we suggest that hearing parents of deaf parents should be included in intervention programs to increase the bond and support between deaf parents and their hearing parents since our results clearly stated that grandparents are already integral to family dynamics. It is vital that they are included in intervention programs by maintaining role boundaries, and that hearing parents are trained in sign language and deaf culture. Thus, both the social support between the hearing parent and the deaf individuals may increase, and a basis may be prepared for the transfer of parenting skills.

Third, in this study, we emerged that the children of deaf parents face various difficulties in toilet training and coping with various problems. Thus, we recommend supporting deaf parents with hearing children with intervention programs and training experts who can work in this field. We also suggest that it should design various websites or applications that can be produced in sign language to facilitate deaf parents' access to information on child development and parenting to support deaf parents since almost every negative experience seems to be related to not being able to access the right resource. For policy makers, in order for the Deaf to better benefit from public services, providing TİD training to personnel working in public institutions (hospitals, schools, post offices, etc.) will reduce communication barriers and make it easier for families to access services. Also, websites or applications prepared with TİD by policy makers and containing modules that support child development and parenting skills may prevent the dissemination of inaccurate information on the internet. Although the number of participants is appropriate for the analysis adopted, it seems crucial to evaluate the findings in context. We would like to frankly state that another limitation regarding the method we used is that not all researchers grew up directly in the Deaf community since all findings are based on the interpretations of us, researchers, but as we mentioned in the method, only one researcher grew up in the Deaf community. This actually points to a limitation, as the interpretations come mostly from the minds of researchers outside the Deaf community. We thought that the participants should have children between the ages of zero and five because the fact that they were already raising children meant that they could convey their experiences more vividly. However, considering the different developmental dynamics of different ages, it can be said that this age restriction is a limitation. Future studies can overcome these limitations by focusing on deaf participants with different characteristics using different methods. Finally, both mothers and fathers participated in the study at the same time, but in this case the parents may have differed their responses. Future studies may evaluate mothers and fathers in separate interviews.

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REFERENCES

Alma, L., Çoksan, S., & Koca-Atabey, M. (2023). Colors of hearings: A subjective experience of synesthesia among six siblings. *Ayna – Journal of Clinical Psychology, 10*(1), 124-144. Doi:10.31682/ayna.1144465

Barker, D. H., Quittner, A. L., Fink, N. E., Eisenberg, L. S., Tobey, E. A., Niparko, J. K., & CDaCI Investigative Team. (2009). Predicting behavior problems in deaf and hearing children: The influences of language, attention, and parent–child communication. *Development and Psychopathology*, *21*(2), 373-392. Doi:10.1017/S0954579409000212

Buchino, M. A. (1990). Hearing children of deaf parents: A counseling challenge. *Elementary School Guidance & Counseling, 24*(3), 207-212.

Burge, J. (2018). *Children of Deaf Adults: Interpreting identity* [Unpublished doctoral dissertation]. University of Central London Institute of Education.

Chaudhury, S. (2014). Anxiety and depression in mothers of deaf children: Awareness needed. *Medical Journal of Dr. D.Y. Patil University, 7*(6), 720-730.

Chininthorn, P., Glaser, M., Tucker, W. D., & Diehl, J. C. (2016). Exploration of deaf people's health information sources and techniques for information delivery in Cape Town: a qualitative study for the design and development of a mobile health app. *JMIR Human Factors, 3*(2), e28. Doi:10.2196/humanfactors.6653

Clark, K. (2003, April 24). *Communication and parenting issues in families with deaf parents and hearing children*. Children of Deaf Adults: CODA's. Retrieved from http://www.lifeprint.com/asl101/pages-layout/coda.htm

Cline, T., Crafter, S., de Abreu, G., & O'Dell, L. (2017). Child language brokers' representations of parent-child relationships. In R. Antonini, L. Cirillo, L. Rossato, & I. Torresi (Eds.), *Non-professional interpreting and translation: State of the art and future of an emerging field of research* (pp. 281-293). Amsterdam: John Benjamins.

Cohen, S., Moran-Ellis, J., & Smaje, C. (1999). Children as informal interpreters in GP consultations: Pragmatics and ideology. *Sociology of Health & Illness, 21*(2), 163–186. Doi:10.1111/1467-9566.00148

Daniel, S., Strom, R., & Escobar, J. (1986). Supporting Venezuelan families through parent attitude assessment. *Journal of Instructional Psychology 13*(3),147-152.

Daniels, M. (1994) The effect of sign language on hearing children's language development, *Communication Education, 43*(4), 291-298, Doi:10.1080/03634529409378987.

Dirks, E., & Rieffe, C. (2019). Are you there for me? Joint engagement and emotional availability in parent–child interactions for toddlers with moderate hearing loss. *Ear and Hearing,40*(1), 18-26. Doi:10.1097/AUD.0000000000000596

Duppong-Hurley, K., Hoffman, S., Barnes, B., & Oats, R. (2016). Perspective on engagement barriers and alternative delivery formats from non-completers of a community-run parenting. *Journal of Child and Family Studies, 25,* 545-552. Doi:10.1007/s10826-015-0253-0

Ebrahimi, H., Mohammadi, E., Pirzadeh, A., Shamshiri, M., Mohammadi, M. A. (2017). Living with worry: The experience of mothers with deaf child. *International Journal of Pediatrics,5*(6), 5183-5193. Doi:10.22038/ijp.2017.22743.1914

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

Hardonk, S., Bosteels, S., Desnerck, G., Loots, G., Van Hove, G., Van Kerschaver, E., Vanroelen, C., & Louckx, F. (2010). Pediatric cochlear implantation: a qualitative study of parental decision-making processes in Flanders, Belgium. *American Annals of the Deaf, 155*(3), 339-352. DOI:10.1353/aad.2010.0012

Harvey, M. A. (1989). *Psychotherapy with deaf and hard-of-hearing persons: A systematic model.* Hillsdale, NJ: Lawrence Erlbaum.

Heath, S. M., Wigley, C. A., Hogben, J. H., Fletcher, J., Collins, P., Boyle, G. L., Eustice, S. (2018). Patterns in participation: Factors influencing parent attendance at two, center-based early childhood interventions. *Journal of Child and Family Studies, 27,* 253-267. Doi: 10.1007/s10826-017-0878-2

Henderson, D., & Hendershott, A. (1991). ASL and the family system. *American Annals of the Deaf, 136*(4), 325-329.

Hoffmeister, R. (1985). Families with deaf parents: A functional perspective. In S.K Thurman (Eds.), *Children of handicapped parents research and clinical perspectives*. (pp. 111- 130) Orlando, FL: Academic Press.

Hofmann, K., & Chilla, S. (2015) Bimodal bilingual language development of hearing children of deaf parents. *European Journal of Special Needs Education, 30*(1), 30-46. Doi:10.1080/08856257.2014.943563.

Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D. J., Padden, C., Rathmann, C., & Smith, S. (2016). Language choices for deaf infants: Advice for parents regarding sign languages. *Clinical Pediatrics, 55*(6), 513-517. Doi:10.1177/0009922815616891

İlkbaşaran, D. (2015). *Literacies, mobilities and agencies of deaf youth in Turkey: Constraints and opportunities in the 21st Century*. University of California, San Diego.

Jackson, C. W., Traub, R. J., Jones, E., Strom, R., & Daniels, S. (1989). Evaluating the success of deaf parents. *American Annals of the Deaf, 134*(5), 312-316. Doi:10.1353/aad.2012.0511

Kemaloğlu, Y. (2016). Türkiye’de sağırların görünürlüğü ve toplumsal ve eğitimsel sorunları üzerine demografik bir inceleme *[Demographic analysis on the visibility of the deaf and social and educational issues]*. In E. Arık (ed.), *Ellerle konuşmak: Türk İşaret Dili araştırmaları* (pp. 51–79) Koç University Press.

Kushalnagar, P., Bruce, S., Sutton, T., & Leigh, I. W. (2017). Retrospective basic parent child communication difficulties and risk of depression in deaf adults. *Journal of Developmental and Physical Disabilities, 29*(1), 25-34. Doi:10.1007/s10882-016-9501-5

Levine, D., Strother-Garcia, K., Golinkoff, R. M., & Hirsh-Pasek, K. (2016). Language development in the first year of life: What deaf children might be missing before cochlear implantation. *Otology & Neurotology, 37*(2), e56-e62.

Levinger, M., Orlev, L. (2008). What deaf parents “hear”. *Journal of International Social Research, 1*(4), 413-430.

Mallory, B. L., Schein, J. D., & Zingle, H. W. (1991). Parenting resources of deaf parents with hearing children. *JADARA, 25*(3), 16-30.

Mallory, B. L., Schein, J. D., & Zingle, H. W. (1992). Improving the validity of the PSNI assessing the performance of deaf parents of hearing children. *American Annals of the Deaf, 137*(1), 14-21. Doi:10.1353/aad.2012.0473

McKee, M. M., Paasche-Orlow, M. K., Winters, P. C., Fiscella, K., Zazove, P., Sen, A., & Pearson, T. (2015). Assessing health literacy in Deaf American Sign Language users. *Journal of Health Communication, 20*(2), 92–100. Doi:10.1080/10810730.2015.1066468.

Meyer, B., Pawlack, B., & Kliche, O. (2010). Family interpreters in hospitals: Good reasons for bad practice? *mediAzioni, 10*, 297–324.

Mitchell, R. E., & Karchmer, M. (2004). Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Studies, 4*(2), 138-163.

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

Napier, J. (2021). *Sign language brokering in deaf-hearing families*. London: Palgrave Macmillan.

Naseribooriabadi, T., Sadoughi, F., & Sheikhtaheri, A. (2017). Barriers and facilitators of health literacy among D/deaf individuals: A review article. *Iranian Journal of Public Health*, *46*(11), 1465.

Newport, E. L., Meier, R. P. (1985). The acquisition of American sign language. In. Slobin D (Ed.), *The Crosslinguistic Study of Language Acquisition* (pp. 881-938). Hillsdale, NJ: Erlbaum.

Padden, C., & Humphries, T. (2005). *Inside Deaf culture.* Harvard University Press.

Petitto, L. A., Katerelos, M., Levy, B. G., Gauna, K., Tétreault, K., & Ferraro, V.(2001). Bilingual signed and spoken language acquisition from birth: Implications for the mechanisms underlying early bilingual language acquisition. *Journal of Child Language*, *28*(2), 453. Doi:10.1017/S0305000901004718

Pöchhacker, F. (2004). I in TS: On partnership in translation studies. In C. Schäffner (Ed.). *Translation research and interpreting research: Traditions, gaps and synergies* (pp. 104–115). Clevedon Multilingual Matters.

Preston, P. (1998). *Mother father deaf.* Cambridge, MA: Harvard University Press. Schein, J. (1989). *At home among strangers.* Washington, DC: Gallaudet University Press.

Schiff, N. B., Ventry, I. M. (1976). Communication problems in hearing children of deaf parents. *Journal of Speech and Hearing Disorders*, *41*(3), 348-358. Doi:10.1044/jshd.4103.348.

Schiff-Myers, N. (1988). Hearing children of deaf parents. D Bishop, K Mogford. In D. Bishop & K. Mogford (Eds.), *Language development in exceptional circumstances* (pp. 47-61). New York: Churchill Livingstone.

Seven, Y., & M, Göl-Güven. (2016). *Bir dil iki Dünya: Sağır anne babanın işiten çocuğu olmak [One language, two Worlds: being the hearing child of deaf parents]* In E. Arık (Ed.) *Ellerle konuşmak: Türk İşaret Dili araştırmaları* (pp. 411-444). Koç University Press.

Singleton J. L., & Tittle M. D. (2000). Deaf parents and their hearing children. *Journal of Deaf Studies and Deaf Education*, *5*(3), 221-236. Doi:10.1093/deafed/5.3.221

Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, *17*(3), 281-299. Doi:10.1080/02646839908404595

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis: A reply to the commentaries and further development of criteria. *Health Psychology Review*, *5*(1), 55-61. Doi:10.1080/17437199.2010.541743

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research (first ed.).* NY: SAGE Press.

Strom, R., Daniels, S., & Park, S. (1986). Two adjustments of Korean immigrant families. *Educational and Psychological Research*, *6*(3), 9-19.

TSMF. (2024). Turkish Federation of the Deaf. Retrieved from https://www.tsmf.org.tr/.

Turnbull, A. P. (2008). Parents' experiences with childhood deafness: Implications for family-centered services. *Communication Disorders Quarterly*, *29*(2), 82-98. Doi:10.1177%2F1525740108314865

Valdés, G., Chávez, C., & Angelelli, C. (2003). A performance team: Young interpreters and their parents. In G. Valdés (Ed.), *Expanding definitions of giftedness: The case of young interpreters from immigrant communities* (pp. 63–98). Mahwah, NJ: Lawrence Erlbaum Associates.

Watkin, P. M., Baldwin, M., Dixon, R., & Beckman, A. (1998). Maternal anxiety and attitudes to universal neonatal hearing screening. *British Journal of Audiology*, *32*(1), 27-37. Doi:10.3109/03005364000000048

WHO. (2020, November 10). Deafness and hearing loss. Retrieved from https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss

Wohar- Torres M. T. (2003). *A phenomenological study of the parenting experiences of deaf adults* [Unpublished doctoral dissertation]. Our Lady of the Lake University.

Woll, B., Meurant, L., & Sinte, A. (2013). Sign language and spoken language development in young children: Measuring vocabulary by means of the CDI. In A. Hermann, M. Steinbach & U. Zeshan (Ed), *Sign language research, uses and practices*, (pp.15-34). De Gruyter Mouton. Ishara Press. Doi:10.1515/9781614511472.15