



THE STRUGGLE FOR LANGUAGE: DIAGNOSIS, RELIEF FROM GRIEF OF URBAN PARENTS WITH CHILDREN WHO ARE DEAF OR HARD HEARING IN IBADAN METROPOLIS

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ABSTRACT

There is little research attention on young children with hard hearing impairment in Ibadan metropolis. A quantitative research method was used to explore and describe the perspectives and practices of these children's parents' routines. An ethnographic approach enabled documentation of parent routines, daily activities, thoughts and behaviour (practices). In depth interviews and observations were the primary data sources.

Data collection for this study occurred within one year period. Research questions were focused on efforts which caregivers make independently and with others (teachers and family members) to facilitate communication and acquire language development among deaf impaired children. Fifteen parents and eight staff member of Ibadan North local Government Area, Ibadan School for the deaf, Eleyele Road and the deaf unit of Methodist Grammar school disclosed their perspectives and practices. While similarities and differences arose, universal perspectives and practices emerged among parents that are discussed as prevailing themes. Results suggest that caregivers (parents struggle, systemic barriers, and the urban environment are greatest challenges facing family members. Focusing on these challenges will contribute to establishment to just equitable and effective interventions for urban children who are hard of hearing, their caregivers (parents), and other related families.

Key words: *Struggle for Language, Diagnosis, Relief, Grief, Hard Hearing*

INTRODUCTION

Timely intervention and education for children who are hard hearing is expected to promote not only the acquisition of language but, the development of the basic skills for social functioning. Children who are hard hearing are more likely to communicate with family and peers, and function better academically when they and their families receive early services (Adams, 1997; Dgden, 1995; Schirmer, 1899).

Adams (197) notes several reasons why early intervention and other educational services can promote development, including the acquisition of language and basic skills. Three particularly silent reasons are that (a) increased parental knowledge about a child's hearing impairment is related to an increase positive interaction with the child. (b) parents who are receiving early support as they begin to mourn the loss of the child's hearing are better able to cope with the hearing impairment; and (c) early support provides parents with the skills (e.g. securing appropriate hearing aids, ensuring consistency amplification use) to manage the impairment. Similarly, Ogden (1995) indicates that early services for both children and parents facilitate language acquisition during the first critical years, providing the basis for the child's later academic development.

Parental perspectives and practices, however, have an impact on the effectiveness of these early interventions. Although, language acquisition grows out of the daily interactions between the parent and child particularly in early childhood, parents who can afford to engage their child in effective back and forth exchanges lay the foundation for their child's acquisition of languages as well as support the structure of educational programming (Stainberg Davila, Collgo, Loew & Fish Gruhd, 1977).

Purpose of the Study

The purpose of the research for the present article was to study the perspectives and practices of a select group of urban parents with children (0-16 yrs) who were hard hearing. One focus was on exploring the efforts these parents make individually and with others (e.g. family members, otologist, speech/language pathologists, and teachers) to foster language acquisition,



by their child. A thorough review of literature aid contacts with deafness researchers and professionals of several institutions. (e.g. Deaf unit of Methodist Grammar School, School of the Deaf, Eleyele road, Ibadan) confirmed that this was uncharted territory.

The outlook for “typical” urban children in Nigeria is disturbing, and no less so far urban children who are hard of hearing. These daunting prospects and the dearth of research on urban parents and their children unto hearing impairments provided particular impetus to the present study.

Rationale for the Study

One of the questions that guided the present study was: How do urban parents of children who are hard of hearing foster, support, and facilitate their child’s efforts to communicate and acquire language?

The rationale for the study was the educational profession’s acknowledgement of its need to be responsive to parents who have a child who is deaf and who face the additional struggle that often accompany life in an urban environment. Little has been done within the educational system, however, with respect to understanding and responding to the perspectives and practices of urban parents with children who are deaf or hard of hearing. A study of this nature is critical given that there is an absence of research addressing what it means to be an urban parent of a child who is hard of hearing. The research study was necessary to increase understanding of urban parents’ perspectives and practices and practices as they relate to facilitating, supporting, and fostering language acquisition. With this awareness, the educational communities can more effectively and collaboratively respond to the language needs of children who are deaf or hard of hearing throughout their critical formative years. The practices and perspectives of a select group of urban parents were captured, and their efforts were documented and analyzed in the context of urban life and the urban environment.

The present study is also important because ethnographic research present an alternative method of inquiry that lacks the problems inherent in quantitative research design when they study population is hard of hearing. Ethnographic research allowed for knowledge to be derived from the realities of the parents’ situations, rather than solely from the perceptions of others about them. This self-reporting is absent from the literature in the context of the urban setting.

METHOD

The inquiry for the present study was made from a qualitative research perspective because such a perspective would provide an opportunity to develop a rich understanding of the parents and other subjects involved in the world of the children in the study. To gain such an understanding, as defined by the world themselves, observations and intensive interviews were used to gain access to the parents’ and others’ view of reality. These and other essential features of qualitative research are what make this method different from a scientific fact-finding endeavour. It is much more intensive in its objectives (McCracken, 1988).

Before any of the study subjects were interviewed, a pilot interview was conducted. This interview was conducted to test and establish comfort level of what suggested revisions were made as a result of this pilot.

To ensure that interpretations were trustworthy, three techniques-discussed by Densin and Lincoln (1994) and Glesne and Peshkin (1992) were used: member checking, triangulation, and analytic or reflexive journaling. Denzin and Lincoln remind researchers that member checking, triangulation are crucial for establishing credibility. In the present study, it was not possible to test data, interpretations, and conclusions with every member from whom data, interpretations, and conclusions with every member from whom data were collected. However, on several occasions and with several of the members, interpretations were explained to parents and staff and verified by them. Triangulation was evidenced in the two different methods of data collection: interviewing and observations.



Following each observation session or interview with participants, details of the observation or interview were recorded in field notes. Analytic reflections were kept in a separate log. This analytic or reflective log was a running documentation of observations, attitudes, learning and insights. A reflective log helped to maintain subjectivity, limit biases, and protect the trustworthiness of the present study.

The transferability of the present study was assured by providing detailed descriptions so that future investigators could check or validate similarities in another context. The burden of this transferability lies with the transfer (Marshall & Rossman, 1989). As for the study's dependability (i.e. the degree to which the findings were determined by the study participants and study conditions), an audit trail was left, and records of the inquiry process have been maintained. They include raw data consisting of transcriptions of the audio taped interviews, an analytic reflective journal, field notes, informed consent forms signed by the participants, and an interview strategy guide. The original coding schemes developed for data analysis and reduction are also available.

Participants

The research project for the present study was conducted at two urban sites: a university early intervention program serving young children (birth to age 3 years) who are hard of hearing and hearing and their families, and an inner city preschool for children who are deaf or hard of hearing. Qualitative research methods included observations of the children, their parents and other family members, teachers, and speech language pathologists and other service providers. Long, semi-structured, open-ended interviews were also conducted.

Fifteen parents, two grandparents, and eight members of staff took part in these interviews, which took place in Ibadan Local Government Area, Ibadan School for the deaf Eleyele Road. The study employed qualitative methodology to provide a description and analysis of a population that had previously been overlooked. Listening deeply to participants afforded an opportunity to craft meaning from their perspectives and language promoting practices.

FINDINGS

The study findings generally supported assumptions in the literature about the impact of grief and the importance of parental involvement. In contrast, however, the findings revealed previously untapped awareness of urban parents' perspectives and practices, and the barriers they perceive and experience in their efforts to facilitate and support language acquisition by their child who is deaf or hard of hearing.

What evolved was the realization that all participants in the study experienced a struggle for language: the struggle to gain access to, facilitate develops, foster, and support language development. During the 6 months that participants were observed and interviewed, the children, their parents, other family members, and staff confronted and addressed this struggle.

Prevailing themes that emerged from the present study include the parents' struggle to (a) get a diagnosis, (b) resolve their grief, (c) develop mutually accessible language with their child, and (d) deal with systemic barriers and the urban environment. These parental issues need to be taken seriously by the educational and medical communities if services provided are to be mutually worked with these children and their families.

Diagnosis and grief

From the start, the data collected for the present study vividly revealed the parents' experiences in regard to struggling to get a diagnosis and then being left alone to deal with the grief afterward. One parent said:

I was most upset with the insurance and medical professionals who insisted (my son) was fine... I knew at 6 months something was wrong. I fought to get an ABS (auditory brain stem)



test... the ABS did indicate a severe, bilateral loss. I was still devastated when official word was delivered. I thought having a deaf mother and uncle would alleviate this, but it didn't.

The literature does not speak about the struggle to get a diagnosis, it simply indicates that a diagnosis does not happen soon enough, on average, and that early detection greatly aids language development. Of the eight children whose parents were interviewed, six had to fight to get their child rested. A common statement of the mother was that they knew their child could not hear or that there was something wrong long before the doctors provided a diagnosis. They described their frustration at not being heard by professionals. Early testing of two children occurred because one child had a family history of hearing loss and the other had physical complications at birth that demanded it. This struggle to obtain a diagnosis and the lack of cooperation from medical professionals (e.g. early educators) whom they would interact with subsequently.

The literature also discusses the grief the parent typically experiences. However, a description of the literature. It was only after repeatedly hearing how "devastated" the parents in the present study were did the researchers get an impression of the extreme extent of their loss. Parents were traumatized by the fact that their child was deaf, even in cases when it was their second experience with deafness. Nowhere in the literature is there a study that discusses or recommends the need for individualized, intensive, and extensive grief counseling following diagnosis. None of the parents in the present study disclosed that they were referred for counseling specifically for grief management following the diagnosis.

Language Struggles

Admissions of feelings of frustration regarding mutually accessible communication with their child and about their own lack of signing skill were common among the parents.

May be I need to know more sign because (my daughter is) more advanced at it than me. I don't know... Just trying to get a point across. I mean, she wants me to know something and she's signing away and I really don't know what she's saying. And I have to keep asking her, "What? What? What? She kind of gets upset because she can't get her point across to me, and I'm trying to get a point across to her, and struggling (the interviewee, the child's mother, laughs).

I didn't know what to ask (my son)... I felt real stupid and dumb, like (couldn't) ask him if he wants his juice, or anything.

It works both ways. I just can't just send (my son) to school and expect them to do all the work for me. I have to keep up with him because he's going to be learning things and signs he's giving me. I have to learn with him. I try, but I could try a little harder than I'm doing because I work so much – but, I guess I need to work a little harder on that, too.

Systemic Barriers

There was adequate evidence that the parents shared agreement on certain systemic barriers, but there was some variance as well. Regardless, these barriers hindered their efforts, the parents believed, to facilitate language acquisition by their child. Among these barriers were problems related to staff resources, including the presence of inexperienced, semi-skilled clinicians and high rates of clinician turnover; the inclusion of other "non-categorical" students in educational setting with their children, difficulties with aspects of program delivery such as scheduling, amount, range, location, and transportation; and family dysfunction, in particular the children's home environment. These feelings were derived from interviews and informal conversations with parents and staff. Some were confirmed in field observations (e.g. the concern about staff skill levels) at the two sites parents offered a variety of insights concerning systemic barriers.

(The preschool teacher) is not NSL (Nigerian Sign Language) fluent; she signs English, and she sometimes doesn't know the signs for certain words. (She) and I, when I've gone to the classroom, have to look up signs for some words because neither she nor I know the sign. She



used to go to the English sign dictionary, but I forced them into getting an NSL sign dictionary. I also required that Toyi have an NSL skilled interpreter because she does Signed English... She's OK. She will go to bat for him when push comes to shove. I'm told she's one of the better ones... She's good, but compared to suburban teachers, she's lacking. The aides in the classroom don't sign and they should. Put them in with the hearing kids if they don't want to learn how to sign. The teachers who were oralists were carried over from the old days. They don't know how to sign. They make up signs, and it confuses the kids. I wish they'd get rid of the old and bring in the new.

These other kids (i.e. non-categorical students) don't sign, so it really doesn't make sense that they're in the class. But on the other hands, (the preschool is) good for (my son) because this is the real world for him to see. Toyi (not his real name) in the first weeks of school started to mimic their behaviours. He would come home and lie on the floor and throw tantrums or start to drool like they did in class.

I would change it to all day school. They're only there for 2 to 3 hours, and 1 hour of it is for eating. Two hours in the class is not enough... And, if they could have a sign class for the parents. I know it's not their responsibility, but if they could have something may be once a week... Before they had it, but it was in the middle of the day, during the week. There was no way I could go, I work!

My work prevents me from being more involved... The teacher knows I care, but I have to work... I'm sure they can use me much more that I've given, but if they would have things in the evening I would be happy to do it. I have to work, I'm a single married. There's no way around it. I would have no problem helping if (it were) after hours. You know, whatever they need me to do, I'll do it if it's not during my work hours.

Impacts of the Urban Setting

One hope for the present study was produce illuminating findings regarding the urban environment's impact on the parents of children who are hard hearing. Interestingly, all of the staff viewed this setting as having an immense influence over both the parents and subsequently, their child. The staff members cited single parenting, the absence of fathers, poverty, transportation work schedules, new welfare laws, and other factors as manifestations of the urban environment with power to thwart the urban parents' efforts. The parents themselves, however, did not identify their environment as a major factor in their language efforts with their children the impact the urban environment has on language acquisition was viewed by most of the parents as unimportant, or contingent on the parent's response to it. Nevertheless, few of the parents perceived that suburban settings would provide better services. These few were the parents of preschoolers and lived on the outer edges of the city. (Perhaps the closer one lives to another environmental reality; the more likely one is to observe disparity). Even these parents, though, were more focused on what was needed from them and the staff at their child's present school to foster and support their child's language development than on what "mighty be" if their child were in a suburban program. Two of the parents denied that the urban environment had any impact. Following are some of the parents' perspectives on the urban environment's power to influence language development.

No. I don't see it as having an impact, because I was born in the city. People do what they want to do. Do you understand what I mean? They say city school ain't good, but I finished. I'm a public school graduate. I accomplished so many things. If you want to succeed, you can no matter where you come from, or go to school; you do need your parents to support you, though... The parents are the most important teachers. You make whatever you want out of things. I would love to live in the suburbs, I would. I plan on buying a house next year, but you make out of life what you do. My cousins moved out to the suburbs, and they're worse than (if) had they stayed here in the city. The environment? I don't know. I don't know how to answer that. Somebody told me if my son didn't live in the city we could send him to a suburban school. I figured I knew nothing about that school... I figured if the teacher is going t5he best that she can for my child, then that's all that matters because he could get out there and those people they might not give two cares



about him – who knows? Yeah, there probably is more money at those schools, and if the teachers are getting paid better, they'll make a better effort – I don't know.

The urban environment doesn't have impact on the child or the present, I don't think. I don't know. I think they can do anything if they want.

The present study also gave voice to the perspectives and practices of the staff who work with children with hearing impairment who live in urban settings, these children's parents. And the urban environment, along with information on their own language promotion practices and self-assessments of their own language skills, had not been recorded previously. If learning facilities that teach and train these educators take advantage of this fresh information, they will be better positioned to broaden their students' capabilities. Thus, they will be more likely to equitably and effectively serve this group of children.

Recommendations

The recommendations are divided into three sections. Firstly, recommendations are provided for professionals, including direct service staff and educators of children (birth to age 7 years) who are hard of hearing. Second, guidelines are outlined for suggestions are presented for parents and family members of children who are of hearing.

Recommendations for Professionals

There is a wealth of information and expertise that professionals such as teachers, speech –language pathologists, and audiologists need to know to effectively address the linguistic needs of children in an early intervention environment. These professionals would be much better prepared if their years of education provided them with an understanding of early childhood development, language acquisition, and hearing loss. Early intervention professionals need to development expert knowledge about hearing impairment, hearing aids, child development, and the sequential steps of communication development in young children, specifically children who are hard of hearing. Some recommendations for instructors and clinicians:

1. They should be able to demonstrate proficiency in sign language and knowledge of language development facilitation.
2. They should be knowledge about the grief process and about working with grieving parents of children who are hard of hearing.
3. They should receive regular supervision to promote and ensure their ability to provide competent services. Care giving from perspectives of competence and knowledge is critical.
4. They should work to provide hard of hearing children the same degree of access to teacher communications (and other adult communications) and incidental learning that hearing children experience. A consistent visual model of seeing and hearing language will reinforce language acquisition. Just like hearing children, hard of hearing children should be bombarded with language in clinical and educational settings.

Recommendations for Educational Systems

The 1990s was a dream long of early intervention. It held great promise for realization of dreams head by those who cared about young children with disabling conditions such as deafness. Substantial barriers still exist, however to actualizing the visions as practical accessible service realities that will benefit these children to their families. Young children, hard of hearing, have very specific needs that, if not addressed, will place them at a disadvantaged for their entire lives. Proven approaches such as the Infant Hearing Resources, Portland, OR ([www. Hearing and speech. Biz/infants/default.asp](http://www.HearingandSpeech.Biz/infants/default.asp)), can serve as models of service provision.

The following 14 guidelines for educational systems that serve children who are hard of hearing are based on the findings of the prevent study:



1. Establish a code of ethical standards for staff that requires competency and skill in working with this population of children, their parents, other members of their families. In states that issue hearing impaired licensure, require this of the educators.
2. Hire and employ for direct services those who are licensed and are familiar with appropriate practices for working with children who have hearing impaired licensure, require this of the educators.
3. Seek federal support (i.e. financial) that is available to train personnel and to ensure that they are available.
4. Provide comprehensive case management to assist in securing necessary services (e.g. transportation, hearing aids, medical insurance benefits, counseling).
5. Provide group sessions that gives parents and families a venue to continue addressing and processing the multifaceted issues that arise when deafness is a factor in a family's daily living.
6. Provide educational workshops to parents and family members on hearing loss, deafness, language options and related issues.
7. Provide sign language instruction for parents and siblings. Stress sibling involvement, as it is critical for encouraging language, social and familial development.
8. Provide instructors and clinicians with in-class language consultants or educational assistants who are hard of hearing.
9. Use team teaching in preschool settings.
10. Provide home-based services on an "as needed" basis. This already occurs in suburban programs.
11. Implement intense collaboration between programs (i.e. birth-to-age-3-years early intervention programs and preschool programs) and with other agencies (e.g. hearing an speech clinics, hospitals).
12. Approach and educate urban medical personnel regarding the necessity, low cost and cost-effectiveness of early screening. Among newborns in intensive care, the incidence of hearing loss is 1 in 50.
13. Approach legislators about drafting legislation requiring all infants to be screening for hearing loss before discharge from the hospital. Ten states already have this provision.
14. In both the early intervention and preschool settings, conduct the sessions with the child and his or her parent(s). Emphasize communication skills and age-appropriate social interaction.

Educators in the field of deafness should have knowledge of hearing loss and communication techniques that the parents typical would not have, in addition to their educational background and skill in early education. Yet the roles of the teacher and the educational community are not more important than that of the parents – simply tantamount. Educators have the responsibility to be capable of facilitating, fostering and supporting language skills not only in the children, but in the parents as well.

Recommendations for Parents

Parents and early intervention specialists are equally important members of the early intervention team. Parents bring to the partnership knowledge of their child's unique history, personality, interests and behaviours. Within this background, parents play a major in the child's acquisition of language given that development of communication and language peaks between age 1 and 4 years. Parents can help their young child acquire and develop language and communication skills, particularly through daily routines and natural play activities. In general,



parents' need to sign and voice daily events, create stories and describe what is happening during daily routines. All of these conversations give their child a solid-basis for later learning.

Telling same stories and signing and voicing over and over may feel boring to a parent, but it is not boring to children. They learn through repetition. It is the mother of knowledge. Specific activities that parents can engage in with their child to facilitate language include:

1. Using signs, gestures, facial expressions and voice to help convey what you are trying to tell your child.
2. Getting down to your child's eye when you can.
3. Reducing background noise (e.g. television, radio).
4. Signing and talking about things your child is doing (e.g. "Oh, you're playing with your cars").
5. Signing and talking about things your child sees and hears (e.g. "That's a fire truck").
6. Keeping language short, simple and direct.
7. Being a speech and language model. The parent should get the child's attention before beginning to communicate, by tapping the child on the shoulder, or signing and saying, "Look at me".
8. Taking up sign language instruction courses as needed.
9. Seeking out accurate, non-judgmental information regarding deafness, deaf education and communication methods and options.
10. Finding a peer parent – a parent of an older child who has been there.

Parents can further facilitate their child's present and future opportunities by becoming familiar with current policy related to education and service delivery for children with hearing impairments. Parents can more effectively resolve political and legal issues related to their child's education and other service by following several guidelines:

1. By asserting their child's right to receive equitable and effective services from staff that are knowledgeable and competent in the parents' specific area of concern. The individuals with Disabilities Education Act (IDEA) require states to implement specific policies that ensure this.
2. By expecting to experience a life-style change. Learning to meet their child's communication needs and develop his or her communication abilities will require time and effort on parents' part.
3. By being prepared to deal with the 'politics of deafness'. There are bitter ideological splits over which language mode is best for children who are hard of hearing. These splits exist among professionals, laypeople, the Deaf themselves, hard of hearing people, and hearing people alike.
By familiarizing themselves with IDEA and the "related services" it requires school districts to provide

Research Recommendations

The present study could be expanded upon with additional qualitative inquiries into the perspectives and practices of urban parents of children who are hard of hearing, particularly with more variation in the sample (e.g. the inclusion of more fathers, siblings and other family members, and other professional such as audiologists and speech-language pathologists), and with multiple investigators triangulation. Future studies seeking data from the situation and perspectives of parents, particularly in light of their past lack of participation, can contribute further to service providers' knowledge and their ability to offer equitable, effective intervention. Parents might usefully be asked to participate in focus groups to further discuss the emerging themes, as well as to be provided with an opportunity to review interview transcripts.

The present study could be replicated with groups of children, and hard of hearing, regarding their gender, race, severity of hearing loss, communication method, and language



orientation. Additional studies could be explorations into parents' grief. Subsequent inquiries could then look for ways to facilitate grief resolution and increase parental motivation to develop sign language skills. This, in turn, would reduce the number of parent-child relationships that hinder language access, reciprocity, and development. It would also be important to look at families of these children to examine and describe their experiences. It is the parents and families, not the children, who are in turmoil. They are the ones who need to adjust to the impact of having a child who is hard of hearing.

Research into the skills, experience, and training of staff could explore how these factors affect staff perspectives and language facilitation practices. Perhaps an action research model (e.g. participatory action research; Graves, 1991) could be used to uncover what is working and what needs to be done in this area. Educators could actively engage in the quest for information and ideas to guide their future actions and behaviours.

Some recommendations to consider towards improved audiological services to hearing impaired children.

Furthermore, with the present awareness in the study of the disabled children in Nigeria, especially hard hearing children, the government, the public as well as audiological experts should ensure that more viable audiological services are initiated for the hearing impaired in Nigeria in order to alleviate their educational, emotional, communication and other problems. Such programmes should include an improved:

1. Audiological assessment programme;
2. Medical referral process for the hearing-impaired Nigerians;
3. Hearing-aid selection, procurement and evaluation process; and
4. Aural rehabilitation programme entailing auditory training, speech training, reading, family counseling, education and other rehabilitation procedures cited in (Ayodele, 2001).

To achieve a significant improvement in caring for the hearing-impaired children in urban areas in Ibadan, there should be a meaningful programme for involving parents of hearing-impaired children in all the rehabilitative processes for their children. Parents should be encouraged to show love and affection to their hearing-impaired children. They should also endeavour to communicate with them. Furthermore, they should be encouraged to respond to their children's spoken words actively via play activities and other means.

In addition, parents need the guidance and support they could get from the relevant professionals and the public as to achieve fruitful linguistic with their children (Turner, Lynas & Pumfrey, 1988). The children should be provided with optimally enriching environments, stimulating materials and necessary counseling with the regular use of appropriate hearing-aids.

With proper diagnosis, prompt and adequate medical care being put in place, hearing-impaired persons would be more effectively rehabilitated. Helping them to overcome as much as possible, their communication, vocational, social and economic problems. By so doing, hearing disabled persons would become happy and proud citizens and thereby contribute their quota to the social development at the national level.

Finally, future research could examine how the findings of the present study apply to non-urban parents and their children. All of the parents who participated in the study were residents of an urban area. How would the perspectives and practices of the parents in other settings, such as the suburbs? Further research in this area could also contribute additional insight into the impact of the urban environment and the importance of maintaining and developing programs such as the university-based early intervention and the inner-city pre-schooling discussed in the present article.

Conclusions



An immediate interest that led to the present study was the tremendous struggle of urban children who are hard of hearing as they develop language skills. Without access to language, they cannot develop reading and writing skills. They will face additional consequences, as well, of being under qualified in today's information-driven society, with its system of meritocracy. Lane (1992) notes that this will further worsen a culture of dependency within this segment of the deaf population. The incidence of adults who are hard of hearing and who must rely on Social Security Disability Insurance or poorly paying, unfulfilling jobs for their survival is astronomical and comparatively unequal. Self-actualization is conceivably out of reach for most when they cannot or do not have access to opportunities to further their education.

Described in the present study were the parent's perspectives and language promotion practices, that is, what they do not facilitate and foster language development in their child. Many parents were single mothers, survivors who were dealt an immense responsibility without the resources others take for granted. The early intervention program at the university and the preschool program were two resources the children and their parents had available to them.

Throughout the course of research a great deal was learned from the children, their parents and other family members, and staff. Specifically, while educators identified parental involvement as most critical to their students' development, they overlooked the need for the parents' deeply felt grief to be concurrently addressed and collaboratively worked through. Is grief therapy, with auxiliary services (e.g. case management), the sole answer? No, because one must be somewhat ready to accept change and deal with grief. But such therapy and related services need to be available. Parental involvement and an accessible language at home and in the school must coexist. It is the radical (as in radix, 'root') method that will facilitate language in an urban, suburban, or rural child, whether hard of hearing. Communication, not deafness, is at forefront of language development for these children. That is the struggle, along with and after the grief.

What more could be learned about the children's perspectives, if time and other constraints were not a reality? Perhaps giving the children cameras to picture their world would have produced a clearer understanding of how children with a hearing loss view their world. Also, what would adults who are hard of hearing identify as communication needs they had as they were growing up, if they were interviewed?

While demonstrating the benefits of the university-based early intervention and inner-city preschool programs, the present study has also revealed the need for further development. In the quest to discover and support optimal early interventions for urban children who are hard of hearing, John Dewey, philosopher of education noted in 1938.

There is always the danger in a new movement that in rejecting the aims and methods of that which it would supplant, it may develop its principles negatively rather than positively and constructively. Then it takes its cue in practice from that which is rejected instead of from the constructive development of its own philosophy. (Quoted in Wilcox, 1992, p. 5).

Children who are hard of hearing have the same potential for language development as hearing children and can achieve that potential if the environment and instruction are appropriate. Students are ready; the "teachers" need to appear. And the teacher needs to be language competent. For that, we are responsible.



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Editors' comment

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