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FACULTY OF HUMANITIES
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY

The Experiences of Hearing Young-Adults Growing Up In Deaf-Parented Families in Gauteng

Nomfundo Moroe

A dissertation submitted in fulfillment of the requirements for the degree of Master of Arts in Audiology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg,

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Abstract

This study explores and describes the experiences of hearing children growing up in Deaf Parented families in Gauteng. The specific objectives of the study were to explore the delegation of different roles including South African Sign Language interpreting in the family; the influence of having Deaf parents in occupational choices of hearing adult-children of Deaf parents; the availability of support services to CODAs and their perceptions of their parents in terms of disability. A purposive sampling strategy in conjunction with snowball sampling was used to identify and recruit participants. Two males and eight females between the ages of 21 and 40 years, with different occupations were recruited for this study. A qualitative design, embedded within the constructivism and interpretivism framework was used in this study. Data were collected through semi structured; open ended and in-depth interview questions were used to obtain data for the study. A pilot study was conducted prior to commencing with the main study. Thematic content analysis was employed to describe themes qualitatively. The following themes emerged from the study. Participants reported to have developed a bicultural identity; however, they primarily identify themselves as CODAs regardless of their racial identity. Participants expressed frustrations with the interpreter role and female children reported to have interpreted for their parents more than their male counterparts. Seven participants are currently employed as SASL interpreters. The study highlights that there are mixed emotions regarding interactions with the extended family members. The study identifies a strong need for support services for Deaf parented families. Lastly; participants viewed Deafness as a cultural minority, and not a disability. Findings revealed a need for audiologists to clearly define their role in Deaf parented families, and to also adopt emic view of Deafness and family system perspective model.

Keywords: CODAs, Emic vs. Etic, Identity formation, SASL interpreting, disability, role of audiologist, Family systems perspective

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DECLARATION

I declare that "***The experiences of hearing young-adults growing up in Deaf-parented families in Gauteng"*** is my own work, that it has never been submitted for any examination or degree in any other university, and that all sources to which I have made reference or quoted have been indicated and acknowledged by complete references.

_____

(Nomfundo Moroe)

_____day of_____ _____ 2013

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GLOSSARY

Biculturalism	Biculturalism is understood to be a two-directional process in which the acculturating individual "undergoes two independent processes of acculturation - one to the culture of origin and one to the new host culture" (Birman, 1994, p. 269).
CODA	Child Of Deaf Adult. The term “CODA” refers to any hearing person born to one or two Deaf parents (Bull, 1998; Bishop & Hicks, 2005; Mand et al., 2009).
CODA International	CODA international is a non-profit organization for t adult hearing children of Deaf parents, which serves as a support system for hearing children of Deaf parents. http://en.wikipedia.org/wiki/Child_of_deaf_adult
Deaf	“Deaf” refers to a cultural identity (Lane 1984, Lucas & Valli, 1992). Lower case‘d’ as in ‘deafness’ is a term referring to an audiological term relating to hearing difficulties (Murray et al., 2007).
Deaf World	American Deaf people themselves, brought together through shared education settings, in spite of being a minority group, have created a community known as DEAF-WORLD, which has its own language and culture; a community that is based on “shared experiences of a particular human experience, that of Deafness” (Singleton, et al., 2000 p, 222).
Emic	Is a cultural construct of Deafness an ‘insider’s view, where Deafness is seen as a cultural difference rather than a disability. (Reagan 1995, p. 243)
Etic	Is a medicalized construction, the outsider’s view, where deafness is seen as a medical condition, a disability of not being able to hear (Baker, 1995).
Family systems perspective model	A model which addresses the impact of deafness in the quality. This family system perspective “acknowledges the mutual impact of each member’s strengths and needs and recognises the importance of addressing issues related to family life” (p. 15).

Generational boundary	A process that occurs between a parent and a child where the roles become blurred. A child may take on more parental responsibilities such as decision- making in the family, and in turn the parent becomes dependent on the child (Lawson, 2008).
Identity:	Identity is an aspect of psychological functioning that is critical for a sense of well-being and positive personal development (Waterman, 1992).
Language broker	An act of translating and interpreting that children or adolescents in immigrant families perform for their parents, members of the family, teachers, neighbours, and other adults. (DeMent & Buriel 1999; Tse 1995). Language brokering usually is a results of a functional need which arises due to difference in language competence between speakers, as observed in immigrant families (Del Torto, nd).
Parentification	Describes a situation where children assume adult roles before they are emotionally or developmentally ready. (Lawson, 2008).
Role reversal	A situation where a child feels responsible for the parent and the parent expects them to be responsible (Buchino, 1993, p.44).

ACRONYMS and ABBREVIATIONS

ASL:	American Sign Language
CLB:	Child Language Broker
CODA:	(Hearing) Child of Deaf Adults
CRPD:	Convention on the Rights of Persons with Disabilities (CRPD)
DeafSA:	Deaf Federation of South Africa
HPCSA:	Health Professions Council of South Africa
SASL:	South African Sign Language

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CHAPTER ONE: INTRODUCTION AND RATIONALE

INTRODUCTION

This chapter provides a brief background on the hearing children of Deaf adults and the dynamics found in these families. A brief discussion of the role of audiologists when interacting with hearing children of Deaf parents was probed. Lastly a brief rational for this study is discussed.

This project was sparked by my curiosity about the experiences of hearing children born to Deaf parents. My interest in this population began when I was a speech pathology and audiology undergraduate student at the University of Witwatersrand. I had two classmates who had Deaf parents. In our lectures, we were alerted to the possibility that our case load as professionals may include hearing children born to Deaf parents. However, these lectures did not delve into the dynamics that these families experience.

In our first year of study, we were required to take South African Sign Language (SASL) as a module. In these lectures, we were taught basic sign language skills and given a brief background of the Deaf community in South Africa. Knowing that in our class we had two classmates who had Deaf parents, it was interesting to note that one of the two CODAs (Children of Deaf Adults) could use SASL and the other did not know SASL. What I noticed was that our SASL lecturer, who was Deaf, did not seem to be fond of the one classmate who could use SASL. I found this puzzling as our lecturers had highlighted that hearing children of Deaf adults are considered members of the Deaf community. I discussed this with my classmate and she explained that because of her chosen profession (speech therapist and audiologist), she is considered a 'sell-out' and she does not accept her parents' deafness. I was astonished and intrigued at the same time. With time and with my own personal experiences as an audiologist, I came to understand the controversies surrounding deafness and professionals working in the field of deafness and communication.

As part of our undergraduate training, we are required to complete a research project on any area of interest within our scope of training. Upon completing these projects, we present our projects at a research meeting called the AB Clemons Research Presentation Day which is a forum for undergraduate students to present their research projects to lecturers and fellow classmates. My CODA classmate attended AB Clemons with her Deaf parents. When it was her turn to present, she presented both orally and through South African Sign Language. When she started her presentation, there was a moment of silence and we were all attentive and fascinated by the presentation.

My classmate presented her findings on the attitudes and experiences of deaf adults with speech-language and hearing professionals in the South African context. The findings

suggested that Deaf parents face communication barriers in accessing speech-language and hearing professionals and as a result, most parents resort to using hearing family members and children to interpret for them. Also, concerns regarding confidentiality and trust when using interpreting services were mentioned, which further reinforced the use of family members to act as interpreters. These findings caught my attention and I was left wondering about communication patterns in Deaf families. I had gathered from my classmate that she interprets for her family especially at church. We did not discuss her family dynamics but I understood that her experiences were definitely different from mine in terms of having hearing parents versus having Deaf parents.

I began wondering about the experiences of growing up hearing in a family where parents are Deaf. More specifically, I began speculating about my role as audiologist in Deaf parented families. I began researching and reading up on hearing children of Deaf parents. The insight I acquired through reading studies on this population stimulated my interest in wanting to know about the experiences of CODAs within the South African context.

Subsequently, I completed my undergraduate studies and I was employed at a public hospital in Johannesburg, where most of my caseload included conducting hearing screening, hearing assessment and hearing aid fitting. During my tenure at this hospital, I was actively involved with hearing parents of Deaf children seeking information regarding decisions the families needed to empower the whole family with regard to their children. It appeared as though many hearing parents with whom I interacted sought information about Deafness and expressed their concerns of being unprepared and not empowered to raise a Deaf child without adequate information and resources. These families needed information about the different types of communication modes and school placement for their children. I then started wondering if Deaf parents who have hearing children have similar questions about raising children who are different to them, as in the case of hearing parents of Deaf children. In the three years that I worked in that hospital, I did not encounter any Deaf parents of hearing children seeking information regarding decisions surrounding their raising of hearing children. My assumption was that hearing children born to Deaf parents may not necessarily have the same experience as the Deaf children of Deaf parents. I then sought to find out about the experiences of hearing children born to Deaf parents. Therefore, I registered for my Masters in Audiology with the aim of exploring the experiences of hearing children of Deaf parents.

And so my journey began…

HEARING CHILDREN OF DEAF ADULTS

Statistics in the United States of America indicate that over 90% of all Deaf parents have hearing children. These children are referred to as hearing children of Deaf adults (CODAs) (Clark, 2003; Mitchell & Karchmer, 2004; Singleton & Tittle 2001). The term "CODA" refers to any hearing person born to one or two Deaf parents (Bull, 1998; Bishop & Hicks, 2005; Mand, Duncan, Gillam, Collins & Delatycki 2009). Bishop (2005, p.192) states that the term CODA is meant for people who see themselves "as not quite fitting into the Deaf/hearing categories; people who want to carve out a third niche for themselves". This third niche arises out of the realization that hearing children of Deaf adults are simultaneously, bilingual and bicultural in that they potentially share the language and culture of their Deaf parents and at the same time are hearing individuals who are inevitably members of the hearing community and acquire spoken language that is dominant in their environment (Singleton & Tittle, 2000). However, some CODAs do not see themselves as full members of either culture but are instead bicultural and bilingual and hence perceive themselves as a link between the two cultures and thus constituting a third niche (see Preston, 1994).

This feeling of not fully belonging in either the Deaf community or the hearing community has raised pertinent questions about the identity of CODAs. The lives of CODAs are often fraught by the ambiguity of being culturally 'Deaf' and yet functionally hearing (Clark, 2003). Preston (1994) asserts that within the Deaf community, there is rarely any ambiguity; one is either Deaf or hearing. However, for CODAs the predominant viewpoint held within the Deaf community does not adequately take into account the identity of hearing children of deaf adults. Some CODAs may identify themselves as solely Deaf or hearing rather than bicultural (Preston, 1995). The question about the identity of CODAs has arisen out of studies in Deaf culture, which argue that hearing children of Deaf parents are not fully-fledged members of the Deaf culture but are rather, guests or courtesy members (Higgins, 1980). Lane, Hoffmeister and Bahan (1996) have, for example, argued that whilst CODAs possess knowledge about Deaf culture, their knowledge of the Deaf culture does not make them members of the Deaf culture as CODAs cannot audiologically or physically experience deafness and they will not experience the negative and positive aspects of being physically deaf.

Identity is critical in the development of every person and the family unit plays an important part in the formation of individual identity. Participation in the Deaf culture gives Deaf individuals a way of dealing with deafness and a sense of identity (Brown, 1995). Hearing people find their identity within their families and the society at large. But can the same be said for hearing children of Deaf parents?

Due to the unclear boundaries and demarcations in terms of identify with both the hearing and the Deaf culture, more often than not, CODAs are faced with the question: "Am I hearing or am I Deaf?" (Bull, 1998). Preston (1995), for instance, narrates the interaction between a Deaf father and his hearing son when the son turned 18 years of age and this illustrates the ambiguities CODAs experience, (The signed interactions/responses are depicted by brackets)

> When I turned 18, my father took me aside. He pointed out the window and said ("The time is coming. Soon you must go. That's your world out there. The Hearing world. You belong there.") For 18 years I had grown up Deaf, and now all of a sudden I'm supposed to be hearing? I looked at him and said, ("What do I know about the hearing world? I hear, yes. I speak, yes. But I thought I was Deaf".) My father smiled and ("True, you're Deaf, but you're hearing too.") I grew up Deaf. I guess now I'm hearing. But some part of me still feels Deaf (Preston, 1995, p. 1647).

The interaction captures and portrays the conflict that CODAs encounter in terms of their identity. They grow up in Deaf parented families, yet they are hearing. So the CODAs are often faced with this question: 'Am I hearing or am I Deaf'?

For Deaf people, deafness is not merely the absence of hearing. Deafness is about identity, and belonging to a culture or society (Senghas & Monaghan, 2002). Deaf individuals who are part of the Deaf community find their identity within the Deaf culture. Hearing individuals likewise define themselves within the broader hearing society. Hearing children on the other hand, are neither hearing nor Deaf. They are both hearing and Deaf (Preston, 1994). In instances where hearing children of Deaf adults find themselves not belonging in the Deaf community, one might assume that they will find solace in the hearing community. However, this is not true for most CODAs due to discrimination or stigmatization that CODAs observe towards their parents when interacting with the hearing community. In most cases, CODAs witness the discrimination and the economic difficulties of their parents and take these memories into adulthood (Bishop et al., 2005).

The reality is that some Deaf people may choose to remain outsiders in a hearing world. This perceived reality may pose a challenge for CODAs as they may value and wish to share their parents' identity, but, if the hearing community views Deaf people as outsiders, CODAs are more likely to hold internalized feelings of marginality imposed on them by the hearing community because of their parent's Deafness (Bishop et al., 2005). Furthermore, because of the negative experiences their parents are subjected to such as discrimination and stigmatization from the hearing community, some CODAs may view the hearing world as the enemy, or as the "other" (Davies, 2000, p. 130).

Christodoulou et al. (2009) argue that the high percentage of hearing children born to Deaf parents may also create pressure on child-rearing and family life as these children may share and live a unique life experience. In the case of Deaf families where the mode of communication is primarily sign language, interactions within the home may not be affected; however, in the presence of extended family or the hearing society at large, interactions may be affected as Deaf parents may not be able to communicate effectively with the extended family and the hearing society (Jackson & Turnbull, 2004). As a result hearing children of the Deaf adults often become the communication link between their Deaf parents and the hearing world. The role of acting as a communication link may occur in different ways, such as acting as cultural language brokers or interpreters between their Deaf parents and hearing community (Hall, Nigel & Guery, 2010). Language brokering in these families ranges from sporadic to incessant, and CODAs start language brokering from a very young age (Preston, 1996). Language brokering refers to an act of translating and interpreting that children or adolescents in immigrant families perform for their parents, members of the family, teachers, neighbours and other adults (DeMent & Buriel 1999). Language brokering may include interpreting what a physician says during a consultation; interpreting a rental agreement, or ordering a meal at a restaurant (Filer & Filer, 2000). The responsibility of being in charge of the family communication and the possible exposure to inappropriate situations may create unwelcome pressure for some CODAs as they may find themselves interpreting in situations where they feel too young to resist or negotiate the boundaries of their interpreting role, which may lead to children becoming emotionally involved in the affairs of their parents (Singleton & Tittle, 2000; Preston, 1994).

In the South African context, the Sowetan Newspaper (16 October 2012) published an article about a three-year old girl, Sfundo, who is the communication link within her family as well as between her family and the outside world. The article illustrates how children take

up the essential role of interpreting at a very young age. The newspaper article entitled, '*Deaf Couple's 'ears''* reported how a three-year old Pretoria girl acts as indispensable 'ears' for her Deaf parents. The three -year old girl signals to her parents if there is a knock at the door or when the phone rings. If her 18-month sibling is restless at night, the girl wakes her parents up so that they can attend to the baby. The mother was quoted saying "if it's her grandmother, I would ask Sfundo to communicate with her". Furthermore, the parents highlighted that communication at home is easier "thanks to Sfundo." But when the parents are not at home, communication becomes harder and they have to rely on written notes to communicate. This article echoes the observations made by authors like Preston (1994) who note that hearing children of Deaf parents start interpreting very early in life. The three-year old girl is already interpreting for her family at a very young age. This is often the reality that many Deaf parented families face.

There is a contention among authors that the responsibilities assumed by CODAs such as interpreting may affect aspects of family life such as the obtaining power relations within families. Hearing children of Deaf parents start interpreting for their parents at a young age mainly because of the communication barriers that Deaf people encounter when interacting with the hearing community. Due to the interpreter role that CODAs assume within the family, there are concerns that hearing children who make decisions on behalf of their parents and take responsibility for the family's wellbeing may be in a position of power over their parents (Lawson, 2008; Singleton & Tittle, 2000; Sidransky; 1990). However, other authors such as Turnbull and Jackson (2003) contend that if the roles between the Deaf parents and the CODAs are clearly defined and adhered to, the risks of parentification and role reversal are minimised for these families (Turnbull & Jackson, 2003).

There are additional responsibilities that CODAs assume that emerge out of the interpreting role they undertake within their families. Interpreting often comes embedded with the responsibility of protection for CODAs. Protection may come in the form of CODAs not relaying the negative or insensitive comments which may be made by hearing people about Deaf people (Morales Hanson, 2005; Filer & Filer, 2000). Also due to protectiveness, Preston (1994) found that 60% of CODAs have worked directly or indirectly with Deaf people.

One of the challenges that CODAs generally encounter emanates directly from the labelling and classification of their Deaf parents as disabled (Preston, 2008). The disability

label has created a perception that Deaf parents' may be unable to care and raise hearing children (Preston, 2008; Lawson, 2008). Deaf parents have also been discriminated against in terms of education and employment opportunities as a consequence of the disability label and this, in certain ways affects their capabilities to take care of their hearing children (Preston, 2008).

In South Africa there is a dearth of information about the experiences of CODAs beyond the well-known statistic that 90% of Deaf parents have hearing children. In other countries, such as the United State of America, Australia and Greece, CODAs have been given a voice and a platform to share their experiences. Furthermore, in the American and Australian contexts there are organisations for CODAs where hearing children meet and discuss issues pertaining to their bicultural identity and family dynamics. The paucity of research on CODAs in South Africa, means that articles published in national newspapers such as the one in the Sowetan newspaper portray CODAs as the 'ears' for their parents. CODAs are praised and told that what they are doing (for example, acting as language brokers) is good and they should be proud of what they are doing for the parents. This raises a paramount question as to how hearing children of Deaf adults feel about the responsibilities that have been thrust on them. Specifically, it raises a question about how CODAs feel about their experiences of growing up in Deaf parented families.

ROLE OF THE AUDIOLOGIST IN SOUTH AFRICA

The Health Professions Council of South Africa (HPCSA) clearly states the role of the audiologist in the management of children diagnosed with hearing loss. In 2007, the HPCSA released a position statement in which it proposed targeted infant hearing screening of infants classified as high risk in terms of their family history of permanent childhood hearing loss or additional factors rendering the infant prone to hearing loss such as malaria, rubella, HIV and cytomegalovirus, among other conditions (Van Zyl, 2012). Much research has been conducted on early hearing loss detection and identification since the release of the position paper from the HPCSA (see for example Khoza-Shangase, Barratt, & Jonosky, 2010; Kanji, 2010; Storbeck & Calvert, 2008; Swanepoel, Storbeck, & Friedland, 2009; Van der Spuy & Pottas, 2008).

While research and policy interventions have focused on the role of audiologists with regards to the management of children with hearing loss an important question to ask is: what is the role of an audiologist in the lives of CODAs? Do audiologists even have a role to play

in the lives of CODAs? Do audiologists interact with CODAs on their caseload? Are audiologists aware of the family dynamics in Deaf-parented families? Do audiologists refer appropriately? In South Africa, the role of an audiologist in providing the necessary services to hearing children of Deaf adults is, currently not documented. For instance, audiologists, upon discovering that Deaf parents have given birth to a child, regardless of their hearing status, they need to screen the hearing of that child and follow-up with that family. According to the HPCSA, a history of familial hearing loss is included in the High Risk Register (HHR) (HPCSA, 2007). HHR is a tool used to identify risk criteria for hearing loss in neonates and infants as well as infants who may require monitoring and follow-up hearing screening (Johnson, 2002). In a case where hearing loss is hereditary, a child born to deaf parents may be at risk of developing late acquired hearing loss or they may give birth to children who are deaf. What would be the role of audiologists in that case?

RATIONALE

The rationale for conducting a study on the experiences of CODAs is predicated on a number of reasons. In the first instance, the literature on CODAs in South Africa is scant and this study is an attempt to contribute to this field of study. Secondly, audiologists interacting closely with Deaf-parented families may not be familiar or aware of their role in providing these families with necessary information and access to resources and vital social services Deaf parents require. The study contends that if 90% of CODAs are born to Deaf parents and if the only common characteristic of hearing children of Deaf adults is having Deaf parents this might constitute sufficient grounds to create a distinct group necessary for professional discourse, more specifically within the audiology profession. Does being a minority group suggest that CODAs should not be an area of study and focus? Is their existence of no significance in our society, the hearing society? This study intends to contribute to this broader discourse more generally.

The study is also born out of a realization that hearing children of Deaf adults represent a relatively invisible linguistic and cultural minority (Ladd, 2003) and the fact that little has been documented about CODAs in South Africa poses a challenge for audiologists who may interact with CODAs in their caseload.

Selzer (2010, p. 14) states, for example that ‘The South African Deaf community is relatively small, and they tend to keep to their own and act very guarded about their culture and their language’. The current study therefore seeks to address the paucity of research in

the field of deafness more specifically research relating to the hearing children of Deaf parents. Since this study stems from an aspect of Deaf culture, this dissertation will contribute to research in the field of deafness. Furthermore, the study will attempt to provide valuable information regarding the experiences of CODAs, which both deaf parents and professionals may have to consider when interacting with hearing children of Deaf parents. In a broader sense, the study will give a voice to the South African CODAs to share their experiences as derived from their familial interactions, realities and dynamics.

The experiences and the family dynamics in CODA families, which this study attempts to bring out, may assist in creating a pool of information for Deaf parents and audiologists alike. For instance, when hearing parents have a Deaf child, they may seek information that could assist them in making appropriate decisions for the family such as the mode of communication that would be used at home, the school to which they would like to send their child, the resources that are available to the child and the family, and the culture that would be ideal for the family. Similarly, Deaf parents may benefit from a variety of resources and information which parents and audiologists may not have considered. Torres (2003) reported that some Deaf parents expressed concerns about the lack of information on supporting and fostering their children's identity. These parents reported that they felt inadequate in providing their children with resources to help them with the family dynamics they are exposed to and their bicultural and bilingual identity status. Torres' (2003) findings suggest that in America, some parents have expressed a need for information for Deaf parents raising hearing children. This finding highlights that the parents see the value and the need for a resource centre or information pool for Deaf parents who raise hearing children. Similarly, in this dissertation, I was interested in information focusing, not only on what is thought to be most appropriate for Deaf parented families, but that which reflects the experiences of hearing children of Deaf parents (CODAs)

There are various reasons that account for the dearth of information on CODAs in the South African context. South Africa is a developing country without adequate resources to conduct research in general. Research on issues related to deafness is hindered by a number of specific factors. These include the sensitivities surrounding the on-going conflict between the Deaf community and the professionals working in the field of deafness. Such tensions are often exacerbated by the hearing community viewing Deaf people as disabled and this often creates barriers to studying the CODA phenomenon. Perhaps, professionals working in the field of Deafness may not be interested in knowing about CODAs. The fact that CODAs are a

minority group also contributes to the paucity of research as it may not be easy to locate and have access to them.

Regardless of the possible reasons why there is paucity of research in South Africa on CODAs, the fact remains that CODAs ought to be given an opportunity to have their stories heard so that more is known about their experiences. The information gleaned from their experiences may highlight what CODAs value about their experiences, the resources they require and the challenges they encounter so that their parents and the professionals can pre-empt or anticipate the positives as well as the predicaments that CODAs may encounter. Listening to what CODAs have to say is the first step into appreciating and understanding the CODA phenomenon in South Africa.

The dearth of current research on CODAs begs the following questions: Do we know enough about CODAs? Are CODAs not significant enough to demand the attention of the professionals and researchers? We know that in South Africa not much is known about CODAs, therefore the questions of having enough information on the experiences in South Africa is an accurate assumption. The available data on the CODAs experiences from the United States and other contexts may not be applied easily into the South African context. South Africa is a diverse country both linguistically and culturally. Most studies on CODAs talk about CODAs as being bicultural and bilingual. It may not be the case in South Africa as some CODAs may view themselves as multicultural and multilingual.

These factors necessitated a study of this nature with the aim being to provide information on the experiences of children of Deaf adults within the specific context of Gauteng in South Africa.

OUTLINE OF THE RESEARCH

Chapter 1 provides a background on the hearing children of Deaf adults and the dynamics that emerge in these families. The chapter gives a brief discussion of the role of audiologists when interacting with hearing children of Deaf parents. . Lastly, the chapter provides a rationale upon which this study is predicated upon.

Chapter 2 provides a discussion of the literature on the CODAs. More specifically, the chapter discusses CODAs within the South African context in greater detail. Studies conducted in other countries are discussed and analysed in relation to the South African context.

Chapter 3 focuses on the methodology used to collect data for this study. The chapter discusses the specific aims and sub aims of this study. The chapter also provides an account of the challenges encountered in conducting the study as well as the researcher's personal reflections.

Chapter 4 reports on the themes and the findings which emerged from the data collected for this study. The themes are discussed in relation to the aims presented in chapter 3.

Chapter 5 gives a general discussion of the findings in relation to the results presented in chapter 4.

Chapter 6 discusses the concluding remarks and the implications and limitations of the study. Recommendations for audiologists working in the field of deafness in offering family-centred intervention to hearing children born to Deaf parents are suggested.

CHAPTER TWO: SOUTH AFRICAN CONTEXT AND LITERATURE REVIEW

This chapter discusses issues pertaining to hearing children of Deaf adults as discussed in the literature on CODAs. The chapter contextualizes some of the debates within the context of South Africa. The chapter analyses some of the terms and concepts as used in the study.

BACKGROUND

I was an adult before I was a child (Walker, 1986, p. 93)

The quotation above highlights an aspect of growing up as a child of Deaf adults.

'MOTHER FATHER DEAF' is a phrase commonly used in the Deaf community to identify a hearing child of Deaf parents (Clark, 2003). The question: 'Am I hearing or am I Deaf?' may create a conflict of identity for hearing children in bilingual or bicultural families where one or both parents are Deaf (Bull, 1998). One's personal and cultural identity may play an important role in the developmental stage and the life experiences of hearing children of Deaf parents have an impact on family dynamics. Hearing children of Deaf parents may feel conflicted, marginalized, alone or different growing up hearing in the Deaf world. (Bull, 1998). Understanding and embracing the difference often does not occur until adulthood when one finds community with others they can identify with (Bull, 1998).

Statistics in United States of America show that over 90% of all Deaf parents have hearing children, referred to as CODAs ([hearing] children of Deaf adults) (Mitchell & Karchmer, 2004). This high number of hearing children born to Deaf parents may create pressure on child-rearing and family life (Christodoulou et al., 2009). It may also create an extraordinary family setting, as hearing children of Deaf parents may be exposed to and interact with two differing cultural, social and linguistic systems: that of their Deaf parents and the Deaf community and that of hearing peers and adults (Preston, 1995). These two cultures differ in the sense that the Deaf community uses sign language as a mode of communication, whereas the hearing community uses spoken language to communicate.

The lives of CODAs incorporate the ambiguity of being culturally 'Deaf' and yet functionally hearing. As a result, these families may then need to bridge the divide between the hearing and Deaf worlds and may consequently face unique communication and parenting challenges (Clark, 2003).

A distinction is made between audiological deafness and cultural deafness. The term 'deaf' refers to an audiological status while the term 'Deaf' refers to a cultural identity (Lane 1984; Lucas & Valli, 1992). It should be noted that the upper case 'D' in 'Deaf' culture,

signifies cultural membership in a community with a shared language and experience (Murray, Klinger, & McKinnon, 2007). On the other hand the lower case ‘d’ in ‘deafness’ is a term referring to an audiological term relating to hearing difficulties (Murray et al., 2007).

As a reaction to what deaf persons perceive as oppressive attitudes conveyed by hearing society, members of the Deaf community have preferred to write ‘Deaf’ with a capital D instead of a lower-case letter to refer to a person who places pride in themselves being identified as a “Deaf person” and aligns themselves with Deaf Culture and Sign language and is accepted by the Deaf community as a Deaf person. On the other hand, the use of the term “deaf” refers to the audiological dimension of the physical loss of a person’s hearing. An individual who identifies him or herself as “deaf” is considered by the Deaf community to be an “outsider” as they do not share the same language or culture as Deaf persons (Mcilroy, 2008, p. 42)

It is important to note that not all audiologically deaf people belong to Deaf culture hence the distinction between ‘deaf’ and ‘Deaf’ (Siple, 1994). According to Filer and Filer (2000) in order to begin understanding hearing children of Deaf parents, it is necessary to have a basic understanding of Deaf culture. The section below discusses the deaf culture.

DEAF CULTURE

Language is often an important part of one’s cultural identity (Clark, 2003). Although not all Deaf people use sign language, sign language is still considered the single most important element that connects and binds the Deaf community together (Filer & Filer, 2000). American Deaf people who are brought together through shared education settings, in spite of being a minority group, have created a community known as DEAF-WORLD, which has its own language and culture; a community that is based on ‘shared experiences of a particular human experience, that of Deafness’ (Singleton, & Tittle, 2000, p. 222). Sign language is not a language based on any spoken language as it has its own distinct grammar (Penn, 1995) and functions as the primary language for Deaf people, serving as the “symbol of identity for membership in the Deaf culture and the store of cultural knowledge” (Lane, Hoffmeister & Bahan, 1996, p. 67). Sign language is entrenched in linguistics and it is a fully–fledged language that meets every criterion used to describe a language (Fromkin, Rodman & Hyama, 2003). Singleton et al, (2000, p. 222) assert that Deaf people are ‘not born’ into the Deaf culture and as a result, most Deaf people spend a significant portion of their youth trying to understand ‘who they are in relationship to the hearing world’. Generally, Deaf

people feel cut off from the conventional transmission of language and culture from the hearing community and depending on their educational placement, they may not be fully immersed or have contact with other members of the Deaf community until they are young adults (Singleton, et al., 2000). In the section below, I discuss how individuals gain membership into the Deaf culture.

MEMBERSHIP INTO THE DEAF CULTURE

Singleton et al, (2000, p. 222) argue that one is either 'born into the Deaf community or 'one opts' in when he or she realizes that despite one's efforts and those of one's hearing family, one simply cannot identify with the hearing world'. The Deaf community consists of about 5 to 10% of *native* members. These are children who are born into the culture, the Deaf children born to Deaf parents. According to Cokely (1980) cited by Napier (2002, p. 142) there are four spheres of life through which people can be members of the Deaf community. This may be through their audiological status, political support of the goals of the Deaf community, social contact within the community, and through linguistic fluency in the sign language of the community. In as much as these are the core prerequisites into the Deaf community, there's diversity in the membership, as this community may also include members with hearing loss ranging from profound hearing loss to normally hearing children of Deaf parents. There are some "hard-of-hearing" people who identify themselves as members of the Deaf community and there are some who identify themselves with the hearing community and their family of origins. Because of such diversity within the community in order for one to gain entry into the Deaf community "one must adopt a cultural view of Deafness and be proficient in sign language" (Singleton et al., 2000, p. 222). Acceptance and acculturation into the Deaf community are affirmed by one's attitude and the use of sign language and not upon one's audiometric status (Singleton, et al., 2000, p. 222).

In addition to satisfying the criteria for membership into the Deaf community one may still need to possess the right "attitude toward Deaf people, their language, culture and minority status to be accepted into the community" (Napier, 2002, p. 142).

A study conducted by Preston (1994) on hearing children of Deaf parents revealed that many feel that they are not full members of either culture but are bicultural and bilingual and they see themselves as a link between the two cultures. Napier also alludes to this point and argues that studies on membership into the Deaf community seem to accept the inevitability that hearing people will be members of the community, "up to a point", and this

mainly refers to CODAs or siblings of Deaf people who have "grown in the Deaf community, acquired sign language from an early age, and become enculturated (sic) to the Deaf way of life" (Napier, 2002, p. 142).

Biculturalism is understood to be a two-directional process in which the acculturating individual "undergoes two independent processes of acculturation - one to the culture of origin and one to the new host culture" (Birman, 1994, p. 269). Individuals can be acculturated to either, both, or neither culture, and four possible acculturative styles have been identified in the literature: assimilation, marginalization, separation (immersion within culture of origin), and biculturalism (see Mendoza, 1984). In this case, a hearing child of Deaf parents' culture of origin may be the Deaf culture and identify the host culture as the hearing culture. Moreover, it is no longer believed that adaptation to a host culture necessitate the rejection of the culture of origin (Mendoza, 1984). As mentioned previously, language often is an important part of one's cultural identity, therefore, it is considered the single most important element that binds the Deaf community together (Clark, 2003). On face value, CODAs are potential members of the Deaf community in that they are native Signers who may be socialized into Deaf culture, however, if they do not become fluent signers, this potential community membership is often not possible (Pizer, Walters, & Meier, 2012). Therefore, CODAs have a unique experience of being insiders, yet outsiders in a Deaf community (Singleton, et al., 2000).

EMIC vs. ETIC CONSTRUCTION OF DEAFNESS

In order to understand the complexities within the Deaf\hearing debate, one needs to understand the following concepts: etic vs. emic. The etic, or medicalized construction, is the outsider's view, the hearing person's perspective on deafness where deafness is seen as a medical condition, a disability of not being able to hear. This etic perspective views deafness as being in "a world that is silent, tragic, and empty, devoid of the experience of the stimulating and wonderful sounds of nature" (Baker 1999, p. 126). As mentioned, the etic perspective is a medical or pathological viewpoint which recognizes deafness is an "ailment that necessitates remediation; thus, it is associated with oralism, lip-reading, hearing aids, and cochlear implants" (Shield, 2005, p. 118).

Emic, on the other hand is a cultural construct of Deafness. This is the insider's perspective that focuses on the specific culture of Deaf people. According to this perspective, deafness is not considered a disability; rather, "it is a subculture like any other and it has its

own values and norms which include a common language, a shared awareness of cultural identity and history, distinctive behavioral norms and patterns, cultural artifacts, endogamous marital patterns, and a network of voluntary, in-group social organizations" (Reagan 1995, p. 243). It is in this context where "deaf" can be distinguished from "Deaf", as the term 'deaf' has come to refer to people who merely cannot hear, while 'Deaf' refers to people who identify with the Deaf community, who know sign language, and whose primary social relations are within that community (Shield, 2005). Reagan (2002) claimed that Deaf identity is primarily an emic construction in conflict with a dominant etic construction of deafness.

IDENTITY

Deafness is not merely the absence of hearing. Deafness is about identity, and belonging to a culture or society (Senghas & Monaghan, 2002). Identity is an aspect of psychological functioning that is critical for a sense of well-being and positive personal development (Waterman, 1992). It is a complex social construction that incorporates self-representations or self-perceptions (Baumeister, 1997) which evolves out of various interactions with other people in multiple ongoing social contexts (Baumeister, 1997; Grotevant, 1992; Kroger, 1996).

Identity is a complex and developing cognitive and social construct encompassing an array of characteristics or identity components that connects the person to specific social groups. This construct is based on one's understanding of biological, psychological, social and religious-spiritual aspects of our beings. It is also a dynamic and ongoing compilation of the meanings of past experiences, present experiences and our images of what is possible for us in future. (Leigh 2009, p. 4)

Fitzgerald (1993) described identity as a multi-dimensional, reflexive process, which involves psychological motivation, cultural knowledge, and one's ability to perform appropriate roles. As new information about oneself emerges; there is often a process of identity restructuring. Therefore, one's identity, or rather identities, may be very much influenced by the responses of others and molded by past and ongoing experiences, a process that continues through the life span (Grotevant, 1992). Identity is somehow strongly related to social expectations and the cultural context. Basically, identity becomes the standard by which people select behaviours, change their self-representations and in turn influence their cultural worlds (Maxwell-McCaw, Leigh, & Marcus, 2000).

Research has shown that identity status has a significant influence on the adolescent's social expectations, self-image and reactions to stress. Based on Eriksson's developmental scheme, Marcia (as cited in Craig, 1996), proposed four different identity statuses of identity formation in adolescence stage.

- Identity foreclosure: this refers to the identity status of those who have commitments without going through an identity crisis. (Identity crisis refers to a period of making decisions about important issues such as "who am I and where am I going" (Craig, 1996, p. 439).
- Identity diffusion refers to the identity status of those who have neither gone through an identity process nor made commitments.
- Identity moratorium is the identity status of those who are currently in the midst of an identity crisis.
- Identity achievement is the identity status of those who have gone through an identity crisis and have made commitments.

Adolescents "are confronted by the need to re-establish [boundaries] for themselves and to do this in the face of an often potentially hostile world. This is often challenging since commitments are being asked for before particular identity roles have formed. At this point, one is in a state of 'identity crisis', but society normally makes allowances for youth to "find themselves," and this state is called 'the moratorium' (Stevens, 1983). The true test in adolescence is one of role confusion—a reluctance to commit which may have an impact on the individual in later years. Given the right conditions, what may emerge is a firm sense of identity, an emotional and deep awareness of who the individual is (Stevens, 1983). The latter may happen in the young adulthood stage where identity versus role confusion is coming to an end, where one has established his or her identities, are ready to make long-term commitments to others. They become capable of forming intimate, reciprocal relationships and willingly make the sacrifices and compromises that such relationships often require.

In the early adulthood stage, which often refers to people in the early twenties to late thirties age group, the primary task is to establish an identity through intimate relationships and work. The task of identify formation is a continuous process (Craig, 1996). One of the ways in which this identity formation can occur is within families. According to Phinney (2000), family influences on identity formation during adolescence and early adulthood have

received increasing attention in the literature including the influences of parenting processes and the role of individuality and connectedness in the development of identity (Mullis, Brailsford, & Mullis, 2003). In a study of adult identity conducted by Whitbourne (1986), 90% of the participants indicated that their family roles and responsibilities were the most significant components in defining and forming their identity. The participants expressively acknowledged that their identity was shaped by their family relationships and experiences.

Young adults are often in transition, moving from the family of origin to the family of procreation (Craig, 1996). That is, the young adults often move away from the primary family circle to pursue their own ambitions and ultimately start their own families. According to Hoffman (as cited in Craig, 1996), there are four types of independence in this transition process:

- The emotional independence, where the young-adult becomes less socially and psychologically dependent on the parents for support and affection.
- The attitudinal independence, where the young adults develop attitudes, values and belief systems different from their parents.
- Functional independence, which is the young-adult's ability to support themselves financially and manage day to day challenges.
- Conflictual independence, which involves separating from one's parents without feelings of guilt or betrayal.

Therefore based on the above, it appears as though identity is critical in the development of every person, but more so to hearing children raised by Deaf parents. Identity in hearing children of Deaf parents is important mostly because, of the conflict that exists between the hearing community and the Deaf community. CODAs are born hearing and are part of the large hearing community while their Deaf parents are part of a small community with different values and norms. Furthermore, CODAs constantly have to engage with both cultures, which ultimately may force CODAs to question their sense of belonging and acceptance (Preston, 1994). The question by Clark (2003) 'Am I hearing or am I Deaf?', may create an identity conflict for hearing children in bilingual or bicultural families where one or both parents are D/deaf (Bull, 1998). Hearing children of Deaf parents may feel conflicted, marginalized, alone or different growing up hearing in the Deaf world. (Bull, 1998). Some authors claim that CODAs are bicultural as they are both hearing and Deaf (Hoffmeister,

2008, Leigh; Leigh, 2009) while some authors claim that CODAs may choose to be sole hearing or Deaf (Preston, 1994). Other authors claim that CODAs are guests or courtesy members in the Deaf community. It seems that identity formation in CODAs is a complex process dependent on their interaction with both the hearing and the Deaf culture. Preston (1994) stated that CODAs inherit a dual meaning of deafness, which means that when CODAs interact with hearing society, they perceive deafness as a negative experience, a disability. On the other hand, when they interact with their parents, they view deafness as a typical cultural minority.

Family plays a large part in identity formulation. The expectations and the family dynamics may have an influence in the CODA's identity formation. Participation in the Deaf culture gives Deaf individuals a way of dealing with deafness and a sense of identity (Brown et al., 1995). However this may not be true for hearing children of Deaf parents as they may feel that they neither belong to the Deaf culture nor the hearing society. According to Preston, (1995), some adult hearing children of Deaf parents may identify themselves as solely Deaf or hearing rather than bicultural. Some studies on Deaf culture have implied that hearing children of Deaf parents are not fully-fledged members of the Deaf culture; rather, they are seen as guests or courtesy members (Higgins, 1980). According to Lane, Hoffmeister, and Bahan (1996), hearing children of Deaf parents have knowledge about Deaf culture; however, they (hearing children) cannot fully identify themselves with the Deaf culture as they cannot know how it is like to be Deaf, meaning that they have not experienced deafness in the audiological sense, and they have not and will not directly experience the negative and positive aspects of being Deaf.

DEAFNESS AND DISABILITY AND DISCRIMINATION

Deaf people often have negative experiences with the hearing world. These experiences have been described as alienation, oppression, or paternalism. All these descriptions may suggest that deaf people feel that not only are they not understood by the hearing world but that the way they are treated is harmful. These negative experiences then, in part, may account for the fact that many deaf people associate only on a very limited basis with hearing people (Filer et al., 2000). Furthermore, deaf people have often been viewed as disabled most of their lives.

Many deaf people do not view deafness as a disability, however within the hearing society, deafness is often perceived as a disability (Rosen, 2003). "Deafness is a particular human condition understood by outsiders as a profoundly devastating disability, by insiders as an incidental feature and cultural norm" (Preston, 1995, p 1462). The hearing community

generally views deafness as a disability and has little understanding or information about Deaf culture (Filer et al., 2000). Additionally, Hoffmeister, (1996, p. 172), stated that many of the professionals involved in educating Deaf people have viewed deafness as pathological by focusing on the hearing loss. This pathological view is in stark contrast to the view of the Deaf community in which, 'members consider themselves neither isolated nor disabled, but rather a cultural and linguistic minority'. Preston (2008, p. 9) highlights the challenges the disability community faces by stating that:

> The disability community brings about a unique expertise to parenting issues. Despite the increasing efforts to acknowledge and promote cultural and linguistic competency within most social service support system, there is little awareness of or knowledge about disability or Deaf culture among a wide array of social service providers. Disability and Deaf cultures challenge traditional stereotypes of incapable and helpless individuals, normalize the experience of having a disability or being deaf, encourage independent functioning, provide positive role models and disability appropriate solutions. These cultural perspectives are especially crucial when working with parents with disabilities and Deaf parents who are vulnerable to pervasive societal stigma and unwarranted pathological speculation over their parenting capabilities. Providers, typically unfamiliar with disability or Deaf culture perspectives, frequently assess functioning according to non-disabled norms, leading to health care services that are inaccessible, disrespectable and ultimately ineffective.

Numerous studies on children of disabled parents conclude that children are at risk for parentification, that is, children who assume adult roles before they are emotionally or developmentally ready (Lawson, 2008). Singleton et al. (2000, p. 226), arguably, believe that the risk for parentification is mainly due to the fact that "Deaf parents may not have equal access to information on effective parental skills." Often, Deaf parents have reported feeling marginalized when it came to information regarding their child's education and well-being (Mallory, Schein & Zingle, 1992). Other studies argue that some Deaf parents' parenting skills are above average (Strom, Daniels, & Jones, 1988; Jones, Strom, & Daniels, 1989). Hoffmeister, (1985) also argues that for most Deaf parents growing up in their hearing families, they may have not experienced incidental learning or modeling of parental skills from their own parents or relatives due to communication barriers. This perceived lack of parental skills modeling as experienced by Deaf parents may raise issues regarding the Deaf parents capability of raising hearing children. However, a number of scholars have found that CODAs are resilient, resourceful and not over-represented in the population of children with social, psychological, emotional or educational problems (Blaskey, 1983; Charlson, 1999; Reinz, 1983; Sanders, 1984). Also, CODAs have, for the most part, been seen to develop into successful, ambitious individuals (Castro, 2010). Singleton et al., (2000, 226) conclude that

parenting literature finds Deaf parents competent and caring and aware of their limited experience in their family of origin and concerned about obtaining access to linguistically and culturally appropriate childrearing information. Singleton and Tittle (2000) assert that:

> Apart from having some specific issues revolving around communication and cultural mediation, in general, it does not appear that Deaf-parented families are at a greater risk for family dysfunction; Deaf parents are just as vulnerable as hearing parents to other family relationship stressors such as poverty, single parenthood and substance abuse.

The Deaf community should not be viewed as a disability group with a medical problem but rather as a distinct cultural and linguistic minority group (Singleton et al., 2000), which is "disadvantaged by a language barrier rather than by a disability" (Murray, et al., 2007). However, Power and Leigh, (2003) state that deafness is primarily "a communication disability" that needs to be acknowledged as such. This assertion does not support or view Deafness as a disability but merely acknowledges that communication is disabled but not the Deaf individual as Deaf people would not be regarded as disabled if they were given access to information (Napier, 2002).

Another aspect that may negatively affect minority groups, more specifically Deaf parents, is that of limited educational and employment opportunities. Deaf people feel that they have suffered much discrimination and prejudice in the areas of education and employment (Bishop et al., 2005). The discrimination and prejudice in the areas of education and employment is often due to the hearing world perceiving deaf people as disabled. According to Ross (2010), in terms of employment, the Deaf population is highly heterogeneous and Deaf people have demonstrated that they are capable of doing almost any kind of work. However, due to language restrictions, poor access to information, academic education and social skills tend to limit their choice of occupation, earning ability and opportunities for vocational training. This discrimination and prejudice towards Deaf people often results in under employment or Deaf people being employed in skill-based occupations only. According to Padden-Duncan (2007), for most of the twentieth century, Deaf people were often directed into restricted, unskilled or semi-skilled work, and trades, such as cobbling and tailoring. It was often hard work just to persuade employers that Deaf people were employable (Montgomery, 1995).

CHILD LANGUAGE BROKERING

Child language brokering has been going on for many centuries as children have acted as translators throughout history, translating in all cultures and languages where there are

immigrant families (Rachele, 2010). Language brokering refers to 'interpretation and translation performed in everyday situations by bilinguals who have had no special training' (Tse, 1996, p.486). Morales, Alejandro and Aguayo (2010) define language brokering as an act of translating and interpreting that children or adolescents in immigrant families perform for their parents, members of the family, teachers, neighbours, and other adults. The role of language brokers is to facilitate communication between two linguistically and/or culturally different communities but unlike formal or qualified interpreters and translators, brokers facilitate communication rather than convey information (DeMent & Buriel 1999; Tse 1996). Language brokering usually is a results of a functional need which arises due to difference in language competence between speakers, as observed in immigrant families (Del Torto, nd). Language brokering serves as a bridge of communication and understanding between parents and children (Morale et al., 2005)

It should be noted that the definition provided by Tse (1996) states that the children who perform these tasks do not have special training. In short, they are non-qualified or non-professional interpreters.

Several scholars such as Shannon (1990); Tse (1995; 1996); Valdes, (2003) have reported that non-professional interpreting is a complex language brokering activity in which bilingual children interpret for non-bilingual adults in institutional settings and society at large. Child language brokers (CLB) are bilingual children or adolescents who act as language brokers between language minority groups, usually 'insiders and majority group, usually 'outsiders' (Del Torto, nd). Research has shown that CLBs have more power and responsibility when compared to other children who are not CLBs. Also, CLBs become bicultural and in most cases have to adapt to 'competing demands of two cultural worlds' (Weisskirch & Alva, 2002 p. 2). Language brokering leads to assimilation to the host culture and maintenance of the native culture through continual negotiation between the two cultures (Del Torte, nd). Scholars such as Acoach and Webb (2004); Weisskirch and Alva (2002) have raised concerns regarding the impact of language brokering such as role reversal and parentification, while other authors have focused on the educational and the psychological development of language brokers (McQuillan & Tse, 2006; Buriel, Perez, De Ment, Chavez & Moran, 1998). Research has highlighted the impact language brokering has on children when they assume responsibilities and take on situations which would normally be handled by adults. Assuming these responsibilities can either result in stressful and burdensome situations or an enjoyable experience for children (Weisskirch, 2007; Rachele, 2010). Stressful situations may result

from the nature and the responsibility the child is exposed to such as the subject being discussed, the level and the intensity of interpreting assumed by the child, as they may be required translate in a variety of contexts and situations where they have to handle responsibilities that minor children should not be exposed to. The responsibilities that CLBs are exposed to may impact significantly on family relationships, acculturation and learning processes, attitudes towards their native language and culture and towards the culture and language of the community at large (Rachele, 2010).

Language brokering begins generally between the ages of seven and twelve (Hall & Robinson 1999; Morale and Hanson, 2005) and it is often the oldest sibling that acts as a language broker (Chao 2002), in most cases female children are more likely to act as language brokers than male children (Buriel et al. 1998; Love 2003). Language brokering has however, been found to have negative effects on parent-child relationships because studies report that some CLBs may take on a responsibility to take care of the health, finances, and welfare of their parents (Dement & Buriel 1999; Orellana et al., 2003), which ultimately results in parents becoming co-dependent on their child broker which subsequently impacts negatively on the child-parent relationship (Morale et al., 2005). The co-dependency may lead to role reversal and parentification (Umana-Taylor, 2003; Weisskirch & Roberts, 2010). Role reversal refers to a situation where children act as the authority or the parent and the parents in return submit to children (Weisskirch et al., 2010). Parentification refers to a situation where the child is emotionally or behaviourally responsible for the parent (Peris, Goeke-Morey, Cummings & Emery, 2008). Dorner, Orellana and JiImenez (2008) assert that role reversal and parentification can be avoided if CLBs communicate on behalf of their parents but in collaboration and consultation with the parents and within appropriate and well defined roles.

On the other hand, CLBs may acquire positive qualities due to the role they play in language brokering. Weisskirch (2006) reported that CLBs view themselves as confident individuals, with unselfish and cordial characteristics. Furthermore, more authors reported positive results including increased confidence, independence and maturity, acquisition of first and second cultural knowledge, and the establishment of trusting relationships with their parents (Downing & Dwyer, 1981; McQuillan & Tse, 1995; Shannon, 1990)

LANGUAGE BROKERING IN DEAF PARENTED FAMILIES

CLB in this context arises from the fact that many Deaf adults may or may not have a reasonable ability to read language but cannot communicate adequately through spoken language (Hall, Nigel, & Frederique, 2010). As a result, their children, known as CODAs, act as CLBs between their Deaf parents and hearing community (Hall et al., 2010). Language brokering in these families ranges from sporadic to incessant, and CODAs start language brokering from a very young age (Preston 1996). According to Hall et al., (2010), CODAs start language brokering much earlier than the other CLBs, and a large number of professional sign language interpreters are CODAs. More information regarding language brokering in Deaf families will be discussed under the impacts of Deafness in the quality of life in the family.

WHO ARE CODAS

The term "CODA" refers to any hearing person born to one or two Deaf parents (Bull, 1998; Bishop & Hicks, 2005; Mand et al., 2009). Bull (1998) further emphasizes that being a CODA means that there is a cultural and linguistic difference between Deaf children born to hearing parents and hearing children born to hearing parents. According to Bishop et al., (2005), the term CODA is reserved for people who see themselves "as not quite fitting into the Deaf/hearing categories; people who want to carve out a third niche for themselves" (p. 192),

It should be noted that a hearing child born to one Deaf parent and one hearing parentis still referred to as a CODA. According to Quigly and Paul (1984) the percentage of CODAs born to two Deaf parents is estimated between 3 and 5 percent of all Deaf children and 10 percent are born to one Deaf parent and one hearing parent. Mallory et al., (1993), explained that "Deaf parented families are not likely to be uniformly Deaf, given the 90% rule; deaf children are born to hearing parents approximately 90% of the time; deaf adults marry Deaf spouses 90% of the time, deaf couples tend to bear hearing children 90% of the time" (p. 73). Furthermore, Mallory et al., (1993) states that 10 percent of deaf people marry a hearing person and if this hearing person uses and is fluent in Sign language, the family language is likely to be sign language, and mixed deaf and hearing parentage of this nature would imply that children in such families will be raised in a Deaf Environment. Moreover, Lane (1984); Padden and Humphries (1988); Kyle (1990) and Lucas and Valli (1992) asserted that it is not the degree of audiological deafness that decides whether an individual is

Deaf or not, but the degree of identification with the deaf community. The deciding factor is usually 'attitudinal deafness' (Padden & Markowicz, 1976).

Hearing children of Deaf adults come from all ethnic, religious, and economic backgrounds. The only common characteristic is having Deaf parents (Filer et al., 2000). CODAs may share and live unique life experiences. CODAs experience Deafness as a typical part of their family life from childhood, not as a shock or a foreign concept that they encounter in adulthood (Mand et al., 2009). Hoffmeister, (2002), asserts that hearing children of Deaf parents are typically the successive generation in the Deaf community where Deaf people have hearing children when they marry. They represent a relatively invisible linguistic and cultural minority (Ladd, 2003). Generally, they grow up as a part of Deaf community and learn sign languages as their first language (Bishop & Hicks, 2005). CODAs grow up in Deaf families but not all CODAs grow up in a Deaf community (Hoffmeister, 2002).

In as much as CODAs may be acculturated to Deaf ways within their families, their ability to hear creates uncertainty as to whether they are true inheritors of Deaf culture (Bishop & Hicks, 2005; Preston, 1994, Singleton, & Tittle, 2000). Initially, CODAs may not see themselves as hearing within their Deaf family and may only realize this when they are older (Hoffmeister, 2008, Bull, 1998). Understanding the life experiences of CODAs entails understanding that CODAs have an ongoing connection with the Deaf community, often sharing their views, and sharing the experiences of suffering emotionally as a part of that community when Deafness is defined by some as a disability to be prevented where possible (Mand et al., 2009).

BICULTURALISM OF CODAS

CODAs are considered bilingual and bicultural in that they potentially share the language and culture of their Deaf parents; and are hearing individuals who may inevitably be members of the hearing community and acquire spoken language that is dominant in their environment (Singleton, et al., 2000). Hoffmeister (2000, p. 191) who is a CODA accurately captures the essence of biculturalism in the lives of CODAs in this statement:

> CODAs grow up in a Deaf family; not all CODAs grow up in the Deaf world." He further asserts that it is important to understand that distinction since "many CODAs do grow up in the Deaf world, exposed to many other Deaf adults, Deaf clubs, Deaf meetings, etc. However, many CODAs also grow up separated from this exposure. But all CODAs grow up in two worlds, the Deaf world of their families and the hearing world outside of the family. Every CODA leads two lives: one as a CODA and one as a hearing person. They may choose to

> only live one life, but all of them have two. The CODA life in most cases is not visible. Hence, we share the invisibility of the Deaf in the world.

Several authors report that CODAs constantly have to balance both worlds, sometimes resulting in an unpredictable ambivalence towards belonging to any world (Bauman, 2005; Preston, 1994; Hoffmeister, 2008; Leigh 2009). In a study conducted by Preston (1994) some CODAs reported that they felt that the real Deaf person was inside the hearing façade. Being able to classify one as being either Deaf or hearing is seen as a form of "coming out" and it may mean that CODAs are openly engaging in the Deaf-hearing debate and coming to terms with biculturalism (Leigh, 2009). Simply put, CODAs "straddle the Deaf and the hearing worlds" (Mand et al., 2009, p. 723). As bicultural and bilingual members of the Deaf community, CODAs are the "critical link [interpreters and cultural mediators] to the alien hearing culture, a source of information for making decisions, and a 'spokesperson' (sic) for the family, [and consequently], some grow up feeling they have been deprived of their childhood" (Lane et al., 1996, p. 171). It should also be highlighted that in a study by Torres (2003) Deaf parents reported concern regarding the identity of their hearing children. Some Deaf parents revealed that they felt inadequate in providing their children with resources to help them with bicultural and bilingual identity status. However, they felt their children were successful if they adjusted well and equally in both cultures (Torres, 2003).

CONFLICTING WORLDS

Whether D/deafness is defined on the basis of audiological status or cultural affiliation, both definitions set up a contrast between hearing and Deaf, in a sense that being one means not being the other, thus, being a child growing up in Deaf families, may result in a conflict in terms of belonging and identity (Pizer, et al., 2012). In an attempt to address this concept, Singleton et al. (2000, p. 27) state that, "Deaf parents are essentially raising 'foreign' children". This statement somehow seems to imply that CODAs are not true members of the Deaf community (Pizer, 2012). Singleton et al. (2000, p. 28) further state that as a result, CODAs are 'bicultural and bilingual members of the Deaf Community'. Hoffmeister (2008, p. 198), expressed the view that CODAs are 'living in the border' and every CODA "leads two lives: one as a CODA and one as a hearing person" (ibid, p. 191). According to Preston, (1994, p. 236), CODAS are "neither deaf nor hearing. We are both Deaf and hearing".

To hold the Deaf/hearing view and not have a middle ground may create conflict for CODAs. Mand, Duncan, Gillam, Collins and Delatycki (2009, p. 722) aptly summarized the concerns of holding the medical or the cultural view: 'the pure medical model and the pure social model are in a way, the two extremes of a spectrum of views about deafness' and attempting to combine them may place CODAs in a conflicting position. Another aspect that may give rise to conflict is the discrimination or stigmatization that CODAs encounter when interacting with the hearing community. In most cases, CODAs witness the discrimination against their parents and the economic difficulties their parents encounter and they take these memories into adulthood. In many cases, CODAs are subjected to unkind comments about their parents from the hearing community and they internalize values from the hearing community (Bishop et al., 2005). Deaf people remain outsiders in a hearing world. Therefore, it is not surprising that many CODAs do not trust the hearing society as most of them would have witnessed the stigma attached to being Deaf and how the hearing society treat Deaf people in general. CODAs may cherish the values of their parents as well as those of the hearing community, with each group viewing each other as outsiders. If the hearing community views Deaf people as outsiders, CODAs are more likely to hold internalized feelings of marginality with regard to the hearing society (Bishop et al., 2005). Furthermore, because of the negative experiences their parents are subjected to from the hearing culture, some CODAs may view the hearing world as the enemy, the "other" (Davies, 2000, p. 13). Some may even "wish to puncture their eardrums to become deaf" (Leigh, 2005). "The longstanding divisions between Deaf and hearing cultures may make it difficult for children to feel accepted by both hearing and Deaf communities" (Jackson & Turmbull, 2004, p. 26).

Based on the nature and unique circumstances and families in which CODAs come from, it is not surprising that family dynamics in such families may differ. The experiences that CODAs share may not necessarily be the experiences of hearing children of hearing parents. As mentioned above, CODAs may find themselves as the communication link between their Deaf families and the hearing society. This role assumes that CODAs are the spokespersons for their parents. It may also mean that family dynamics in terms of communication within the Deaf community, extended family and the hearing society at large.

QUALITY OF LIFE IN DEAF FAMILIES

It is imperative to consider the quality of life in Deaf families because the conflicting words CODAs encounter may influence family dynamics and thereby have an impact on the quality of life within their families. Jackson and Turnbull (2004, p. 15) argue that:

> The presence of deafness in a family has the potential to affect all areas of family life. An understanding of the impact on family life is critical to addressing all components of the family system in early intervention.

Difficulties in interactions may emerge from the fact that hearing family members often do not share the same communication mode as the individual who is deaf, making access to family social interactions difficult (Henderson & Hendershott, 1991). For example, if the family's primary mode of communication is sign language; the family's interaction may be influenced by how comfortable and knowledgeable each family member is with sign language (Freeman, Dieterich, & Rak, 2002). In the case of Deaf families where the mode of communication is primarily sign language, interactions within the home may not be affected. However, in the presence of extended family or the hearing society at large, interactions may be affected as Deaf parents may not be able to communicate effectively with the extended family and the hearing society. Deafness may have an impact on family interactions, family resources, parenting issues and support for the affected individual.

IMPACT ON FAMILY INTERACTION AND COMMUNICATION

Family life interactions may include aspects such as the family's ability to solve problems together, to communicate openly, enjoy time together as a family and maintain good relationships with extended family members (Park, Hoffman, Marquis, Turnbull, Poston & Mannan, 2003). According to Bat-Chava (2000), families with Deaf members encounter difficult challenges such as choosing between different cultural identities (deaf or hearing) (Eleweke & Rodda, 2000), two languages, a list of communication approaches and modes. Family interactions may be impacted by the stress of trying to find a balance between the two cultures and languages. Communication difficulties may arise due to the fact that hearing family members often to do share the same mode of communication as the individual who is Deaf, making access to family social interaction difficult (Hendersonet al., 1991). Some families may also rely on the availability of an interpreter or one-to-one communication partner (Evan, 1995). In most cases, Deaf parents may not have access to interpreting services which may lead to parents resorting to using their hearing children as interpreters, which merits a discussion around interpreting.

INTERPRETING

One of the areas that the study focused on was the interpreter role that hearing children of Deaf parents assume. In a study by Preston (1996, p.1681), he asked a hearing child of Deaf parents how it was like being a CODA:

> It's one of the first questions everybody asks me, 'What was it like being the child of Deaf parents?' As a boy, I felt like a chameleon. I just adapted to every situation. I could be any role. And I was in that role—at least for a while. I mean I was my mother when I had to interpret for her. I was my father when I had to interpret for him. I was the mechanic, the teacher, the car salesman. I assumed the personality of whoever was speaking at any given time. I was that person. I was whatever anybody thought I should be. You know, I fit into that mold just like a chameleon.

Often, the oldest child interprets for Deaf parents (Buchino, 1993). However, Preston (1994), states that the oldest daughter often serves as the interpreter, even if she had an older brother. In a study by Preston (1994), although the eldest child was most likely to be the primary family interpreter, this was less true if the eldest child was male. Even the female participants who did not consider themselves fluent in sign language took on the interpreting responsibility. Women were also likely to become professional sign language interpreters. Furthermore the participants reported that male hearing children of Deaf parents, whether their own sibling or those in other families, were more likely to have poorly developed sign language skills (Preston, 1996). This may be due to the notion that interpreting entails behaviours and skills often culturally ascribed to women such as helping, connecting, mediating, bridging and caretaking (Preston, 1994).

Hearing children of the Deaf adults often become the communication link between their Deaf parents and the hearing world. This may occur in different ways. They often serve as interpreters for their families. The responsibility of handling family communication and the possible exposure to an inappropriate context creates for some CODAs unwanted pressure and burdens that they are too young to resist or negotiate and in most cases, children may become emotionally involved (Singleton et al., 2000; Preston, 1994). According to Filer, et al. (2000), hearing children of Deaf parents explain the hearing culture to their parents. This role may include interpreting what a physician says during a consultation; interpreting a rental agreement, or ordering a meal at a restaurant. Regardless of the degree or nature of their interpreting duties, 'the interpreter role itself comes to embody hearing children's ambiguous alignment between two distinct and often opposing cultures: the Hearing and the Deaf. Interpreting is one childhood experience which embodies two transgressions: using the

stigmatized form of communication, and the enhanced illusion of family dysfunction: a child in charge of a disabled parent' (Preston, 1996, p.1682).

There are advantages to performing the roles of language and cultural interpreter for CODAs. Hearing children of Deaf parents gain valuable information about the adult world that might assist them in their own development. They also have an opportunity to develop a close relationship with their parents (Filer, 2000). Preston (1994) also stated that hearing children of Deaf parents felt that their family experiences developed and encouraged their ability to empathize with others. Also, CODAs 'enjoy a command of the languages and the cultural knowledge of two worlds' and they benefit from that experience (Lane et al., 1996, p. 171). Singleton et al. (2000), argues that if the role of the parent is clear and the interpreting is kept to appropriate contexts, the added responsibility of interpreting can result in maturity, independence, and an opportunity to have rich experiences. Furthermore, children who learn to navigate and explore the hearing world independently "develop positive attributes such as adaptiveness, resourcefulness, curiosity and 'worldliness'" (ibid,p. 228).

Being a minority group and having poor access to social support may also negatively impact on communicative interactions at home (Jackson et al., 2004). Relationships with the extended family may also be affected by the mutual proficiency of the family's preferred mode of communication, and hearing members may find themselves serving as a liaison between two communication modes when among extended family members (Evan, 1995).

EXTENDED FAMILY AND THE HEARING SOCIETY

Deaf people experience much discrimination and lack of understanding in terms of communication with the society at large, regardless of whether they communicate using spoken or sign language (Higgins, 1980). This may be due to perceived negative attitudes towards people who have communication difficulties (Morgan, Herman & Woll, 2002) as well as the fact that in general, deaf people have great difficulty in communicating with hearing people (Bench, 1992; Gagne, Stelmacovich & Yovetich, 1991).

Potentially, communication difficulties between hearing and deaf people may negatively affect emotional and mental wellbeing of individuals in deaf families (Crocker & Edwards, 2004; Hindley, 2000), which subsequently could lead to social isolation (Bain, Scott & Steinberg, 2004; Steinberg, Sullivan & Loew, 1998) and the risk of psychological distress for family members (Marschark, 1993). As a result, to avoid uncomfortable situations

in terms of communication, deaf parents may turn to or rely on their children to communicate with the hearing society and extended family, if the extended family members do not use sign language.

Both parents of CODAs are usually Deaf as 90% of Deaf people marry other Deaf people (Schein, 1989) and CODAs often have hearing grandparents (Moore & Levitan, 1993) which means that CODAs may use the same language as their grandparents and yet use sign language to communicate with their parents which often means that CODAs are bilingual and bicultural. As CODAs are often bilingual and because most hearing grandparents of CODAs do not understand sign language, it is often the CODAs who may act as the intermediators as they may be the only people in families who understand the language of both the grandparents and parents. Therefore, bilingualism of the hearing child of Deaf parents opens an avenue of communication between the hearing grandparents and their Deaf parents that might not have been possible before (Filer & Filer 2000). However, Deaf parents have raised concerns regarding the involvement of the extended family in Deaf parented families. Hearing grandparents may intervene in raising CODAs, subsequently, assuming parental authority from Deaf parents which may cause boundary problems within the nuclear family and their relatives (Harvey, 1989). The involvement of the extended family or grandparents further reinforces the belief that Deaf-parented families may be at a risk for dysfunctional families. A number of scholars refuted this assertion. A study by Preston (1994) on CODAs revealed, for example that their family life was typical if one adopts a cultural view of Deafness and that the problem lies with the extended family and the hearing society that holds a pathological view of Deafness where Deafness is attributed as a disability and poor parenting. Bunde (1979) concluded that although there may be risks for family stress or even dysfunction, the primary issues for Deaf parents of hearing children stem from communication and cultural awareness within the nuclear family, with the extended hearing family and the service providers that interact with the Deaf parented-family.

IMPACT ON PARENTING AND FAMILY RESOURCES

Deafness in the family may impact on parenting skills in terms of having adequate information needed to make decisions, and having sufficient time to meet the needs of every family member (Park et al., 2003). Parents in Deaf families may experience uncertainties about parenting skills, and difficulty finding relevant information needed to assist with decisions (Calderon, Bargones, & Sidman, 1998). The challenges in parenting skills may be

due to lack of resources such as access to information, social networks and healthcare (Jackson, et al., 2004). With hearing families, Jackson et al. (2004,p. 25) contend that:

> It may be assumed that all family members share a common language and mode of communication. However, for a Deaf family, all family members, including extended family members, may not have access to resources to assist them in interacting and learning how to communicate effectively with the member who is deaf.

Morton, (2000, p. 1) on the other hand argues that 'members of the extended family are an important but often underutilised resource for the successful development of Deaf families'. Deaf families may face social stigmatization or isolation depending on the support that families receive from the society and family members. Some authors have reported that Deaf families often feel isolated by stigmatization and social exclusion and rejection from family and friends (Gregory, Bishop, & Shelton, 1995; Seligman & Darling, 1997). Access to health care may be affected as "families who have caregivers who are deaf may need assistance in arranging interpreter services for regular medical check-ups" (Jackson et al., 2004, p. 26).

Deaf parents may rely on their children to make decisions for them. The family's reliance on children to interpret may have an impact on parenting skills and may lead to situations that may not be ideal for families where children may find themselves in positions where they have to make decisions for their parents as parents may feel ill-equipped to handle and make decisions for their families due to poor access to appropriate information needed to make certain decisions. Such situations may lead to generational boundary and role reversal.

GENERATIONAL BOUNDARY

Generational boundary describes a process that occurs between a parent and a child where the roles become blurred. A child may take on more parental responsibilities such as decision-making in the family, and in turn the parent becomes dependent on the child (Lawson, 2008). This concept is somehow perceived as a negative, disruptive continuous event in the family (Lawson, 2008). Interpreting can lead to generational boundary dissolution due to children making decisions or feeling powerful in the process of relaying information to their parents (Lawson, 2008). In some cases, CODAs may take over certain tasks in the family because it may be easier to handle things directly rather than mediating the conversation due to the perceived shame and the stigma surrounding Sign language; or the child may view their parents as less competent therefore requiring assistance in decision making; and ultimately becoming 'parentified' children, taking care of parental duties (Singleton, 2000). Sidransky

(1990, p. 153) illustrates a case of negative generational boundary dissolution where a child expressed his experience: 'They were our children, and we were their parents. We, the children, were invisible'.

ROLE REVERSAL

Role reversal is explained as 'when the child feels responsible for the parent and the parent expects them to be responsible' (Buchino, 1993, p.44). It should also be noted that Deaf parents are aware of their reliance on their children. The most common theme in the finding of research studies and in personal stories of hearing children of Deaf parents and Deaf parents themselves is that parents are concerned about the effect interpreting has on their children (Mallory, Schein, & Zingle, 1992;Torres, 2003). Some Deaf parents have reported not using sign language with their hearing child in order to prevent the possible overreliance on their child to serve as their interpreter between the Deaf and hearing worlds (Jones, Strom, & Daniels, 1989;). However, studies have shown that a majority of parents still expected their children to interpret in certain situations. In a study done by Mallory et al. (1992), all the parents in the study revealed that they expected their eldest child to interpret in situations related to phone calls and act as language brokers. As discussed earlier, language broker is a term used for a person who is fluent in the dominant language as well as the parents' language (Morales & Hanson, 2005). When Morales and Hanson (2005), looked at translation across a variety of languages, not necessarily sign language, it was found that the role of language brokering may result in children serving as translators and interpreters for their parents and extended family. Therefore it can be assumed that the same would apply to CODAs who interpret for their parents who are not fluent in spoken language.

Furthermore, Morale and Hanson (2005) expressed that children who served as language brokers also attempted to protect their parents from negative comments or embarrassment while interpreting. Protection comes in many forms. Filer and Filer (2000) stated that a hearing child may not interpret for his or her parents the insensitive remarks made by a hearing person who assumed everyone in the family is Deaf because they were all signing. In a confrontation between a parent and a hearing person, to avoid escalating the situation, the child may not interpret all of the parent's angry statements or of those of the hearing parents. The attempt to protect parents may lead to generational boundary dissolution. Also, due to protectiveness, Preston (1994), found that 60% of hearing children of Deaf parents have worked or were working in some manner with the Deaf. This figure is

significant and offers evidence of how influential having Deaf parents may be on a hearing child. According to Filer et al. (2000), it would be hard to find any other single characteristic that would be so predictive of occupational choice.

CODA INTERNATIONAL

CODA International is an American non-profit organization for the adult hearing children of Deaf parents, which was established in 1983 by Millie Brother in the United States of America. Membership caters for families with one or two Deaf parents, additional Deaf family members like siblings and late Deafened parents.

The purpose of this organization is to promote family awareness and individual growth in hearings children of Deaf parents by providing educational opportunities, promoting self-help, organizing advocacy efforts and acting as a resource for the membership and various communities. CODA international also focuses on addressing bicultural identity issues through conferences, support groups and resource development.

CODA's first annual conference took place in 1986 in Fremont, California and these conferences have grown, taking on an international status with delegates from around the world. The conferences aim to raise awareness about the unique experiences and issues of growing up between two cultures (the Deaf and the hearing culture) and provide a forum for CODAs to discuss and shared their experiences with other CODAs. Since its inception, CODA International, which is currently based in Santa Barbara, has attracted between five to six hundred members and has five chapters around the United States of America (USA).

There is also a United Kingdom (UK) organization, called CODA UK & Ireland. CODA UK and Ireland is a community interest company which provides information, support and guidance to hearing children of Deaf adults. They also have conferences and retreats across the UK for CODAs and organize various events, activities and trips for CODAs of all ages, which suggests the presence of support and social networking in those countries and can be of benefit for CODAs. Similar structures are not evident in South Africa.

In order to discuss CODAs in South Africa, the researcher believes that it is prudent to first look at the Deaf community in South Africa, the role of SASL, the nature of disability in South Africa as these aspects impact on CODAs in South Africa.

DEAF COMMUNITY IN SOUTH AFRICA

It is often argued, that 'South African Deaf culture has its own history, shared values, social norms, customs and technology which are transmitted from generation to generation' (www.edeaf.co.za/culture.asp). In order to fully appreciate the history of the Deaf Community in South Africa, one would need to understand the history of education for deaf people in South Africa. A great deal has been written on the education of deaf people and certain readings such as Storbeck and Martin (2010) provide depth into the area. This current project, however, is not delving into that aspect but needs to provide a brief outline of the Deaf community in South Africa so as to better understand CODAs in a South African context. "Deafness is considered to be one of the single largest prevailing disabilities in South Africa. DeafSA estimates that some 10% of the South African population is disabled in some way and that approximately 3.5% have some degree of hearing loss. Within this group, the number of Deaf people who accept sign language as their first language is estimated at 500 000. Of this number, approximately 66% of Deaf persons in South Africa are functionally illiterate" (Storbeck, 2010 502). Approximately 70% of the Deaf population in South Africa is unemployed, (Captieux-Bhana, 2010; Storbeck, 2010), and this may be due to historic factors such as the reported low standard of education in Deaf schools, many Deaf people's low literacy levels and the Deaf population's limited access to information (Captieux-Bhana, 2010). It is estimated that the adult Deaf person's general knowledge is at the same level as that of an 8-year old hearing child (Storbeck, 2010). According to De Villiers, (2010), the high rate of unemployment in the Deaf population is largely due to the government's failure in the education and training of Deaf people, which then leaves Deaf people with vocational education as one of the available limited options. The South African education system and school programmes do not seem to promote or empower Deaf people to be productive and working citizens of South Africa. Deaf people are reportedly employed in the following sectors in South Africa: 11,19% in office administration, 4,7% in upholstery, 5,9% in cosmetology, 8,14% in construction, 28,48% in hospitality, and 2,3% early childhood development (De Villiers, 2010, p.505).

Mangongwa (2010), a South African Deaf academic author, defines the term "Deaf" (uppercase D) as a descriptive term used to refer to a distinct group of people who possess their own cultural identity and language. It is a term used to refer to a cultural or linguistic group who need the South African Sign Language (SASL) as means of communication and accessing information on an equal basis with hearing people and who accept SASL as their

first and natural language. On the other hand, the word "deaf" (lower case d) is described as a general adjective used to refer to an individual's audiological status, and it stems from the pathological view of deafness (Murray, Klinger & McKinnon, 2007). The aforementioned factors have a particular characteristic in a South African context.

SOUTH AFRICAN SIGN LANGUAGE

Sign language is a fully-fledged natural language, which is developed through use by a Deaf community (Magongwa, 2010); it possesses its own grammatical rules, and can express the entire range of human experience (DEAFSA 2006). According to Penn (1993, p.2) sign language is a real language, and should be granted equal status to all other languages as Deaf people can sign any topics, concrete or abstract. Akach and Morgan (1997) and Seltzer (2009), defined SASL as a language that is visual-gestural that was created and is used by Deaf people in South Africa to communicate with one another. It is a language that allows and affords a deaf person access to everything that any other person has access to (Aarons & Akach 1998). It is unique and is not related linguistically to any of the spoken languages in South Africa. It is a distinct language and is rule-governed, grammatical, systematic and non-arbitrary communication systems that resemble other natural languages (Penn, 1992; Penn, 1993). Magongwa (2010, p. 32) further adds that SASL is a 'manual-visual language that is communicated primarily through the hands, face and body in which signs evolve through natural processes'.

According to the results of the census conducted in 2011, South Africa has an estimated population of 51 770 560 people with 23% of the population currently residing in Gauteng Province (Statistics South Africa, 2011). Generally, South Africans recognize 11 official languages, owing to the country's diverse population both linguistically and culturally. Of the 11 official languages, South African Sign Language (SASL) is not recognized as an official language, however, it is recognized in the South African Constitution and other legislations such as the South African School Act of 1996 (Storbeck, Magongwa & Parkin, 2009). SASL has been in existence as long as there have been Deaf people to communicate with one another (Storbeck et al., 2009). However little is known about the history of Deaf people in South Africa prior to colonization (Selzer, 2010). At the onset of government-funded education, post colonization, the government took little or no responsibility for establishing schools for the Deaf learners (Aarons & Akach, 2002).

Therefore, subjecting Deaf learners to poorly resourced schools, which did not cater for their linguistic needs and also prohibited the use of SASL as a medium of instruction in schools.

Deaf people in South Africa, like other Deaf communities around the world, do not see themselves as disabled, however, they do associate with various lobbying groups on disability 'to ensure that they are 'heard' during policy development and implementation at various levels of government and civic society' (Stockbeck, et, al. 2009, p138). The Deaf community in South Africa is represented on a national level by the Deaf Federation of South Africa (DeafSA) which is formerly known as the South African Council for the Deaf and was founded in 1929, and in 1995, it was transformed into a democratic organization (Drechen, 2010). According to Morgan (2008, p. 6) 'before 1994, Deaf people were not recognised as a cultural minority with their own language'. The rights of deaf people to use SASL were not considered a priority, and the majority of deaf and hearing people did not recognise SASL as a language with many varieties (Morgan 2008, p. 6).

SASL is not one of the official languages recognized in South Africa but in the Constitution of the Republic of South Africa, sign language is mentioned as one of the languages that must be promoted by the Pan South African Language Board (PanSALB) (Morgan 2008). As a result, DeafSA resolved "to work towards the official recognition of sign language for the purposes of communication accessibility for Deaf people". DeafSA also pointed out that sign language has been accepted, recognised and is protected in Austria, Belgium, Canada, Colombia, Cyprus, the Czech Republic, Finland, Flanders, France, Germany, just to name a few.

DeafSA proposed the following legislation and codes of good practice:

1. Recognition of SASL as Deaf people's primary mode of communication in terms of the South African Constitution, Act No. 108 of 1996;

2. Recognition of SASL as a medium of instruction for the purpose of educating Deaf children (South African Schools Act (Education White Paper 6) (DoE 2001);

3. Codes of good practice for people with disabilities (The Independent Communications Authority of South Africa – ICASA, March 2006);

4. A White Paper on an Integrated National Disability Strategy, where the disability in general is premised on the social model, away from the previous medical model (Office of the Deputy President 1997); and

5. Codes of good practice on the employment of people with disabilities (DoE 2002).

According to DeafSA (2005), the sole purpose of the above objectives was to "proactively facilitate and successfully lobby for the acceptance, recognition, development, and utilisation of South African Sign Language as a medium of communication with deaf persons as the 12th official language". DeafSA believes that these objectives are crucial towards effectively promoting all other interests and the rights of Deaf people".

In 2010, During the Deaf Awareness month, DeafSA embarked on a project called: Promoting the rights of deaf people: From legislation to action. DeafSA (2010) reemphasized that the mission of the World Congress of the Federation of the Deaf WFD is "to promote the human rights of Deaf people, including the right to sign language, and equal opportunity in all spheres of life, including access to education and information". During this event, they then highlighted the events that took place on 30 March 2007, where the Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol was "formally opened for signature" at the United Nations headquarters in New York City (DeafSA 2010).

1. The CRPD aims to increase public awareness of barriers faced by people with disabilities (DeafSA 2010).

2. The CRPD seeks to promotes laws and policy changes at national level, "provides remedy in individual cases of rights violations or abuses", and "channels resources into programs that support the rights of people with disabilities" (DeafSA 2010).

3. The CRPD "requires nations to recognise that the human rights of people with disabilities deserve the same level of commitment that governments demonstrate towards the rights of people without disabilities, and society as a whole" (DeafSA 2010).

4. The CRPD states that the South African government should recognise SASL as an official language in the Constitution, ensure professional interpreting services, and guarantee education in SASL to deaf learners.

Simply put, the convention aims to ensure the rights of deaf people to receive education in sign language, to use sign language in official interaction with authorities, to promote access to interpreters, and to receive services and information in sign language.

Currently, it is reported that the government recognises SASL; however, there is no assurance that deaf citizens will have access to education or public information in South African Sign Language (DeafSA 2010). The reason cited by the government with regard to the failure to implement SASL as an official language is that SASL is not a uniform language and has various dialects and version; therefore it may be impossible to endorse it as one language. To support the argument that SASL: is not a uniform language, the government argues that one 'sign' may have a number of meanings depending on where in South Africa the sign language user stays (Selzer, 2010). However, DeafSA argues that SASL is a uniform language with its dialects just like other languages spoken in South Africa (DeafSA, 2010) based on the above reasons, DeafSA is not confident that SASL will be recognised as an official language in the immediate future (DeafSA, 2010).

To date DeafSA 2010 is committed to ensure that the Deaf community in South African can access government agencies and services without "prejudice".

- In public facilities, such as retail stores, businesses, hotels, theatres, restaurants, museums, banks, parks, libraries, and private schools, aids and services should be provided in order to effectively communicate with Deaf people
- Provision of interpreters when needed.
- Television programmes fully accessible to Deaf people.
- State-funded hospitals and private hospitals provide equal services to deaf people.
- Hospitals personnel should make sure that deaf people can communicate with doctors and nurses and that deaf people have a right to choose the kind of communication they prefer, be it using an interpreter, written notes, lip-reading, or assistive listening devices.

The census figures of 2006 and 2011 reveal the subtleties around the classification and use of SASL, which seem to have changed over time. For example in 2006, 500 000 people were reportedly using SASL whereas in 2011 the census reported 58 451. The difference in the

reported figures needs to be interrogated. It is possible that this difference may have arisen because of the manner in which the figures were reported in 2011.

In 2012 a question on the "Disability" category were modified when compared to questionnaires conducted 2006. Instead of having an umbrella category for "Disability", subdivisions or levels of difficulty were introduced, namely: "No difficulty", "Some difficulty", "A lot of difficulty" and "Cannot do at all". When these levels of difficulty were used, the following figures were reported as shown in the following table.

Table1: Hearing disability population aged 5 years and older according to the census 2011. (Stats SA, 2011).

Levels of Difficulties						
Province	No Difficulty	Some difficulty	A lot of difficulty/Hard of hearing	Cannot do at all/ Deaf	Do not know	total
Western Cape	4 802 760	104 581	18 716	5 317	2 108	4 933 482
	97.35	2.12	0.38	0.11	0.04	
Eastern Cape	5 272 194	200 666	40 719	9 853	2 638	5 526 070
	95.41	3.63	0.74	0.18	0.05	
Northern Cape	932 585	37 745	8 253	1 205	288	980 076
	95.15	3.85	0.84	0.12	0.03	
Free State	2 210 473	94 503	17 699	2 475	806	2 325 956
	95.04	4.06	0.76	0.11	0.03	
Kwa-Zulu Natal	8 269 444	261 949	50 187	18 499	5 240	8 605 319
	96.1	3.04	0.58	0.21	0.06	
North West	2 828 946	117 212	20 724	3 257	1 258	2 971 397

	95.21	3.94	0.7	0.11	0.04	
Gauteng	10 200 000	239 075	36 534	9 337	5 131	10 490 000
	97.23	2.28	0.35	0.09	0.05	
Mpumalanga	3 318 182	95 274	18 988	3 503	1 847	3 437 794
	96.52	2.77	0.55	0.1	0.05	
Limpopo	4 428 143	100 904	18 099	5 006	1 473	4 553 625
	97.24	2.22	0.4	0.11	0.03	
South Africa	42 260 000	1 251 909	229 919	58 451	20 791	43 820 000
	96.44	2.86	0.52	0.13	0.05	100

The figure of 58 451 presented in Table 1 pertains to the “Cannot do at all/ Deaf category”. This is a group of Deaf people who solely use SASL to communicate. However, there are also a category of ‘A lot of difficulty/Hard of Hearing’ people who also use SASL to communicate on a daily bases. So if we combine the figures from the Hard of Hearing group with the Deaf group, the total number of people using SASL would be estimated at 288 370. This figure above is less when compared to the figure obtained in the census conducted in 2006. It is believed that the figure obtained in 2006 included all levels of difficulty, however the researcher is not certain if the group that reported no difficulty was included in the figures obtained in 2006. Children of Deaf adults and professionals working closely with Deaf people constitute a small number of people who use SASL (Selzer, 2010), and they are not included in the above figure. Based on the above figure, it is clear that the Deaf Community in South Africa is comparatively small when compared to the staggering 51 770 560 people currently living in South Africa. However, the small number of the Deaf community in South Africa is not surprising as research and studies in other countries like American also indicated that the \deaf community is relatively small when compared to the general population.

DISABILITY IN SOUTH AFRICA

The researcher is aware that Deaf people globally do not view themselves as disabled. However it should be noted that in South Africa, deafness is still classified under disability. Also DeafSA (DeafSA, 2010) also talks about Deafness as being a disability. It should be noted that the researcher is not taking a stance or suggesting in any way that Deaf people are disabled. But since this study based focuses on the experiences of hearing children born to Deaf parents, it is prudent to unpack all the issues associated with Deafness, and disability in one of the aspects of Deafness..

Disability is not a phenomenon specific only to the South African context. It is a global phenomenon of huge proportion (sic), eliciting growing local, national and international concern" (Baratt, 2007, p.7). It is estimated that approximately 537 million people worldwide are significantly disabled (UNDP, 1998). In South Africa, obtaining reliable statistics on the prevalence of disability is influenced by a historical failure to integrate disability into the mainstream government statistics processes (White Paper on an Integrated National Disability Strategy, 1997), however, it is estimated that 13% of the South African population is disabled (Central Intelligence Agency, 2007). This figure mainly represents those individuals with visible physical and medical disabilities, and it excludes those with 'hidden' disabilities such as learning problems, and psychiatric conditions (Gauteng Department of Health, 1996). DeafSA estimates that about 3,5% of the South African population has some kind of hearing loss (Stobeck, 2010). This figure of 3, 5 may not be included in the 13% mentioned above as Deafness is also an invisible disability (Shohet & Bent, 2011; invisible disabilities 2007). Due to lack of reliable statistics on the prevalence of disability in South Africa, a huge number of disabled people are excluded from mainstream society and subsequently, have been prevented from accessing essential social, political and economic rights (Barratt, 2007). Furthermore, Helander (1984) stated that people with disabilities in developing countries generally, lack access or knowledge of the basic health and social services. May (1998) as cited by Barratt (2007, p. 8) mentioned a number of factors which lead to the exclusion experienced by people with disabilities:

- The political and economic inequalities of the apartheid system
- Social attitudes which have perpetuated stereotypes of disabled people as dependant and in need of care, and

- A discriminatory and weak legislative framework, which has sanctioned and reinforced exclusionary barriers.

Apartheid (derived from an Afrikaans word meaning "separateness") was a legal system whereby people were segregated into racial groups (White, Black, Indian and Coloured) and separate geographic areas were designated to each racial group. Apartheid laws formed part of South Africa's legal framework from 1948 to 1994 (Baker, 2011). This 'separateness' extended to people with disabilities too. In South Africa, "people with disabilities very seldom had any say in the aims, objectives and management of organisations designed to 'care for them'. This meant that the emphasis was on dependence and the nature of the impairment. Thus, all interventions were based on assessment, diagnosis and labelling, and therapy programmes did not take into account the everyday needs of the client" (Barratt, 2007). Due to the apartheid regime, there has been a lack of effecting primary healthcare service delivery and an inequitable delivery of services that are accessible, well-funded and appropriate to all citizens of South Africa (Kwa-Zulu Natal Department of Health, 1997).

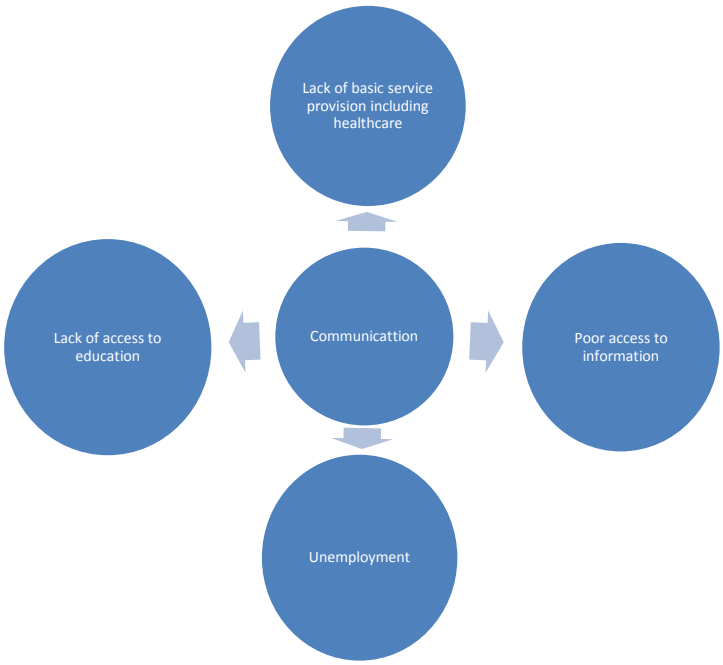
As has been mentioned above, Deaf people around the world do not see themselves as disabled and assert that they should be treated as a minority group with its own culture, language and norms. Whether deaf people are considered disabled or not, they have been disadvantaged for a long time compared to the hearing peers. As discussed earlier, Deaf people encounter different challenges. Due to being Deaf, they may experience difficulties in accessing suitable and appropriate schools and in accessing information and services they need. They may have been passed over occupationally as most of Deaf people had poor educational experiences and many have faced challenges in accessing health care and social services. Also, as SASL is not recognised as one of the 11 official languages in South Africa, it may be argued that they are not sufficiently afforded their identity and linguistic right. The majority of the hearing population cannot communicate with Deaf people because of the barrier in language. Call it a disability; call it a cultural difference, one thing is certain though: Deaf people are not treated like hearing people in a sense that may not have access to information and resources at the same level as the hearing community. It appears as though the source of that disadvantage lies in communication, more specifically, their inability to communicate orally or through spoken language with the hearing society at large.

Power et al. (2003) point out the essence of disability in Deaf people deafness is primarily a communication disability that needs to be acknowledged as such. In this project, it is the

researcher's opinion that the disability in Deafness is imbedded in the inability for Deaf people to communicate and express themselves orally. As a result, due to the inability to communicate verbally with the hearing society, Deaf people find themselves disadvantaged.

To better illustrate the effects of communication difficulties experienced Deaf people, the researcher has developed the following diagram.

Figure 1: Diagram depicting the impact communication on Deaf individuals.



Based on Figure 1, it is evident that communication may encompass and affect all aspects of life for Deaf people. The inability for Deaf people to communicate through spoken language has seems to have adverse consequences. Some Deaf people may not be able to access basic healthcare and social services, the schools may not be well equipped or be on par with other schools, which may lead to having poor school experiences which in turn may impact on the individual occupationally later on in life. They may be unable to access information on a daily basis. To conclude this section, Walker (1986, p.34) a hearing child of Deaf parents, aptly describes the effects of deafness on individuals:

> The best that can be said for deafness is that it's an invisible handicap. The worst, it puts adults at the mercy of their hearing children, at the mercy of parents, at almost everyone's mercy. It is one of the cruelest and most deceptive of afflictions. It can emasculate men and devastate women. It is an impairment of communication. But it's not just the disfigurement of words and it's not just broken ears. It's most often a barrier between person and person.

CODAS IN SOUTH AFRICA

As was mentioned earlier, CODAs are hearing children born to Deaf parents. Locating CODAs in South Africa is not an easy task. As Selzer (2010, p. 14) stated: 'the South African Deaf community is relatively small, and they tend to keep to their own and act very guarded about their culture and their language'. Since CODAs are supposedly members of the Deaf community and are extension of their parents, it was difficult to locate them. Therefore, one may need to rely on Deaf organizations such as DeafSA, or agencies that employ and dispense SASL interpreters, or Deaf centers such as the University of the Witwatersrand School of languages or the Centre for Deaf Studies also situated at the University of the Witwatersrand. Scholars such as Preston (2004) as well as Filer (2000) state that CODAs usually serve as sign language interpreters (see also DeafSA, 2010, Druchen, 2010), suggests that one will need to find places where interpreters are employed. Another challenge with this is the fact that not all interpreters are CODAs. Therefore locating CODAs may require forging relationships with Deaf organization or hospitals where audiological services are offered.

In other countries like the United State of America and Greece, Australia to name a few, they have organizations where CODAs meet and share their experiences. These organizations are called CODA clubs and there is also an international club for CODAs called CODA International. CODA International among other things organizes international conferences where CODAs meet and discuss current events.

In South Africa, the researcher tried to search for a CODA association. A Facebook page for CODAs in South Africa was discovered, however, it seemed to be inactive. The researcher was also told by one of the participants in this study that there is a CODA club that seems to be active in Eastern Cape. However, the participants did not have the contact details of the CODA association and therefore, the researcher was unable to contact this association to get more information about CODAs in South Africa. This CODA association may have been able to provide the researcher about other places that the researcher could use to recruit more participants for this study. It is also possible that this CODA association may have details for CODAs in the Eastern Cape not necessarily Gauteng. The current study was focusing on CODAs currently residing in Gauteng.

THE ROLE OF THE AUDIOLOGIST IN FAMILIES WITH CODAS

Service providers should embrace a holistic view of family life by implementing a family systems perspective (Turnbull & Turnbull, 2001) in the management of families who identify themselves as culturally Deaf. In order for this holistic view of family life to be effective, families need to have access to resources that are relevant to those families. To be able to access these resources, families need to be in a position where they can access audiologists.

In a review by Jackson and Turnbull (2004), some Deaf parented families reported difficulties in access professionals who are knowledge and specialise in serving Deaf families. Some families reported systematic barriers in accessing services, such as problems in staff resources, inexperienced professionals, high rate of turnover and difficulties in programme or service delivery (Freeman et al., 2002).

Generally, Deaf people assert that Deafness is a cultural phenomenon and Deaf people do not require the services of audiologists or other professionals in the field of Deafness. However, there may be individuals who embrace their Deafness as a cultural difference but may still need the services of audiologist for a various reasons. In such cases, where Deaf people require audiological services, they should be able to access those services without any difficulties. Deaf families may derive benefits from access to a variety of professionals and services such as social workers, psychologists, audiologists, speech therapists, school teachers etc.

What is the role of the audiologist when working with CODAs? Do audiologists even work with CODAs? Are audiologists aware of the family dynamics in Deaf-parented families? Do audiologists refer accordingly? The role of an audiologist when working with a deaf child begins when the hearing loss is identified usually before one year of age (Meyer & Swanepoel, 2009) and it continues into adulthood, although there may be other dynamics depending on the mode of communication preferred for the child. The Health Professions Council of South Africa (HPCSA) clearly states the role of the audiologist in the management of children diagnosed with hearing loss. In 2007, the HPCSA released a position statement in which it proposed targeted infant hearing screening of infants classified as high risk in terms of their family history of permanent childhood haring loss or additional factors rendering the infant prone to hearing loss such as malaria, rubella, HIV and cytomegalovirus, among other conditions (Van Zyl, 2012). Much research has been conducted on early hearing loss detection and identification since the release of the position paper from the HPCSA (Khoza-

Shangase, Barratt, & Jonosky 2010; Kanji, 2010; Storbeck & Calvert, 2008; Swanepoel, Storbeck, & Friedland, 2009; Van der Spuy & Pottas 2008). Furthermore, Khoza-Shangase et al. (2010), in their study, identified that limited parental knowledge and insufficient referrals between professional negatively impact on early identification and intervention. Evidently, the role of an audiologist in early hearing detection and identification is clearly understood and well outlined, and we can extrapolate that the role of the audiologist is not limited to early identification and diagnosis of hearing loss in infants; audiologists also play a role in parent and inter-professional education (Van Zyl, 2012).

The role of audiologist in the management of families of hearing children born to Deaf parents is often not discussed. Most research conducted on CODAs hardly mentions the role or the need for an audiologist in such families. Filer and Filer (2000) suggested practical considerations for counselors working with CODAs but they mostly addressed the use of interpreters or relay services for Deaf-parented families and provide a background about the Deaf culture and the role of children in Deaf-parented homes. However, their work is representative of the work on CODAs as it does not address the involvement of audiologists in these families. Some studies have looked at phonological development in CODAs (Toohey, 2010), and incidental word learning in CODAs (Brackenbury, Ryan, & Messenheimer 2005; Murphy & Slorach, 1983). Such studies are more concerned with ascertaining how CODAs acquire language and whether they are at risk for language delay due to poor stimulation. Kaplan (1996) also gave a background on the nature of Deaf culture and stated implications for speech and hearing professionals working with the Deaf population. In as far as CODAs are concerned, it has been found that they are usually fluent in sign language and are familiar with the values and traditions of Deaf culture, yet they are "generally not considered members of the Deaf culture, even though their exclusion may be painful to Deaf relatives" (p. 74). Again, Kaplan (1996) does not highlight the role of an audiologist in these families.

The HPCSA position statement (2009) mentions risk indicators for infants younger than 28 days. Among the mentioned risk conditions, a family history of permanent childhood sensorineural hearing loss was listed (p. 28). So what happens to a hearing child born to Deaf parents when he or she passes the screening tests? Is there follow-up with that family, or is the child discharged and sent home? As mentioned, currently, there are no outlined guidelines for audiologists working with Deaf-parented families and hearing children.

Van Zyl (2012) in her study of the educational experiences of Deaf adolescents attending schools for the Deaf in Gauteng outlined the role of the audiologist in working with Deaf individuals. In that study, Van Zyl (2012) formulated a diagram, which depicted the role of the audiologist in the lives of Deaf children. The following areas were mentioned in the role of the audiologist in South Africa: Hearing screening and Education, Diagnosis, Feedback and Counselling and Referral. The diagram captures accurately services and the role of the audiologist in the deaf population.

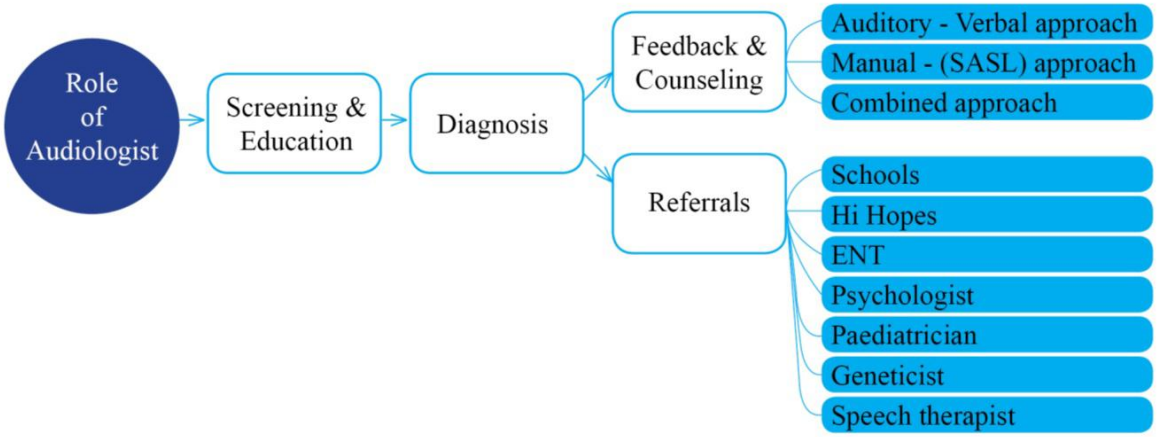


Figure 2: Flowchart summarising the role of the audiologist in working with a deaf child.

In this study the researcher argues that the areas mentioned in the diagram are also relevant for hearing children of Deaf adults and their families. The audiologist may not play the role as depicted by the diagram when interacting with hearing children and their Deaf parents. However, there is great overlap and similarities that audiologists can implement when working with CODAs and their families.

For instance, audiologists, upon discovering that Deaf parents have given birth to a child, regardless of their hearing status, need to screen and follow-up with that family. According to the HPCSA, a history of familial hearing loss is a high-risk register (HPCSA, 2007). In a case where hearing loss is hereditary, a child born to deaf parents may be at risk of developing late acquired hearing loss or they may give birth to children who are deaf. The researcher is aware that most CODAs give birth to hearing children; however, there are exceptional cases. Regardless of whether CODAs have hearing or deaf children, the need to educate the family about the possible consequences cannot be overemphasized. Education

with CODAs and their families is paramount and may serve in informing the family about the available services to the family, alert the family to dynamics they may account which are associated with raising hearing children in a Deaf family, especially in terms of the mode of communications in the family. Audiologists may also serve to implement a family holistic model as suggested by Jackson et al. (2004) where there is an understanding that hearing loss or Deafness does not only affect the person who is Deaf, it affects the whole family. audiologist may then assist in making suitable and appropriate referrals in terms assuring that the family has access to services such interpreter services, information about schools for the children, referral to social workers for social services. Also referral to psychologists and counselors in terms of helping the family come into terms with the unique situation of raising hearing children in a Deaf community. Some children may need to be referred for speech therapy services in cases where children are seen to be late in language acquisition. The researcher is aware that not all CODAs need speech and language services, and that some CODAs may choose to communicate through sign language as opposed to spoken language not because they are delayed in acquiring spoken language. In cases where families seek information regarding the dynamics in their families, audiologists should be readily and easily accessible by families.

In most cases, audiologists are often the ones who screen and diagnose hearing losses. They therefore can be seen as the first line of entry into the necessary services needed by the family. This implies that audiologist should at all times be ready to provide and implement family-centered management to Deaf families. This also implies that audiologist should be well equipped and knowledge in appropriate services needed by the families. Lastly, audiologist should not impose their beliefs and expectations to the family, but allow the family to make their own decisions while offering professional support to the family.

FAMILY SYSTEMS PERSPECTIVE MODEL

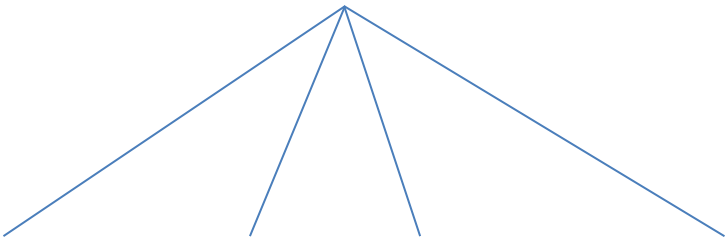
Jackson et al. (2004, p.22) created a model which addresses the impact of deafness in the quality of life in the family. This model identified four crucial aspects of any family, namely: family interactions, family resources, parenting, and support for child. These authors argue that there is a need for service providers to adopt a holistic view of family life by implementing a family systems perspective.

This family system perspective “acknowledges the mutual impact of each member’s strengths and needs and recognises the importance of addressing issues related to family life”

(p. 15). “Because the deaf person is a component of the family system, the deafness belongs not just to the affected individual but to the entire family. Accepting this perspective makes it necessary for the family to seek ways to recognize itself so that all the components in the family system can participate, contribute, and draw on the family’s resources equally” (Henderson & Hendershott 1991, p. 325). Poston, Park, Turnbull, Mannan, and Marquis (2003) stated that implementing the model of family quality of life assists in embracing the overall degree to which the needs of each family member are met, the degree to which they enjoy family interactions and the degree to which they are able to participate in activities that are important to them as a family. For this model to be effective, families and service providers may need to evaluate work “hand-in hand” to manage any barriers families may encounter. Service providers may assist in arranging interpreting services, obtaining close captioning, and securing funding for interpreting services at community events and activities (Jackson, et al., 2004).

On the next page is the family systems perspective model as described by Jackson et al. (2004, p. 22)

Family Life



Family Interaction	**Family resources**	**Parenting**	**Support for child**
Ability to solve problems together	Information for all members	Knowledge in ways children learn	Access to service
Communication within family	Alliances, friends or others	Parenting models	Support to make friends
Influence of therapy on interactions	Social stigmatisation or isolation	Information to make decisions	Inclusion in community
Relationship with extended family	Role of Deaf community	Funding needed for expenses	
	Funding needed for expenses	Increased time demands	
	Access to health care		

Figure 3: The widespread impact of deafness on family life as depicted by influencing factorss in each domain of family life. (Jackson et al., 2004 p. 22

STUDIES CONDUCTED INTERNATIONALLY ON HEARING CHILDREN OF DEAF PARENTS

Internationally, numerous studies about CODAs have been conducted and reported (Preston 1994; 1996; Bull, 1998; Clark, 2003; Bishop et al., 2005; Mand et al., 2009; Christodoulou et al., 2009; Pizer et al., 2012). These studies have focused on a number of issues ranging from language acquisition patterns of CODAs, to attachment issues, to identity formation, the psychosocial effects of having Deaf parents, to CODAs negotiating their place in the Deaf community, the capability of Deaf parents to raise hearing children due to Deafness being a disability; and of course, the experiences of growing up a hearing child of Deaf parent. Most of these studies have shared insight into the lives of CODAs. Some studies have commented on the positive and negative aspects of growing up in Deaf parented families. Some authors

have argued that Deaf parents are capable to raise hearing children while others question the parents' capabilities. Some authors, who are CODAs, have argued with each other regarding their place in the hearing world and the Deaf world, and some authors concluding that CODAs are bicultural and should claim their place in both the worlds. Below we shall discuss in detail these studies.

Preston (1994) conducted a study looking at the heritage of having Deaf parents. The findings of this study revealed that participants in this study inherited the dual meaning of Deafness, from the hearing society, CODAs understand Deafness as a negative experience, a disability and from the parents a typical cultural minority. Preston emphasizes that this dual connection to the hearing society and the Deaf community creates conflict for CODAs as they constantly have to move and engage with both the communities, which ultimately questions the CODAs sense of belonging and acceptance in both the cultures. Furthermore, findings reported that the hearing children acted as interpreters for their families which often exposed the children to situations that CODAs may not be emotionally and developmentally not ready to encounter.

Preston is a CODA himself and his study may be biased and subjective as he may allow his own experiences as a CODA to influence his finding and beliefs about the hearing community and the Deaf community. In his defense though, some authors have reported similar findings from their studies. However some of these authors are also CODAs (Hoffmeister, Clark 2003; Bull 1998; Napier (2002). Furthermore, this study seemed to have unearthed the CODA phenomenon, therefore eliciting and prompting more research about CODAs.

Christodoulou et al. (2009) conducted a study to investigate personal experiences of Cypriot CODAs in their families, school, and society. The finding of this study revealed that most participants identified themselves as bicultural, as they felt that they belong both to the Deaf and the hearing world, however, they identified Cypriot Sign language as their first language and Greek as their second language. Furthermore, some highlighted that they prefer to sign than to talk. Generally, good family interactions and relationships with their parents were reported. However, some challenges in the adolescent stage were stressed. Superficial communication with the parents was reported and the authors suspect that this may be due to the parents' difficulties in understanding explanations related to the differences observed between the hearing and the Deaf community. Interpreting for parents was raised and it

seemed to be a very sensitive and complex issue for CODAs. The role of interpreting was also associated with the role of protector and role reversal.

Mand et al. (2009) conducted a study in Australia, which was focused on the views of CODAs on genetic selection for Deafness. Among other things, this study also highlighted the experiences related to growing up as a CODA. The findings of this study revealed that some participants had negative experiences growing up, due to either identity confusion or the increased responsibility of acting as an interpreter for Deaf parents. Positive experiences were also reported where participants described a sense of pride in their Deaf family and Deaf community. Mixed feelings were shared in particular looking at how negative experiences growing up shaped the participants into well-adjusted adults or how positive childhood and adolescent experiences left them unprepared for adulthood. There were also a few participants who expressed neutral feelings of growing up as CODAs. These participants stated that growing up in a Deaf-parented family "was completely normal and that having Deaf parents is a typical experience that is not peculiar" (ibid, p. 726).

Some studies, grounded in the field of psychology, have addressed the psycho-social impact on hearing children of Deaf primary caregivers. Ward (2009) conducted a study to establish a characteristic psychological profile of hearing children born to Deaf parents to assist psychotherapists who manage and treat Deaf families. This study was conducted through a modified systematic literature review and case studies. The literature review and the case studies revealed the recurrent themes of shame, parentification, survivor guilt and paranoia. Furthermore, the finding seemed to suggest that there is poor attachment between Deaf parents and their hearing children. Also the findings suggested that families can benefit from incorporating technology and a supportive network for older siblings, extended family and friends or interpreters services. And it was suggested that if older siblings take on a role of providing support for their parents, they should do so with consent, and the child should be able to give an informed consent, and should be given enough education to make informed choices to avoid parentification.

Lawson (2008) explored the experiences of culturally Deaf parents who raised hearing children in United States of America. The findings of this study highlighted strong bonds between parents and their children. Parents also expressed that they viewed their children as being bicultural and bilingual and that their children were part of the Deaf world. Parents also raised concerns when their children left home, as these parents felt that their

children may not uphold the cultural values of the Deaf community. In terms of interpreting, parents expressed that in some situations, they rely on their children to interpret, and they are aware of the negative impacts this may have on the children and the family, however, the author reported that role reversal or generational boundary dissolution did not occur, which suggests that the children were asked to interpret in situations that were age appropriate. Concerns regarding the interaction between Deaf parents and their extended families and the hearing society were reported, however, reportedly, the parents maintained the relationships with the extended family and the hearing society for the benefit of their children. Parents also commented of the lack of resources related to parenting skills and making appropriate choices in raising their children, however, the parents expressed that they felt competent as they were able to provide their children with basic needs and promoting their bilingual and bicultural identity and striving for better communication with their children.

Morales, Alejandro and Aguayo (2010) conducted a case study on language brokering where a Mexican family shared its experiences on language brokering. The findings of this study revealed that the youngest son, as a language broker has interpreted in various situations including departmental stores, with the bus driver, dentists office and parent-teacher conferences.

Challenges with language brokering were also mentioned. Both the parents and the son reported that the son found language brokering stressful and tiring. The parents highlighted that their son sometimes has difficulty translating and interpreting, which leads to frustration and sadness. The son reported that in some situations he struggles to find the right words. Buriel et al., (2006) found that language brokering is associated with high instances of depression; and Mercado (2003) found high levels of parentification in families where children act as language brokers.

Shield (2005) conducted a study to explore various issues surrounding the CODA identity and Deaf ideologies. The findings of this study reported that CODAs, although feel "Deaf" inside, still possess a sense of not belonging in the Deaf World, which ultimately forces them to learn hearing behaviours (Shield, 2005). Furthermore, Shield (2005) reported that some CODAs feel marginalized in the Deaf community and that their parents sometimes set boundaries between themselves and the children by telling their children that they are different because of their linguistic choices.

In another study, Pizer, Walters, and Meier (2012) interviewed 13 American hearing children of Deaf parents. This study focused on the CODAs experience and skills in sign language. The findings of this study revealed most of the participants were raised in a bilingual environment, and that American Sign Language (ASL) was their first language as they learned ASL before English; however, some participants were more fluent in spoken English than in ASL. The participants who remained fluent in ASL reportedly had circumstances favouring ASL such as being the only child, therefore not having siblings to use spoken language with at home or an environment where the participants spent most of their time interacting with Deaf peers. This study highlighted that in Deaf parented families, family members who had unequal access to language and communication modalities created a potential for more language barriers than in monolingual hearing families.

Looking at all the literature review mentioned above, all the literature was based on international context. There is a dearth of research and literature on CODAs is South Africa. Selzer (2010), when conducting a study on the standardization of South African Sign language for use in the Parliament, also commented on the dearth of literature on deafness in South Africa. Most of the literature discussed in this study is relatively old and may be outdated and/or audist. Internationally, few studies are being conducted currently on hearing children of Deaf parents.

The assumption that the CODA phenomenon is not interesting enough may also be flawed, simply because no studies have been conducted on CODAs for the researchers to determine if CODAs are worth the attention and time. The question of interest may be addressed by the fact that Deaf people are a minority community in South Africa, in turn translates to CODAs being a minority group also. In most cases, minority groups may often be neglected and overlooked by researchers. But what might be core to the real dearth of research on CODAs in South Africa may be the existing conflict between the Deaf community and the researcher or professionals in the field of Deafness. The fact that professionals working in the field of deafness seem to be purporting deafness as a disability while Deaf people attributing Deafness as a cultural minority, may account for the poor relations between the hearing and the Deaf community. Since CODAs are an extension of their parents, they may also be open to participating in studies as their may feel that they are part of the minority group that is viewed as disable.

Therefore, it is the researcher's opinions that professionals working in the field of Deafness do not know much about CODAs nor is the CODA phenomenon not considered interesting enough to warranty the attention and focus of the researcher and professionals in the field of Deafness. Therefore, this study will also contribute to information on the CODAs in South Africa.

CHAPTER THREE: METHODOLOGY

The chapter discusses the specific aims and sub aims of this study. The chapter also provides an account of the challenges encountered in conducting the study as well as the researcher's personal reflections

AIMS

The overall aim of this study was to describe the lived experiences of a sample of hearing children of Deaf adults in Gauteng.

SECONDARY OBJECTIVES

In order to address the main aim of the study, the following secondary objectives were formulated.

1. To explore the delegation of different roles, including SASL interpreting in the family.
2. To explore the influence having Deaf parents has on CODA's occupational choices
3. To explore the support services available to CODAs.
4. To describe the CODAs' perceptions of their parents in terms of disability.

RESEARCH DESIGN

A research design can be described as 'a plan that describes how, when and where data are to be collected and analysed' as well as the researchers complete plan to answering the research question (Parahoo, 1997, p. 142)

As this study set out to describe the experiences of a sample of CODAs, a qualitative research design was used to gather data for this study. A qualitative research approach was chosen because the researcher sought to use a 'naturalistic approach that seeks to understand phenomena in context-specific settings, such as real world setting, where the researcher does not attempt to manipulate the phenomenon of interest' (Patton, 2002, p. 39). It should be acknowledged that when researchers study or research a specific phenomenon, they may manipulate it as they may draw attention to it and subsequently make the participants actively engage with in the process. However, it was not the goal of the researcher to manipulate the phenomenon, but to understand the phenomenon in a context specific setting. The researcher's goal for this study was to understand the CODA phenomenon in a South African context as experienced and reported by CODAs.

Qualitative methodology was considered effective for this study as it allowed for the description of the participants' experiences and allowed the researcher to understand and interpret the phenomena in terms of the meanings people attach to their experiences (see Denzin & Lincoln, 2000). 'Qualitative research involves broadly stated questions about human experiences and realties, studied through contact with people in their natural environments, generating rich, descriptive data that helps us to understand their experiences and attitudes' (Rees, 1996, p. 375).

QUALITATIVE RESEARCH FRAMEWORK

Ontology: Constructivism

Grix (2002, p. 177) argues that 'ontology is the starting point of all research'. Blaikie (2000, p. 8) defines ontology as 'claims and assumptions that are made about the nature of social reality, claims about what exists, what it looks like, what units make it up and how these units interact with each other. In short, ontological assumptions are concerned with what we believe constitutes social reality'. In other words, ontology describes one's view on the nature of reality, and it may be an objective reality that exists or a subjective reality created in one's mind. Human beings have deeply fixed ontological assumptions which affect out viewpoint on what is real (Flowers, 2009).

The ontological orientation for the current study was constructivist. Constructivism as an ontological orientation states that social phenomena and their meaning in the world are socially constructed through social interactions of individuals and groups (Bryman, 2008), and therefore, these phenomena are in constant state of fluidity as they are constructed over time and have to be constantly restructured and negotiated by social actors or individuals (Flowers, 2009). Social constructivism states that individuals search for understanding of the world in which they reside (Cresswell, 2003, p. 8) and subjective meanings of an individual's experiences are developed and these "meanings are concentrated onto certain objects or things'. Social constructivism further states that language enables the construction of the individual's reality (Terre Blanche, Kelly, & Durrheim, 2006).

Epistemology: Interpretivism

While ontology is concerned with what we may know, epistemology on the other hand is concerned with how we come to know what we know (Grix, 2002; Fatkin, 2012). Epistemology is defined as the research of philosophy concerned with how individuals decide what is true (Streubert Speziale & 2003). Epistemology focuses on the knowledge-gathering

process and is concerned with developing knowledge and the ways of discovering knowledge which is not static, but continually changing (Grix, 2002).

The epistemological approach of this study was interpretivist. Bryman, (2008) asserts that interpretivism focuses on understanding social actor's subjective perceptions and ideas through interpretative processes. This study explored the 'truth' of being a CODA as seen and experienced by a CODA. The researcher in the current study reflected on what may be 'true' to some CODAs and how these CODAs see the truth. The researcher was committed to finding the 'truth' about being a hearing child growing up in a Deaf parented family and interpret that 'truth' as seen by the some hearing children of Deaf parents. Since 'all knowledge or truth is relative to the knower, the focus of the researcher is to understand the meanings and interpretations of 'social actors' and to understand the world from the participants point of view (Saunders, Lewis & Thornhill, 2007). In this study, since the truth of being a hearing child of Deaf parents is relative to each and every CODA, the researcher focused on understanding and interpreting the phenomenon of being a CODA as understood and reported by the participants. The researcher was aware that the 'truth' may be subjective to each participant, therefore the phenomenon and the truth of being a CODA was interpreted according to what the participants in this study related to be 'truth; and may be relative depending on the experiences of each participants.

ACCESS TO SETTING AND PARTICIPANTS

Sample Size and Sampling Strategy

A sample size of ten hearing adult-children of Deaf parents was obtained and interviewed for the study. The researcher predefined adult- children of Deaf parents as a focus of this study. Therefore, the sampling strategy that was employed in this study was purposive sampling because it is a type of non-probability sampling, which allowed the researcher to collect a sample from a population that met the inclusion criteria and was accessible to the researcher (Burns & Grove, 2001). As this project focused on adult-children of Deaf parents, this sampling strategy appeared appropriate because it allowed the researcher to recruit participants who met the inclusion criteria and who could provide information relevant to the study. This type of sampling entailed having a predefined group (Babbie, 1995) and also allowed the researcher to obtain a representative sample of CODAs for this study.

In conjunction with purposive sampling the researcher also used snowball sampling to identify some of the participants for the study. A snowball technique was necessary as this

project sought to study a hidden population, for whom satisfactory lists and sampling frames are not readily available (Faugier & Sargeant, 1997). The snowball sampling method is defined as a sample design in which participants approach other people who meet the inclusion criteria defined by the researcher and request to participate in the study. The techinique enables participants to put the researcher in touch with other possible participants (Penrod, Preston, Cain, & Starks, 2003). Snowball sampling takes advantage of the social networks of identified participants to provide the researcher with an ever expanding set of potential participants, allowing a series of referrals to be made within a circle of acquaintance (Atkinson & Flint, 2001). It is particularly effective in locating members of special populations where the focus of the study is on a sensitive issue (Penrod et al., 2003). As an audiologist working in the field, the researcher was familiar with CODAs. The CODAs known to the researcher were asked to act as gatekeepers and to approach other CODAs who could be interested in participating in study and request them to participate. Potential participants were then put in contact with the researcher. In the event that CODAs were willing to participate in the current study, the gatekeepers were requested to grant permission for their (CODAs) contact details to be given to the researcher. This technique was an effective way to recruit participants for the study.

Despite the effectiveness of the snowball technique in recruiting participants, there were challenges that hindered the recruitment of potential participants. Initially, the researcher approached individuals who are CODAs and asked them to participate in the study and to approach possible participants and ask them to participate in the study and put them in contact with the researcher if they agreed to participate. The individuals who were initially asked to act as gatekeepers did not readily take on the rols and they did not respond to email and telephonic requests to participate in the study. Having encountered these challenges, the researcher then approached some Deaf and hearing individuals who worked in the field of Deafness, such as lecturers in the Centre for Deaf Studies at the University of the Witwatersrand and audiologists working in private sectors to act as gatekeepers. Again, these participants were unable to recruit participants due to personal commitments. The researcher subsequently looked for participants through various companies and organisations and this process took over three months.

Table 2: Places contacted to recruit participants

Places	Outcome
DeafSA National	The researcher was referred to an interpreter who is a CODA who agreed to participate and referred two more participants.
Tiny Hands	Tiny Hands was not able to assist as this organisation focuses on teaching Sign Language to families and individuals wanting to learn SASL. However, they referred the researcher to Trans Orange School for the Deaf.
Trans Oranje School for the Deaf	One participant who is a teacher at the school for the Deaf responded and in turn referred three cousins who are CODAs who participated in this study.
St. Vincent School for the Deaf	St. Vincent School for the Deaf was unable to assist as they primarily focus on Deaf learners and none of their staff members are CODAs.
University of the Witwatersrand School of Languages	Referred an interpreter who is a CODA, but she was not able to participate as she had other commitments and was unavailable for the interviews.
Colonel Rowland Home for the Aged, Deaf & Blind	Five participants were approached and were interested in participating; however, all of them did not meet the inclusion criteria because they were above the stipulated age range.
SASLINC	One participant responded and referred two more participants. The two participants were only referred after the participant was interviewed. Of the two participants, one

	declined and the other participated in the study.
CODA Membership International	This is an international organisation which reported not having contacts in South Africa. They referred one participant in Zambia. This participant was not contacted as he did not meet the inclusion criteria. Participants had to reside in Gauteng to participate in the study.
Dtv	Approached one possible participant who is a CODA but he declined to participate in the study.
University of the Witwatersrand Centre for Deaf Studies Centre	The possible participants who were approached declined to participate as they had other commitments. However, they suggested that I contact DeafSA Provincial for further assistance.
DeafSA Provincial	DeafSA contacted one participant who is an interpreter who then contacted another individual. However, this individual was unable to participate due to time constraints on her side.

In total ten participants were eventually recruited for the study over a period of five months. These participants were required to meet a criteria outlined below to participate in the study (Patton, 1990, p. 183).

PARTICIPANT INCLUSION CRITERIA

The participants had to meet the following criteria in order to participate in the current study.

1. Participants were required to be adult hearing children of Deaf parent/s and resident in Gauteng. Gauteng Province was chosen due to being an urban context

and essentially one that is representative of all the other provinces in terms of the different cultures and languages used in South Africa. Furthermore, Gauteng province is well resourced in comparison to the other provinces in the country.

2. Participants must have been raised by their biological parent/s. Since the study sought to explore the experiences of a sample of CODAs, the participants were required to have been raised by their natural parents since different dynamics could have arisen if the participants were raised by their extended families.

3. Participants had to be between the ages 20-40, the early adulthood stage, as it is at this stage where CODAs are reported to understand and embrace the difference and find community with others with whom they can identify (Bull, 1998).

4. Participants needed to be employed or studying towards a certain profession. One of the aims of this study sought to explore the occupational choices made by CODAs.

THICK DESCRIPTION OF THE PARTICIPANTS

In total ten participants were selected to participate in this study over a period of five months. The researcher had hoped to get a representative sample of the participants in terms of gender, race and age. However, due to the nature of snow-ball sampling, a representative balance in terms of gender and race was not achieved as there were more females than males and more White participants than Black participants. However, in terms of age range, a more representative balance was obtained. The absence of a database of CODAs in South Africa made the identification and selection of participants a challenging exercise. Within the country there are no active CODA associations or organisations in South Africa. One of the participants mentioned that there is a CODA association in the Eastern Cape; however, since this study was focused on CODAs currently residing in Gauteng, the researcher did not contact the association in the Eastern Cape. In general, the Deaf community is significantly small and is scattered across the country, therefore locating CODAs would have required locating the Deaf community first and working through Deaf associations to recruit participants. Recruiting participants through Deaf associations might have potentially posed a challenge if the recruiter is a hearing person who is also an audiologist. As mentioned, Deaf people take pride in their language, therefore a person who has limited Sign language skills, who is also an audiologist, may not be readily assisted, and in fact they might be viewed with

suspicion as some Deaf people believe that audiologists do not respect Deaf people's culture and want to fix Deaf people.

Below I provide a description of each participant interviewed in this project in order to give a deeper insight into the dynamics surrounding the participants and their experiences.

Participant 1 is a 24 year female who is the eldest of the children in her family. Both her parents are Deaf and she also has 2 siblings who are Deaf and one hearing sister. This participant is not officially employed as a SASL interpreter as she is not qualified or accredited to work as a recognised interpreter. However, she interprets on a part-part basis for individuals who need SASL interpreters. She stated that she was unable to study and be accredited as an interpreter as she could not finance her studies. Her mother was not employed and survived on grant payments from the state. Her father is a self-employed carpenter. This participant did not obtain a matric certificate as she left school in grade 11 due to financial difficulties. She has a hearing daughter. During the interviews, she expressed her disappointment in learning that her daughter is hearing as she wanted to have a deaf child. She strongly identifies herself with the Deaf community and feels that hearing people take advantage of Deaf people. She stated that her mother prefered staying at home and did not socialise with many hearing people. Her father is independent as he can read and write and runs a business. She expressed challenges with interpreting as a child which also contributed in her leaving school in grade 11. She also recalled instances where her parents were mistreated by the hearing community and the role she had to take in protecting her family from the hearing community.

Participant number 2 is a 30 year old female who is married to a hard-of-hearing-person. She has two hearing children and currently works as a primary school teacher at the school for the Deaf. She comes from a family where her paternal grandparents are Deaf and she has Deaf aunts and uncles. When she completed matric, she studied horticulture and worked as a horticulture specialist before she became a teacher for the Deaf. Prior to studying horticulture, she was highly involved in the Deaf community and used to interpret at church for Deaf people. She felt that her family coped relatively well in the hearing society and that the fact that she has Deaf grandparents and parents made her appreciate the Deaf community more. She worked as a horticulture specialist for two years and left to train for teaching as she felt that she was a good horticulture specialist, however, she was not making a difference in anyone's life. She recalled events where she felt that as a younger interpreter for her family,

she was often caught in the middle, in terms of the views that Deaf and hearing people had about each other. She recalled incidents where hearing people got upset with her when she interpreted what her father was saying. She felt that people were 'shooting the messenger'; as a result, she learned to manipulate her interpretations in order to avoid getting into trouble. However, the essence of the message was not changed, just the tone of the message. She is still actively involved in the Deaf community. She stated that she finds it difficult to define her identity as her father is English, her mother is Afrikaans, and she was raised in the Deaf community as a hearing person. She asked if that makes her quarter English; quarter Afrikaans, quarter Deaf and quarter hearing. She concluded that she identifies herself as South African.

Participants 3, 4, and 5 are siblings and are also related to participant number 2. Participant 3 is a 28 year old female who works as an au pair. She became an au pair as she wanted to travel the world. She stated that she is not fluent in South African Sign Language and she prefers not to use sign language. She is not involved in the Deaf community and will only sign when she absolutely has to, however, she will sign with her parents. She interpreted for family when she was young but was not particularly fond of it. When her sister was born and started signing, she relinquished all the interpreting duties to her younger sister. She identifies herself as a hearing person in a hearing world and was aware from a very young age that she was different from her parents. She could hear, and they could not hear.

Participant 4 is 24 years old and is married to a hearing person. She is a quantity surveyor and for her master's degree she conducted a study on how disabled people access buildings and infrastructures as she understood disability since she was raised by Deaf parents. She views deafness as a disability and says that she is not ashamed that she was raised by disabled parents. On the contrary, this participant felt that being raised by Deaf parents made her independent and responsible from a very young age. Her experiences reportedly shaped her into being an assertive, confident and mature person. She recounted that she struggled to fit in with her peers as she felt too mature and focused for her age. She felt comfortable interacting with people older than her. She interpreted for her family when she was growing up. She felt that her sister is an introvert and did not enjoy interpreting. She was not actively involved in the Deaf community due to her workload and time constraints. She has taught her spouse SASL

Participant 5 is a 22 year old male who currently works as a restaurant manager. He is the last-born and the only boy in his family. He is hoping to train to become a teacher in the near future as he feels that he will have a much more meaningful impact as a teacher than a manager at a restaurant. His sister, who is the second born, did most of the interpreting in their family. However, he interpreted at church, where his father is the minister. Sometimes, he felt that he was not adequately prepared or ready to interpret at church due to the nature of the vocabulary used at church. He identifies himself as a hearing person in a hearing world, although he admits that it took him longer to realise that. Once he discovered the hearing world, he became part of it and never looked back. Currently he is not involved in the Deaf community due to time constraints and the demands made by Deaf people on CODAs. However, he anticipates that he will return soon in the Deaf community as a teacher not an interpreter.

Participant 6 is a 40 year old female who is married to a CODA and has two hearing children and currently co-owns an agency that hires out qualified and accredited SASL interpreters. Participant 6 also works as an interpreter and she recently completed her post graduate study on interpreting services in South Africa. This participant is the last born in her family and all her older siblings interpreted except for her brother, who is not fluent in SASL. During the interview, she expressed her unhappiness with audiologists in general, to the extent that when her children were born, she did not mention a history of hearing loss in her family. This participant recounted an event where her father was given a hearing aid that was too loud for him but continued to use it as he did not want to be seen as ungrateful. Currently, she is highly involved in the Deaf community through interpreting and she believes that her experiences shaped her into becoming a responsible person. She recalled some occasions where she experienced role reversal in her family, however, the occasions were very limited. This participant identifies herself as a Deaf person psychologically while physiologically she is hearing, and she strongly feels that CODAs should be viewed as rightful members of the Deaf community, and she feels offended when CODAs are not treated as full members in the Deaf community. The researcher believes that that this participant was primarily motivated by curiosity to participate this study as she contacted and suggested to another to participate in this study after she had done the interview herself.

Participant 7 is 26 year old female who is a qualified and accredited interpreter, who is the second born and did most of the interpreting in her family. This participant revealed that she feels that her sister has not yet embraced herself as a CODA, as she feels that she

comes from, as she said, a “weird” family. Her father is Deaf and her mother is hearing. However, SASL is her home language and that is the language used in her family, including by her mother although her sister is not fluent in SASL. This participant even attended a school for the Deaf as a hearing person, as she wanted to learn more about the Deaf community. It is while at the school for the Deaf that she learned to embrace and appreciate herself as a CODA. Her mother told her that when she was young, she refused to communicate orally, until her parents told her that she is hearing and that it is natural for her to communicate orally. She said that identifies herself as Deaf person, even though she can hear, and she said that most hearing people are “narrow-minded and obtuse” when dealing with Deaf people. It is worth noting that, she refers to hearing people as “THEM” and she does not include or see herself as a hearing person. She also highlighted her dislike for audiologists whom she felt were insensitive and hostile when managing people with hearing loss. It should be highlighted that this participant was included in this study as the definition of CODA includes hearing children with one Deaf parent (Bull, 1998;Bishop et al., 2005; Mand et al., 2009), and also Mallory et al. (1993) highlighted that if sign language is the primary language of the family, that family is then considered Deaf. These participants stated that her home language is SASL.

Participant 8 is a 30 year old CODA who is married to a CODA. She works as a qualified SASL interpreter. She is the last born in her family and all her siblings interpreted. She expressed her dislike for audiologists as she feels that they like fixing things that are not broken. She recalled instances where she felt shy and embarrassed that her parents were Deaf and, as a result, she did not invite friends to her house. She feels that the Deaf community and families should make their own decisions and not be influenced by hearing people including CODAs. She identifies herself as a hearing person in a Deaf world. Her father has 5 hearing siblings and 4 Deaf siblings, while her mother was the only Deaf child in her family. As a result, she spends more time with her Deaf aunts and uncles than with her hearing family.

Participants 9 and10 are siblings. Participant 9 is a 35 year old female who currently works as a disability officer. She has a hearing daughter and she once dated a hard-of-hearing person and vows not to date a Deaf person again, as sometimes she just wants to express herself orally. This participant expressed her dislike for therapists in general, including social workers. She recalled a number of events where she felt overwhelmed and not emotionally ready to deal with some of the situations. However, she said that she is grateful to her late maternal grandmother who was supportive and was a pillar for her and her brother, but most

of all, the fact that her grandmother could sign made a significant positive difference in her life. She stated that when she got older, only then did she realise the impact interpreting played in her life. She said that these sentiments were further reinforced when she had her daughter. She attended therapy to help make sense of her childhood experiences. She identifies herself as a bicultural person as she is part of both worlds, however, she feels more comfortable in the Deaf community. She is indirectly involved in the Deaf community through her work as a disability officer, but she still interprets for her family. She has also embarked on a journey to help CODAs appreciate by sharing her experiences as a CODA so that more CODAs can learn to value their heritage and uniqueness as some CODAs do not embrace or appreciate being CODAs.

Participant 10 is a 26 year old male who is a qualified and accredited interpreter. He is the last born in his family and is currently the designated interpreter in his family. He feels that he was not exposed to situations that were not ideal for him as a child since his sister did most of the interpreting. However, there were instances where he had to leave school early to interpret for family friends whose children did not sign. The biggest obstacle he's had to overcome is the "US and THEM" attitude, where hearing people refer to Deaf people as "THESE PEOPLE" and he asked, "What people"? When such statements are made he feels caught in the middle as he is both hearing and Deaf at the same time. He also feels that some Deaf people are not appreciative of the interpreting services he offers for free. In some cases, Deaf people make it feel like he has to interpret because he is hearing, even if he does not want to interpret. He identifies himself as a hearing person in a hearing world but who is highly involved in the Deaf community.

DEMOGRAPHIC PROFILE OF PARTICIPANTS

Ten participants were interviewed in this current study. The participants were all young adults between the ages of 22 and 40. Two of the participants were male, while 8 participants were female. Four of the participants were Black while the remaining 6 were White. Table 1 summarises these demographics. Participants were currently involved in a variety of occupations.

Table 3: Demographic profile of participants in the current study

Participant	Gender	age	occupation	Birth order	Family dynamics
1	Female	22	SASL interpreter	First born	Has two Deaf Siblings and one hearing sibling. She has a young daughter who is hearing. She interpreted for a family as a child.
2	Female	30	Teacher at a school for the Deaf	First born	Married to a hard-of hearing spouse, and her siblings and children are hearing. She interpreted for her family as a child.
3	Female	28	Au pair	First born	Participant 3 has hearing siblings. As a child, she briefly interpreted for her family.
4	Female	24	Quantity Surveyor	Second born	Has hearing siblings and is married to a hearing spouse. She interpreted for her family as a child.
5	Male	22	Restaurant Manager	Last born	Has hearing siblings and interpreted briefly for his family.
6	Female	40	Interpreter	Last born	Has hearing siblings and children and is married to a CODA.
7	Female	26	Interpreter	Last born	Has a Deaf father and a hearing mother and sister. She interpreted for her family as a child.
8	Female	30	Interpreter	Last born	Has hearing siblings and interpreted for her family

					as a child.
9	Female	35	Disability officer	First born	Has hearing siblings and once dated a Deaf person. She has a hearing daughter and she interpreted for her family as a child.
10	Male	26	Interpret	Last born	Has hearing siblings and interpreted for his family.

PILOT STUDY

In order to ensure that the findings of this study yielded appropriate results, a pilot study was conducted prior to the main study. A pilot study is a small-scale methodological test conducted to prepare for a main study and is intended to ensure that methods or ideas would work in practice (Teijlingen & Hundley, 2002). Generally, a pilot study involves a small sample size to assist the investigator in identifying potential problems with the planned design (Van der Riet & Durrheim, 2006). In this current study, a pilot study was conducted with one participant who was first to respond to the researcher's request to participate in this study after the researcher had sent out the information letters to the possible participants. The participant was a 22 year old female who met the criteria of the current study. The participant preferred to meet at the researcher's office as she was not familiar with Johannesburg. The researcher met the participant at the taxi rank and was transported to the researcher's office by the researcher.

Procedure

Upon arrival at the office, the researcher briefly highlighted the aims of the study and the ethical considerations. The participant was also offered the opportunity to read the information sheet and the consent letter. Prior to asking the participant to sign the consent letter, the researcher checked with the participant if she still wanted to continue with the interview. The interviews were conducted by the researcher and were conducted in the researcher's office. The interview was conducted in English and Sotho. The interview was audio recorded and was 45 minutes in length. The interview questions were used as a guide and they were not asked in any specific order.

Findings and design alterations

The participant seemed to understand the questions and responded appropriately. However, she requested that one question should be rephrased. The initial question was "**What would you have loved to change in your experiences as a CODA?**" That question was changed to "**What would you have loved to add to your childhood experiences**?" The participant explained that the word "**change**" sounded negative and implied that CODAs only have negative and unhappy experiences. "**Add**" on the other hand, is positive and whatever experiences one would have loved to experience will be seen from a positive view, an "added extra".

Because the current study had a small sample size, the pilot study was also included in the main study. According to Teijlingen and Hundley, (2001, p. 3), generally, there is a common concern with the inclusion of the pilot study participants in the main study as those participants may already be exposed to an intervention and therefore may respond differently from other participants who were not included in the pilot sample. However, in some cases, "it is simply not possible to exclude these pilot-study participants because to do so would result in too small a sample in the main study". This was the case with the current study. The sample size of the participants was very limited and it became necessary that the pilot study participant be included in the main study. Also, the current study did not involve any intervention procedures or subsequent interviews. Teijlingen et al., (2001) further state that contamination is less of a concern in qualitative research as, researchers often use some or all of their pilot data as part of the main study. Conducting a pilot study is advantageous in qualitative research as qualitative data collection and analysis is often progressive in that a second or subsequent interview in a series should yield richer responses then previous interviews as the researcher may gain insights from previous interviews which may improve the interview schedules and specific questions. The latter was evident in this current study as the subsequent interview questions with the participants interviewed later, the questions were fine-tuned and made relevant and appropriate to the study. There were no major changes made to the interview guide. As a result the researcher decided to include the pilot study in the main study.

ETHICS

Permission to conduct the study was obtained from the University of the Witwatersrand Human Research Ethics Committee (non-medical) (Protocol number: H110922) (Appendix A).

Consent forms were formulated for the participants to participate in the study and for the interviews to be digitally recorded. The consent forms were written in English and they highlighted the aims and the nature of the study. The participants were informed that participation was voluntary and that refusal to participate in or the decision to withdraw from the study carried no negative consequences. It was highlighted to the participants that anonymity was not guaranteed as this study relied on snow ball sampling to obtain participants for the study. Participants were made aware that all information given to the researcher would be kept confidential

DATA COLLECTION

Data collection is the precise, systematic gathering of information relevant to the research aims using methods such as interviews, participant observation, focus group discussion, narratives and case histories (Burns & Grove, 2003). Data collection begins with the researcher deciding from where and from whom data will be collected (Tabolt, 1995). For this study, the purpose of data collection was to give the participants an opportunity to reflect on their experiences of growing up as CODAs. Data collection took place between March and June 2012.

Interviews

Data were collected through in-depth semi-structured interviews. Interviewing is a research method that aims to move away from fixed answer questions (Stroh, 2000). Also, interviews allow the interviewer to remain open and flexible so as to probe individual participants' stories in more detail (DiCicco-Bloom & Crabtree, 2006). This study incorporated a semi-structured interview schedule, which according to Dohrn (2005) provides the interview with a richness and spontaneity of information and .provides "insight into what the interviewee sees as relevant and important" (Bryman 2008, p.437) However Rosnow and Rosenthal (1996) note that the disadvantages of interviews lies in that they may become too long, be tedious to analyse and not provide the researcher with the desired information. The interview schedule took between 30 and 45 minutes to complete, with an average time of 39 minutes. The

interview questions were formulated by the researcher based on the available literature on CODAs in other countries. The interview structure followed the recommendations by Rubin and Babbie (2005) where the interview possesses a plan of inquiry as well as a set of questions. Furthermore, Kerlinger (2000) also recommends that similar questions be grouped together in order for cohesions and order. The interviews were conducted in a conversational manner, and the questions were not asked in a specific order.

Use of English Language

In South Africa we have 11 official languages spoken throughout the country. Therefore it was important to establish the language that would be used to collect data prior to data collection. Participants in this study were requested to indicate their language of preference from the 11 South African languages including SASL. All the participants preferred the use of English and as a result all the interviews were conducted in English. Nevertheless, code switching was observed particularly in words and phrases. Code switching refers to a situation "wherein a person alternate between two languages within the same communicative event" (Shulman & Capone, 2010, p. 361). This is often observed in individuals who are bilingual and in places where both languages are common in the environment (Owens, 2012). The participants' preference for English may have been influenced by the fact that English is the language most spoken across the country as the language of business, politics, economics and media access and is also regarded as South Africa's lingua franca, although it ranks fifth place as a first language spoken in South Africa. (www.southafrica.info, 2013). Lingua Franca can be defined as a, bridge or unifying language methodically used to enable communication between people not sharing a mother tongue (Chirikba, 2008). As a home language, English is most spoken in Gauteng where most resources are relatively available (www.southafrica.info, 2013). Therefore all the interviews were conducted in English. Occasionally, some participants used phrases from their home languages to accurately capture or articulate their experiences.

Procedure

The participants were contacted telephonically or via email. The participants were contacted when the referring person phoned or emailed the researcher to inform the researcher of other participants who were willing to participate in this study. The researcher contacted and introduced herself to the possible participants and briefly highlighted the aim of the study. She then asked the participants if they were willing to participate. Relevant information such as the information letter and the consent forms were emailed to the participants. Information

pertaining to research ethics protocols was emailed to the participants to inform them of their rights as participants. The researcher requested that if the participants were still keen on participating they should inform the researcher so that necessary arrangements could be made. Participants were also informed that interviews were to be done in any South African language of their choice including SASL; however the researcher requested that if participants chose to use SASL, they should inform the researcher promptly so that an SASL interpreter could be arranged. None of the participants requested interpreter services and all the interviews were conducted in English with minimal code switching to accurately capture or express how the participants felt about certain aspects.

Upon receiving responses from the participants indicating interest in participating in the study, the researcher asked the participants to indicate their availability and where they preferred meeting for the interviews. Participants were offered an opportunity to choose their desired meeting places so as to ensure that they comfortable and that they were in a relatively equal power relationship with the researcher.

Table 4: Indicating where participants were met for interviews

Participant	**Place**	**Date**	**Time**
1	Researcher's office: University of the Witwatersrand	29 February 2012	Lunch time
2, 3,4 & 5	Mugg & Bean: Menlyn Park Pretoria	02 March 2012	Late afternoon
6	Coffee shop at the University of the Witwatersrand	06 March 2012	Morning
7	Mugg & Bean: Cresta Mall	07 March 2012	Afternoon
8	Participant's office	09 March 2012	Morning
9 & 10	News Cafe: Hatfield	22 April 2012	Afternoon

None of the participants were financially reimbursed for agreeing to meet for interviews except for participant 1, who used public transport (taxis) to come for the interview. This participant's travel fee was reimbursed and she was provided with refreshments as she arrived around lunch time. The other 9 participants declined the offer of reimbursement for their transport. Most of them stated that they had prior plans that

necessitated them to be at those specific locations. For instance: participants 2,3,4 and 5 had planned to have a 'get-together' late lunch with each other and their spouses; participant 9 and 10 were also meeting for drinks; while participant 6 had a meeting on that specific day, so she suggested that we meet early before she went for her meeting. Participant 7 also indicated that she had a few errands to attend to, so she suggested that we meet before she continued with her errands. However, she accepted the researcher's offer to pay for her drink during the interview. The researcher met participant 8 at her office.

On the day of the interview, the researcher contacted the participants to confirm if they were still available and confirmed the time and place. On arrival, the researcher introduced herself and again highlighted the aim of the interview including ethical considerations. The researcher also gave them hard copies of the information letter and consent forms and gave them the opportunity to read the information letter, ask questions if they have any and to sign the consent forms to indicate that they are voluntarily agreeing to participate and they are aware that the interviews are audio-recorded for purposes of analysis later. Interviews were recorded on a digital audio-recorder. This was done to increase the accuracy of data collected and to allow the researcher to be fully attentive to the participants instead of handwriting verbatim transcripts during the interviews. The interviews were conducted in a conversational style and the researcher used the interview guide to ask questions. The questions were not asked in a specific order although the first question was always used the opening question. The other questions were asked in relation to the participant's closing line.

In total, the questions focused on five areas which were predefined by the researcher as being relevant to the study. The questions were based on the review of literature consulted for this study and these questions focused on the childhood experiences, interpreting experiences, occupational choices, support services and disability. Overall, these questions were designed to answer or address the aims of the study. Where necessary, the participants were asked to elaborate and clarify. Generally, the questions were unambiguous and all the participants did not have any difficulties in answering the questions.

At the end of the interview, the researcher thanked the participant's for participating in the study and informed them that once the study was complete, the researcher would contact the participants to give them feedback on the study.

RECORDING OF DATA

For the current study, the interviews were audio recorded using a Sanyo digital audio recorder. The interviews were reordered to increase the accuracy of data since the interviews were transcribed verbatim. Also, the researcher wanted to fully engage the participants without having to worry about capturing and taking notes while the participants spoke (Patton, 2002). Furthermore, the researcher aimed to make the interviews less structured and flow in a conversational manner. Most of the interviews that were conducted early in the day had a clear quality and the researcher was able to transcribe the interviews accurately as there was minimal background noise except the interviews that were conducted late in the afternoon. The interviews that were conducted late in the afternoon had background noise and poor quality, therefore the researcher enlisted the help of the Audio-Visual Department of the University of the Witwatersrand to minimise the ambient noise from the tapes. Since there was no identifying information on the tapes and the staff at the Audio-Visual Department had no background to the current study, the researcher is confident that no information identifying any of the participants was released to the Audio-Visual Department staff.

ANALYSIS OF DATA

Qualitative content analysis was used to analyse the collected data. "Thematic analysis is a method for identifying, analysing and reporting patterns or themes within data. It minimally organizes and describes your data set in rich detail" (Braun, & Clark, 2006, p.79). Thematic content analysis is a widely used method of analysis in qualitative research however, it is poorly defined and understood when compared to other methods such as discourse analysis or content analysis (Braun et al., 2006). Thematic analysis is different from other analytic methods narrative analysis and grounded theory and it is sometimes claimed as other analysis such as thematic discourse analysis, thematic decomposition analysis, or grounded theory, which seek to describe patterns across qualitative data (Braun et al., 2006). The main advantage of thematic content analysis is its flexibility which its disadvantage being the lack of clear and concise guideline (Braun et al., 2006). Thematic content analysis can be divided into two approaches: inductive (bottom up) and deductive (top down) thematic content analysis (Hayes, 1997; Payne 1999; Patton, 2002). Inductive thematic content analysis focuses on themes identified emerging from the data themselves and the themes are not driven by the researcher's theoretical interest in the area or topic. Therefore, inductive thematic analysis is generally data driven. On the other hand, deductive thematic content analysis is influences by the researcher's theoretical or analytical interest in the area of study.

Deductive analysis typically provides less rich descriptions of the data overall and a more detailed analysis of some aspects of data depending on the interest of the researcher (Braun et at al., 2006).

For this current study, data were analysed using inductive thematic analysis. As mentioned, in inductive approaches, identified themes emerge from the data themselves (Payne, 1999; Patton, 2002) as inductive analysis process is concerned with coding of data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions. This type of thematic analysis is, therefore, data driven (Braun & Clarke, 2006). It should be noted that based on the literature reviewed in this study, the researcher identified and formulated areas to include in the interview guide, which can be seen as deductive or be seen to be fitting in a pre-existing frame. However, Patton (2002) stated that qualitative content analysis does not necessarily exclude deductive reasoning. Forming concepts from theory or previous studies is essential in qualitative research, particularly at the beginning of data analysis (Berg, 2001). Therefore, the researcher used the studies reviewed in the literature to deductively analyse data. Based on previous studies, the researcher formulated an interview guide which then formed the initial data analysis state. Using the broad themes that were derived deductively, the researcher immersed herself in data to allow further categories to emerge inductively. Therefore, for this current study the inductive reasoning process that was used is directed content analysis as the researcher immersed herself in the data and allowed the themes to emerge from the collected data.

Qualitative content analysis involves a process designed to reduce raw data into categories or themes based on valid inference and interpretation. This is an inductive reasoning process, where themes and categories materialize from the data through careful examination and constant comparison (Zhang & Wildemuth, 2009, p. 1).

Hsieh and Shannon (2005) have suggested three approaches to qualitative content analysis depending on the degree of involvement of inductive reasoning namely:

- Conventional qualitative content analysis, in this approach categories emerge directly and inductively from the raw data. Typically, this approach is used for grounded theory development.

- Directed content analysis, in this category initial coding starts with a theory or relevant research findings. During data analysis, the researchers immerse themselves

in the data to allow themes to emerge from the data. The goal of direct content analysis is to validate or extend a conceptual framework or theory.

- Summative content analysis, which starts with the counting of words to manifest content, then broadens the analysis to include latent meanings and themes. This approach seems quantitative in the early stages of data analysis, but its end-goal is to explore the usage of the words/indicators in an inductive manner.

The main aim of the study was to explore the lived experiences of growing up a hearing child of Deaf parents, and the objectives of the study were concerned with exploring the role and delegation of interpreting the family, the occupational choices made by CODAs, the availably of social services and the notion of Deafness as a disability. Within these themes, subthemes emerged from the data and these themes were grouped within the main themes. Finally, the subthemes emerged inductively from the data.

The following steps as discussed by Creswell, (2004) were followed in the analysis of the data

1. **Text transcription**. The researcher transcribed detailed notes based on the audio-tapes of the interviews. Interviews that were conducted in English and transcribed in English. Frequently, participants used phrases in other languages such as Zulu, Sotho and Afrikaans. These phrases were transcribed verbatim and not translated into English as they expressed and captured accurately how the participants felt.

2. **Code categories.** A printed document of all interviews was produced. The researcher studied the transcripts and identified sections that were relevant to the research questions of the study. According to Stewart and Shamdasani (1990, p. 105) ‘‘this coding procedure requires several passes through the transcript as categories of the topics evolved and the analyst gains greater insight into the content’’ of the interviews. The researcher read the transcriptions several times and immersed herself in the data. The researcher also recruited a peer reviewer who assisted to analyze the data to ensure the credibility of the data. The questions of the interviews served as a general guide for developing code categories. However more themes emerged from the data. The peer reviewer employed in this study is a female currently registered for a Masters in audiology. This peer reviewer was not actively involved in this study prior her involvement

as a peer reviewer, however, she is knowledgeable in Deafness studies as she has worked as an audiologist in a public sector for 5 years. In addition to this peer reviewer, I also engaged my supervisor throughout the duration of the study as I sought his guidance during the period of data analysis. The peer reviewer became involved in the current study during the data analysis stage, after the researcher had coded the categories. The peer review was given some of the interview transcripts to read so as to compare her themes against those of the researcher. Post the analysis of the transcripts, the peer reviewer identified the same themes as the researcher. Therefore, the researcher proceeded to the next step of analysis.

3. **Search procedures.** Once the code categories were assigned and noted in the margins of interviews, the transcriptions were copied, cut, and pasted and sorted into separate code folders. These were then used to report the findings of the study.

TRUSTWORTHINESS

It should be noted that the Deaf community forms a small population in South Africa, which in turn means that CODAs are also a small community. Generally, in my interactions with Deaf people, I have observed that many Deaf people are sceptical of hearing people and even more sceptical about professionals working in the field of audiology and /or Deafness. As an audiologist, I was met with suspicion and curiosity. I was aware of the challenges I was going to meet as an outsider looking into the Deaf community. The researcher is aware of the challenges and perceptions Deaf people have regarding audiologists. However, I assumed that such perceptions are held by Deaf people who are physically deaf. Since CODAs are not physically deaf, the researcher did not anticipate facing resistance from CODAs. Some participants questioned my motives to undertake this study since I'm neither D/deaf nor a hearing child of Deaf parents. Some participants only referred other CODAs post their interviews after assessing if the questions were threatening in any way. The researcher faced resistance in three aspects:

1. **The researcher as audiologist.** Some participants overtly expressed their resentment and dislike for audiologists generally. Their resentment stemmed from their perception that "audiologist like to fix things that are not broken". I understood this statement to mean the role audiologists play in the management and treatment of individuals identified with hearing loss. Furthermore, I was told that as audiologists, we should not make

decisions for deaf children in terms of their preferred mode of communication. I was told that audiologists should take the back seat and let the child decided if they want to be Deaf or Hearing.

Some participants also expressed the unsavoury treatment their parents and Deaf people experienced from audiologists and therapists. As a result, participants were forthright in saying they do not like audiologists, but I must add, that after the interviews, some participants seemed comfortable with me, and one participant in particular said "I guess not all audiologists are bad".

2. **Not being a CODA**. Some participants were disappointed and "not impressed" upon discovering that I am not a CODA. The general feeling was "you are not one of us, why do you want to know about us?" To further complicate the situation, the fact that my SASL skills are very basic and limited presented another challenge as some participants felt that I was not making or putting effort in accommodating SASL users. Some participants were kind enough to offer me "a word of advice: if you want to proceed and be successful in this area, you have to learn to sign and familiarize yourself with the Deaf community". Furthermore, I was told that if this study was conducted by a CODA, they would not face any challenges with recruiting participants for the study.

3. **Black young female researcher.** As a young Black researcher I was constantly aware of my race in all the interviews I conducted. As a black person, I had assumed that I may have more Black participants in the study but as it turned out, I had more White participants then black participants. During my interviews with the White participants, I was often apprehensive and anxious as I was not sure of the impression I was making. I often felt that certain assumptions were being made about me as a Black person. Also some of the statements made carried subtle suggestions that to an extent, I must know how it feels like to be viewed and treated differently because of my colour. Therefore I was constantly aware of the comments I made as I felt that making incorrect and uniformed statements may reflect badly on me as a black professional. Also I kept wondering if the White participants agreed to participate because they were feeling sorry for me as a Black professional or if they were curious about a black person who even dares to tackle issues of Deafness and disability with White participants. But what I discovered was that, even with the Black participants I did not feel at ease as I was still viewed as an outsider since I am not a CODA. .

One of the White participants, in attempting to explain the CODA phenomenon likened it to being black, with reference to me as a Black person who cannot change my colour no matter how much effort I put into trying to be White. I must admit, I felt a bit uncomfortable about that statement however, I understood the point the participant was attempting to make. To my amazement a black participant also made similar comments about being a CODA being similar to being Black, then I appreciated that perhaps, since the current study also focused on identity issues, some participants may have felt that using my colour as a black person to explain certain concepts, I may have a clearer understanding and appreciation since as a Black person, there are still some issues that I may grapple with especially in the presence of White people. Furthermore, these comments made the realise that some CODAs primarily differentiate and identify themselves as hearing children of Deaf parents over race and this seems to be the case regardless of their race or colour.

Another White participant implicitly suggested that some black CODAs refused to participate in the current study because of some reasons undisclosed, however this participant added that "I'm surprised that she did not want to participate in your study given that you are both Black". I must admit that I did not know how to respond to this statement. I nodded and said "Ja, it's interesting". The latter statement, made me wonder if what was expressed by one participant about researchers interviewing Black people for certain studies and not reporting on Black participants' experiences contributed to fewer Black people participating in my study. Perhaps, Black people felt that if White researchers do not report on the findings of Black people, what are the chances that a Black researcher would report on the Black participants' experiences? In essence, if a White man does not do it, would a Black man do it? Whenever I perused the transcriptions, I often wondered if participant 6 would have expressed her dissatisfaction with a White researcher had I been White. Would she have asked me these questions?

"You only read about John or Mary. What about my experiences as a Black person. What about Sibongile and Sipho? Are our experiences less important?"

I must add that, at the end of the session, the participant cordially asked, "How was that for a Black experience"? And I thought "Ja, how was that for a black experience!"

So personally, as the researcher in this study, I had to accept that I was an outsider looking into the lives of people who neither fully identify nor fully belong in the hearing world as we know it. Also I had to appreciate that as an individual I may not view Deafness as a disability; however, due to the nature of my occupation and the perceived conflict between the professionals who work in the field of Deafness and the Deaf community, I am part of the hearing world that may view Deafness as a disability. Instead of defending myself as an 'outsider', who is an audiologist and a young black female I opted to follow the suggestion offered by participant 7 who animatedly told me "Being a CODA is like being black. You cannot change it. You just have to build a bridge and get over it". I therefore decided to build a bridge and get over biases and discomforts.

Despite the challenges that I encountered as I interacted with hearing children of Deaf parents, I do believe that the participants shared their experiences with me to the best of their knowledge and state of comfort. However, I also believe that perhaps, if I were a CODA, an insider, I would have received more information and much more detailed experiences. So not being a CODA hugely impacted in my interaction with the participants. Also, being an audiologist, I believe, gave the participants an avenue to vent and express their views about audiologists generally.

In order to deal with my biases or subjectivity in the handling and analysis of data, both as an audiologist and non-CODA, I had to acknowledge that "all research is subject to researcher bias" (Morrow, 2005 p, 254). However, in order to deal with my biases, assumptions and my personal experiences as an audiologist, in my engagement with the participants, which I found emotion-laden, I opted to apply reflexivity or bracketing. Reflexivity can be defined as 'self-awareness and agency within that self-awareness" (Rennie, 2004, p. 183). Bracketing refers to the process of holding assumptions and presuppositions in suspension in order to improve the rigour of the research (Holloway, 2005). Therefore, bracketing entails setting aside one's beliefs, feelings and perceptions to be more open or faithful to the phenomenon, to ensure trustworthiness and make sure that the study is without bias (Creswell, 2007). The bracketing process is crucial and it requires the researcher to remain neutral with respect to belief or disbelief in the existence of the phenomenon (Streubert, Speziale & Carpenter, 2003). Bracketing can be applied in a number of ways, such as, keeping a self-reflective journal from the inception to the completion of the study; consulting with a team or peer reviewers; member checks or make use of the "community of practice" made up of knowledgeable colleagues to engage in critical and

sustained discussion (Morrow, 2005; Rossman & Rallies, 2003, p. 69). To achieve bracketing, a peer reviewer, a person chosen by the researcher to review certain parts of the data to ensure that the researcher is interpreting the data logically and without bias (Martens, 2005) as a reflexive strategy. The peer reviewer and my supervisor served as mirrors and assisted in reflecting my responses to the research process. Peer reviewers may also serve as 'devil's' advocate, proposing alternative interpretations to those of the investigator" (Morrow, 2004, p. 254). I engaged the peer reviewer and my supervisor as the peer reviewer for my study. I must admit that to a larger extent, my supervisor did play the devil's advocate and frequently forced me to be open-minded and appreciate and respect the views from the "inside" as "the outsider". Also, I made use of the "community of practice" to share the process and the findings of the study. This was a group of colleagues in my department who are highly qualified researchers and are familiar with the current issues involving the professional working in the field of Deafness. Lastly, I intended to include member or participant checks. According to Marrow, (2005), the researcher has the responsibility to "learn from the interviewee how well the researcher's interpretations reflect the interviewee's meaning" (p. 254). After consulting my supervisor, I decided that the best way to do member checks is through conducting a focus group. A focus group would have served as a forum for me as a researcher to present emerging data to the participants and in turn receive correction, direction and feedback (Morrow, 2005). This reflective strategy would have helped manage subjectivity and would also have assisted in achieving the goal of fairness that is, "representing the participant viewpoints equitably and avoiding lopsided interpretations that represent the biases of the researcher or only a few participants" (Murrow, 2005, p. 255). I applied and was granted permission by the Human Research Ethics Committee (Non-Medical) (Protocol number H110922) to conduct a focus group. The participants were contacted via email and sms to participate in the focus group; however, there was a poor response as only two out of participants responded. It would seem that the participants are more comfortable doing one –on – one discussions than talking in a group. As a result, it was felt that a focus group would not be feasible as two participants would not present group dynamics. Although the focus study would have served as a member check to see if the researcher's interpretations are in line with what the participants reported and subsequently provide more detailed information about the experiences of CODAs as a group. However, the study, despite conducting a focus group and member check, still provided valuable information about the experiences of CODAs in South Africa as data were obtained through in-depth one-on-one semi-structured interviews, also, after transcribing the interviews, the

researcher contacted some participants for more clarification where the researcher might have misunderstood or sought extra information.

CHAPTER FOUR: RESULTS

This chapter presents the findings from the study. The findings are presented under specific themes as derived from the data analysis. Thematic data analysis was used to analyse data for the current study. The main themes that emerged from the information collected in interviews data were categorised into themes and subthemes.

Having employed thematic content analysis as proscribed by Creswell, (2004), five themes were identified by the researcher: childhood experiences, interpreting role, occupational choices, support services, and disability. These themes were subsequently divided into a number of sub-themes as follows:

Table 5: Themes and subthemes which emerged from the data.

Themes	subthemes
1. Childhood experiences	• feelings of embarrassment due to the stigma and the nature of Sign Language and not fully embracing being a CODA • Identity confusion and transition from the Deaf culture to a hearing culture. • Missed opportunities
2. Interpreting Role	• Parentification, Role reversal, and protection • Frustrations and advantages of interpreting
3. Occupational choices	• Family background: employment and level of Education • Societal inequalities
4. Support Services	• Extended families • Professional services
5. Disability	• Cultural minority • Hearing community as a barrier

THEME 1: CHILDHOOD EXPERIENCES

The first aim of this study was to explore the childhood experiences of growing up as a hearing child of Deaf parents. This theme revealed three sub-themes, which were central to shaping their experiences.

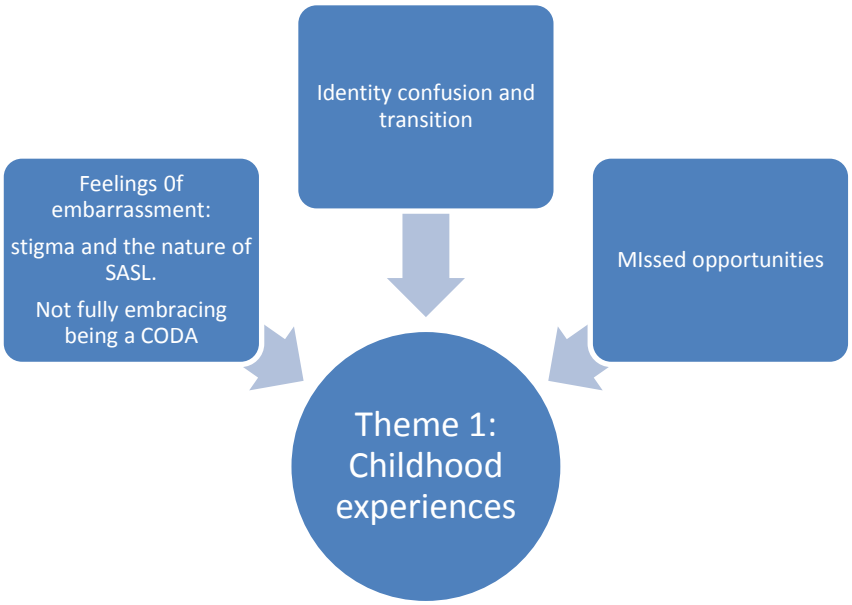


Figure 4: Depicting Theme 1 - Childhood experiences

The first theme that emerged was childhood experiences *with the following subthemes:*

1. *Feelings of embarrassment because of the stigma attached to having Deaf parents.*
2. *Feeling of embarrassment in terms of the manual communication in public, and also*
3. *Feelings of embarrassment of having Deaf parents and therefore not fully accepting one's parents.*

FEELINGS OF EMBARRASSMENT BECAUSE OF THE STIGMA ATTACHED TO HAVING DEAF PARENTS.

7 participants expressed that the hearing community viewed Deaf people as stupid and unable to perform basic tasks or cannot be trusted to take care of their own families.

Participant 7 commented that she felt that her father was treated harshly by the hearing community and this made her dislike the hearing community:

> *"Aahmm, society has viewed Deaf people, rather to be on the safe side, my father as being stupid, as being,,,, uhm, how can he be married? How can he make kids you*

know? And worse off, he's married to a hearing person. How does he do things? How does he read, how does he feel because he's Deaf? Which is kind of a bit stupid for hearing people. Personally, I think they are imbeciles, but anyway, that's my opinion towards some hearing people. Some hearing people are not that smart hey. You'd think they are, but no."

Similarly, participant 1 has experienced unpleasant remarks from the hearing community regarding her parents' Deafness.

"I remember when I was growing up, there are these women who came to our house and they asked my mother if she was Deaf and she said yes. So they said " can you go to church so we can pray for you so that you can hear?" So I told them it's not gonna happen because they grew up Deaf and it's not something that changes when you grow up. Ja, they grew up Deaf and that's how they gonna stay, that way. It's not these things they were saying that they are cursed or something like that".

Not only was the labeling directed to the parents but to the entire family, including the hearing children.

According to participant 8, the stigma and the unpleasant comments were directed to the whole family including the hearing children, not just the parents who were Deaf.

"Yes, we were also classified as a deaf and dumb group because we were children of…. That time, 'deaf and dumb', the wrong term, because we were children of Deaf people. People viewed us as if there was something wrong with us. They think that CODAs have speech problems, we should have our hearing tested and there's something wrong with us".

In the same breath, participant 8 reported positive experiences that her father experienced at work; however, there were still communication barriers.

"I know my father at work was happy and everybody loved him. He was the only Deaf person there. My mother used to go to the shops by herself. She had a disability grant at that stage and she had to go every month and fetch it. I think it was ok for them. Obviously there were communication barriers for them. Otherwise if my parents had any barriers, they hid them very well from us".

FEELINGS OF EMBARRASSMENT IN TERMS OF THE MANUAL COMMUNICATION IN PUBLIC

8 participants highlighted that they felt embarrassed to communicate with their parents in public places as it drew attention towards them, some even expressed that it made them feel small when people stared at them when communicating with their parents in public.

Participant 7 shares her feelings of shame brought by the hearing community's feelings of pity towards her father.

> *"You become an interpreter from the age of whatever without you realizing, because nobody understands your mother or your father and then now you have to go to hospitals with them, to clinics with them blah blah blah and they be like "what is your father saying? What is he saying?" and it is so embarrassing and you are shy. You know, you have to sign and now everybody is looking down at you and your father. I mean, for me, my father has been my hero, my superman my whole life. Now going to a public place with people saying "ooh shame, this Deaf person, what are they saying anyway"? It sort of makes me feel small and worse off, he cannot hear them." Participant 3 also expressed the importance of paying attention to your surroundings when communicating in SASL in a public place, and the embarrassment that he felt if the hearing people stared at his family when they communicate in public.*

Participant 5 also highlighted that when he interpreted in public, he observed his surroundings, as he was constantly aware of the attention he was drawing from the hearing community.

> *"The other thing as well is, while growing up, when your parents* ***speak sign language****, in any public place, you need to be focused on attention. People handle that differently. When young, realizing that Deaf is like a disability and people look down on it, you can sometimes be a little shy and ja. It's almost like being ashamed of having Deaf parents in a hearing place. They, you know the way they speak sometimes. Their voicing is not a normal way of speaking. The noises that you hear. Need to check for tension. When you speak, or your parents speak, they might be excited or when they are speaking, they might look like there's anger. So it depends on the situation. That can also make you feel self-aware; "oh people are looking at us". That can also have an effect".*

Participants 1, on the other hand, reported that as she grew older, she stopped feeling embarrassed about using SASL with her parents in public.

> *When I was young, I would say "stop it. Everyone is watching. I was kinda like embarrassed. So my mom would be like "what's wrong? I wanna talk to you. Let people stare, there's nothing wrong with that". Now I don't have a problem. I feel free. They are my parents. Why should I feel embarrassed"?*

FEELINGS OF EMBARRASSMENT OF HAVING DEAF PARENTS AND THEREFORE NOT FULLY ACCEPTING ONE'S PARENTS

8 participants expressed feelings of embarrassment because of having deaf parents. These feelings were mainly prevalent at a young age.

Participant 8 recounted the following:

> *"I remember my one friend told me I was shy to bring her home for some reason. And I think it might be because my parents were Deaf".*

Participants 9 felt embarrassed that some CODAs do not embrace their heritage and they do not accept their parents' Deafness.

> *"I mean some CODAs like don't accept their parents. I've met CODAs who are very much angry at the fact that their parents are Deaf and they are not even willing to learn sign language. I've met CODAs who do not sign because of the aggression. But also because the extended family thought they were doing the parents a favour when they removed the child from the parents, you know. So feel that they are much more separated from the world and they don't even understand the world we come from. So when you explain to them, they get shocked that "is that really our world? Is it really how it is?" It's fascinating. I think it's my life mission to get CODAs to embrace and accept their parents. To realize that there's something really special in their parents and also in the capabilities of what they have as people and the help they can give other up and coming CODAs".*

Participant 7 collaborated participant 9's sentiments.

> *"My sister is so quiet and reserved. She thinks she comes from a weird family. She is so embarrassed by all of us including my mother. She doesn't want her friends to come home 'cos we will tell her friends stuff that might be embarrassing. Ja. My*

father laughs very loud hey. So she doesn't want to be exposed to that. Like I said. It's very good if you are embracing it and if you not embracing it… like my sister started embracing the whole "my father is Deaf type of thing and I'm a CODA warra warra when I started interpreting professionally. And I had information. And I think most of the CODAs they lack information of who they are and their identity because it is so, trust me, it is so 'deer mekaar' because literally you are in two worlds and it's either I'm there, I'm there, what's going on and you cannot find your identity in all of this mess if one may call it. So. it's not easy for some CODAs. Shame."

SUBTHEME 2: IDENTITY

"I am half hearing and half Deaf. That is my identity. I have Deaf parents. I am,,, physiologically, I am hearing, but psychologically, I am Deaf." P. 6

Participants expressed a variety of mixed emotions when talking about their identity and where they belong. It was evident that some of the participants are still not clear as to where they belong. Most of them stated that they are still caught between the two worlds.

Participant 8, who earlier commented on being called "deaf and dumb' because her parents were Deaf stated that she's bicultural:

"I'm in both worlds, I'm bicultural. To me, I'm not born Deaf. So I don't really see myself as Deaf. People call us Deaf because we come from that background.

Participants 5 identified himself as a hearing person, who belongs to the hearing community but has Deaf parents.

"I'm definitely a hearing person in a hearing world. It was interesting growing up because,,, one thing that was definitely evident from a very young age is know that I am different from my parents. I'm a hearing person and they are Deaf. When I was younger, I don't think I ever seen myself as Deaf in a Deaf world, that I see myself as a hearing person in a Deaf world when I was in a young age. The older I got, I realized that Deaf people are a small community; I definitely had to change to a hearing person in a hearing world"

Participant 9 on the other hand described herself as a South African who is multilingual.

> *"I identify myself as a South African, that is fluent in so many languages, whose first language is SASL and I identify as part of the community, the Deaf community, as part of the disability community because I was privileged to grow up in that environment but at the same time I was privileged to be exposed to other disabilities; blind, mental disability, albinism, you name it. So that makes me such a lucky person, you know. Lucky. Special. You name it, all of those things. So, yes, I do identify myself as a CODA, and I hold it dear. I wouldn't even want to replace it at all, and I identify myself as somebody who is also embracing diversity very well. I love change. For me change comes naturally because of the environment which I come from, so ja, that's how I identify myself.*

Furthermore, participants 9 mentioned that her transition from the Deaf community to the hearing community was relatively easy and it was brought about the exposure to different languages and communication modes she encountered at school.

> *"So for me, everything that I had was so normal in a sense that the transition from being from a Deaf family to a hearing world was just ordinary in a sense that I didn't see anything awkward about it until I was in grade 2 in school. You know when people started talking, "what is your first language". Then I realized but my first language is not any of yours, you know. Mine, we speak with hands. So that was the only difference… So it was easy, the transition was quite easy but at the same time, it meant that there was a lot of stereotype. There was a lot of stigma, I mean growing up in that family."*

SUBTHEME 3: MISSED OPPORTUNITIES

The participants were also asked to share their thoughts on some of the aspects that they felt they would have loved to add to their experiences, things that they feel they would have benefited from.

Participant 6 stated that she would have loved for her parents to have had meaningful communication with their families.

> *"I think I would have loved to add, to have given my parents an opportunity to communicate with their family members better."*

Whereas, participant 7 expressed that she would have loved for her father to share her achievements at school.

> *"I feel what I missed out on, are the moment of sharing my success in terms of school. Those school prize, those awards. I was in a debating team for obvious reasons. I'm not sure whether I was good at it or I just had a big mouth, but I did it and I have a certificate and a trophy at home for that. That was painful for me. And I'm not sure how he felt. You know, my name would be called out. Things that were being said about me and he, I mean he can see but he can't hear what they are saying about his daughter. I mean drums. I have been acting and what not. He's been coming to plays but he didn't get the essence. The tones, how I would say it, why would people suddenly laugh, the jokes and what not. You know, because I tried so hard to be like him and impress him. I haven't won".*

Participants 8 stated that he would have loved to know more about Deaf culture and Deaf identity so as to avoid some identity confusion that some CODAs may face.

> *"To know more about Deaf community and culture and Deaf identity. I think to know about Deaf culture and their identity is easier for a CODA growing up. At least then you won't have a situation where a CODA is struggling between the Deaf and the hearing community. I believe now CODAs are even worse than the times when we went through it. They rebel at a very early age. And they manipulate their parents because they are a hearing child and they are the only one that hears. And it's quite sad. I think I would have loved to know about Deaf culture at home from an early age. But the problem is I think the overall problem is Deaf education is the big issue. It's changing for the better now but schools don't teach Deaf culture and Deaf identity to the Deaf kids. So they come out of school still not knowing who they are and I think it's important because Deaf children are at school at a very young age. I think it's important that teachers take that responsibility and teach them about their Deaf culture. I think that would have helped".*

On the hand, participant 9 spoke about her wish to have been able to communicate through spoken language and share her experiences with her mother

> *There were sometimes where I wished I could sleep with my mom and tell her everything but I can't, cause I have to switch on the lights, sit up straight so that she can see my face, you know the way my body is positioned should be in such a way that she can actually see everything, so you miss those little things that people who come*

from non-Deaf families don't actually experience but they don't realise that we go through them, you know.

Theme 2: Interpreter role

This aim sought to understand the dynamics of the interpreter role in Deaf families.

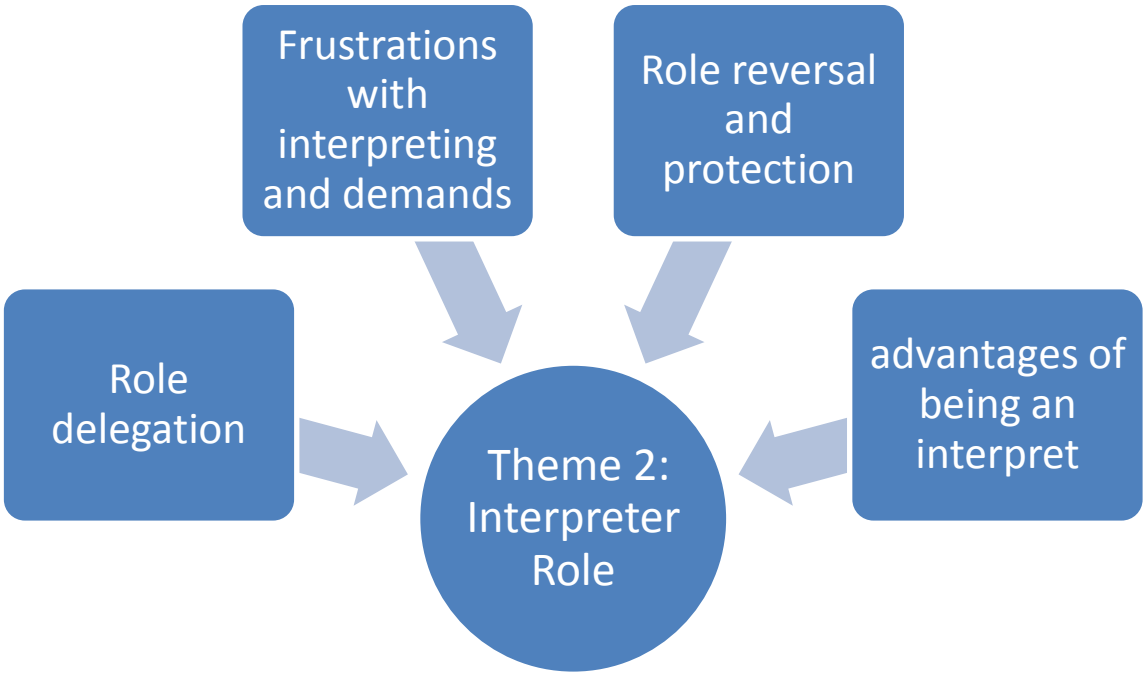


Figure 5: Depicting Theme 2 – Interpreter Role

Three subthemes emerged from this theme; namely the role delegation, frustration with interpreting, role reversal and advantages associated with being a CODA.

SUBTHEME 1: ROLE DELEGATION

Participants revealed that there was no delegated interpreter in their families as such as most participants had to interpret for their parents at some stage regardless of the birth order or gender. However, the participants reported that female children interpreted more than the male children in their families. Three participants mentioned that they have male siblings who did not want to interpret. Also some participants mentioned that their older female siblings who are first-born children did not want to interpret and they believe that this is mainly due to personality differences. In terms of gender, three participants mentioned that some of their male siblings did not interpret for their sibling. This was attributed to perceptions that woman are more comfortable with interpreting than males..

Delegation

Participant 1 explained that in her family everyone interpreted and no one was formally asked to be the interpreter in her family.

"*No one was given the role to interpret at home. We all interpret. Whoever is there interprets. No one was chosen to do it. If there is no one at home, my father phones his brother and goes with him".*

Birth order

Participant 4 shared that her older sister, who is the firstborn child in her family preferred not to interpret for her family.

My older sister was an introvert and she did not like interpreting as such eventually I did the most of the interpreting.

Similarly, participant 7 also reported that her first-born sister did not interpret for her family.

"*I'm the last born at home and I have no idea how I ended up being an interpreter at home. But for some reason, with the CODAs I know, it's usually the babies that tend to sign, or the second born or the third born or something. Not the first born. One would assume that the firstborn will take the responsibility. Not all CODAs. Like I said, the CODAS that I know, ja. But not all of them. It's just like one or two CODAS that I know that are elderly at home would sign*"

Only participant 8 reported that all the children, from the firstborn to the male children in her family interpreted

"Well normally, it was the eldest in the house would interpret then as they moved out the next one would be the interpreter. I have 2 brothers and 4 sisters and we interpreted, including my brothers".

Gender

Participant 6, in terms of gender reported that her brother did not interpret for the family. Furthermore, participant 6 explained that it seemed her brother was embarrassed of having Deaf parents.

"My sister interpreted up to a certain age and then she just didn't do it so I took up on that role. My brother was never interested. My brother would run away very far, he's not into it. He could sign very little, very limited. I wouldn't classify my brother as a shy person but you know, we would walk in the street and he would tell my mother not sign. He was shy of that aspect. I think he was shy of having Deaf parents. So he just never did it and it was never,,, it just became the females' job

Participant 10 reported that his younger brother also did not interpret for the family and is not interested in interpreting.

> *"Yes. Right now I'm the only person who interprets in the family on a professional level, cos my younger brother doesn't want to do anything to do with Sign language interpreting".*

SUBTHEME 2: FRUSTRATIONS WITH INTERPRETING AND DEMANDS

It terms of interpreting, based on the responses from the participants, it seems that almost all the CODAs in this study interpreted for their parents and in most cases, most CODAs revealed that they liked to interpret for their parents, but there were occasions where they felt that they were not well equipped to handle the communication. They were few CODAs in this study who did not like to interpret but interpreted because their parents relied on them. Some participants stated that they will only interpret for their families and not other Deaf people.

Not emotionally ready

Participant 9 shared her frustrations with interpreting in situations where she felt she was not emotionally or developmentally ready for:

> "*But yes; we have to do, interpret things that you were not ready for. You had to interpret, I remember, when I was 10, I had to interpret RAPE, and I didn't even know what rape was and but because the news reader was also not explicit, I just spelled it and my father explained what rape was and for me it was such a shock."*

Likewise, participant 8 talked about an experience where she was not sure how to comfort her mother after she relayed bad news to her mother.

> "*The phone rang one time and it was my aunt saying that my grandfather has passed away. And you have to tell that to your parents. It's awful. It's awful telling your mom "hey your dad just died". She just started crying and I didn't know what to do. I just turned around and walked away. You know, what do you do"?*

Participant 1 also shared her frustrations with the interpreter role as it interfered with her scholarly progress.

> *"Growing up, I didn't know where I belonged a lot of the time; I even gave up on school. I did grade 11; my dad always wanted me wherever he went. My mom needed*

me, so there was a time when I struggled and I couldn't concentrate at school. I failed and I dropped out."

Participant 9 described the effects of being exposed to situations that are meant for older people.

*…"but then, because you are in that world, you tend to let go of what you have interpreted very easily and move on and become a child again. But then obviously as you get older you realize that, you know, I'm actually messed up. I'm seriously f****d up and I need help you know. I had to go through all this cr*p"*

Not developmentally ready

In other cases, participants shared their experiences where they were exposed to situations where they had to interpret interactions that were not familiar or known to them such as medical terms used by doctors.

Participant 9 shares an event where she had to explain to her mom about hysterectomy.

"*I have pictures of my mother having a hysterectomy and I had to interpret when the doctor came in afterwards. I mean those words, I was 6 year old, I had no clue what they meant. But I think in a sense, it assisted me to be more mature for my age, but ja all the time it was a mission to interpret as a small child"*

"And also there's something that, happened to me at a young age, not understanding the words that people are saying. I don't what that means. I don't know the definition of that word is. I don't know the finer things. Also, the way you learn is, in practice". P 5

"*I can recall an embarrassing situation, with dad's car settlement, he wanted to replace the old one with the new one, and dad was upset. I think I was too young too young for this situation. I didn't know how to handle the negotiations P 4*

Shooting the messenger

Participant 2 described a situation where she felt attacked by the hearing people who did not understand the role of the interpreter.

"Once we were on our way to Durban and we got involved in an accident. The tow-truck man wanted to tow the truck but my dad refused as he had his own cover for the

car. So I was interpreting back and forth and my dad was truly getting upset and the tow truck person thought I was the one saying all these things to him. Meanwhile I was just interpreting what my father was saying. With time, I learnt to manipulate my interpretations as I did not want to get into trouble"

Participants 4 seemed to agree with participants 2

If things do not work out, you get blamed and it becomes your fault".

Demands from the Deaf community

Participant 9 expressed the view that Deaf people are sometimes demanding and do not show appreciation for the sacrifices that some participants have to make to accommodate and interpret for them.

"But I try not to involve myself with too many Deaf people except my parents, because some times, how can I say it, the attitude of :'I'm Deaf, you are hearing, you must help me'. Which is not a…., which doesn't……. it's not enjoyable, especially when people don't realize you are actually offering your energy, your life to help them. And helping people can take an hour; it can take a whole day. Not everyone can appreciate that but you actually helping them. Just to be thankful, you know that type of thing. That's why also people don't help too much. Otherwise you get so stuck on their social problems"

Similarly, participants 7 expressed her thoughts on the demands made on CODAs in terms of interpreting for their families.

"In a way, it was horrible because he had no other person to rely on at that moment besides this child that he has who is hearing and because it's my child, she has to help me. She has to be my ears. I brought her into this world I can bloody take her out too. That is the kinda father I have."

Participant 8 described how she and her siblings fought over who was going to interpret for their family because no one in her family wanted to interpret for the parents.

I don't know. I remember that we used to fight about who is going to interpret. Like you didn't want to. It wasn't really something that you wanted to do. It was like "not again" but you had to do it. My mother never really played that card, but it was something that you had to do.

SUBTHEME 3: ROLE REVERSAL

Participants recounted different occasions where they felt that they were taking responsibility for their parents. These situations ranged from answering phone calls to taking care of the wellbeing of their siblings.

Participants 4 expressed that he had to take his responsibilities seriously and not be like a child who can walk away if communication broke down:

> *"We were exposed to grown-up business at a young age because we are the mode of communication and having that responsibility already from a young age. Answering the door. Answering the phone. Speaking to people, querying things, communicating for your parents towards someone else. You immediately assume responsibility. You need to focus and try and explain what they are trying to say. and not be a child, if you don't understand, you just can't go on with your life. You know you have this responsibility; otherwise, miscommunication can affect you and so on"*

Participant 6 recalled a situation where she had to help her father with his reports instead of doing her own school work.

> *"With my, you know I remember my father coming home having to write weekly reports and I remember having to write his reports for him and having to put my homework aside but that is where mother and father's work intruded on family life, otherwise, they coped by themselves"*.

Participant 8 recounted a situation where she felt that the role bestowed on her was very high. Furthermore, when she had her own child, she realised that the responsibilities she had taken as a child were not ideal.

> *"When my other brother was 3, he was in an accident. He was hit by a car and I had to,,, my father was working night shifts, my mother was coming late also. So then I had to take him to the clinic with another friend of mine and I had to tell my parents that their son has been involved in a car accident you know and it was such a …. But for me at point it wasn't a shock, I was just happy that he was alive. But later on as I got older, I had my own child and I realised that the responsibility put on me was high, very very high, you know*"

Protection

Participants tended to try and protect their parents from the hearing community and also justified why they had to take care or interpret for their parents.

Participant 7 shared an occasion where she was in a dilemma on whether to protect her father's feelings or tell him the offensive comments made by hearing people.

> *Now going to a public place with people saying "ooh shame, this Deaf person, what are they saying anyway"? it sort of make me feel small and worse off, he cannot hear them, and you thinking, should I tell him, should I not tell him? Should I tell him or protect his feelings. So you never know, you know, he might just tell them off and you don't want that embarrassment as a kid. You know, ja".*

Participant 6 asked what their were parents supposed to do with all the dynamics that they had to face as Deaf people living in a hearing world.

> "What else were they expected to do"?

SUBTHEME 4: ADVANTAGES OF BEING A CODA

Almost all the participants highlighted that their family experiences and taking on added responsibilities as children shaped them into being responsible and independent adults.

Participant 9 commented that as CODAs become independent from a very young age.

> "*At the same time, I think one thing that was truly amazing was that, I don't know if you noticed, but a lot of CODAs are intelligent. You know, we very much visual, our perception is quite broader than non-children who come from Deaf families. And I also think that we, as CODAs, we became independent at a very young age".*

Participant 6 expressed that the responsibility of selling her family house at a young age shaped her into becoming a responsible adult.

> *"I think, you know, having sold my parents' house at the age of 6; I think it made me a very responsible child because I was responsible for the family wellbeing. So yes, I think that you take responsibility much earlier in life therefore I think you are much more a responsible adult" P. 6*

Participant 8 commented on the advantages of playing loud music and being independent

> *"And you could play your music as loud as you wanted. That's an advantage. You learn to be independent quite early" P. 8*

Likewise, participant 10 admitted that being a hearing child helped to be responsible and form an intimate relationship with his parents.

> *"I think there are great influences. Like I said before, in my case, growing up, learning responsibility from a young age, it's much easier to take on responsibility on myself and also I've got a very intimate relationship with my mother and my father. The other nice thing about our culture is: it doesn't matter what culture you come from, we have the same experiences, and we all interpreted young, we all became independent at a very young age. Yes, we might have disagreement because we are people, at the same time, we come from the same world, you know, so ja".*

Theme 3: Occupational choices

This aim explored the parental or familial influences on the choice of occupations taken by CODAs.

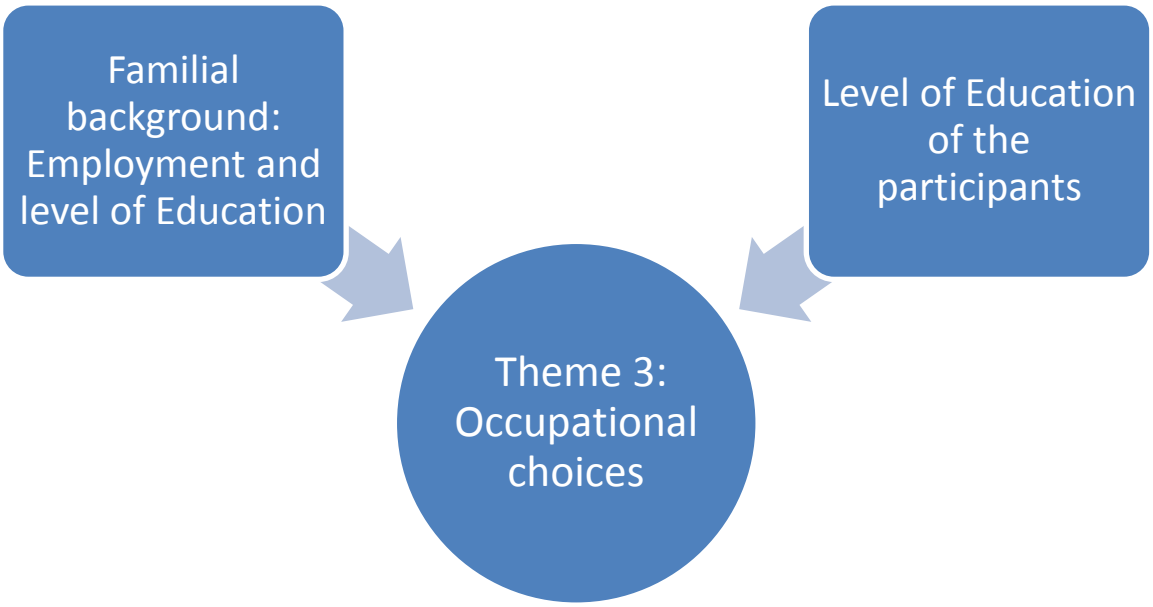


Figure 6: Depicting Theme 3 – Occupational Choices

Two subthemes emerged from this theme, namely family background which focused on the employment and the level of education of the participant's parents and the level of education of the participants.

Almost all the participants in this study reported having Deaf parents played a huge role in shaping and choosing their occupations. Only two out of ten participants are in occupations where they do not interact or work with the Deaf community. The remaining eight participants highlighted that their background had an impact in their occupational choices. What was worth noting is the fact that participants indicated that having Deaf parents presented limited choices in choosing their careers as most of their parents did not have jobs or occupations that paid them well.

SUBTHEME 1: FAMILIAL BACKGROUND: PARENT'S EDUCATION AND LEVEL OF EDUCATION

Some identified the parents' level of education as having an impact in their family life as most participants felt that their parents were not able to pay for them to pursue studies post matric. So poverty, level of education and the perceived disability influenced the participants' occupational choices.

Participant 8 expressed that if her parents were hearing, she would have had better opportunities in terms of being able to study further. She also expressed that because her parents were Deaf, she did not have the same advantages as children who have hearing parents.

> *"I think my parents being Deaf also played a part on our poverty issue. We weren't really rich because they were Deaf and normally Deaf people were classified as you could only do skilled jobs. My father was a boiler-maker. It wasn't a high paying job. My parents didn't have a lot of money so they couldn't afford to send me to university. So I had to fend for myself. But I think if my parents were hearing, I would have had better opportunities in terms of being able to study and doing all that. Because they were Deaf, I think that's one reason why I chose my job but I'm not sad about it. You know, your life has a specific path and I think that was my path and I'm not sad about not being able to go to university. I got a lot of other opportunities, but I do think that because my parents were Deaf I didn't have the same advantages as children who had hearing parents."*

Participant 1 reported that she had always wanted to become an interpreter, but was not sure if she would have become one if her parents were not Deaf.

> *I don't know. Maybe I got interested. Even when I was younger, I used to dream to be an interpreter for Deaf people. That was always my dream, to work with Deaf people. Maybe if my parents were hearing people, I'm not sure how it would have turned out. Maybe it's because I grew up with them and I got to understand Deaf people.*

Participant 6 reported that the role she played taking responsibility for her parents and exposure to SASL as an added language was beneficial for her as she ended pursuing a career as a SASL interpreter.

"Well, I was the one who was negotiating. My parents wanted to sell the house and I was negotiating with the estate agent. So yes, you take on a much more responsibility and in terms of who I am today, it gave me a profession. I'm a professional SASL interpreter. So that language. That added language you know was beneficial for me and I didn't realise that as a child."

SUBTHEME 2: LEVEL OF EDUCATION OF THE PARTICIPANT.

Likewise, participant 9 explained that she did her Masters in disability as she found that she can relate better to disability and could speak the language easier.

"So in a way it was linked and the type of work that I do, even though it's on a much broader scale, I still find that my passion is more around disability and that's why I did my Masters in disability studies cause I found that I can relate to it much better and I can speak the language easier. I can speak the culture easy. I can express a whole lot of policy issues in a disability context much easy than most of my peers from other departments. That's why I say, its honestly been,,, and I normally like saying to people, my parents gave me my career. Without them I wouldn't be where I am"

Theme 4: Support services

One of the aims in this study was to explore if CODAs and their parents received social support services.

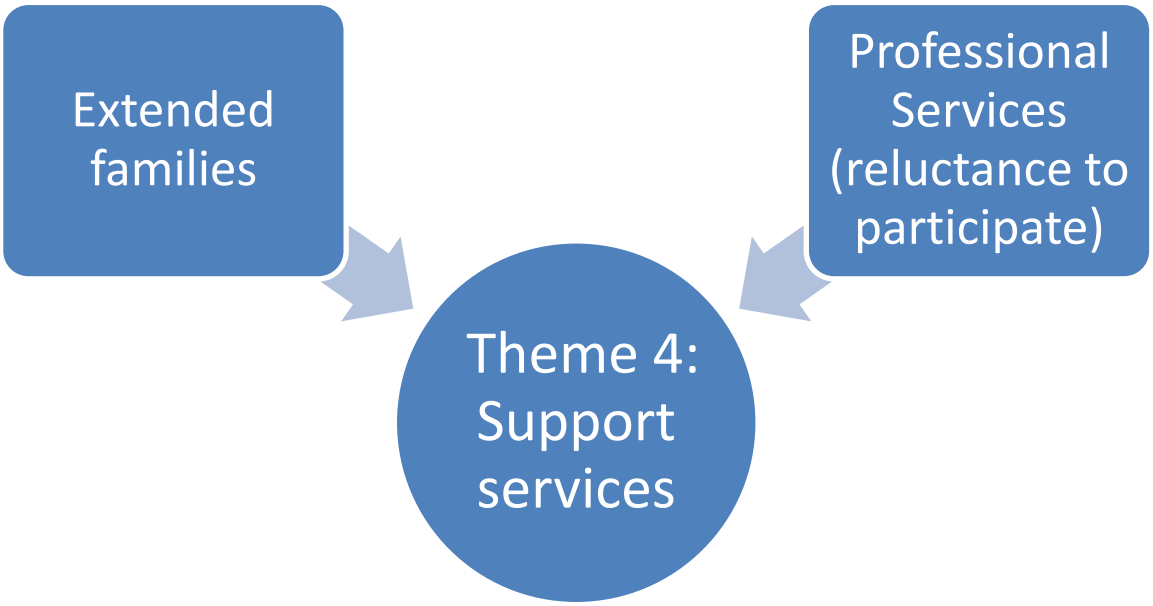


Figure 7: Depicting Theme 4 – Support Services

Two subthemes emerged from this theme namely extended family support and professional services and the reluctance of the participants to participate in this study.

SUBTHEME 1: EXTENDED FAMILY SUPPORT

Some of the participants highlighted the important role some of the extended family members played in supporting and assisting them cope with their experiences. On the other hand, some participants highlighted that relations with the extended family were limited, especially, when there were no extended family members who could use SASL.

Participant 9 expressed that her maternal grandmother was supportive and that the grandmother could communicate with the participant's parents through SASL.

> *"When I was born, we were lucky that my grandmother from my mother's side could sign. So she did most of the interpreting until I was possibly around 6 and that's when I started interpreting for my parents"*

Similarly, participant 10 reported that the extended family became the participant's link to the hearing world.

For me it was normal because obviously that's the first exposure that we had. We probably were exposed to the hearing world and I guess the nicest thing was that out extended family became like our link to the hearing world"

Eight participants out of ten reported dissatisfaction with the involvement of the extended family in their lives.

Participant 6 reported that her family did not have close relations with the extended family because there was no communication between her parents and her grandparents.

"Extended family. Aahhm, we never had a very close bond with uncles and aunts and grandparents because there was no communication. There was no communication for my parents at home. You were there as a family member simply because no one puts time and it was the time of apartheid where the government stated don't sign with your children whatever you do. And I think that is very damaging. I see the damage effects that it still has on my parents today. When I, we discuss family matters they never had the opportunity to communicate with their siblings or their parents as we able to do today". P6

Participant 7 recounted events where she felt that the extended family emasculated her father because of his Deafness and viewed him as boy. Furthermore, the participant's maternal side also labelled her father as disabled and incapable of taking care of his children. As a result, participant 8 and her family were isolated and did not interact much with the extended family. What is also worth noting is that participant 7 felt that the comments were not directed to her father but her whole family.

"So when we grew up, I just only knew my dad, my mom and my sister. You know. And later on, there would be family functions and because I used to see how they treated my father, when it came to things of manhood, kraal,, my father would still be seen as a boy. As young as I was, I didn't like that and I knew I didn't like that and I told my dad that I don't like this place because is how they treat US. And everybody had a need. They just felt a need to parent us as if my father was not capable. So my father decided: you know what, I'm gonna raise my kids the way I see fit for them. And now that, like I said, now that I'm an interpreter, and I'm grown and I know so much about Deaf culture and the hearing culture and the two cultures bound together, I'm able to tell my father's family off. And my mother's family, included because my

mother's family was like : oohh, why you wanna be married to a disabled person? So we were isolated from both sides. My mother's family and my father's family. Now that I'm an interpreter, now that they see me on TV and now they like : hhhello, you my niece, you know that. Like ja sure aunt. Whatever.

Participant 8 reported that her family interacted more with their extended family where some of the family members were also Deaf.

"Ahm, we never saw them much. My dad, in his family, there were 5 Deaf children and 5 hearing children. We saw the Deaf children a lot, my aunts and uncles who were Deaf. My mother's family, everyone was hearing except herself. We didn't see much of them 'cos they lived far away. Most of my father's family stay in _____. So we had a lot of Deaf people around us. Deaf friends and my father's Deaf family and obviously you saw your cousins once in a while, who were also hearing but you know you from the same kind of family everyone is Deaf". P.8

SUBTHEME 2: PROFESSIONAL SERVICES: RESENTMENT

Most of the participants mentioned that they did not receive any professional services and most felt that they managed well without and never needed any assistance. Some even mentioned that the lack of professional services disabled them as families and as a result, some even had resentment towards certain professionals as they felt that they were discriminated against because they parents were Deaf.

Participant 6 highlighted that her family did not require any support services

"No. no audiologist, no speech therapist, and no optometrist. No! There was never a need and I don't think that either me or one of my siblings needed any services. We did not have speech impairments or anything as a result my parents' Deafness. No".

Similarly participant 7 expressed that she did not require any services but laughed a lot to deal with whatever issues she may have faced. She also stated that now that she knows other CODAs, she shares and laughs about their experiences together.

"But in terms of me feeling the need for sitting on the couch and speaking about my problems. No. I laughed a lot. And I'm fine with the world. Ja. And there wasn't that 'cos I didn't know any other CODAs, you know. It's only now that I know CODAs and we are able to talk about our lives and laugh. It's so funny and the things that we do

and people do not get. They are a "CODA thing". But I've never had any support nor had I felt the need for such. No. So many things to worry about in life than a support group. People should just get over it already."

However, participant 9 stated that if support services were available for her and her family, she wouldn't have had to go through some of the experiences that she encountered. It should be noted that this is the same participants who expressed that "she felt messed-up and needed help"

"I mean, if I grew up in a world where there were interpreters, services were available to everyone in an equal way, I wouldn't have to interpret for my mother when she lost her son, you know. I didn't have to interpret for my parents when my brother when he got into an accident or any other horrible experience we went through in our lives. But because we do not have that, we are in a country where we have laws that say we equal but yet it's not practical. That is what is disabling, not necessarily the person"

Participant 5 reported that he received church- based services, but he was not forthcoming on whether he needed support services or not.

"*I think the closest help that I have experienced is church based. Like being mentored by a pastor, otherwise nothing. No professional services*".

Resentment

It was clear that to some degree, the participants in this study had resentment towards therapists, more specifically, audiologists and social workers. Some participants were not shy to express their sentiments. Also, it seemed that one of the reasons why participants seemed reluctant to participate in this study was due to the resentment they felt towards professionals who work in the field of deafness and in support services.

Participant 9 expressed that she had resentment towards social workers because she felt that the social workers promoted the separations between the hearing community and the disabled community.

"*None. None. I didn't. And I think I have resentment towards social workers because the one contact I had with a social worker, and I despise the fact that there was the US and THEM. And I didn't like it, you know, at all. And I despise social workers*

because of that. But no, growing up I didn't have any professional help. I think my professional help was my grandmother. She was very good in a sense that she knew how to assist us to be better in whatever we did and to be better people and be professional as we are now."

Participant 7 recounted an event where she felt that her father was ridiculed by an audiologist. The participant reported that she wished that she could be her father's ears just to save her father's dignity.

"*The only memory I recall, in my father's life obviously, was going at a government hospital and this woman was saying, was playing some sounds and what not. And she said, "are you sure your father can't hear that? This is too loud". That was the most horrible experience I have ever encountered and the most embarrassing and it actually made me cry because I was thinking but father why can't you hear this? You know. I think for the first time I wished my father didn't have to go through this. I mean, I never wished for my father to be hearing but then, I wished I could take away that from him. Just for that moment and be his ears I just didn't like that. So that was the first and the last encounter. And I didn't like audiologists a lot. But now, not all audiologists are bad".*

Likewise, participant 8 was frank in her sentiments and perceptions towards audiologists. She reported that audiologist like to fix things that are not broken.

"This is now where I am a CODA, not an interpreter. My view of audiologists is that they wanna fix something that is not broken. I understand that there are some Deaf people who are hard –of –hearing and they wanna wear hearing aids and that and what –not. It's fine, but let the community be. You know, don't try to fix something that is not broken. I think if audiologists were more open-minded on that thing. I mean you have a job degree you are a professional, obviously, you are gonna look for business and you gonna want to do that, but don't enforce it on people" P8

Theme 5: Disability

An additional aim that the study sought to explore was the CODAs' perception about Deafness and disability with regards to their parents.

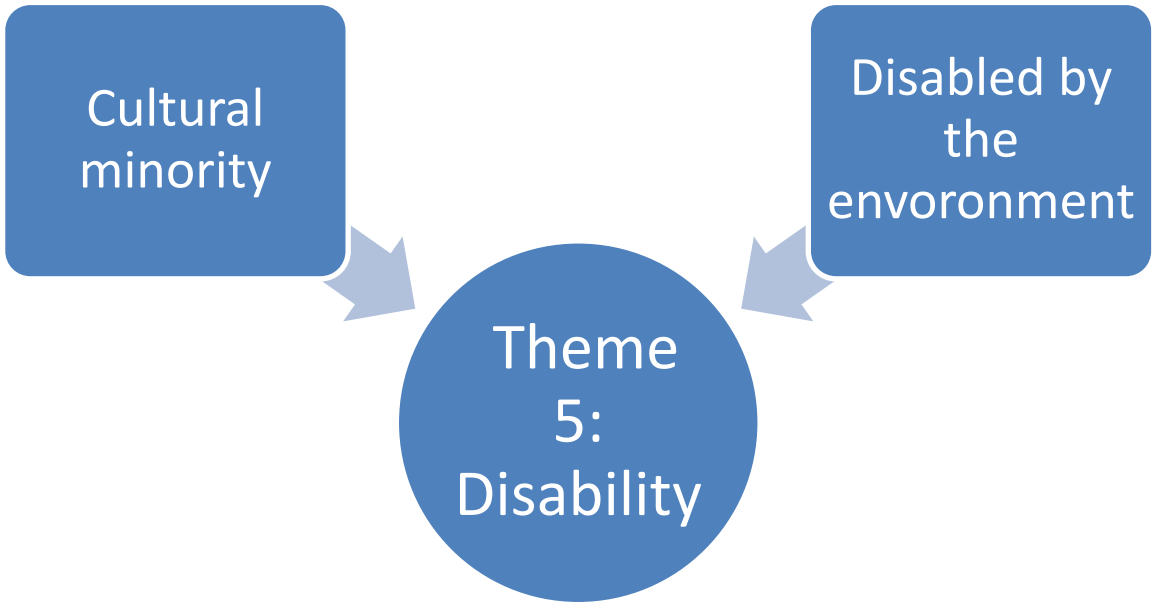


Figure 8: Depicting Theme 5 – Disability

With this theme, there were mixed emotions regarding whether the participants view their parents as disabled or a minority group. To a degree, most participants see their parents as not disabled, and some had conflicting statements where they would talk about Deafness as a disability but when asked if their parents are disabled, their views changed with respect to their parents.

SUBTHEME 1: CULTURAL MINORITY

An important observation made in the study was that depending on the family background, when an individual acquired a hearing loss, they would be classified as either disabled or a minority group.

Participant 6 expressed that her spouse, who is also a CODA, comes from a family where both the parents and the extended family is Deaf, and see themselves as a cultural minority.

> *I'm married to a CODA. He comes from a very large Deaf family. One of the largest in the country. So his parents are Deaf, his uncle is Deaf, his grandparents are Deaf, his aunt is Deaf, their children, his cousins are Deaf, so all of them. And they are just*

such one big happy family. They do not want to be hearing. So they are very happy culturally. So it is not a disability. It is the society that disables them. They are not disabled. It's the society and the barriers within the society that is created by hearing people that disables them. That is my opinion."

Also participant 8 also pointed out that it depends on when age the individual becomes Deaf.

"Well, I still believe it's a question of a language minority and a cultural difference. I think if you ask the Deaf community, it depends when they became Deaf that they'll say ok it's a disability or it's not a disability. With my father because he grew up with Deaf siblings and you know it was a norm for him, he doesn't see himself as disabled. He is culturally Deaf and that's how it is. My mother, I think she was 3 when she lost her hearing, and to her it's a loss. So it depends on how you perceive it".

Participant 1 on the other hand, categorically expressed that her parents are not disabled and they did not choose to be Deaf.

"No. they are not disabled. I've gotten angry at a point where my mom went to a hospital, they used to write deaf and dumb. So I asked them "why you writing dumb? She's not dumb, she went to school. She wasn't given a choice, she's only deaf and there's nothing wrong with her. There's no disability in it. That's how she is."

Participant 3 contended that her parents are not disabled if one knows SASL.

"I always say to people it is not a disability because if you understand sign language. They are clever people, they also go on holidays. I don't like it when people say that they are disabled. They are like normal people, they go on with life. "

SUBTHEME 2: DISABLED BY THE ENVIRONMENT

Some participants stated that the hearing community disabled the Deaf individual. One participant stated categorically that she perceived deafness as a disability. The general view of the participants was that Deaf people are not disabled but it is the environment that disables their parents.

Participants 7 had this to say:

"For me disability is when the environment disables you into doing something. At home my father is not disabled because he is able to do things; he is able to talk to

everyone in his language, so the home environment is not disabled. But the minute he steps out of the house, and he goes out to work, he goes out into town, mall wherever. Just because he cannot communicate with the other people, the environment disables him in that sense. So that is how I view my father's disability. Depending on where he is. As much as you'd go to China and you'd be disabled in China because you won't be able to communicate fluently with people in china. So that's why I say, I realized later that actually my father is disabled because nobody feels that at home, but the minute I step out or he steps out, he's viewed as disabled because the environment disables him from doing… talking to everyone"

Participant 9 felt that it is both a cultural minority and a disability due to the barriers in the environment.

"I think it's both hey. Because funny, I like telling people when I run an induction workshop. My mother does not regard herself as disabled at all you know. So that is what is creating the disability aspect of it because the person on the other side of the table is not able to communicate with the person standing at the outside part so that they can serve them as they would any other person. So that is, it's the environment because it's not the person who has the problem but it's the environment that has a problem. If we all could sign. If we all could communicate in an accessible format then nobody will be relying on somebody else"

Participant 4 stated categorically that her parents were disabled.

"I'd say they do have a disability. You have to be true to yourself and I'm not ashamed".

CHAPTER FIVE: DISCUSSION

This chapter presents the general discussion of the findings of this study in relation to the themes presented in chapter 4.

This project explored the experiences of adult hearing children growing up in Deaf-parented families and the sample comprised 10 participants. This project had a small sample because it aimed to explore in-depth and in detail the essence and the meaning CODAs attach to their experiences of growing up hearing in Deaf parented families in South Africa. This study sought to give CODAs a voice and not to generalize their experiences to a large population; therefore the findings of this study may not be generalized to the larger population of CODAs. Internationally, other authors who have conducted studies on hearing children of Deaf parents such as Christodoulou et al (2009); Shield (2005); Pizer et al (2012) their study also had a small sample of participants. Similarly, this current study had ten participants and ten seems to be in accordance with the number of participants that international authors have used for their studies. For instance, Christodoulou et al (2009) had ten participants, Shiled (2005) had four participants and Pizer et al (2012) had 13 participants.

Theme 1: Childhood experiences

The main aim of this study was to explore the childhood experiences of hearing adult-children of Deaf parents. The sub-themes that emerged from this aim were:

Aim 1	**Inductive theme/ subthemes**
Childhood experiences	• feelings of embarrassment due to the stigma and the nature of sign language and not fully embracing being a CODA • Identity confusion and transition from the Deaf culture to a hearing culture. • Missed opportunities

Feelings of embarrassment due to the stigma attached to having Deaf parents and the use of SASL to communicate and not accepting or embracing being a CODA.

In terms of the feeling of embarrassment due to the stigma attached and the nature of SASL, participants revealed that their parents have been stigmatised and have been treated harshly by the hearing community. The negative attitudes towards the Deaf parents were not only directed to the parents, but to the children as well. These findings echoe the observations made by Filer and Filer. (2000) where the two scholars noted that in some instances children

feel embarrassed by the comments made by the hearing society about their parents. Furthermore, Filer and Filer (2000) stated that these remarks are generally addressed to the whole family as the hearing person may assume that everyone in the family is deaf.

Perceptions of the hearing community about deafness are often extended to the whole family. These remarks or perceptions, at times, also influence how CODAs interact with their parents especially in a public facility. For instance, participant 5 highlighted how when he is in a public place with his parents, he often becomes self-conscious and pays attention to his immediate surroundings, as he is aware that the mode of communication he engages with his parents attracts attention from the hearing community.

From some of the comments made, it is clear that the unwelcome attention that SASL attracts from the hearing community goes beyond being self-conscious; it may also invoke feelings of being ashamed of having Deaf parents in a public place. Preston (1996, p.1682) comments on using sign language as a mode of communication, and the attention that hearing children of Deaf parents attract when signing to their parents "the interpreter role itself comes to embody hearing children's ambiguous alignment between two distinct and often opposing cultures: the Hearing and the Deaf. Interpreting is one childhood experience which embodies two transgressions: using the stigmatized form of communication, and the enhanced illusion of family dysfunction: a child in charge of a disabled parent". The participants in this current study seem to have at some point experienced feelings of shame when interacting with their parents in public places.

These feelings of shame and embarrassment that CODAs may feel towards their parents may also play a huge role in whether CODAs accept their parents and embrace their CODA identity.

Identity confusion and transition from the deaf culture to a hearing culture

Based on the findings of the study, almost all participants stated that they identify with both cultures and are therefore bicultural as they belong to both the hearing and the Deaf world. It should also be noted that most participants identified SASL as their first language and spoken language as their second language. These findings correlate with the findings and observations made by several authors such as Filer & Filer (2000); Christodoulou et al (2009); Preston, (1994), Clark (2003); Bull (1998) who found that participants in their studies identified themselves as bicultural.

However, Bull (1998) commented that CODAs often find their identity in adulthood when they start engaging and interacting with other CODAs. In contrast, what has emerged from this current study is that all the CODAs reported that from a young age they knew that they were hearing and their parents were Deaf. From early on, they could differentiate between the Deaf community practices and the hearing community practices. Participants in this study stated that the mode of communication was the major difference between the Deaf and hearing community.

However, there were instances where CODAs reported overlaps between the two cultures and they found it difficult to balance the two or to adjust or juggle between the two worlds. Some CODAs highlighted how they are constantly aware of their identity when engaging in both the worlds. It seems they consciously have to remind themselves of the expectations and the norms and practices of each world. Scholars such as Bauman (2005), Preston (1994), Hoffmeister (2008), Leigh (2009) also assert that CODAs are often caught in between the two worlds and they must negotiate their place in both worlds. Preston (1994) further commented that some CODAs reported that the real Deaf person was inside the hearing façade, or CODAs may engage in a process where they may ask themselves whether they are hearing or Deaf (Clark, 2003). The question: "am I hearing or am I Deaf" may force CODAs to reflect and think about their identity. The participants in this study identified themselves as both hearing and Deaf. However, the participants expressed that they identify themselves as Deaf more than hearing.

The fact that some CODAs identified themselves as 'Deaf' rather than hearing highlighted the core identity of the participants in this study. Family seems to play a huge role in how participants attribute their identity. Phinney (2000) as well as Mullis et al. (2003) draw attention to the significant role family plays in identity formation. Whitbourne's (1986) study revealed that participants' identities were shaped by their family relationships and experiences. In this particular study, some participants highlighted that they defined themselves according to the environment they found themselves in and were not decisive in defining their identity.

The results of this study further highlight the complexities involved in identity formation. This affirms the assertions made by Leigh (2009) that identity is a complex and developing cognitive and social construct, which encompasses an array of characteristics or identity components that connect a person to a specific social group. Looking at the

participants in this study, it seems that there are participants who have constructed their identity and are able to define themselves and there are participants who are straddling both cultures and define themselves as being bicultural and there are those who are still finding their identity, who identify themselves depending on their immediate environment. Preston (1996, p. 1681) reported that sometimes CODAs may adapt to every situation they encounter and he argued that:

> I assume the personality of whoever was speaking at any given time. I was that person. I was whatever anybody thought I should be. You know, I fit into that mould just like a chameleon

Preston's (ibid) observation echoes Grotevant's (1992) assertions that identity is an on-going process which is shaped by past and on-going experiences, and identity formation continues through the life span. It can be concluded that some CODAs are still engaging in the identity formation process. Furthermore, Craig (1996) stated that in the early adulthood stage, which is the stage between early twenties to the late thirties age group, individuals are actively establishing their identity and the fact that young adults are in transition, moving from their family of origin to the family of their own, where their pursue their ambitions and ultimately start their own families.

Language is also closely linked to identity (Clark, 2003). CODAs grow up in Deaf families and learn sign language as their first language. South Africa is a diverse country with different languages and cultures. If language is closely linked to identity, this may also impact on identity development of CODAs, as much as CODAs are born to Deaf parents and perhaps acquire SASL as their first language, they still have extended families where a different language may be spoken or where a different culture is practiced. The multicultural and multilingual nature of South Africa may add another dimension to CODA identity formation as some CODAs stated that they come from families with other identities within the South African population such as having a father who is Afrikaans married to an English mother.

Studies conducted internationally talk about CODAs being bilingual and bicultural (Leigh, 2009; Hoffmeister 2000; Singleton et al., 2000; Torres 2003). This may not be true for South African CODAs as they may be exposed to more than two languages and may have to identify themselves within the South African community which encompasses many other languages and cultures. In South Africa, it is possible that CODAs may identify themselves as multicultural and multilingual.

Another point of discussion with regard to identity that emerged during data collection was that of race. None of the aims in this study explored the role of race in CODA identity. However, during the interviews, some participants, both Black and White likened being a CODA to being Black. It seems that equating CODA identity to Black identity was perhaps seen as an appropriate metaphor to highlight or describe the fact as a Black person I may have been subjected to some negative experiences and discrimination because of my race. Therefore I might have a better understanding or appreciations of how it feels to be seen as a being different racially and treated differently and sometime in a discriminatory manner. Furthermore, what also emerged is that, it seems that CODAs identify themselves as hearing children of Deaf parents regardless of their racial identity. Therefore, it may seem as if race is a secondary factor with regards to identity, and being a CODA is seen as a primary identifying factor for hearing children of Deaf parents.

Missed opportunities

This theme focused on the experiences that CODAs would have loved to experience but did not since their parents were Deaf. Most authors who conduct studies on hearing children of Deaf parents rarely report on what CODAs feel they would have benefitted from or what they would have loved to add to their experiences as CODAs. Most of the CODAs expressed that they would have loved to hear or learn about Deaf culture from their parents. Some participants explained that it is easier to construct an identity if one knows or understands his or her cultural background. Some participants spoke about poor or lack of communication between their parents and the extended family. It is clear that all the participants have developed good relationships with their parents and they interact well within their immediate families. These findings were also highlighted by Buchino, (1993) where the participants in his study reported satisfactory and good relations with their parents. These finding are contrary to the findings reported by Allsop & Kyle (1997); Hicks (2005) where participants reported difficulties in the relationship between hearing children and their Deaf parents especially in adolescence.

THEME 2: INTERPRETER ROLE

Aim 2	**Subtheme**
Interpreting Role	• Role Delegation

- Frustrations and advantages of interpreting
- Role reversal and protection
- Advantages of being an interpreter

The study explored the delegation of different roles including SASL interpreting in the families of hearing children born to Deaf parents.

A predominant finding emerging from the study is that interpreting or language brokering is perceived as synonymous with being a CODA. Generally, when authors conduct studies on the experiences of hearing children of Deaf parents, it is very rare not to delve into interpreting similarly, this study also investigated the role of interpreting as perceived and experienced by South African CODAs.

In this current study, interpreting was voiced as one of the most sensitive and complex tasks for CODAs. All the CODAs in this study stated that they have at some point interpreted for their parents, even those who are not actively involved in the Deaf community or fluent in SASL. Most of the participants acted as cultural and language brokers for their parents and hearing community at large.

Role Delegation

From the current study it was apparent that all the participants in this study interpreted for their families, even those who were not fluent in SASL. Also it seems that the interpreter role was not delegated to a specific child in the family and whoever was present when the parents needed to communicate would for them. However, the frequency seemed to have differed from one child to the next, with the last born child doing most of the interpreting for the family. What was observed is that CODAs who participated in this study were mostly last born children except for three participants who were first born children and one second born child. Buchino (1993) stated that often the oldest child interpreted for the parents. However, in the current study, the participants stated that their older siblings did not interpret for their parents. Two participants who are last born children in their families reported that their older sibling did not interpret for their families and that their older siblings were not fluent in SASL.

These finding seem to suggest that in the South African context last born female children are more likely to interpret for their families and it seems that male children are less

likely to interpret for their families. It may seem that universally, female children are more likely to interpret for their families. Furthermore, studies on children language brokers and children interpreters, suggest that females are more likely to interpret for their families (Preston, 1994; Malory et al., 2008; Buriel et al. 1998; Love 2003). Preston (1996) argues that females are well suited for the interpreter role as interpreting entails behaviours and skills often culturally ascribed to women such as helping, connecting, mediating, bridging, and caretaking.

Female CODAs interpreting for their families seemed be a pattern in most of the families of the CODAs that were interviewed for this study. Of the two first born CODAs interviewed for the study, one interpreted for a short period of time as she stopped interpreting when her younger female sibling took over the interpreter role for the family. The other participant interpreted for her family. What was consistent with Preston's (1994) study is that female CODAs are more likely to interpret for their families than male children. The two male CODAs that participated in this study, one interpreted for the family when his older sister left home and the other male participant was not actively interpreting for his parents as his older sister, who is a second born interpreted for the family. Participant 6's statement echoed Preston's (1994) claims that the interpreter role is mostly taken over by female children.

Also, according to Buriel et al (1998); Love (2003) female children are more likely to act as language brokers than male children. This was also evident in this study.

Frustrations with interpreting and demands

Not emotionally or developmentally ready

This subtheme highlighted the frustrations that CODAs encounter because of the interpreter role. Almost all the authors who conduct research on hearing children of Deaf adults always mention the challenges that CODAs face because of the interpreting role. What seems to be common in these studies is that CODAs find themselves not emotionally or developmentally ready to engage in some of the situation where they have to interpret for the families.

The findings from the study reveal that all the participants had occasions where CODAs felt that they were not ready emotionally or developmentally to interpret for their families. However, there were no other means or interpreter services available to families. This lack of resources seems to be fundamental to the interpreting challenges that CODAs

experience. The participants in this study seemed to realise that the situations may not be ideal for them, but there were no alternatives. Not only are the CODAs not emotionally ready, sometimes they may not have developed adequate vocabulary or the concepts that may be under discussion may not be known to the CODAs. Some participants recounted scenarios where she was both not emotionally ready and had not been exposed to the vocabulary before and found it emotionally draining to interpret for her parents.

These findings concur with the findings and observations by such scholars as Weisskirch (2007); Umana-Taylor (2003); Morale et al (2005); Peris et al (2008) who reported on the role of interpreting as stressful and burdensome for most children who act as language brokers and interpreters for their families. They also argue that the responsibilities placed on a hearing child of Deaf parents may not be imposed on hearing children of hearing parents as these parents may not want their children to be exposed to situations that are age and emotionally inappropriate for their children.

The participants in this study also indicated that they interpret in some of the situations where they feel they are not developmentally or emotionally ready. Furthermore, over and above interpreting, the CODAs in this study highlighted the importance of maintaining and facilitating communication so that there is no communication breakdown between the parties involved. Therefore, they have to facilitate communication and not simply interpret or convey what is being said. DeMent et al (1999); Tse (1995) stated that the role of interpreters is to facilitate communication between two linguistically and or culturally different communities rather than to convey information. This added responsibility may place CODAs under pressure to make sure that communication is pleasant even in situations that are not ideal.

In some instances, in an attempt to facilitate communication, some CODAs may manipulate the messages to avoid communication breakdown or being in trouble for not effectively conveying the message. In this study, some participants admitted to manipulating the messages as they feared the consequences of ineffective communication. The expectations of effective communication are an expectation from both the hearing and the Deaf community.

In some instances, children may be placed in situations that are not ideal for them as they may fear for their own safety in cases where they upset people they are engaged in communication with. Morale et al., (2005) expressed that children who serve as language

brokers tended to protect their parents from negative comments or embarrassment when interpreting for their parents. Filer and Filer., (2000) also mentioned that in a situation where there is a confrontation between a parent and a hearing person, the child may not interpret the whole statements parents or the hearing persons angry statement to avoid escalating or making the situation worse. Some participants in this study also seemed to have encountered situation where they felt it necessary to manipulate their interpretations in order to avoid situations that may not be ideal for them and their parents. This raises the need for interpreter services in South Africa for Deaf-parented families.

The availability of interpreter services in South Africa may help alleviate situations such as those alluded to in a newspaper article published by the Sowetan (October, 2012) where a family was using their three year old daughter as the interpreter. If interpreter services were available, CODAs may not be used as interpreters for these families.

Demands from the Deaf community

The findings highlight that some of the participants felt that their parents and the Deaf community placed demands on them in terms of interpreting and in some situations; they felt that their efforts were not appreciated as they were expected to interpret regardless of how they felt. However, some of the participants were able to reflect and appreciate or understand the position in which their parents were in. While others may have experienced it negatively, they were generally unable to express their feelings.

Some scholars have touched on the fact that CODAs feel guilty for being hearing and as a result yield to pressure of interpreting for their parents even if they may not want to do it (Ward, 2009). Ward (2009) conducted a study where the participants reported feelings of survivor guilt. Some participants in this study may also suffer from survivor guilt and end up succumbing to the demands placed on them, in a sense that CODAs may interpret for their parents even if they may not want.

Role reversal and Protection

One of the main concerns highlighted in the literature regarding CODAs acting as language brokers or interpreters for their families is that of role reversal. Authors argue that in cases where role reversal happens, children take responsibility for their parents. In most cases, the role of interpreting places children in positions that would normally be assumed by adult people (Umana-Taylor, 2003; Weisskirch et al., 2010). Participants in this study admitted that

in most cases they found themselves in situations that were not ideal for them. They also highlighted that in some instances they had to take responsibility for their families.

The comments from the participants pointed out an important aspect of role reversal that some people may take for granted. Participants highlighted that when CODAs act as interpreters, they cannot act as children and walk away if they do not understand the dynamics that may be taking place. On the contrary CODAs need to focus and pay attention to avoid communication breakdowns. Studies indicate that Deaf parents are aware of the challenges that the interpreter role presents for CODAs, but still expect them to interpret in certain situations (Mallory, et al., 1992; Morales et al., 2005). In this study, it seems that CODAs are generally expected to interpret for their parents on all occasion and this may have created a dimension of role reversal as parents relied on their children to make decisions (like participant 6 who sold their family house at 6 years of age) on their behalf hence promote role reversal in the family.

Protection

In a country like South Africa where interpreting services are currently not easily or readily available or accessible, hearing children of Deaf parents interpret for their families. As a result, some authors have speculated about the capability of Deaf parents' to raise hearing children since they use their children as language brokers and interpreters. In countries like South Africa where there is a shortage of resources and poor access interpreting services, judging or concluding that Deaf parents are not capable of taking care of their children may not be fair or appropriate.

If there are no resources and interpreting services in South Africa, how are Deaf parented families expected to communicate? In South Africa, SASL is not yet recognised as an official language, however, it is recognized in the South African Constitution and other legislations such as the South African School Act of 1996 (Storbeck et al., 2010). How then are Deaf parents expected to communicate? The researcher is not endorsing the use of CODAs as interpreters for their parents. However, the researcher argues that there is a need for interpreting services and resources for Deaf-parented families. The availability of interpreting services in South Africa may lead to CODAs not being used as interpreters by their parents. Participants 6's stated that CODAs of today should not be used as interprets, the same way she was used. She further highlights and reinforces a need for interpreting services for Deaf parents and their families in South Africa.

Furthermore, CODAs and their parents are subjected to unkind comments about their parents from the hearing community. CODAs may internalize these feelings of marginalization and as a result may wish to protect and defend their parents from the hearing community (Bishop et al., 2005).

Advantages of being an interpreter

Although there is consensus that the interpreter role presents CODAs with unique challenges, dilemmas and difficulties most of the CODAs in this study stated that interpreting for their parents trained them to be responsible and independent from a young age. The participants stated that the sense of responsibility that they took on as children helped shape and made them become responsible adults. Some participants had a sense of pride for being responsible for their family's wellbeing.

Weisskirch (2006); Downing et al (1981); McQuillan et al (1995); Shannon (1990) have pointed out the positive qualities that CODAs and language brokers acquire because of their involvement in the family affairs. Studies suggest that CODAs and language brokers generally have increased confidence, independence and maturity among other qualities. Filer and Filer (2000) reported that CODAs gain valuable information through their experience as interpreters that might assist them in their CODA development and develop close relationships with their parents. Preston (1994) on the other hand reported that the participants in his study revealed that their experiences developed and encouraged them to empathize with other people. Furthermore, Singleton (2000) reported that children who learn to navigate and explore the different worlds independently develop positive qualities such as the ability to adapt in both world and being resourceful. Also, CODAs have, for the most part, been seen to develop into successful, ambitious individuals (Castro, 2010). This study observed that while some of the participants perceived their family backgrounds as poor they had managed to pursue careers and all the participants were employed. However, it should be mentioned that only a small sample of CODAs was obtained for this study and the participants recruited in this study currently reside in Gauteng province, which may be better resourced than other provinces. These findings may not hold true for other CODAs in South Africa residing in other provinces where there are shortages of resources.

Theme 3: Occupational choices

Occupational choices	• Family background: employment and level of education • Level

My parents gave me my job

The participants in this study indicated that their parents were influential and played a significant role in the occupational choices that CODAs made. Even the CODAs who are not working as interpreters also stated that their familial background had an influence in their carrier choices. According to Hall et al (2010) CODAs start language brokering much earlier than the other CLBs, and a large number of professional sign language interpreters are CODAs. Five participants in this study are currently employed as SASL interpreters, one participant was a SASL interpreter and subsequently became a Disability Officer and one participant is a teacher at the school for the Deaf. The remaining three participants are not involved or currently working in the field of Deafness, however one participant expressed that in the near future he would like become a teacher for the Deaf. Looking at the participants in this study, 70% of the participants work in the field of Deafness as either teachers or South African Sign Language interpreters. Preston (1994) reported that 60% of the participants in his study were sign language interpreters. Christodoulou et al., (2010) reported that in their study four out of ten of the participants were occupationally involved in the Deaf community and in the study conducted by Pizer et al (2012) four out of 13 participants were ASL interpreters. The findings from this current study are consistent with the findings made by the above-mentioned authors. The results seem to suggest the notion that the familial background of CODAs does have an influence on the occupational choices of CODAs.

Level of education

Some of the participants acknowledged the role their parents played in their choice of occupation. However, for these participants, their occupational choices went beyond the fact that their parents are Deaf and they pointed to societal inequalities and poverty as the source of their choices. These participants highlighted the discrimination against their Deaf parents as having been influential in their occupational choices.

Deaf people have suffered much discrimination and prejudice in the areas of education and employment (Bishop et al., 2005). The discrimination and prejudice in the areas of education and employment mentioned above may be due to the hearing world perceiving Deaf people as disabled. Societal discrimination and prejudice may also have been the result of language restrictions, poor academic access and social services. As a result, many Deaf people end up being underemployed or employed in skill-based occupation (Ross, 2010). The underemployment of Deaf individuals results in limitations in occupational choices and subsequently, their earning ability. This in turn may have impacts on their ability to provide for their families. Contemporary South Africa is bedeviled by high rates of unemployment in the Deaf population and this is largely due to the government's failure in the education and training of Deaf people, which has left Deaf people with vocational education as an option. Deaf people believe that the South African education system and school programmes do not promote or empower Deaf people to be occupationally productive citizens of South Africa as Deaf people are currently employed in skill-based occupations (De Villiers, 2010).

One of the participants clearly stated that she was disadvantaged when compared to hearing children of hearing parents. She identified the lack of financial affordability as having played a role in her not having the privilege of attending tertiary education as she had to finance her studies since her parents could not afford to pay for her fees. This may be a reality of many CODAs in South Africa who may have had limited educational experiences due to financial difficulties. Deaf individuals are employed in semi-skilled occupations which may have financial implications for their families and which may subsequently have an impact on the occupational choices of hearing children of Deaf parents.

THEME 4: SUPPORT SERVICES

Aim 4	**Subthemes**
Support Services	• Extended families • Professional services (reluctance to participate)

Extended family

The role or the involvement of extended families in the lives of CODAs and their parents was treated with either contempt or admiration. The participants in this study expressed mixed emotions regarding the relevance of the extended family in their lives. Two participants, who are siblings in this study expressed admiration for their extended family, their maternal grandmother in particular. These participants explained that their grandmother was able to communicate with their parents in SASL, as a result, these two participants held their grandmother in high regard.

Evans (1995) reported that relationships with the extended family may be affected by the mutual proficiency of the family's preferred mode of communication. Freeman et al., (2002) stated that in families where the mode of communication is primarily sign language, interactions with the extended family may be affected as Deaf parents may not be able to communicate with the extended family, which may result in poor contact with the extended family. It appears that, with participants 9 and 10, interactions and relationship with their extended family, their maternal grandmother to be precise, was pleasant because their grandmother was able to use SASL to communicate.

Two other participants reported that they were close to their extended family members who were also Deaf. These two participants are not related but they both hinted that they interacted regularly with their Deaf extended families, simply because they shared that same mode of communication and cultural identity. In this case, it seems that the participants only interacted with the part of the extended family that had Deaf family members.

Another participant expressed her unhappiness and frustration with the extended family and cited reasons such as emasculation and unkind treatment towards of her father by the extended family. In many of the academic writings, scholars have commented that communication difficulties between Deaf hearing people and Deaf people may negatively affect the emotional wellbeing of individuals in Deaf families which may result in social

isolation and the risk of psychological distress for family members (Crocker et al., 2004; Hindley 2000, Scott et al., 2004). The participant who expressed displeasure about her extended family was hurt and frustrated by the treatment of her father as disabled. In most cases, hearing extended family members may intervene and attempt to raise hearing and subsequently assuming parental authority from the Deaf parents. This involvement may reinforce the belief that Deaf parented families may be at risk for raising dysfunctional families (Preston, 1994). In this study, it is clear that the involvement of extended members was not appreciated or required as CODAs reported that their parents were capable of raising them without the help of the extended family.

Participant 7 highlighted another aspect that played a huge role in the limited interactions with the extended family. Her father was emasculated by the extended family as he was seen as a 'boy' when certain rituals were performed in the family. Also, the extended family also questioned the capability of the participant's father to take care of his family as a 'disabled' person. Furthermore, the participant's maternal side of the family also expressed dissatisfaction that the participant's mother, who could hear, married a disabled person. Participants' 7 experience of witnessing her father being emasculated by the extended family echo the statement by Walker (1987, p. 34), where she succinctly and accurately described how Deaf people are typically viewed:

> The best that can be said for deafness is that it's an invisible handicap. The worst, it puts adults at the mercy of their hearing children, at the mercy of parents, at almost everyone's mercy. It is one of the cruelest and most deceptive of afflictions. It can emasculate men and devastate women. It is an impairment of communication. But it's not just the disfigurement of words and it's not just broken ears. It's most often a barrier between person and person.

The interactions within the extended family suffered as the participant expressed that her immediate family distanced themselves from the hearing extended families. What is also worth noting is the fact that participant 6 viewed the negative perceptions and treatment as directed to the entire family, not just the father alone. Davies (2000) claimed that due to negative perceptions that Deaf parents' experience, some CODAs may view the hearing world as the enemy. Furthermore, Bishop et al. (2005) stated that CODAs are more likely to hold internalised feelings of marginality due to the harsh treatment directed to their parents by the hearing community. Deaf families may face social stigmatization or isolation depending on the support that families receive from the society and family members. Some authors have reported that Deaf families often feel isolated by stigmatization and social exclusion and rejection from family and friends (Gregory, Bishop, & Shelton, 1995;

Seligman & Darling, 1997). Lane et al., (1996) argue that CODAs cannot claim or identify themselves as Deaf since they have not and will not directly experience the negative and positive aspects of being Deaf. It is true that CODAs may not experience Deafness in a physical sense; however, they do experience the negative and the positive aspects of being Deaf. Participant 6 highlighted that the unsavory comments there were directed to family as a whole. In this study, it may seem that participants internalize and identify with the difficulties that they Deaf parents face. The belief that hearing children are not affected by the negative comments made about Deaf parents may not be true for the participants in this study.

Professional services

Participants in this study categorically stated that they did not receive and did not need support services. The reasons cited were that professionals working in the field of Deafness view Deafness as a disability rather than a cultural difference. Furthermore, some participants expressed that professionals do not accept their parents or families as they are but want to 'fix' them in a way. Participants expressed that they are often viewed as clinical cases which require intervention. As a result of these feelings, CODAs and their families felt they would not benefit from support services.

Despite expressly stating that CODAs and deaf-parented families do not need support, in the interviews there was reference to the dissatisfaction with the scarcity of support services, more specifically interpreting services for families. Once again the issue of poor access to services in the Deaf culture community seemed to have has a direct impact on the psychosocial and the wellbeing of CODAs in Deaf parented families.

Ward (2009) conducted a study on the psycho-social impact on CODAs. This study aimed to create a psychosocial profile of CODAs. The findings of this study revealed that CODAs may need and may benefit from social support services especially, interpreting services. Jackson et al (2004) explained that access to support services may be compromised or limited in Deaf parented families as these families may not have adequate knowledge about the services available to them as a family. In this study, some participants highlighted that they do not require social services. Based on this statement, it may be easy to conclude that CODAs do not require any services or social support, however, there were some participants who expressed that as they grew older, their realised that they needed support services such as counselling as they realised the impact of interpreter role and assuming parental roles had on their wellbeing. It is indicated that CODAs may benefit from social and support services but in this case, lack of access to information about the availability of

interpreting services may also be a contributing factor in CODAs not accepting support services. Also the discussion of the availability of support services for Deaf parented families was also met with feelings of resentment from CODAs.

Resentment

CODAs in this study shared their resentment for professionals, to be more specific, participants in this study highlighted that they do not appreciate the involvement of audiologists in their lives. These participants expressed that audiologists do not allow Deaf people to make their own choices in terms of what mode of communication and culture the family would prefer.

It is clear that CODAs have had negative experiences with audiologists. These negative experiences may be due to lack of understanding of the role of the audiologist in the interactions with CODAs. Audiologists are seen as trying to impose their views and beliefs on Deaf individuals without giving them an opportunity to decide what they would prefer as a family. In the current literature not much is mentioned about the role of the audiologist in CODAs especially in the South African context. However, authors acknowledge that professionals in the field of Deafness need to adopt a holistic view of the Deaf parented family by adopting a family systems perspective (Turnbull et al., 2003) which may result in an appropriate relationship between Deaf parented families and professionals.

Other authors have suggested that professionals working in the field of Deafness need to adopt the cultural view or the emic view of Deafness where Deaf individuals are seen and accepted as a cultural minority as opposed to a disabled community. The main challenge between Deaf parents and the hearing community rests on how each group views Deafness. It is evident that CODAs in this study feel that audiologists are overstepping the boundaries by not giving the families the opportunity to decide on the identity and the culture of their families.

What CODAs also need to appreciate is that Deaf families may benefit from a variety of resources like the provision of the information pool that may be relevant to the Deaf families. For instance, when hearing parents have a Deaf child, they usually seek information regarding the decisions that the family may have to make in terms of schooling and the availability of support services regardless of the mode of communication that the family will prefer. Similarly, Deaf parents of hearing children may have similar questions about their child who is different to themselves. Therefore, there may be the need for support services

for Deaf parents of hearing children in the same way that there may be for hearing parents of Deaf. It is expected that the role of the audiologist in the life of CODA may not be an ongoing interaction, like in the case of deaf people where the deaf person and the audiologist may engage in a long term relationship. In the case of CODAs, the audiologist may suggest a family system model where audiologists may interact with the whole family to provide unbiased information on any decisions Deaf parents may require. Perhaps, this approach may address all the resentment and the negative experiences that CODAs may be feeling towards audiologists and professionals working in the field of Deafness.

THEME 5: DISABILITY

Aim 5	**Subthemes**
Disability	• Cultural Minority • Disabled by the hearing community

Cultural Minority

It is clear from the participants' responses that CODAs view Deafness as a cultural category as opposed to a disability. All but one participant declared that their parents are not disabled but belong to a minority group with its own cultural values and beliefs. These findings are consistent with the findings reported by other authors where their studies have indicated that hearing children of Deaf parents see their parents as belonging to a minority group rather than disabled (Filer & Filer. 2000; Singleton et al., 2000; Penn, 1995; Napier, 2002). Some participants alluded to fact that the onset of deafness is also important in determining whether an individual is disabled or belongs in a cultural minority group. For instance, if an individual was born Deaf and had family members who were also Deaf, the individual is likely to experiences Deafness as a cultural difference rather than a disability.

What was also observed in this theme is that when participants talk about Deaf people in general, they refer to them as disabled, but when the question was asked specifically about their parents, they reported that their parents were not disabled. This notion may reflect the double standards that CODAs have regarding deafness and disability. It would seem that, CODAs suggest that Deaf are disabled individuals that they are not related to rather than their parents. Results from studies conducted on the double view that CODAs have with regards to disability and Deafness when it comes to their parents.

Disabled by the Hearing Society

Some participants also highlighted that Deafness is a disability imposed on their parents by the hearing community. Participants argued that it's the hearing community that makes Deaf people disabled as the hearing people do not accommodate Deaf people's mode of communication. Also, in South Africa, SASL is not recognised as an official language that can be used by South Africans to communicate. Leigh (2009) stated that Deafness is a disability of communication. This view is accurate in terms of identifying the disability in the form of communication. So if SASL is not recognised as an official language, then the hearing community is disabling Deaf people in a sense that Deaf people cannot access

information and resources the same way as hearing people. Deaf people have been discriminated against in terms of employment and educational opportunities which in a way is also disabling since Deaf people may not have equal access to resources as their hearing peers.

The CODAs in this study highlighted that their parents are not disabled but belong to a cultural minority group with its own language, values and identity. However, they also added that the hearing community disables hearing people by not granting Deaf people equal access to resources available to their hearing counterparts.

CHAPTER SIX: CONCLUSION AND LIMITATIONS OF THE STUDY

This chapter discusses the concluding remarks and the implications and limitations of the study. Recommendations for audiologists working in the field of deafness in offering family-centred intervention to hearing children born to Deaf parents were suggested

This project explored the experiences of CODAs growing up in Deaf-parented families. This study sought to give South African CODAs a voice to share their experiences so that parents who are raising hearing children and the professionals working in the field of Deafness may have insight or knowledge about the experiences of hearing children raised by Deaf parents. The current project explored childhood and growing-up experiences of hearing children in Deaf parented families. To capture accurately the CODA phenomenon, the aims of this study focused on the communication dynamics in the families, the interpreter role that CODAs often assume, issues of identity the CODAs occupational experiences, the availability of support services and their perceptions of Deafness and disability.

In its endeavour to explore the experiences of hearing children growing up in Deaf parented families in South Africa, the current study revealed both negative and positive experiences, as well as the complexity in identity formation of hearing children born to Deaf parents. The findings have implications for policy makers in terms of formalizing SASL as an official language and adopting a cultural view of Deafness. Also, there are implications of audiologists and Deaf parents raising hearing children and the hearing community at large.

In this study, it has been observed that some CODAs have encountered negative experiences from the hearing community with regard to having Deaf parents, who are viewed as disabled by the hearing community. Mostly it was identified that the hearing community stigmatizes Deaf parents and often the stigma it is also extended and directed to the whole family. These negative feelings experienced by hearing children regarding their the discrimination and prejudices that their families lead to difficulties in identity formation as findings of this study suggested that CODAs view themselves as bicultural, however prefer to associate themselves with the Deaf community . These findings suggest a need for the hearing community to embrace Deafness as a cultural difference rather than a disability. There seems to be a need to educate the hearing community about the culture and values of the Deaf community. Also there seems to be a need to raise awareness on the impact of labelling Deaf parents as disabled on hearing children of Deaf parents. Labelling Deaf parents as disabled creates feelings of isolation and not belonging for hearing children raised by Deaf

parents. Furthermore, there is a need for policy makers and the South African government to formalize SASL as an official language.

As mentioned in the literature reviewed in this study, language is closely linked to identity formation and is an important part of CODAs cultural identity (Clark, 2003). Therefore, language is crucial in the identity formation of CODAs. Formalising SASL may draw to an end the segregations between hearing people and Deaf people. Furthermore, formalizing SASL as an official language may lead to the adoption of the cultural view of Deafness as opposed to the current view where Deafness is seen as a disability. The adoption of the cultural view may bring to an end the negative experiences that Deaf family's experience. For instance, due to the medicalized view of Deafness, Deaf people have limited access to information, resources, educational and occupational services. If SASL is recognised as an official language, then Deaf people may have access to the resources that are available to other South African citizen. Additionally, the Deaf community may be viewed as a culture group that has its own values and cultural beliefs and norms which may be different to that of the hearing community, which subsequently may lead to the hearing community respecting and accepting Deaf people as a cultural group which is part of the hearing community.

The findings in this study also highlighted that CODAs interpret for their families from a young age and are often exposed to situations that are not suitable developmentally and emotionally. If SASL is recognised as a formal language, perhaps there may be a move to make interpreting services available to Deaf parented families. Granted, South Africa is a developing country and there may be a shortage of resources and the fact that in South Africa, Deafness is generally viewed as a disability may pose challenges for Deaf parents to have access to interpreting services. Therefore, this study has implications for DeafSA and other organizations that lobby for the rights for minority groups or cultures. The researcher is aware that currently, DeafSA is lobbying for the recognition of SASL as an official language in South Africa and the availability of interpreting services for Deaf individuals. The success of DeafSA in convincing the government to recognize SASL as an official language and provide interpreting services may have positive outcomes for Deaf parent and their children as the availability of SASL interpreters may assist in alleviating the responsibilities put on CODAs. One of the participants in this study mentioned that the CODAs of today should not be put in situations where they have to interpret for their families. This desire may be realized if the interpreting services are made available in South Africa. Also the article published in

the Sowetan (October, 2012) newspaper about a three year old child interpreting for her family may not be a common occurrence. Therefore, this study calls for DeafSA and policy makers to engage in talks to formalise SASL as an official language.

It was apparent in this study that some CODAs may show resentment towards audiologists and professionals such as social workers and counsellors in general because of the reported poor service CODAs receive from these professionals. Perhaps CODAs may be receiving poor services from audiologists because as audiologists we may not fully know or understand our role in working with hearing children of Deaf parents. Actually, some audiologists may even ask if we even have a role in the lives of hearing children born to Deaf parents. Perhaps, as audiologists we need to engage in a process of defining and understanding our role in working with hearing children of Deaf parents. This limited understanding of our role as audiologists has implications for the audiologists and professionals working in the field of deafness. The role of the audiologists in Deaf parent families is not clearly defined in in the scope of practice for audiologist in South Africa

Perhaps the initial step into bridging the gap between the audiologist and CODAs may be creating an information resource pool for families of hearing children of Deaf parents and audiologists. Therefore, the current study afforded South African CODAs an opportunity to share their experiences so that audiologists and Deaf parents may have an understanding of the unique experiences that hearing children of Deaf parents may face. The information gathered from the experiences of hearing children of Deaf parents may be used to create a resource pool for parents and audiologists. Furthermore, audiologists may play a pivotal role in educating the families, extended families and the hearing community at large about the dynamics in the Deaf parented families. Audiologists may also take an active role in promoting and educating the hearing community at large about the Deaf community as a minority culture. This education role also has implications for audiologists to adopt a cultural view of Deafness and do away with the medicalized view of Deafness. The adoption of the cultural view of Deafness may help bridge the gap between the Deaf community and the hearing community. Calderon et al (1997) suggested that professionals working in the field of Deafness should engage in community education and outreach programmes as well as provide direct services to the whole family.

Hearing children of Deaf parents may not directly seek the services of audiologists since audiologists primarily work with individuals who are deaf. Also the participants in this

study highlighted that they do not require the services of audiologist, however, the findings also suggested that some CODAs may benefit from services such as counselling where CODAs may talk about their experiences and debrief. The impact of hearing loss in any family should never be underestimated, therefore, there seems to be a need for audiologists in South Africa to adopt a whole family perspective where information is made available and accessible to all family members who may need information. Furthermore, in cases, where CODAs may seek counselling or social services, audiologist may do well to refer accordingly. Jackson et al. (2004) created a family systems perspective model which addressed the impact of deafness in the quality of life in the family. This model highlights the importance of family interactions, family resources, parenting and support for the child. These authors emphasized the need for professionals to adopt a holistic view of family life by implementing the family systems model. Regardless of the hearing status of the family members, audiologists working or interacting with Deaf parented families need to embrace the family systems perspective and make sure that families have access to services that they may require as a family. This family perspective takes into account the needs of each family member and promotes interactions with the extended family. This study identified a need for audiologists consider adopting the family perspective model for effective delivery of services. It was highlighted by the results that hearing children of Deaf parents may also need avenues where they may share their experiences or seek support. Services such as counseling may be essential for some CODAs who may need express their feelings and seek information with regards to coping with the unique experiences of growing up hearing in Deaf parented families. Other CODAs may seek information with regards to their identity. If such information is formulated and made available to hearing children of Deaf parents, perhaps, it might help some CODAs who do not understand nor embrace their identity as CODAs. Also, some hearing children may seek information regarding the availability of interpreting services for their family. Currently in South Africa, the interpreting services are not readily available for Deaf parented families. So it is clear that whole family intervention that may be provided by audiologists to Deaf parented families may extend to the whole family and is not only limited to individuals with audiological difficulties.

Also, extended family members may also be given information regarding the dynamics involved in Deaf parented families as some participants in this study indicated that their parents were emasculated by the extended family members who viewed their parents as incapable of taking care of their hearing children. It may be possible that the extended

families had the best intentions in wanting to raise hearing children of the Deaf parents; however, it seems that the extended families approach was not well received by the Deaf parents as they felt emasculated. Therefore, by applying the family perspective model, extended families may find information that may help them identify other ways of supporting their Deaf family member without overstepping boundaries and offending Deaf parents which in most cases, as indicated in this study ended with Deaf parented families distancing themselves from their extended families.

Furthermore, from the current study, it was apparent that most of the resentment expressed by some CODAs towards audiologists may be due to the perceived impression that audiologists view deafness as a pathology that needs to be 'fixed' and corrected. These feelings may result from the fact that audiologists are often the professionals who screen hearing in children and individuals suspected to have hearing difficulties and ultimately diagnose hearing loss in cases where hearing loss is present. The audiologists may offer information to the families about the different options and information that families may seek to make decisions regarding the mode of communication and school placement to mention a few. When audiologists provide these options, they may be seen to be biased towards a certain mode of communication which may ultimately seem like audiologists are fixing the individual's hearing and making decisions for the families. Professionals work in the field of Deafness need to make sure that they engage with every family and gather from the family their thoughts about the decisions they would like to make regarding their family member. Audiologists need to be flexible in accommodating diverse families that may seek the services of audiologists. Also, as mentioned, upholding and promoting the cultural view of Deafness may assist in ending the on-going conflict between professionals and Deaf community

Last but not least, some CODAs reported that they realized that being exposed to situations that were not suitable emotionally or developmentally had psychosocial impacts on them later in life as the responsibilities that they assumed were above their level developmentally and psychologically. Therefore this study has implications for Deaf parents who raise hearing children. It would seem that Deaf parents need to find other avenues or alternatives to communicate with the hearing community. The researcher is by no means suggesting or assuming that it is solely the Deaf parents' responsibility to seek alternative means to communicate other than using their children. This study suggests the need to Deaf parents to engage with DeafSA to find out if there are any interpreting services available to

Deaf parents. The results also suggested that some parents did not let their children interpret in some situations. This may suggest that these parents are aware of the effects that interpreting may have on their children. Torres (2003) reported that Deaf parents expressed that there was a lack of information for Deaf parents raising hearing children in America. These findings may also ring true for Deaf parents and their hearing children in South Africa. Therefore, establishing a resource pool for Deaf parented families may also increase or create resources for both the parents and the children in Deaf parented families. Therefore, more studies may need to be conducted with Deaf parents of hearing children to establish the type of resources they may require in order to raise their families. The creation of resources for Deaf parents may also help alleviate the speculations about Deaf parents' capabilities of raising hearing children. More support services such as social service may be recommended for the families. Currently, audiologists may not know the kind of information that Deaf parents may seek, however, based on the type on the studies conducted abroad, we may assume that Deaf parents may seek information regarding their children's identity. Filer et al. (2000) reported that some parents are concerned about their children's identity and they view their children as successful if they manage to develop a bicultural identity. South Africa being such a diverse country, perhaps parents may seek information about identifies formation in CODAs. Parents may also seek information to prepare their children about the possible challenges such as identity crisis that some CODAs may encounter.

Ultimately, the role of the audiologist working in the field of Deafness is to enable and promote communication between Deaf and hearing individuals. Communication may happen through a variety of modes. Families may choose to communicate manually through SASL or orally in any of the 11 official languages in South Africa. Whatever mode of communication the family chooses, the role of the audiologists would be ensuring communication between the family members and audiologists may need to be flexible in accommodating and respecting the family's decisions regarding their mode of communication.

In summary, the findings of this study suggest a need for audiologists to play an active role in offering services that some Deaf parented families may seek from audiologists. In terms of audiological status, generally, audiologists are usually the first professionals who come into contact with Deaf parented families before other professionals. Therefore, audiologists need to understand their role in the working with Deaf parented families. The role of audiologists in Deaf parented families may include providing information to families

who may seek information regarding the dynamics in Deaf parented families. Audiologists may also play an educational role in educating Deaf families about the positives and challenges of Deafness in any family. Furthermore, audiologists may play an active role in referring those family members who may indicate a need to services such as counseling and social services. Audiologists may need to adopt the family systems approach where services are made available to all family members regardless of their hearing status. Hearing children may not seek direct audiological services as such however the role of the audiologist should not only be limited to individuals who are physically deaf. The role of the audiologist should expand and extend to the whole family by applying the family system perspective model as suggested by Jackson et al., (2004).

In conclusion, this study highlights the need for information resources to be created for hearing children of Deaf parents to raise awareness about the positive and negative situations that hearing children of Deaf parents face in their families and the society at large. There is a need for HPCSA to revisit and explicitly define the role of audiologists interacting with hearing children of Deaf parents. There is also a call for audiologist to adopt the cultural view of Deafness rather than the medicalized view of Deafness. Also, there is a need for audiologists to implement the family systems perspective model. There is a call for DeafSA to continue lobbying for SASL to be recognized as an official language in South Africa and the availability of interpreting services for Deaf people in South Africa. Therefore, this study presents the experiences of growing up hearing in a Deaf parented family. This study sought to explore and highlight the experiences of CODAs the as voiced and reported by the hearing children of Deaf parents in South Africa.

STRENGTHS OF THE STUDY

Currently, this may possibly be the first study conducted on the experiences of hearing children growing up in Deaf parented families in South Africa. Therefore, this study may potentially add to the dearth of research in South Africa in the field of Deafness more specifically, on hearing children of Deaf parents.

Also, the data and the findings of this study are based on the interviews conducted with the participants. The interviews allowed for rich detailed information and insights to be collected from the participants

LIMITATIONS OF THE STUDY

In South Africa, the Deaf community is small as a result; this study had a sample of ten hearing children of Deaf parents in Gauteng. Therefore, this current study cannot be seen to be representative of all hearing children born to Deaf parents, as the experiences of hearing children residing in other provinces may differ from the experiences of CODAs interviewed in this study. However, as was stated, this study aimed to give CODAs a voice to express their experiences, and not to generalize the findings across all CODAs and provinces in South Africa. Also some authors who conducted studies on CODAs recruited a small number of participants (Buchino, 1993; Mallory et al., 1992, Christodoulou et al., 2009).

Also in this study, the participants were asked to recount past events and childhood experiences; there is a possibility that recounting the experiences of growing up on Deaf parented families may involve risks such as restructured or altered memories, where participants may not accurately recall the events as they occurred. However, some researchers have employed similar methods to collect data for their studies (Preston, 1994, 1996; Christodoulou, 2009).

FURTHER RESEARCH

Since not much is known about CODAs in South Africa and the current study explored the experiences of a cohort of CODAs in Gauteng, it may be beneficial to conduct a similar study in the other provinces in South Africa. Also, a larger sample of CODAs may add more richness and more information on the experiences of CODAs in all the provinces across South Africa.

The majority of the participants in this study were white and female. Conducting a similar study focusing on the experiences of black CODAs in South Africa to capture the possible similarities and differences between the white and the black CODAs may add to the cultural diversities in South Africa.

This study focused on the experiences of hearing children growing up in Deaf parented families, a study on the experiences of Deaf parents raising hearing children in South Africa may also shed some light in the family dynamics experienced by Deaf parents raising hearing children. An inter-generational study where hearing grandparents recount their experiences of raising Deaf children who in turn raise hearing children. This study may highlight the complexities of generational boundaries, where there are possibly different and

unique experiences in each generation. This study may also explore the conflict and bonds that these generations may encounter and the question of identity formation within these families.

A study to explore in detail the role of audiologists in working with hearing children of Deaf parents may be beneficial in determining if there is a role of audiologists in Deaf parented families. The study can focus on the views of audiologists in relation to their scope of practice and working with CODAs.

In the field of psychology, it may be beneficial to conduct a study into the identity formation of CODAs in South Africa given the linguistic and cultural diversity in South Africa.

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APPENDICES

APPENDIX A: ETHICAL CLEARANCE TO CONDUCT CURRENT STUDY

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
H110922 Moroe

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H110922**
PROJECT TITLE	The Lived Experiences of Young-Adults growing up in Deaf-Parented Families in Gauteng.
INVESTIGATOR(S)	Ms N Moroe
SCHOOL/DEPARTMENT	Human and Community Development
DATE CONSIDERED	16 September 2011
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	30 September 2013

DATE 02 November 2011

CHAIRPERSON (Professor R Thornton)

cc: V de Andrade

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

03 / 11 / 2011
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX B: ETHICAL CLEARANCE – FOCUS GROUP

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
H110922 Moroe

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H110922**
PROJECT TITLE	The Lived Experiences of Young-Adults growing up in Deaf-Parented Families in Gauteng.
INVESTIGATOR(S)	Ms N Moroe
SCHOOL/DEPARTMENT	Human and Community Development
DATE CONSIDERED	16 September 2011
DECISION OF THE COMMITTEE	Approved - amendment of 20 August 2012
EXPIRY DATE	30 September 2013

DATE 03 September 2012 **CHAIRPERSON**
(Professor T Milani)

cc: V de Andrade

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature **Date** 19/09/12

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

SPEECH PATHOLOGY AND AUDIOLOGY

School of Human & Community Development

Faculty of Humanities
University of the Witwatersrand
Private Bag 3, WITS, 205
Tel: (011) 717 4577 Fax: (011) 717 4572

APPENDIX C: INFORMATION LETTER

Hello

My name is Nomfundo Moroe and I am doing a Master of Arts in Audiology at the University of the Witwatersrand. For my project, I am conducting a study entitled: **The lived experiences of hearing young-adults growing up in Deaf-parented families in Gauteng**. I would like to talk to hearing children of Deaf adults and find out the experiences of growing up hearing in Deaf-parented family.

If you wish to participate in this study, I would like to meet with you for an interview which will take about 90 minutes in which we will talk about being a hearing child of Deaf adults (CODA). The interview will be tape recorded so that I can later listen to what is said during the interviews. I am hoping to get information from a variety of people about growing up as a CODA and if you know anyone who is a CODA, whom you think may want to take part in the study, please let me know so that I can ask you to pass the invitation and information letter to them.

The interviews will be done in the language of your choice. Because some people I interview may know other people who may also be interviewed in this study, anonymity may not be guaranteed if people tell each other they have been interviewed for this project. However, when I write up the project, your name will not be mentioned.

There do not seem to be any risks in participating in this study, but, if you feel a need for counselling services after the interviews, a counsellor can be recommended.

Participation on in this study is completely voluntary. If you decide not to participate or withdraw from this study at any time, you are free to do so and it will not be held against you.

If you have any questions do not hesitate to contact me on 0823178862

Yours faithfully

Nomfundo Moroe

SPEECH PATHOLOGY AND AUDIOLOGY

School of Human & Community Development

Faculty of Humanities
University of the Witwatersrand
Private Bag 3, WITS, 205
Tel: (011) 717 4577 Fax: (011) 717 4572

APPENDIX D: CONSENT FORM

Consent form for participating in the study.

I, _____ hereby give consent to take part in this study. I have read the information provided above. I understand that participation is voluntary and that I can withdraw from the study anytime.

Signed_____ Witness_____

Date_____

SPEECH PATHOLOGY AND AUDIOLOGY

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Tel: (011) 717 4577 Fax: (011) 717 4572

APPENDIX E: CONSENT FORM TO TAPE-RECORD THE INTERVIEW.

I understand that the interview will be tape recorded and that the recorded tapes will be securely stored at the University of the Witwatersrand. I also understand that all information on the tapes will be confidential and that at no point will any reference be made to my or my family's personal details.

Signed_____ Witness_____

Date_____

SPEECH PATHOLOGY AND AUDIOLOGY

School of Human & Community Development

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University of the Witwatersrand
Private Bag 3, WITS, 205
Tel: (011) 717 4577 Fax: (011) 717 4572

APPENDIX F: INFORMATION LETTER FOR SNOWBALL SAMPLING

Hello

My name is Nomfundo Moroe and I am doing a Master of Arts in Audiology at the University of the Witwatersrand. For my project, I am conducting a study entitled: **The lived experiences of hearing young-adults growing up in Deaf-parented families in Gauteng**. I would like to talk to hearing children of Deaf adults (CODAs) and find out the experiences of growing up hearing in Deaf-parented family.

Because of limited access to the Deaf Community, it is hard to find CODAs, as a result I have asked CODAs to refer other CODAs who would like to participate in this study. If you would like to take part in this study please read the information letter to know more about the study.

If you still want to participate in the study after reading the information, you can ask the person who gave you this letter to contact me or you can send me a call-back sms, and you can use the word CODA as a subject and I will phone you back. Otherwise feel free to call me on 082317 8862.

Thanking you in advance

Nomfundo Moroe

APPENDIX G: INTERVIEW QUESTIONS

EXPERIENCES

- What is a CODA/ what does being CODA mean?
- What was it like to grow up a CODA?
- What are some of the challenges you faced?
- What did you find made you different from your peers and friends?
- What would you have loved t added in your experiences as a CODA?

FAMILIAL ROLES

- Who did your parents ask to do the interpreting and how did they delegate the interpreting role?

OCCUPATIONAL CHOICE

- What is your occupation?
- How do you think being a CODA had an influence in your occupational choice?

SUPPORT SERVICES

- Generally, from whom and where did you get support about growing with in a Deaf family?
- What support would you have liked or think you would have benefited from?

DISABILITY

- How would you say your family managed in a hearing society?

Some people talk about deafness as being a disability and some people see it as a cultural difference, what are your thoughts, how would you describe your parents with regards to disability and difference

APPENDIX H: THEMES EMERGING FROM RAW DATA

1. EXPERIENCES

- Growing up, I didn't know where I belonged a lot of the time; I even gave up on school. I did grade 11; my dad always wanted me wherever he went. My mom needed me, so there was a time when I struggled and I couldn't concentrate at school. I failed and I dropped out.
- I spoke to my parents but sometimes I got the feeling they are not listening. Maybe, I think they don't understand the demands I'm facing. I didn't have anyone to talk to. My dad was very angry. You know. He told me to go back to school. He called his parents and siblings to come talk to me. Yes we did talk, but you know sometimes when they are not listening. It's like he doesn't care about stuff like that. So we kinda like discussed it. So I just closed up and I didn't wanna talk about it.
- To me, a Coda is a hearing child of Deaf adults. And it means that I am half hearing and half Deaf. That is my identity. I have Deaf parents. I am,,, physiologically, I am hearing, but psychologically, I am Deaf.
- I live in 2 worlds. The hearing world and the Deaf world. There are things that are norm in a Deaf world which are not, which are frowned upon in the hearing world. And there are things that are norm in the hearing world but are frowned upon in the Deaf world. So I,,, sometimes I'm stuck in 1 world and I found myself not adjusting to the other world. And sometimes I have to juggle both worlds.

PARENTIFICATION

But yes; we have to do, interpret things that you were not ready to for. You had to interpret, I remember, when I was 10, I had to interpret RAPE, and I didn't even know what rape was and but because the news reader was also not explicit, I just spelled it and my father explained what rape was and for me it was such a shock. But then, because you are in that world, you tend to let go of what you have interpreted very easily and move on and become a child again. But then obviously as you get older you realize that, you know, I'm actually messed up. I'm seriously ^&&*(* up and I need help you know.. I had to go through all this cr_p. when my other brother was 3, he was in an accident. He was hit by a car and I had to,,, my father was working night shifts, my mother was coming late also. So then I had to

take him to the clinic with another friend of mine and I had to tell my parents that their son has been involved in a car accident you know and it was such a …. But for me at point it wasn't a shock, I was just happy that he was alive. But later on as I got older, I had my own child and I realized that the responsibility put on me was high, very very high, you know. I think you also, tend to have good support around you. I mean my grandmother, I always value her, credit her because she was quite good in making us feel not having to be adults at a very young age. So ya, you become very independent at a very young age.

- At some point, I would be taken out of class just to go to the police station to go and help out one of my parent's friend. Thinking I'm supposed to be in school but then I'm going to the police station. It's just one of those. At some point I get used to it. Cause I'd be expecting someone to come through to the house. >>>>there's a certain person who needs help, so and so at the police station. I remember when I was like what, 16 17, I went to court and interpreted at court. It was a very different ballgame for me. The things that were said there! I couldn't even interpret them but I had to, just inform this person what was happening.
- The phone rang one time and it was my aunt saying that my grandfather has passed away. And you have to tell that to your parents. It's not,,, it wasn't really interpreting but relaying the message. And it's awful. It's awful telling your mom "hey your dad just died". She just started crying and I didn't know what to do. I just turned around and walked away. You know, what do you do?
- I have pictures of my mother having a hysterectomy and I had to interpret when the doctor came in afterwards. I mean those words, I was 6 year old, I had no clue what they meant. But I think in a sense, it assisted me to be more mature for my age, but ya all the time it was a mission to interpret as a small child
- You need to focus and try and explain what they are trying to say. AND NOT BE A CHILD, IF YOU DON'T UNDERSTAND, JUST GO ON WITH YOUR LIFE. You know you have this responsibility; otherwise, miscommunication can affect you and so on

FEELINGS OF EMBARRASSMENT

- There's a very thin line if you going to choose to work as an interpreter because you become an interpreter from the age of whatever without you realizing, because

nobody understands your mother or your father and then now you have to go to hospitals with them, to clinics with them blah blah blah and they be like "what is your father saying? What is he saying?" and it is so embarrassing and you are shy. You know, you have to sign and now everybody is looking down at you and your father. I mean, for me, my father has been my hero, my superman my whole life. Now going to a public place with people saying "ooh shame, this Deaf person, what are they saying anyway"? it sort of make me feel small and worse off, he cannot hear them, and you thinking, should I tell him, should I not tell him? Should I tell him or protect his feelings. So you never know, you know, he might just tell them off and you don't want that embarrassment as a kid. You know!

- I only remember my one friend told me I was shy to bring her home for some reason. And I think it might be because my parents were Deaf. Because sometimes, if they use their voices it sounds funny to the hearing society.
- When I was young, I would say "stop it. Everyone is watching. I was kinda like embarrassed. So my mom would be like "what's wrong? I wanna talk to you. Let people stare, there's nothing wrong with that". Now I don't have a problem. I feel free. They are my parents. Why should I feel embarrassed?
- The other thing as well is, while growing up, when your parents speak sign language, in any public place, you need to be focused on attention. People handle that differently. When young, realizing that Deaf is like a disability and people look down on it, you can sometimes be a little shy and ya. It's almost being ashamed of having Deaf parents in a hearing place. They, you know the way they speak sometimes. Their voicing is not a normal way of speaking. The noises that you hear. Need to check for tension. When you speak, or your parents speak. They might be excited or when they are speaking, they might look like there's anger. So it depends on the situation. That can also make you feel self-aware; "oh people are looking at us". That can also have an effect.

ADVANTAGES OF BEING A CODA

- CODAs are fortunate if you embrace it. You know, there are CODAs that embrace it, some don't. If you embrace it, ,, we are special people in a good way. Special can mean anything. We are special creatures in a very unique manner. We get to learn and analyze your posture, your tone. The way you see things. The way you ask me a question. The way you sit, the way you stand, without us even realizing we are doing

that. You know, we,,, its just amazing. We are able to see most of the things that people do not see. We visualize a lot. We grew up thinking in pictures. So we should be in advertising because we are very creative. Ya, that is just,,, being a CODA,,, I just wish everybody would just embrace it. We have benefits that most people don't have. Most people go and learn this thing (interpreting) at varsity.

- I think, you know, having sold my parents' house at the age of 6, I think it made me a very responsible child because I was responsible for the family wellbeing
- Demands from Deaf community
- Not being paid but just offering services to Deaf people. But I otherwise, I help out every now and then. Deaf people, need help, you know, one or 2 things. But I try not to involve myself with too many Deaf people except my parents, because some times, how can I say it, the attitude of :'I'm Deaf, you are hearing, you must help me'. Which is not a…., which doesn't……. it's not enjoyable, especially when people don't realize you are actually offering your energy, your life to help them. And helping people can take any hour; it can take a whole day. Not everyone can appreciate that but you actually helping them. Just to be thankful, you know that type of thing. That's why also people don't help too much. Otherwise you get so stuck on their social problems.

- you know I remember my father coming home having to write weekly reports and I remember having to write his reports for him and having to put my homework aside but that is where mothers and fathers' work intruded on family life, otherwise, they coped by themselves

IDENTITY AND TRANSITION

- I'm definitely a hearing person in a hearing world. I was interesting growing up because,,, one thing that was definitely evident from a very young age is know that I am deferent from my parents. I'm a hearing person and they are Deaf. When I was younger, I don't think I ever seen myself as Deaf in a Deaf world, that I see myself as a hearing person in a Deaf world when I was in a young age. The older I got realized that Deaf people are a small community; I definitely had to change to a hearing person in a hearing world.

- I identify myself as a South African, that is fluent in so many languages, whose first language is SASL and I identify as part of the community, the Deaf community, as part of the disability community because I was privileged to grow up in that environment but at the same time I was privileged to be exposed to other disabilities; blind, mental disability, albinism, you name it. So that makes me such a luck person, you know. Lucky. Special. You name it, all of those things. So, yes, I do identify myself as a CODA, and I hold it dear. I wouldn't even want to replace it at all, and I identify myself as somebody who is also embracing diversity very well. I love change. For me change comes naturally because of the environment which I come from, so ya, that's how I identify myself.

- I see myself in both ways. I guess when I'm in the Deaf world, I'm Deaf. When I'm in the hearing world, I'm hearing. So I couldn't say if I'm Deaf or hearing. Or I would say I'm hearing, working with Deaf people. I think I'm more comfortable with Deaf people. I don't know. I think I got to understand their world. I fit in. I understand them. Ya, that's what they like about,,, sometimes they don't like associating with hearing people, you know when they are sitting with them, they are talking and laughing. They don't understand, they think they are gossiping about the. You know, laughing behind their back.

- I'm in both worlds, I'm bicultural. To me, I'm not born Deaf. So I don't really see myself as Deaf. People call us Deaf because we come from that background. I believe that anything relating to Deafness and Deaf culture should come from a Deaf community. Even though I grew up in a Deaf house.

- For me it was normal because obviously that's the first exposure that we had. We probably were exposed to the hearing world and I guess the nicest thing was that out extended family became like our link to the hearing world. So it was easy, the transition was quite easy but at the same time, it meant that there was a lot of stereotype. There was a lot of stigma, I mean growing up in that family. At the same time, I think one thing that was truly amazing was that, I don't know if you noticed, but a lot of CODAs are intelligent. You know, we very much visual, our perception is quite broader than non-children who come from Deaf families. So for me, everything

that I had was so normal in a sense that the transition from being from a Deaf family to a hearing world was just ordinary in a sense that I didn't see anything awkward about it until I was in grade 2 in school. You know when people started talking, "what is your first language". Then I realized but my first language is not any of yours, you know. Mine, we speak with hands. So that was the only difference. Buy ya, for me it was normal. I wouldn't say it was difficult or not difficult cos I wouldn't know. Like I said, we were brought up in this family and for us what we perceived as normal, other people didn't. So for us to actually go to a hearing world was just ordinary.

EXTENDED FAMILY

- When we grew up, I just only knew my dad, my mom and my sister. You know. And later on, there would be family functions and because I used to see how they treated my father, when it came to things of manhood (kraal), my father would still be seen as a boy. As young as I was, I didn't like that and I knew I didn't like that and I told my dad that I don't like this place because is how they treat US. And everybody had a need. They just felt a need to parent us as if my father was not capable. So my father decided: you know what, I'm gonna raise my kids the way I see fit for them. And now that, like I said, now that I'm an interpreter, and I'm grown and I know so much about Deaf culture and the hearing culture and the 2 cultures bound together, I'm able to tell my father's family off. And my mother's family, included because my mother's family was like "oohh, why you wanna be married to a disabled person"? So we were isolated from both sides. My mother's family and my father's family. Now that I'm an interpreter, now that they see me on TV and now they like "hhhello, you my niece, you know that"? Like ya sure aunt. Whatever.

- Extended family. Aahhm, we never had a very close bond with uncles and aunts and grandparents because there was no communication. There was no communication for my parents at home. You were there as a family member and it was the time of apartheid where the government stated "don't sign with your children whatever you do". And I think that is very damaging. I see the damage effects that it still has on my parents today. When I, we discuss family matters they never had the opportunity to communicate with their siblings or their parents as we able to do today.

- Ahm, we never saw them much. My dad, in his family, there were 5 Deaf children and 5 hearing children. We saw the Deaf children a lot, my aunts and uncles who were Deaf. My mother's family, everyone was hearing except herself. We didn't see much of them cause they lived far away. Most of my father's family stays in CT. so we had a lot of Deaf people around us. Deaf friends and my father's Deaf family and obviously you saw your cousins once in a while, who were also hearing but you know you from the same kind of family everyone is Deaf. So our extended family, they never interfered in my parents raising us. Ya, it was just that my parents were very independent that way.

NOT EVERYONE EMBRACES BEING A CODA

- My sister is so quiet and reserved. She thinks she comes from a weird family. She is so embarrassed by all of us including my mother. She doesn't want her friends to come home cos we will tell her friends stuff that might be embarrassing. Ya. My father laughs very loud hey. So she doesn't want to be exposed to that. Like I said. It's very good if you are embracing it and if you not embracing it… like my sister started embracing the whole "my father is Deaf type of thing and I'm a CODA warra warra when I started interpreting professionally. And I had information. And I think most of the CODAs they lack information of who they are and their identity because it is so, trust me, it is so 'deer mekaar' because literally you are in two worlds and it's either I'm there, I'm there, what's going on and you cannot find your identity in all of this mess if one may call it. So. it's not easy for some CODAs shame. They should just get over it. Build the bridge and get over it. There's nothing much you can do. You were born into thing. It's like being black. I can't wake up white. I can try to be a Michael Jackson but I would still have black babies. Or try to be Umshoza, but I'm, you know what, black and that's that. I just need to build a bridge and get over it and embrace my blackness. You know. It's the same as being a CODA. You just have to build a bridge and embrace it. And love it. And know it. You know. Like I'm a cool person. Like the coolest.

- I mean some CODAs like don't accept their parents. I've met CODAs who are very much angry at the fact that their parents are Deaf and they are not even willing to learn SL. I've met CODAs who do not sign because of the aggression. But also

because the extended family thought they were doing the parents a favour when they removed the child from the parents, you know. So feel that they are much more separated from the world and they don't even understand the world we come from. So when you explain to them, they get shocked that "is that really our world? Is it really how it is?" it's fascinating. I think it's my life mission to get CODAs to embrace and accept their parents. To realize that there's something really special in their parents and also in the capabilities of what they have as people and the help they can give other up and coming CODAs

JUST THIS ONE WISH

- I feel what I missed out on, are the moment of sharing my success in terms of school. Those school price, those awards. I was in a debating team for obvious reasons. I'm not sure whether I was good at it or I just had a big mouth, but I did it and I have a certificate and a trophy at home for that. That was painful for me. And I'm not sure how he felt. You know, my name would be called out. Things that were being said about me and he, I mean he can see but he can't hear what they are saying about his daughter. I mean drums. I have been acting and what not. He's been coming to plays but he didn't get the essence. The tones, how I would say it, why would people suddenly laugh, the jokes and what not. You know, because I tried so hard to be like him and impress him. I haven't won. But I appreciate comedy. So ya, I'm not sure how he felt about that, but I kinda missed out on that. To share that moment with him. You know, just talk general on men. You I wished I could 'you know what dad, you know in the hearing lingo and I can't do that. But it's not a biggie. Like I said, as a child growing up, I didn't miss out on any fun.

- To know more about Deaf community and culture and Deaf identity. I think to know about Deaf culture and their identity is easier for a CODA growing up. At least then you won't have a situation where a CODA is struggling between the Deaf and the hearing community. I believe now CODAs are even worse than the times when we went through it. They rebel at a very early age. And they manipulate their parents because they are a hearing child and they are the only one that hears. And it's quite sad. I think I would have loved to know about Deaf culture at home from an early age. But the problem is I think the overall problem is Deaf education is the big issue. It's

changing for the better now but schools don't teach Deaf culture and Deaf identity to the Deaf kids. So they come out of school still not knowing who they are and I think it's important because Deaf children are at school at a very young age. I think it's important that teacher take that responsibility and teach them about their Deaf culture. I think that would have helped.

HEARING PEOPLE'S PERCEPTIONS ABOUT DEAF PEOPLE

- Aahmm, society has viewed Deaf people, rather to be on the safe side, my father as being stupid, as being,,,, uhm, how can he be married? How can he make kids you know? And worse off, he's married to a hearing person. How does he do things? How does he read, how does he feel because he's Deaf? Which is kind of a bit stupid for hearing people. Personally, I think they are imbecile, but anyway, that's my opinion towards some hearing people. Some hearing people are not that smart hey. You'd think they are, but no.

- On a daily basis, I'd go for my assignment, you go to any department for whatsoever reason to do your do services you see that there is this whole barrier that is growing from that scenario and you getting hearing people telling you "YOU KNOW THESE PEOPLE" and I'm thinking "THESE PEOPLE?" Then I feel like then I don't need to be here. But on the other hand, it's my job. If a person is telling me something like that, its personal, number one. Number 2, I have to be professional. I have to just accept it and put it on my back and just continue with my job. At the back of my head I know that person has certain perspective about certain people, you know. So, I just… it is brewing and it will get to a point where it will have to pop. And when it pops, all hell will break loose. It's gonna be interesting, but Ja. People need to change.

- I remember when I was growing up, there are these women who came to our house and they asked my mother if she was Deaf and she said yes. So they said " can you go to church so we can pray for you so that you can hear" so I told them it's not gonna happen because they grew up Deaf and it's not something that changes when you grow up. Ya, they grew up Deaf and that's how they gonna stay that way. It's not these things they were saying that they are cursed or something like that.

- I think ok. I know my father at work was happy and everybody loved him. He was the only Deaf person there. My mother used to go to the shops by herself . She got a disability grant at that stage and she had to go every month and fetch it. I think it was ok for them. Obviously there were communication barriers for them. And that's why they used their children to go interpret for them. But I think they fitted in ok except from the normal, you know the hearing Deaf society, hearing people tend to shy away from the Deaf people. I didn't experience it. Otherwise if my parents had any barriers, they hid them very well from us.

- Yes, we were also classified as Deaf and dumb group because we were children of that time, Deaf and dumb, the wrong term, because we were children of Deaf people. People viewed us as if there was something wrong. They think that CODAs have speech problems, we should have our hearing tested and there's something wrong with us.

PROTECTION BY PARENTS

- You know what, I am very fortunate in that, my father does not want me to interpret for him now that im an interpreter. Before, he had no choice. Interpreters don't come cheap and most Deaf people back then did not know how to use interpreting services blah blah blah. They would use teachers from schools, which was the worse wack idea ever. But then it was so embarrassing but he has never used me in severe situations where I have to go to a doctor and then have to tell him he's got what what what. My father is a very private man, I mean he's a black man, so he has that " hey, a child is not allowed in here". You know, if there are situations where they have to do lobola negotiations and what what, my father says "no! _____ is not going to interpret. And he would rather use another interpreter. When it's parties, gatherings, celebrations he actually prefers me interpreting than any other interpreter.

- Obviously, my father being responsible, you know, will not expose me to extreme things but there are things as a child you involved in grown-up things and grown-up problems and you've got to communicate that over, you know being the interpreter

INTERPRETING ROLE

- No one was given the role to interpret at home. We all interpret. Whoever is there interprets. No one was chosen to do it. If there is no one at home, my father phones his brother and goes with him.

- I did most of the time. When I was born, we were lucky that my grandmother from my mother's side could sign. So she did most of the interpreting until I was possibly around 6 and that's when I started interpreting for my parents. But it wasn't interpreting as in professionally. It was just listening to the news, telling them what is being said. Somebody coming over to my house maybe wanting my father to do something, you know interpreting it to my dad

- I'm the last born at home and I have no idea how I ended up being an interpreter at home. But for some reason, with the CODas I know, it's usually the babies that tend to sign, or the second born or the third born or something. Not the first born. One would assume that the firstborn will take the responsibility. Not all CODAs. Like I said, the CODAS that I know, ya. But not all of them. It's just like one or two CODAS that I know that are elderly at home would sign. Like my sister would sign but not,,, she wouldn't sign for another Deaf person fluently.

- Well normally, it was the eldest in the house would interpret then as they moved out the next one would be the interpreter. I have 2 brothers and 4 sisters and we interpreted, including my brothers.
- My sister interpreted up to a certain age and then she just didn't do it so I took up on that role. My brother was never interested. My brother would run away very far, he's not into it. He could sign very little, very limited. I wouldn't classify my brother as a say person but you know, we would walk in the street and he would tell my mother not sign. He was shy of that aspect. I think he was shy of having Deaf parents. So he just never did it and it was never,,, it just became the females' job.

OCCUPATIONAL CHOICES

- I think my parents being Deaf also played a part on our poverty issue/ we weren't

really rich because they were Deaf and normally Deaf people were classified as you could only do skilled jobs. My father was a boiler-maker. It wasn't a high paying job. My parents didn't have a lot of money so they couldn't afford to send me to university. So I had to fend for myself. But I think if my parents were hearing, I would have had better opportunities in terms of being able to study and doing all that. Because they were Deaf, I think that's one reason why I chose my job but I'm not sad about it. You know, your life has a specific path and I think that was my path and I'm not sad about not being able to go to university. I got a lot of other opportunities, but I do think that because my parents were Deaf I didn't have the same advantages as children who had hearing parents.

- I think there are great influences. Like I said before, in my case, growing up, learning responsibility from a young age, it's much easier to take on responsibility on myself and also I've got a very intimate relationship with my mother and my father , so I'm a very person-to-person type. And there are influences in definitely wanting to go into education, rather working with people than with just money.

- And I normally like saying to people, MY PARENTS GAVE ME MY CAREER. WITHOUT THEM I WOULDN'T BE WHERE I AM.
- I studied tourism after school but then when I finished studying I wanted to do a year overseas you know, like young people do. Run away for a year. My dad was just not going to pay for that. You know, I understood because there was never money. You know, we didn't grow up rich although all my needs were taken care of. But that one, he was not gonna afford. I had to find a job and start work in order to save up money to go pursue a dream of mine. I was then offered a job by a hard of hearing guy who worked at a bank who then said to me you know, we have a job for you. You can come and be a secretary but then you may have to interpret for me every now and then when I can't hear what is being said in meetings. I started at the bank and then I was stolen by _____, no, _____ in PTA. I worked there and I was stolen again to go to the _____. And that just became who I am today. You know it all just made sense. It was never that I kinda felt forced into this direction because of who my parents are. It is my passion. It is a passion of mine. I know the need out there.

PROFESSIONAL SERVICES

- You learn as you go on. I think the closest to help that I have experienced is church based. More community based. Like being mentored by a pastor, otherwise, nothing on any other level.

- Funny enough, I used to counsel people a lot. So as a qualified counsellor, there's what we call debriefing sessions that you do with other counsellors. So I think that's where also I off-loaded quite a lot of baggage that I had been holding for a whole lot of years, 20 odd years. It was also nice to sit with psychologists and say "you know what, I think I'm going through cr_p here, it might be because of my experience as growing as a teenager and all of those things. And it has helped. Now I think I'm fine, so long as I don't go crazy.

- None. None. I didn't. And I think I have resentment towards social workers because the one contact I had with a social worker, it's like what he said "you know these people, you know these people". And I despise the fact that there was the US and THEM. And I didn't like it, you know at all. And I despise social workers because of that. I remember when I was doing my MA in in UCT, I fought so hard not to take any elective of social work because I did not want to be associated with social workers. But eventually when I had to do it I realized that, it is within their curriculum that they are taught,… I call it brainwashing, which the lecturer hated me for. I feel that really being sociable, that's why they don't even interact with Deaf communities on a personal level , you know, it's very few who does that. The rest are just doing it for work and that's it. But no, growing up I didn't have any professional help. I think my professional help was my grandmother. She was very good in a sense that she knew how to assist us to be better in whatever we did and to be better people and be professional as we are now. And intelligent I think.

- The only memory I recall, in my father's life obviously, was going at a government hospital and this woman was saying, was playing some sounds and what not. And she said, "are you sure your father can't hear that? This is too loud. That was the most horrible experience I have ever encountered and the most embarrassing and it actually

made me cry because I was thinking but father why can't you hear this? You know. I think for the first time I wished my father didn't have to go through this. I mean, I never wished for my father to be hearing but then, I wished I could take away that from him. Just for that moment and be his ears. And I was a teenager and I didn't understand why he had to get a grant and why he had to go through that process and all of that. I just didn't like that. You know going from one social worker to another and back. And they put things in your ears. I just didn't like that. So that was the first and the last encounter. And I didn't like audiologists a lot. But now, not all audiologists are bad. You like " he's Deaf. Like really". You know at times you'd just say "say yes" they are asking if you are fine. Just say yes.

DISABILITY

- I think it's both hey. Because funny, I like telling people when I run an induction workshop. My mother does not regard herself as disabled at all you know. So that is what is creating the disability aspect of it because the person on the other side of the table is not able to communicate with the person standing at the outside part so that they can serve them as they would any other person. So that is, it's the environment because it's not the person who has the problem but it's the environment that has a problem. If we all could sign. If we all could communicate in an accessible format than nobody will be relying on somebody else. I mean, if I grew up in a world where there were interpreters, services were available to everyone in an equal way, I wouldn't have to interpret for my mother when she lost her son, you know. I didn't have to interpret for my parents when my brother when he got into an accident or any other horrible experience we went through in our lives. But because we do not have that, we are in a country where we have laws that say we equal but yet it's not practical. That is what is disabling, not necessarily the person. It's the environment. Yes, there is a war brewing the hearing and the Deaf community and it's because no one is willing to compromise and let another one understand their world, you know. Ahhh, what you said earlier with audiologists and staff like that, I mean, it's not only audiologists, its everyone who is a therapist because a person who is on the other side of the of the table assumes that a Deaf person doesn't know anything, you know. And they think the they will bring the solution that is why there's that war, because whoever is meeting those Deaf people is not meeting them at an equal level where

you can say, “I’m meeting you as a Deaf person and I’m willing to speak to you I your language to show that I respect your world, I respect your culture, I respect your language. But they don’t do that and that is why there’s that war. But imagine, if everyone could sign, we will all live happily ever after.

- For me disability is when the environment disables you into doing something. At home my father is not disabled because he is able to do, he is able to talk to everyone in his language, so the home environment is not disabled. But the minute he steps out of the house, and he goes out to work, he goes out into town, mall wherever. Just because he cannot communicate with the other people, the environment disables him in that sense. So that is how I view my father’s disability. Depending where he is. As much as you’d go to china and you’d be disabled in china because you won’t be able to communicate fluently with people in china. So that’s why I say, I realized later that actually my father is disabled because nobody feels that at home, but the minute I step out or he steps out, he’s viewed as disabled because the environment disables him from doing, talking to everyone.
- Well, I still believe it’s a question of a language minority and a cultural difference. I think if you ask the Deaf community, it depends when they became Deaf that they’ll say ok it’s a disability or it’s not a disability. With my father because he grew up Deaf siblings and you know it was a norm for him, he doesn’t see himself as disabled. He is culturally Deaf and that’s how it is. My mother, I think she was 3 when she lost her hearing, and to her it’s a loss. So it depends on how you perceive it. And because she was the only Deaf child in her family, I think she experienced it more as a loss because she didn’t have that interaction with her parents and her siblings as my father had. Uhm, to me, I don’t see my parents as disabled. I strongly believe that it’s a language minority. And that what it’s about. It’s different culture. That’s it. They only just,,, they can’t hear. But it’s because of the society that they are viewed as disabled. The society disables them. They don’t disable themselves. That’s my view.
- No. they are not disabled. I’ve gotten angry, there was a point where my mom went to a hospital, they used to write deaf and dumb. So I asked them “why you writing dumb? She’s not dumb, she went to school. She wasn’t given a choice, she’s only deaf and there’s nothing wrong with her. There’s no disability in it. That’s how she is.” No. they were just Deaf. I saw them as I see any other person on the street. They are also human beings. The only difference is they can’t hear and talk. That’s all it is.

Reluctance to participate

•This is now where I am a CODA, not an interpreter. My view of audiologists is that they wanna fix something that is not broken. I understand that there are some Deaf people who are hard –of –hearing and they wanna wear hearing aids and that and what –not. It's fine, but let the community be. You know don't try to fix something that is not broken. I think if audiologists were more open-minded on that thing. I mean you have a job degree you are a professional, obviously, you are gonna look for business and you gonna want to do that, but don't enforce it on people.

•You are not a CODA. You are not one of us. Why do you want to know about us? What is it to you? Can you even sign?

•Just a word of advice to you, you need to go back and learn the culture, because I believe that if you understand the culture you will understand other things and reach your job experience. You will be a par above all the other people and it will give you that exposure as you will understand where some people are coming from and you will be more receptive to them and their politics. It will put you in a better position.

•As a black person, I truly do not want to participate in such research as I see it as a waste of time. What happens is, you interview me, you interview a white person and then you go write up about John and Mary. What happens to Sipho's experiences? What happens to Sibongile experiences? Are our stories not good enough?