Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience

A DISSERTATION

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Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience

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The formation of attachment style between a parent and child is influenced by both verbal and non-verbal communication (Bowlby, 1988; Cassidy & Shaver, 2008). Of the 1,000,000 functionally deaf people in the United States (Mitchell, 2005), 96% are born to hearing parents (Mitchell & Karchmer, 2004) and 75% of these parents do not learn how to communicate with their children fluently or effectively (Mitchell & Karchmer, 2005; Oliva, 2004). Previous research with deaf children and adults has examined the relationship between attachment and deafness related to use of sign language and type of school attended (Greenberg & Marvin, 1979; Chovaz McKinnon, Moran, Pederson, 2004). However, a qualitative approach has not been used to understand the lived experience of a deaf person raised by hearing parents. This mixed methodology research studied the impacts of deafness on the attachment style of deaf adults with hearing parents. Fifteen deaf individuals, age 30 to 50, with two biological parents, who are still married, were interviewed. The participants filled out a demographic information form and Attachment Style Questionnaire which had been previously adapted for use with deaf individuals (ASQ-D) (Feeny & Noller, 1996, Steider, 2001). The research questions used were 1) How is the relationship between a deaf adult and her or his hearing parents understood and experienced? 2) How does a deaf adult describe the current relationship with her or his hearing parents? 3) How does/did the communication styles within the family impact the relationship between the deaf adult and her or his hearing parents? Ten participants (66%) presented with a secure attachment style, and five participants (33%) presented with an insecure attachment style. A
grounded theory approach of data analysis was used to analyze the interview transcripts. The main common theme that impacted the attachment style of the study participants was the support that they received as a child from her or his parents, which was independent of what communication style was used. This study contributes to the knowledge of social work by demonstrating the importance of supportive parental relationships for individuals who are deaf.
This dissertation by Ellen Schaefer-Salins fulfills the dissertation requirement for the Doctor of Philosophy degree in Social Work approved by Lynn M. Mayer, Ph.D., as Director, and by Eileen Dombo, Ph.D. and Patrick Brice, Ph.D., as Readers.

______________________________
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Dedication

This dissertation is dedicated to my mother, Maxine Goldstein Schaefer, my stepmother, Mary Ried Schaefer, my mother-in-law, Barbara Ruth Salins, and my brother, Philip John Schaefer. I deeply miss you all.
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Most importantly, thank you to the study participants who shared their life experiences. Their stories were each rich with information and emotion. I greatly appreciated their willingness to tell their stories to me.
Chapter I: Introduction to the Study

Introduction

Attachment between a child and her or his parents has a profound effect on the functioning of a child throughout the lifespan. Verbal and non-verbal communication and interaction between a parent and a child assists in the formation of an attachment style and a caring relationship (Bowlby, 1988; Cassidy & Shaver, 2008). Of the 1,000,000 functionally deaf people in the United States, meaning those individuals who cannot hear normal conversation (Mitchell, 2005), 96% are born to parents who can hear (Mitchell & Karchmer, 2004) and 75% of these parents do not learn how to communicate with their children effectively or fluently in sign language or other communication modes (Mitchell & Karchmer, 2005; Oliva, 2004). Studies have revealed that very young deaf children can form a secure attachment to their hearing parents despite problems with effective communication (Chovaz McKinnon, Moran, & Pederson, 2004; Leigh, Brice, & Meadow-Orlans, 2004). Further studies have shown that deaf adults who grew up using American Sign Language (ASL) as their primary language, due to schooling or because they were raised by deaf parents, have the same percentage of secure attachments (70%) as the hearing population (Chovaz McKinnon et al., 2004; Leigh et al., 2004). Weisel and Kamara (2005) found that deaf adults aged 18 to 35, who attended public school, and primarily used spoken communication, had a lower percentage of secure attachment than their hearing counterparts. There is a paucity of information available on the relationships of deaf adults to their hearing parents, as well as about the attachment styles of deaf adults in general. This study will look at the life stories of deaf adults and their relationship issues that lead to a secure or insecure attachment style.
**Statement of the Problem**

Deafness is a disability that can influence a person’s relationships with others. Studies have shown that deafness can cause communication problems between a deaf individual and other important people in her or his environment (Chovaz McKinnon et al., 2004; Weisel & Kamara, 2005). These communication issues do not appear to impact the attachment between a deaf child and her or his primary caregiver when the child is below school age (Lederberg & Mobley, 1990; Leigh et al., 2004). While they can feel and see that their needs are being taken care of at younger ages, by the age of three the use of effective and fluent communication becomes very important for the development of trust and attachment (Howe, 2006; Schlesinger, 2000; Vaccari & Marschark, 1997). Therefore, there can be a great impact on the development of a secure or insecure attachment style by the time a deaf individual is an adult.

John Bowlby (1988) explained that healthy attachment behavior leads to the development of affectional bonds where parents become a secure base for the child. Secure attachments help people deal with distress, gain hope, and improve mentalization, whereas, attachment insecurity leads to emotional and relationship difficulties (Fonagy, Gergely, & Target, 2008; Mikulincer & Shaver, 2007). As a person matures, an adult attachment style develops based on experiences with relationships in childhood, adolescence, and adulthood, including marriage and committed partnerships (Mikulincer & Shaver, 2007; Mikulincer & Shaver, 2008). A person can obtain a secure attachment style, or develop an anxious, avoidant, or dismissive insecure attachment style (Mikulincer & Shaver, 2007).

Communication is an important piece in the development of attachment. Hearing parents with deaf infants are often mourning the diagnosis of a disability and this may interfere with a
stable and warm relationship with their newborn child. Mothers who have resolved the trauma of the diagnosis of their child’s deafness are more likely to have children with a secure attachment than those who have not resolved or accepted the child’s deafness (Adams, 2011). In addition, hearing parents are more comfortable using spoken language, while a young deaf child can learn manual communication faster and easier than spoken (oral) communication (Howe, 2006; Schlesinger, 2000). For example, deaf children do not hear their mothers soothing them or explaining that they will be right back with a bottle. In sociolinguistics, the Whorf-Sapir hypothesis explains that a person’s language, whether child or adult, determines the way she or he understands the world (Solomon, 2012). This hypothesis concurs that language helps people to understand relationships to one another.

In contrast to hearing parents, deaf parents of deaf children do not go through the mourning process with a diagnosis of deafness and are able to provide early communication with their children. Studies show that the development of attachment, trust, and communication for deaf children with deaf parents is different than the development of trust for deaf children with hearing parents. A deaf child of deaf parents develops attachment in a similar way to hearing children of hearing parents due to the fluency of language (Howe, 2006; Schlesinger, 2000; Vaccari & Marschark, 1997).

**Background on Studies of Attachment and Deafness**

A seminal study by Greenberg and Marvin (1979) on the impacts of deafness on attachment in children from 3 to 5 years of age found that mother and child dyads with high communication skills had higher levels of secure attachment than those with lower communication skills. It did not matter if the communication was manual (using sign language)
or oral (using spoken English). Weisel and Kamara (2005) found that deaf adults aged 18 to 35, who attended public school, and primarily used spoken communication, had a lower percentage of secure attachment than their hearing counterparts. Studies have shown that deaf adults who grew up using ASL as their primary language, due to schooling, or because they were raised by deaf parents, have the same percentage of secure attachments (70%) as the hearing population (Chovaz McKinnon et al., 2004; Leigh et al., 2004).

Most of the research on attachment and deaf individuals has focused on children below the age of 5. Greenberg and Marvin (1979) studied 3 to 5 year old deaf children and their hearing mothers, and Lederberg and Mobley (1990) did a similar study with deaf children who were 18 to 25 months old who had hearing mothers. These studies found that deaf children have as similar percentage of secure attachments below the age of 5, as hearing children (Greenberg & Marvin, 1979; Lederberg & Mobley, 1990). Vaccarri and Marschark (1997) found that the non-verbal interactions between a mother and young deaf child are more important than the communication, and communication becomes more important to attachment and socialization as the child becomes older.

Weisel and Kamara (2005) and Chovaz McKinnon et al., (2004) write in separate studies about the discontinuity of attachment from when a deaf person is a child to when she or he is an adult. Both studies discuss the possibility of earned security within the deaf adult population. The study by Chovaz Mckinnon et al. (2004) explains that deaf adults with an autonomous attachment style may not have carried this style from a secure attachment in infancy, but instead may have earned it later in life through positive social experiences with good communication. Earned security may also come from identifying with the deaf community such as marrying a
defend spouse or working in a deaf environment such as a school for the deaf (Lane, 2005). The deaf community or Deaf-World is an ethnic group that communicates with ASL, has residential schools for the deaf, agencies serving deaf people, and a social support system for deaf individuals through deaf clubs. This community has developed its own culture, and provides a positive identity and a surrogate family for deaf adults (Lane, 2005).

**Interest in Attachment Issues of Deaf Adults**

My interest in this topic developed from my work as a mental health therapist in private practice for the Center for Families in Transition. Since 1986 I have provided mental health therapy to deaf, hard of hearing, and hearing individuals and their family members, however the majority of clients that I have worked with have been deaf or hard of hearing. In therapy, attachment and relationship issues are a common theme with many clients. Clients discuss issues about family relationships and communication. Deaf clients always describe the people with whom they communicate the most in the family, and who would be their interpreter within the family. Positive and negative relationships are discussed regarding a client’s family and friends. Another common theme is the introduction that the person had to sign language and the deaf community.

In my practice, relationship issues are a focus during the holiday season. Most of my hearing clients would spend Thanksgiving, Christmas, Passover, or other important holidays with a family member such as a parent or siblings. In contrast, many of my clients who are deaf do not visit family for the holidays. They choose instead to be with their deaf friends who celebrate together at the holiday season. Clients have explained the difficulty of visiting their hearing families when they cannot communicate fluently with them. Often stories show that a deaf client
may want to go home to family and may communicate well with them, but their deaf spouse may not have effective communication with the in-laws. Ninety-five percent of deaf people marry another deaf person due to fluency of communication and an understanding of deaf culture (Glickman, 1993).

Tales of relationship stories from my private practice are varied. Deaf clients who have hearing parents seem to show two distinct relationship types with their parents. The first is that the deaf adult is not close to her or his parents because of communication issues, or the person is angry toward the parents for how she or he was raised (such as being the only deaf student at her or his school). The second are deaf adults who are very enmeshed with their parents. The parents have been overprotective and controlling toward their deaf child into adulthood. This type of deaf client will visit her or his parents a great deal.

These narratives led me to wonder about the relationship a deaf adult has with her or his hearing parents, and how this influenced their attachment style as an adult. This was the impetus for this mixed methods research to delve deeper into these questions.

**Purpose of the Study**

The purpose of the current study was to understand the attachment issues of deaf adults with hearing parents through their stories of the lived experience. The study explored relationship issues with parents, how communication has impacted the relationship, the deaf adult’s attachment style, and new issues that surfaced from the experience.

Three main research questions were explored in this study: 1) How is the relationship between a deaf adult and her or his hearing parents understood and experienced? 2) How does a deaf adult describe the current relationship with her or his hearing parents? 3) How does/did the
communication styles within the family impact the relationship between the deaf adult and her or his hearing parents?

The research design was a qualitative/quantitative mixed methodology. A grounded theory approach was utilized to understand the common themes of the participants (Creswell, 2007). This researcher met with each participant for about an hour. An interview was conducted using ASL, and/or spoken English, depending on the communication needs of the participant. All interviews were videotaped and then transcribed to written English for analysis. A grounded theory approach was used to analyze the transcripts since this topic has not been explored in previous research.

The quantitative component was based on the Attachment Style Questionnaire (ASQ-D), which was modified for use within the deaf community (Feeney, Noller, & Hanrahan, 1994; Steider, 2001). The ASQ-D was used to find the attachment style of each participant. Demographic information was also collected and used for quantitative data.

**Significance of Research to the Social Work Profession**

This research addresses two core values explained in the National Association of Social Workers (NASW) Code of Ethics. The first core value involves social justice, “particularly with and on behalf of vulnerable and oppressed individuals and groups of people” (NASW, 2008, p. 3). Deaf individuals and the deaf community have been viewed by the hearing world as vulnerable and oppressed mainly due to communication issues (Lane, 2005). When the deaf community is viewed through a medical model, people focus on the differences and impairments of a deaf person. When viewed within a cultural model there is a positive focus on deaf
individuals and the deaf community (Lane, 2005). As such, this study is focusing on a marginalized group of people within the general population.

The second core value addressed in this research is the importance of human relationships (NASW, 2008). The Code of Ethics states that, “social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities” (NASW, 2008, p. 3). This study looked at the relationship between a deaf adult and her or his hearing parents. It was hoped that the results of the study will lead to changes, such as a focus on parent interactions with their child while school age, that will help to improve future relationships for the deaf individual.

Summary

There are many studies that have investigated the attachment issues and the relationships of deaf children to their hearing parents, however there is a paucity of information about deaf adults and their relationships to their hearing parents. It is important to look at relationship issues throughout the lifespan of a deaf individual. John Bowlby (1988) explained that healthy attachment behavior leads to the development of affectional bonds where parents become a secure base for the child. Secure attachments help people deal with distress, gain hope, and improve mentalization, whereas, attachment insecurity leads to emotional and relationship difficulties (Fonagy et al., 2008; Mikulincer & Shaver, 2007).

As a person matures, an adult attachment style develops based on experiences with relationships in childhood, adolescence, and adulthood, including marriage and committed partnerships (Mikulincer & Shaver, 2007; Mikulincer & Shaver, 2008). A person can obtain a
secure attachment style, or develop an anxious, avoidant, or dismissive insecure attachment style (Mikulincer & Shaver, 2008). This study aimed to explore the impact of childhood experiences on attachment and how that endures into adulthood.

Chapter II reviews the literature focusing on deaf individuals, their attachment styles, and relationship issues, from birth to adulthood. As previously stated, most of the research on deafness and attachment focuses on the relationships of deaf children below the age of 5 to their hearing mothers. Communication, and the impact of communication on relationships are also explored through this literature review.

Chapter III focuses on the methodology of the study and why there is the use of qualitative and quantitative methods. Chapter IV explains the findings of both the qualitative and quantitative areas of the study. Chapter V reveals the conclusions and findings of this study.
Chapter II: Review of the Literature

Approximately 96% of deaf children are born to hearing parents who know little or nothing about deaf culture and sign language (Mitchell & Karchmer, 2004). Many researchers have hypothesized that deafness impacts the attachment style of a deaf child with hearing caregivers due to problems in communication (Lederberg & Mobley, 1990; Chovaz McKinnon et al., 2004). Others have researched how deafness may impact adult attachment styles and relationship issues (Leigh et al., 2004; Weisel & Kamara, 2005). This chapter will review the research, and examine the impact that deafness may have on a person’s attachment style as a child and as an adult. The chapter will begin by reviewing the main points about attachment theory and how it was developed. The chapter will also review previous studies on attachment theory and deaf individuals and their relationships.

Theoretical Framework of Attachment Theory

Attachment theory began with the work of John Bowlby in the 1950’s. Through his research and intensive work, Bowlby set up a conceptual framework regarding attachment theory. Focal points of this framework are explained in the following passage:

During the course of healthy development attachment behaviour leads to the development of affectional bonds or attachments, initially between child and parent and later between adult and adult… The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly the threat of loss arouses anxiety and actual loss gives rise to sorrow; while each of these situations is likely to arouse anger (Bowlby, 1980, p. 39).
Here Bowlby (1980) is briefly describing his ideas about attachment and how it develops and grows into adulthood. Bowlby’s conceptual framework set the groundwork for future researchers in attachment theory and for the understanding of the importance of attachments. Bowlby (1988) explained that healthy attachment behavior leads to the development of affectional bonds where parents become a secure base for the child. Secure attachments help people deal with distress, gain hope, and improve mentalization, whereas, attachment insecurity leads to emotional and relationship difficulties (Fonagy et al., 2008; Mikulincer & Shaver, 2007).

As a person matures, an adult attachment style develops based on experiences with relationships in childhood, adolescence, and adulthood, including marriage and committed partnerships (Mikulincer & Shaver, 2007; Mikulincer & Shaver, 2008). A person can have a secure attachment style, or develop an anxious, avoidant, or dismissive insecure attachment style (Mikulincer & Shaver, 2008).

An adult with a secure attachment style finds it easy to feel close to others, is comfortable depending on people, and does not worry about losing people such as having a relationship end due to a break-up or death. A person with an anxious attachment style feels that others do not want to become close to her or him and the person does worry about losing people. An avoidant attachment style is shown in a person who is uncomfortable being close to others, and it is hard for her or him to trust people. And a person with a dismissive attachment style feels comfortable without close relationships and does not like to depend on others. She or he prefers to be self-sufficient (Feeney & Noller, 1996; Mikulincer & Shaver, 2008).

Mary Ainsworth, another pioneer of attachment theory, became Bowlby’s assistant in London in the late 1950’s and studied attachment internationally in countries such as Uganda.
She is famous for developing and implementing a measurement in 1978 entitled the Strange Situation that was originally tested in Baltimore, Maryland. Ainsworth developed the Strange Situation as an assessment tool to test children’s reactions to when their mothers left them alone in an unfamiliar room and when a stranger entered the room. When a child is separated from her or his mother, this causes stress or fear for the child and “attachment behavior” is turned on (Cassidy, 2008). The reactions or behavior of the children showed whether they had a secure or insecure attachment to their mother at less than three years of age (Cassidy, 2008; Greenberg & Marvin, 1979). A child with a secure attachment would show distress when her or his mother left the room and would be happy to see her or his mother when she returned. The child’s distress would lessen with the presence of her or his mother and they would be able to return to the play and exploration within the room (Cassidy, 2008; Greenberg & Marvin, 1979). This observation would categorize the infant attachment behavior into secure, avoidant, and ambivalent patterns. A child who presents as avoidant or ambivalent may not care if the mother leaves the room or returns, or she or he may be inconsolable even when the mother returns and her presence does not relieve her or his fear or stress (Cassidy, 2008; Greenberg & Marvin, 1979). These attachment behaviors become internalized into a child’s internal working models of attachment known as IWMs (Berzoff, et al., 2008; Cassidy, 2008).

IWMs are internal templates that develop and help define the expectations of close relationships to babies and children. Later in adolescence and adulthood, these IWMs determine interpersonal expectations and behaviors toward significant others (Berzoff et al., 2008; Cassidy, 2008). An infant can learn to have a secure relationship with her or his mother or primary caregiver. This means that an infant trusts that her or his mother is available to care for the
infant and to meet her or his needs. The infant will also learn to trust that her or his mother will return after she leaves the room, or leaves the infant with another caregiver to attend to work, errands, and more. In the Strange Situation, an infant with a secure attachment style may be very upset when her or his mother leaves the room, but the child is also very happy to see her or his mother when she returns, and then the child is able to calm down (Berzoff et al., 2008; Kobak & Madsen, 2008). Insecure attachments can be categorized as avoidant or ambivalent. These IWMs show the child to be uncaring when mother leaves the room for avoidant attachment, or clingy or angry with the mother upon return for ambivalent attachment. This usually means that there is not a good trusting relationship between the caregiver and infant for a variety of reasons (Berzoff et al., 2008; Kobak & Madsen, 2008).

Mary Main, a famous attachment theorist, added a fourth IWM of disorganized attachment to Attachment Theory (Main & Solomon, 1990). Infants with a disorganized attachment style do not show a consistent strategy to deal with separations. During the Strange Situation, the children’s behaviors can include approaching the mother with their head averted, looking dazed when her or his mother returns to the room, and freezing in place, for examples. These behaviors happen because a child finds her or his mother to be frightening or frightened, due the parent’s own anxiety, stress, or unresolved attachment issues (Lyons-Ruth & Jacobvitz, 2008, Main & Solomon, 1990).

John Bowlby and others believe that attachment by an infant to her or his primary caregiver develops between the ages of 6 to 12 months. Most babies show some kind of attachment to their primary caregiver by 12 months and a secure attachment is thought to be important for optimal development (Bowlby, 1980, 1988). Bowlby proposed, “that both external
and intrapsychic stimuli serve to shape the infant’s attachment, which continues to impact functioning throughout the lifespan” (Nelson & Bennett, 2008, p.3).

Mary Main expanded Bowlby’s theory and hypothesized that the attachment styles in adolescence and adulthood correspond to Ainsworth’s attachment styles in infancy. The categories of adult attachment are autonomous (secure in children), and the three insecure categories are dismissing (avoidant in children), preoccupied (ambivalent in children), or unresolved (disorganized in children) (Mikulincer & Shaver, 2007). Main explained that a person’s adult attachment style could impact the relationship the individual would have with her or his children and significant others (Berzoff et al., 2008; Cassidy & Shaver, 2008; Main & Solomon, 1990; Mikulincer & Shaver, 2007).

Main developed the Adult Attachment Interview (AAI) in 1995 to access the attachment styles of adolescents and adults. The AAI is an interview that examines a person’s general view of the relationship that person had with her or his mother and father throughout that individual’s life, and looks at issues of injury, illness, separation, and loss (Mikulincer & Shaver, 2007). The scoring of the AAI is not based on the content of the answers to the questions about the past. The scoring and determination of adult attachment style is based on the person’s discourse and how the past is described in the present (Main, 1996; Mikulincer & Shaver, 2007). A scorer will analyze the quality of what is said, including evidence for what the person says, the quantity of the answers, the relation to what is being said and how it is tied to a topic, and the manner in which the person is talking. A person can describe bad relationships in the past but still present with a secure attachment style due to the way the relationships are described (Main, 1996; Mikulincer & Shaver, 2007). In order to administer and score the AAI, a researcher must go
through extensive training and pass an exam about the use and scoring of the AAI (Mikulincer & Shaver, 2007).

In addition to the AAI, self-report questionnaires have been developed from the findings of previous attachment research. Hazan and Shaver developed a survey in 1987 looking at adult romantic attachment styles that people could reply to without an interviewer (Mikulincer & Shaver, 2007). Other self-reporting scales developed in the late 1980s and the 1990s include the Adult Attachment Questionnaire (AAQ), the Adult Attachment Scale (AAS), and the Experiences in Close Relationships Scale (ECR).

**Attachment Theory and Deafness**

A large percentage of hearing parents with deaf children do not learn how to communicate with their children effectively or fluently (Oliva, 2004). Research has explored how these communication issues impact relationships in childhood and adolescence. Communication issues can impact the ability to perceive and understand emotions and relationship issues, which is part of mentalization. The development of mentalization is impacted by a person’s attachment style and effective communication with the primary caregiver as a child (Fonagy et al., 2008; Mikulincer & Shaver, 2007). The development of self-identity can also impact a person’s attachment style. Previous research has shown that deaf people raised in the deaf community with a “deaf identity” have a high percentage of secure attachments (Leigh et al., 2004). Deaf people who are raised in a hearing environment and have a more “hearing identity” have a lower percentage of secure attachments than their hearing counterparts (Weisel & Kamara, 2005).
Deaf Identity

Previous studies have found that attachment can be connected to deaf identity. Glickman (1993) developed the Deaf Identity Scale that proposes four different types of deaf identity. The first identity is called “hearing” and it explains a deaf person who uses hearing society as a frame of reference. The person wants to behave and communicate as a hearing person would and deafness is seen as a medical problem and a disability (Fischer & McWhirter, 2001; Glickman, 1993). The second identity is the “marginal” identity where a person is trying to figure out who she or he is and where she or he belongs. The person feels that she or he does not fit in either the deaf or hearing worlds. Often deaf individuals begin with a hearing identity then became confused after being introduced to sign language and/or other deaf individuals (Fischer & McWhirter, 2001; Glickman, 1993). Third, with the “immersion” identity a deaf person has a high involvement with the deaf community and forms a sense of deaf pride. Within this identity is a belief that deafness is a culture, not a medical problem, and many people from the hearing world may be shunned. ASL becomes the primary mode of communication for people with an immersion identity in the United States (Fischer & McWhirter, 2001; Glickman, 1993). The final identity is the “bicultural” identity where a deaf person feels that they can be included in both the deaf and hearing worlds. A bicultural person can see the positives and negatives of both worlds and learn to cope with them. ASL is used but the deaf person learns to adapt their communication depending on the situation (Fischer & McWhirter, 2001; Glickman, 1993).

Research has suggested that deaf adults with immersion or bicultural identities have a high percentage of secure attachments that is equal to the percentage of secure attachments in the hearing population (Leigh et al., 2004; Mckinnon et al.; 2004, Steider, 2001). People with deaf
identities would include people who grew up in a residential school for the deaf or mainstream programs with other deaf children and used a form of sign language in school. It also includes those people who may have not been raised in these schools but became part of the deaf community as adults moving from the hearing or marginal identity to the immersion or bicultural deaf identity (Glickman, 1993). Individuals who identify with the deaf community have over a 90% rate of marrying other people who are deaf or hard of hearing (Lane, 2005).

Deaf adults with a hearing or marginal identity show a lower percentage of secure attachments than the hearing population (Schlesinger, 2000; Weisel & Kamara, 2005). This would include individuals who went to a school with a mainstream program where they were one of the only deaf people in the school or they went to a public or private school with no supports for their hearing impairment. Sign language was not used as a primary language in these schools. As adults these people do not learn sign language or if they did, they do not socialize much with other deaf people or organizations, and they tend to marry people who can hear (Glickman, 1993).

**Research on Mentalization, Deaf Children, and Attachment Issues**

An important area of attachment deals with mentalization and Theory of Mind (ToM) skills. Fonagy et al. (2008) explain that mentalization is the capacity for self-organization and affect regulation that evolves through early attachment relationships. It is important for a parent to understand and reflect on the infant’s internal world. And it is important for the infant or child to learn and understand the thoughts of others (Cassidy & Shaver, 2008). “Mentalization involves both a self-reflective and interpersonal component, is both implicit and explicit, and concerns both feelings and cognitions” (Lieberman, 2007, in Cassidy & Shaver, 2008, p. 793).
Mentalization involves how a person can perceive and understand the thoughts and feelings of another person. This skill develops continuously from childhood to adulthood. A person who can only understand one way to see a story or event, and who cannot see how another person may view that event, has poor mentalization skills. Understanding the feelings and thoughts of others is an important component for attachment (Fonagy et al., 2008).

Studies have shown that children with secure attachments have better mentalization skills compared to those with insecure attachments (Cassidy & Shaver, 2008). Bowlby (1988) explained the great importance of the parent-child relationship and its interactions to forming a secure attachment. It appears that there is an overlap between mentalization and attachment and that the primary caregiver influences both. Researchers have found that parental mentalization has an influence on the child by a parent using insightfulness and reflective functioning in the relationship (Cassidy & Shaver, 2008). For example, if a mother is insightful and understands why her child is crying, then she can do the right things to soothe her child such as feeding the child, or putting her or him down for a nap. The child becomes trusting and content that the mother understands her or his needs.

Language acquisition is important to the development of ToM because it assists with understanding the thoughts of others. Communication is important so that a child can understand what another person needs or wants and so that the child can also communicate needs and wants to others. As a child grows, more involved issues are communicated (Cassidy & Shaver, 2008; Obiols & Berrios, 2009).

Language acquisition, childhood experiences, and issues of attachment all contribute to what researchers call the Theory of Mind (ToM). ToM develops around 3 to 5 years of age. It
looks at the child’s ability to recognize and to understand her or his own, as well as others’ mental states (Cassidy & Shaver, 2008; Obiols & Berrios, 2009).

ToM enables the developing child to explain and predict the actions of others, guess what might happen next in a story, trick others, make inferences, lie, persuade, understand jokes, and engage in other educationally and socially relevant interactions and activities (Peters, Remmel, & Richards, 2009, p. 246).

All of these mental functions are learned through good and trusting communication and relationships. There are many tests that have been developed to test ToM in children with normal development and those with additional issues such as deafness.

Moeller and Schick (2006) studied the relationship between ToM with deaf children and the input from their hearing mothers. The study looked at how mothers talked about different mental states to their children and if this impacted ToM. They compared 22 hearing mother-deaf children (ages 4-10) and compared them to 26 hearing mother-hearing child dyads (ages 4-6) (Moeller & Schick, 2006). All the deaf children had learned ASL. The study showed that mothers with high scores on the sign proficiency test had children with the strongest language and ToM skills (Moeller & Schick, 2006). The study also showed that the deaf children were able to pass the ToM tasks at later ages than the hearing children. Even with mothers with strong sign language skills, there is still a delay with ToM development in the deaf children (Moeller & Schick, 2006).

More research was done in Spain on the impact of deafness on ToM. The researchers studied 54 deaf children between the ages of 6 and 13 who were being raised with the use of lip-reading and speech in school and at home (Gonzalez, Quintana, Barajas, & Linero, 2007). Sign
language may have been used among friends, but was not a formal way of communicating with parents and teachers. This study showed that at an average age of 14 the deaf participants’ ToM skills equaled that of hearing children who were 4 to 6 years old. The study also showed that ToM skills improved greatly when the deaf child was over 13 years old (Gonzalez et al., 2007).

Many studies have shown that deaf children who are raised in families with deaf parents, and are exposed to sign language from birth, acquire language in the same way as hearing children. They have similar language development, cognitive development and ToM development as hearing children (Corina & Singleton, 2009; MacSweeney, Capek, Campbell, & Woll, 2008; Peterson, 2009). Deaf children who learn ASL from birth have the capacity for good ToM development and mentalization. Part of the Attachment Style Questionnaire (ASQ-D), which is used in this current study, looks at how a person feels others perceive her or him, and how the person perceives the world around them. Several questions on the ASQ-D examine a person’s mentalization (Steider, 2001).

**Research on Attachment and Deafness**

Greenberg and Marvin (1979) were the first researchers to use the Strange Situation with deaf children ages 3 to 5 years old. Marvin did several studies on hearing children with the Strange Situation and found that by the ages of 3 to 5, children with a secure attachment became less distressed when their mother left the room, if they understood from their mother where she was going and that she would return shortly (Cassidy & Shaver, 2008; Greenberg & Marvin, 1979). In a sample of 28 children, Greenberg and Marvin (1979) found in their research that 78% of mother-child dyads with higher levels of communication showed behaviors associated with secure attachment, and 14% of mother-child dyads with lower communication exhibited
behaviors associated with secure attachment. The results showed that it did not matter whether the communication was oral, using gestures, or using formal sign language (Greenberg & Marvin, 1979). This showed the importance of effective communication between a mother and child in the 3 to 5 years old age range.

Another study looked at the impact of the diagnosis of deafness that hearing parents receive, to their ability to have a secure attachment style with their deaf child using the Reaction to Diagnosis Interview (RDI) and the Reaction to Diagnosis Classification System (RTDC) (Adams, 2009). The results of the application of these instruments with hearing parents of deaf children were compared to the attachment style of the deaf child aged 18 months, and the parents’ attachment styles. The test showed that some parents are more accepting of a diagnosis of deafness than others but this showed no impact on the attachment style of the parent or child when the child was 18 months old (Adams, 2009).

Lederberg and Mobley (1990) completed a study comparing deaf and hearing toddlers who were 18 to 25 months old. The study included 41 deaf toddlers with hearing mothers, and 41 hearing toddlers with hearing mothers. The Strange Situation was used for this study and in both experimental groups a variety of attachment styles were found. It was determined that the attachment styles had the same prevalence in both groups and that the development of secure attachment was not impacted by communication issues or language development for this younger age group (Lederberg & Mobley, 1990).

Lederberg and Mobley (1990) also found that deaf children and their mothers spent less time interacting with each other than the hearing dyads did. In addition, mothers of deaf children initiated conversations more than the mothers of hearing children because of the decreased
amount of interaction of the child. The findings also showed that deaf children terminated interactions with their mothers more frequently during play than their hearing counterparts (Lederberg & Mobley, 1990).

Vaccari and Marschark (1997) found that the amount of mother-child interactions in a relationship impacted the development of attachment in their research. If mothers are not interacting with their deaf children as they would a hearing child, they are not reinforcing social and emotional learning. The findings suggest that the frustration over not being able to communicate with their child leads to less interaction and this can hurt the formation of a secure attachment (Howe, 2006; Vaccari & Marschark, 1997).

Research has also explored attachment styles of significant others in a deaf child’s life. Buchanan (2006) looked at the concordance of attachment between a deaf child and her or his hearing siblings at elementary to middle school age. The attachment style of the hearing sibling was impacted by the parents’ ability to communicate with the deaf sibling. Better parent communication with the deaf child lead to a higher percentage of secure attachment styles of the siblings. The type of education program that the deaf sibling attended also impacted the attachment style of the hearing sibling. The hearing siblings had a higher percentage of secure attachment styles when the deaf sibling attended a deaf educational environment such as a deaf residential school or mainstream program with other deaf students (Buchanan, 2006).

Leigh et al. (2004) studied the transmission of attachment style from parent to child and from the parent to her or his parent. In this study 32 deaf mothers were given the Adult Attachment Inventory (AAI) and 31 children were evaluated with the Strange Situation Procedure (SSP). The children were all 18 months old when the data was collected and 11 were
deaf and 20 were hearing (Leigh et al., 2004). Past studies of hearing mother–hearing child dyads show that 75% to 80% of the dyads were matched for secure-insecure attachment status (Leigh et al., 2004). This means if the mother is found to have a secure attachment style then the child is likely to have a secure attachment style. If the mother is found to have a dismissing attachment style then the child may show characteristics of an avoidant attachment style. The concordance of attachment styles with the deaf mothers in the study was about 61% (Leigh et al., 2004). An interesting finding is that 70% of the deaf children with deaf mothers were coded secure while only 60% of the hearing children with deaf mothers were coded secure. The study showed that 72% of the deaf mothers had a secure attachment style. The hearing children with deaf mothers had a higher rate of insecure attachment than the deaf children of deaf mothers (Leigh et al., 2004). The study also examined the hearing status of the deaf mothers’ parents. Of the 32 deaf mothers, 56% were found to have a secure attachment style if the mother’s mother (or grandmother) was deaf. The group of mothers with hearing “grandmothers” was found to have 82% with secure attachments (Leigh et al., 2004).

These studies have indicated that deaf children and adults have a high rate of secure attachments at 68% or over. These rates are similar to those in the hearing population. Researchers are now finding that attachment style in young children under the age of three is not determined by level of communication skill or language development, as attachment style depends more on the mother’s ability to meet the child’s needs than on communication (Lederberg & Mobley, 1990; Weisel & Kamara, 2005). Weisel and Kamara (2005) found that being deaf had a greater impact on adults than children when it came to attachment styles. They looked at deaf adults who were raised in mainstream (hearing) environments. In this
environment, they developed a lower self-esteem than their hearing counterparts and had a lower percentage of secure attachment styles as adults ages 18 to 35 than their hearing counterparts (Weisel & Kamara, 2005).

Weisel and Kamara (2005) and Chovaz McKinnon et al. (2004) write in separate studies about the issues of discontinuity of attachment from when a deaf person is a child to when she or he becomes an adult. Both studies discuss the possibility of earned security within the deaf adult population. The study by Chovaz McKinnon et al. (2004) explains that deaf adults with an autonomous attachment style may not have carried this style from a secure attachment in infancy, but instead may have earned it later in life through positive social experiences with good communication in the deaf community.

Chovaz McKinnon et al. (2004) tested the use of the AAI with deaf adults. This study included 50 deaf adults who all attended residential schools for the deaf in either the United States, Canada, England, or the West Indies. The participants ranged in age from 20 to 66 and they all had hearing parents. The results of the AAI showed that the deaf participants of this study were found to have the same percentage of secure attachments as the hearing population at 64% (Chovaz McKinnon et al., 2004).

Greenslade (2001) studied how a father’s communication can impact the attachment of men who are deaf and married. She looked at the communication style that the fathers had with their deaf children growing up. Some of the fathers were deaf and some were hearing. Twenty-one of the fathers used sign language to communicate and 43 used oral modes of communication with their deaf son. Greenslade (2001) found that 24% of the men whose fathers used sign language had an insecure attachment and 49% of the men whose father used oral modes of
communication had an insecure attachment. Greensdale (2001) also found that men whose father used sign language to communicate were more likely to have a stable marital relationship than those with fathers who did not use sign language to communicate with them.

Hadadian and Rose (1991) also studied the importance of a father’s relationship and attitude toward deafness with his deaf child. This study looked at 30 families with a deaf child between the ages of 18 and 60 months old. A significant correlation was found between the father’s attitude about deafness and his child’s language comprehension. The more negative the father’s attitude, the lower the deaf child’s language comprehension (Hadadian & Rose, 1991). The research also showed that 62% of the children had more contact with their mother while only 27% of the children had more contact with their fathers, and 11% had equal interaction (Hadadian & Rose, 1991). This shows the importance of positive attitudes and interaction of the parents to improve the communication with the child. Better communication leads to a secure attachment style (Greenberg & Marvin, 1979; Lederberg & Mobley, 1990).

Steider (2001) found a high percentage of secure attachments in her research of deaf and hearing adults looking at the correlation of attachment and curiosity. The deaf participants in the study were between the ages of 18-30 and they were all attending Gallaudet University, which is a university for deaf individuals where classes are taught in ASL. For this research, Steider (2001) adapted the Attachment Style Questionnaire for use with deaf participants (ASQ-D). Answers to the ASQ-D ascertained that 85% of the deaf participants where classified as secure, 11% had an avoidant attachment style and 5% had an ambivalent attachment style (Steider, 2001). Steider (2001) also found that the percentage of secure attachment styles of the deaf participant group decreased as they became older and the percentage of secure attachments in the
hearing group increased as they became older. Steider (2001) warned that the small participant sample of 65 individuals could impact these results.

The research shows a common pattern of attachment with deaf adults. Deaf adults typically demonstrate the same percentage of secure attachments as their hearing counterparts if they self-identify as being part of the deaf community (Leigh et al., 2004; Chovaz McKinnon et al., 2004). Deaf adults who received their education from mainstream programs or do not identify with the deaf community, tend to have a lower percentage of secure attachments than the hearing population (Schlesinger, 2000; Weisel & Kamara, 2005). Additional research can provide more information for these findings that impact attachment security.

All of the research reviewed used 65 or fewer participants and none of the studies were longitudinal or used random sampling. The researchers explained that their numbers were small so the results were not generalizable to the entire deaf community. The investigations examined issues of attachment with very young deaf children, older children under the age of 6, and deaf adults. There were no articles found on attachment with deaf school age children between the ages of 6 and 18, or deaf adolescents specifically.

**Summary**

There have been many studies that explore attachment issues and attachment styles in the deaf population. These studies examine variables based on communication, deaf identity, parent interaction with their deaf child, parent acceptance of the deaf child, ToM, and more. None of the studies reviewed used a qualitative approach to understand the lived experience of the deaf individuals studied. Most of the studies used the Strange Situation, the AAI, ToM testing, or several attachment scales such as the Attachment Style Questionnaire (ASQ-D).
The current study has used the ASQ-D and demographic data to look at the research participants’ current attachment style. The current study has also used qualitative means to understand the attachment issues of deaf adults with hearing parents through their stories. A grounded theory approach will be utilized to understand the common themes of the participants. Discussion of these themes will add to the understanding of attachment issues in the deaf population.

Chapter III will explain the methodology of this quantitative/qualitative study. Seventeen participants were interviewed for the study and they gave demographic data and took the ASQ-D. Fifteen participants met all the criteria for the research and were used for the analysis and discussion of this investigation.
Chapter III: Methodology

This chapter will explain the methodology used to study the attachment issues of deaf adults with hearing parents and to learn of their lived experiences. The study explored the relationship issues between the deaf adults and their hearing parents, the impact of communication on the relationship, the attachment style of these deaf adults, and the new issues that surfaced from their stories.

For the qualitative component of this study, the chapter will include explanations of the epistemology of the study, the specific qualitative approach used, the sampling strategies, the development of the interview guide, the data collection plan, and the qualitative analysis plan. The quantitative section will include a description of the development of the Participant Data Sheet and the use of the modified Attachment Style Questionnaire (ASQ-D) (Steider, 2001). The analysis of the information obtained by these forms will also be reviewed. The ASQ-D was used to determine the attachment style of the participants in the study to see if they were coded as secure or insecure (Feeney & Noller, 1996; Steider, 2001). These results of the ASQ-D were compared to the background data from the participant data sheet.

Epistemology and Design

The study of attachment issues of deaf adults with hearing parents cannot be studied in a positivist or post-positivist way. These approaches to research have the expectation of a true reality and an objective epistemology (Guba, 1990). In the current study each person holds many stories as well as an individual reality based on the subjective views of her or his life. These views are impacted by many variables including the important people in the life of a
person, the treatment received from those important people, the style of communication used, the type of schooling received, and the acceptance of a person’s deafness.

Therefore a constructivist epistemological framework has been used for this study. The ontology, or what is known, comes from a relativist approach since the realities of the participants can exist in the form of multiple mental constructions (Guba, 1990). The epistemology, or the relationship between the participant’s information and the researcher (Guba, 1990), is subjective. The stories and anecdotes of the interviews between the researcher and the participants can be interpreted in several different ways and there is not one correct answer to what is being studied. The methodology is hermeneutic, meaning interpreting the interviews as accurately as possible (Guba, 1990). The interviews will be compared and analyzed dialectically understanding that each story may have a different interpretation based on the participant, the others involved with the stories, and the researcher’s bias (Guba, 1990).

A constructivist approach to research uses qualitative methods. As such, several different qualitative approaches were reviewed for use with this research. The focus was to interview deaf adults who have hearing parents to find and understand the common themes of their relationships and issues of attachment. Three different approaches were examined to see which was the best fit for this study: phenomenological, narrative, and grounded theory.

After the consideration given to the best methodology for this study, grounded theory was selected as the most appropriate qualitative approach to study the attachment issues of deaf adults. The purpose of grounded theory is to generate or discover a theory about the actions or interactions of a group of people (Corbin & Strauss, 2008; Creswell, 2007). The research participants will have experienced the same social phenomenon and grounded theory will help to
analyze the process, action, or interaction of the participants (Corbin & Strauss, 2008; Creswell, 2007). The social phenomenon to be considered in this research is growing up as a deaf person with hearing parents, and looking at the impact of communication on relationships. A researcher using this approach will conduct interviews in order to collect interview data; data is collected until the categories are saturated (Creswell, 2007). A category is a unit of information of an event, thought, or feeling that can become a theme. Saturation occurs when no new information is found in subsequent interviews (Creswell, 2007). The grounded theory approach uses open coding to find major categories of information and then axial coding to pull out more specific themes from the interviews (Corbin & Strauss, 2008; Creswell, 2007). These uncovered categories and themes are used to form a theory from the interview data (Corbin & Strauss, 2008; Creswell, 2007).

**Sampling Strategies**

When using a grounded theory approach, it is important to establish how many participants need to be interviewed. Corbin and Strauss (2008) do not give exact participant numbers to use for grounded theory research. Creswell (2007) recommends 20 to 30 participants or as many as necessary to reach saturation. Saturation occurs when no new data is emerging from the interviews (Corbin & Strauss, 2008; Creswell, 2007). Therefore, it was determined that 15 to 20 deaf adults would be needed for this research. For the purposes of this study, a deaf person is defined as someone who self identifies as deaf or hard of hearing. As the study focused on deaf adults, this is further defined as a deaf person between the ages of 30 to 50. Adulthood is defined as beginning at age 30 to ensure that the person has completed her or his high school or undergraduate education and would be assuming adult responsibilities. It concludes at age 50 to
limit the possibility of the deaf adult dealing with issues of elderly and sick parents since this will change the relationship issues with her or his parents.

In order to rule out variables that could impact the research additional inclusion criteria were utilized in recruitment of the sample. To be included in the study, the deaf adults were required to have two hearing biological parents, who were both still alive, and still married to each other. These requirements were established to control for confounding variables, so that variables including adoption, death of a parent, and divorce of parents, would not impact the research results.

Participants were recruited from Washington, DC and the surrounding suburbs. Given that Gallaudet University is located in Northeast Washington, DC, there is a large concentration of deaf adults in this area working as staff or faculty to the university, or attending as students. A recruitment flyer was developed (Appendix A) asking individuals who met the criteria stated above, to contact this researcher about participating in the study. The flyers were placed in the hallways of the academic buildings at Gallaudet University. The flyer also became part of the Gallaudet Daily Digest, which is an electronic daily newsletter sent out to the e-mails of the faculty and staff of the university. Advertising for participants also occurred within federal government offices in and around Washington, DC. The federal government has a group called the Deaf and Hard of Hearing in Government. This group has a newsletter where the flyer was posted electronically. Word of mouth in the deaf community was the final source of finding deaf participants.
The flyer for this study explained that this researcher was offering an incentive of a $20.00 gift card in exchange for participation in the study. The gift card was either a Visa Gift Card or a Starbucks Gift Card that the participants could choose from.

**Interview Guide**

The interview guide was developed based on the three research questions for this study:

1) How is the relationship between a deaf adult and her or his hearing parents understood, experienced, and felt throughout the lifespan?  
2) How does a deaf adult describe the current relationship with her or his hearing parents?  
3) Is there a difference in the lived experience based on the parental attempts of matching communication styles?

The questions were determined by studying the origins of the questions on the Attachment Style Questionnaire (ASQ) (Steele & Steele, 2008). Communication questions were developed with the help of other studies on attachment and deaf individuals (Steider, 2001).

The interview guide included questions under these three lead categories: As a deaf person growing up with hearing parents, can you describe your relationship with your parents as a child? Were there other adults that you felt close to as a child? Can you describe your current relationship with your parents now that you are an adult? How often do you currently see or contact your parents now (as an adult)? How does/did the communication styles within the family impact the relationship that you have with your parents? There were an average of eight more specific questions under each of these categories that were designed to uncover in-depth relationship issues. See the full interview guide (Appendix B).
Data Collection

Quantitative

Participants who met the criteria of the study contacted this researcher by e-mail to set up an interview time. E-mail was used instead of telephone contact since the participants were deaf or hard of hearing. An interview room was obtained in the Psychology Department at Gallaudet University. This was a private room with a table, several chairs, and a one-way mirror. The mirror and connecting observation room were not used for this study and remained locked to protect the confidentiality of the participants. Gallaudet University appeared to be an accessible location for participants because most people in the deaf community are familiar with Gallaudet University, or the participants worked or attended school on the university campus.

Over 25 people responded by e-mail to the flyer and electronic postings however not all of these individuals fit the research criteria. Seventeen people were interviewed. Of these, only 15 interviews were analyzed as data for the research. Two of the interviewees did not fit the criteria of the research but this lack of fit was not identified until the interview. For example, one person had divorced parents but she thought she was appropriate for the research because they had both re-married. The interviewing stopped after 17 participants due to saturation of the subjects’ themes.

After each participant arrived to be interviewed, she or he was asked to sign an Informed Consent Form (Appendix C). By signing this form, the participant gave her or his permission to be part of this research after learning of the purpose and risks of the research. The participant also signed a Video Consent Form (Appendix D) to give permission to be videotaped since the interviews cannot be audio recorded due to the use of ASL.
Next, each participant completed a Participant Data Sheet that asked questions about the individual’s gender, age, race, number of siblings, birth order, age the participant was identified as being deaf, type of area they grew up in, type of education received, level of education, relationship status, hearing status, hearing status of their significant other, number of children (deaf and hearing), secondary disability, and type of communication used with parents (Appendix E).

To clarify some categories, birth order refers to whether the person was the first-born child, middle, or last-born child to her or his parents. The type of area they grew up in refers to city, suburb, or rural area. Hearing status of the participant and the participant’s significant other refers to whether they self-identify as deaf, hard of hearing, or hearing.

Type of education refers to the many different types of schools that provide education to deaf children. Most states, but not all, have residential schools for the deaf. These schools have educational and after school programs that provide accessibility for deaf children. ASL is used in the classrooms and dorms. Many students will stay at school during the week and go home on the weekends and some children will live close enough to go home everyday (Solomon, 2012). In addition, there are also oral schools for deaf children where lip-reading and speech are the primary modes of communication in class. These schools educate deaf students and can be a residential school, a day school, or part of a mainstream program (Solomon, 2012). In 1990 the Individual with Disabilities Education Act (IDEA) was passed. This legislation promoted mainstream education in local schools over attendance to residential schools for the deaf (Oliva, 2004; Solomon, 2012). Mainstream education means that deaf children will go to a “hearing public school” where the children are either educated in a separate classroom for the deaf
students or are included in a classroom with other children and are likely to be the only deaf child in the class. In the latter case, the deaf child will have an interpreter or assistive technology, such as special hearing aides, as an accommodation. Most of these programs will have teachers who are knowledgeable in deaf education but they can use a variety of modes of communication including oral, and sign language depending on the program (Oliva, 2004; Solomon, 2012).

“Interpreter” means that the participant attended a school that did not have any special services for deaf students but a sign language interpreter was used in the classroom. “No services” means that the participants attended a public or private school and received no special accommodations for being deaf.

“Type of communication used with parents” questions the variety of communication modes used by the deaf participant and her or his parents. American Sign Language (ASL), is a visual language that has it’s own complex grammatical system that uses three dimensional space, and the hands, body, and face, to show grammatical relationships (Senghas & Monaghan, 2000). ASL has developed naturally over time within the deaf community, just as spoken languages develop and change over time (Senghas & Monaghan, 2000). SEE, Seeing Essential English or Signing Exact English are two systems used in the United States to teach deaf children English. These invented languages use the sign vocabulary of ASL with the grammar of English to model spoken English (Holcomb, 2010; Senghas & Monaghan, 2000). PSE or Pidgin Signed English is a combination of ASL and more English grammar based sign languages. Pidginization or creolization explains the combining of two languages; this happens when deaf people are signing with hearing people or when a hearing person is signing to a deaf person (Senghas & Monaghan, 2002). Deaf people who were raised with oral communication or with SEE tend to sign with a
PSE style as adults. Home Signs refer to signs used at home that families develop for their own use. Rarely do home signs develop into a complex language but are used within closed family systems mostly for vocabulary and easy commands (Senghas & Monaghan, 2002). Japanese Sign Language (JSL) is the sign language used in Japan where one participant was raised. Total communication refers to the use of sign language (PSE or SEE) and speech either together or interchangeably. It has also been called Simultaneous Communication and was developed for used in schools but is used in homes also (Holcomb, 2010).

The type of communication listed as oral refers to the use of speech and lip-reading. Lip-reading is the identification of sounds of speech by interpreting lip movements and shapes (Stillittano, Girondel, & Caplier, 2013). Lip-reading is a receptive skill for spoken language. Portolano (2008) explains that Cued Speech,

…can be used to visually communicate a complete, phonemic representation of a conventionally spoken language, using hand shapes and hand movements in different placements near the face in combination with the mouth shapes of oral language; and …. can be used in synch with the spoken language from which it was derived (p. 196).

Cued Speech is considered to be a visual assistance to lip-reading and is not a language. The terms, voice, oral, speech, and “I speak”, all mean the same type of communication where the person speaks and also tries to lip-read the speech of the person communicating with them.

Next the participants were asked to answer the 40-item ASQ-D (Appendix F). The ASQ was developed by Feeney, Noller, and Hanrahan in 1994 and adjusted by Feeney and Noller in 1996 as a self-reporting tool that did not include questions about romantic relationships as previous self-reporting tools had done. A modified version of the ASQ was developed at
Gallaudet University by Steider (2001), for use in the deaf community. The modified ASQ-D was found to be valid and reliable (Steider, 2001). The ASQ was adjusted to use with deaf individuals by Steider (2001) by working with the Gallaudet University English Department to make adjustments to the English used on each statement of the questionnaire. The changes did not change the meaning of the statement but changed the wording so that a deaf person could understand the meaning clearly. For example, The statement “I am a worthwhile person” was changed to “I am a good person” (Steider, 2001).

Each question in the ASQ-D relates to one of five attachment classifications. These classifications are Discomfort with Closeness, Relationship is Secondary, Confidence, Need for Approval, and Preoccupation with Relationships (Feeney & Noller, 1996; Steider, 2001). There are 40 questions on the ASQ-D with a likert scale ranging from 1 (totally disagree) to 6 (totally agree). Participants were asked to pick a number for each statement on the ASQ-D. There are approximately eight questions related to each of the categories and the mean of the responses were calculated per category (Feeney & Noller, 1996; Steider, 2001). The answers to the ASQ-D identify the participant’s attachment style at the time of the interview.

**Qualitative**

The interviews were conducted using ASL or PSE depending on the needs of the participants. This researcher conducted all the interviews using voice and/or sign language. Most interviews were approximately a half hour long. The shortest interview was 20 minutes and the longest interview lasted for about an hour.

Each interview was videotaped using a Macbook Pro with an iMovie program. The computer was used to tape all of the participant sessions. The videotapes were sent to a paid
transcriber who is deaf and whose first language is ASL. This transcriber signed a Transcriber Confidentiality Form (Appendix G) where she agreed to protect the confidentiality of the participants’ information and content. She transcribed 12 of the interviews where ASL was predominantly used. This researcher transcribed 3 of the interviews for participants who were more oral and may have been using sign language but not fully and clearly.

The interviews occurred between December 2013 and February 2014. That was a very cold and snowy winter in the Washington, DC area. There were many cancellations and rescheduling of interviews due to many snowstorms that caused hazardous travel conditions. It was difficult to reschedule some participants but most were very understanding of the reason for rescheduling and were flexible about the interview times.

Data Analysis

Quantitative

The participants filled out the Attachment Style Questionnaire adjusted for use with deaf individuals ASQ-D (Feeney & Noller, 1996; Steider, 2001). The ASQ-D was used to determine a participant’s attachment style at the time they filled out the questionnaire. Attachment styles can change over time. The ASQ-D determines if a person has a secure attachment style, an avoidant attachment style, or an anxious/ambivalent attachment style (Feeney & Noller, 1996; Steider, 2001). An adult with a secure attachment style finds it easy to feel close to others, is comfortable depending on people, and does not worry about losing people. An avoidant attachment style is shown in a person who is uncomfortable to be close to others, and it is hard for them to trust people. A person with an anxious/ambivalent attachment style feels that others
do not want to get close to them and they worry about losing people (Feeney & Noller, 1996; Mikulincer & Shaver, 2008).

The ASQ-D was analyzed to find the attachment style of each research participant. Each question in the ASQ-D relates to one of five attachment classifications stated in the Data Collection section above (Feeney & Noller, 1996; Steider, 2001). There are 40 questions on the ASQ-D with a likert scale ranging from 1 (totally disagree) to 6 (totally agree). Participants were asked to pick a number for each statement on the ASQ-D. There are approximately 8 questions related to each of the categories and the mean of the responses were calculated per category (Feeney & Noller, 1996; Steider, 2001).

The ASQ-D was analyzed to find the attachment style of each research participant. Feeney et al. (1994) used the ASQ to group participants into three attachment styles, Secure, Avoidant, and Anxious/Ambivalent. Exact numbers are not used but a secure attachment style is shown with higher scores on the Confidence classification, and lower scores on the Discomfort with Closeness classification. Avoidant attachment is shown when there are higher scores on either or both the Relationship is Secondary classification and the Discomfort with Closeness classification. And an Anxious/Ambivalent attachment is shown when there are higher scores on the Need for Approval classification and the Preoccupation with Relationships classification (Feeney et al., 1994; Steider, 2001). Each participant’s attachment style was calculated using the mean scores of each category.

The results of the Participant Data Sheet were analyzed using SPSS. The data was compared to the results of the attachment styles found in the ASQ-D. For example, how many males and how many females had a secure or insecure attachment? Did the type of schooling or
the type of communication used within the family make a difference in a person’s attachment style? Results of this analysis can be found in Chapter 4.

**Qualitative**

Fifteen participant interviews were videotaped to capture their use of sign language and voice. The interviews were translated from sign language to English by a transcriber whose first language is ASL. The transcriptions of the interviews were analyzed with the use of the Atlas.ti 7 software designed for qualitative data analysis. The transcriptions were uploaded to the Atlas program and analyzed using open and axial coding. Coding in this situation means extracting concepts from the transcription of the interviews (Corbin & Strauss, 2008). Open coding was used to separate and categorize the data from the interview and to extrapolate important concepts (Corbin & Strauss, 2008; Creswell, 2007). Axial coding was used to relate several concepts to each other to develop themes from the interviews (Corbin & Strauss, 2008; Creswell, 2007). The transcriptions were analyzed for themes related to relationships with parents, siblings, significant others, and friends.

The transcripts were used for the coding that deciphered the themes of the interviews. The main questions being researched were: 1) How is the relationship between a deaf adult and her or his hearing parents understood and experienced? 2) How does a deaf adult describe the current relationship with her or his parents? 3) How does/did the communication styles within the family impact the relationship between the deaf adult and her or his hearing parents? Open coding was used to separate the data into categories or various subjects (Charmaz, 2010). Some of the categories used examined issues of the participant’s relationship with their mother and their father as a child, and as an adult. Other coding looked at school issues, relationships with
friends, relationships with spouses and children, and use of sign language or other forms of communication with parents.

Once the interviews were analyzed using open coding, the categories were compared using axial coding. Charmatz (2010) states that, “Axial coding relates categories to subcategories, specifies the properties and dimensions of a category, and reassembles the data you have fractured during the initial coding to give coherence to the emerging analysis” (p. 60). Thus categories were compared among the 15 participants and subcategories were discovered and evaluated for meaning with axial coding. The axial coding used was a constant comparison style that compared results in subcategories (Corbin & Strauss, 2008). For example, results of how the “relationship with their mother as a child” was described, was compared across the 15 participants to find similarities and differences. The participants were asked to explain the relationship that they have with both parents as a child and then as an adult. This researcher compared the comments of people with a secure attachment style to those with an insecure attachment style.

**Methods Used to Increase Rigor and Trustworthiness of Study**

There are threats to the trustworthiness of a qualitative study that can impact the validity of the research. These threats include reactivity to the researchers presence in the field, researcher bias based on the knowledge of the culture being studied, and respondent bias due to a participant’s trust of the researcher (Allen, 2000; Creswell, 2007). There were several strategies used in this research to address these threats.

The first strategy used to address threats to trustworthiness was prolonged engagement in the field (Allen, 2000; Creswell, 2007). This researcher has been working in the deaf community
for over 30 years. This researcher is known as a mental health therapist and educator in the deaf community and is fluent in American Sign Language. This experience helped to understand the culture and know how to interact with the participants. Another strategy involved triangulation of the data, which involves using different methods to corroborate the findings (Allen, 2000; Creswell, 2007). In this research both qualitative and quantitative methods were used to compare results. Triangulation of the data assisted in alleviating researcher bias and improving the trustworthiness of the study.

Peer debriefing also assisted with the trustworthiness of this study (Allen, 2000; Creswell, 2007). This researcher consulted with several other professionals in the field of deafness and mental health to make sure that the analysis of the interviews and findings seemed valid. One professional consulted has done prior research on attachment issues and deafness.

**Ethical Considerations**

Each participant of this study signed an Informed Consent Form that explained the purpose of the study and possible risks from participating in the study. The main risk was the potential for the questions to bring up uncomfortable memories and feelings from the participant’s past. The form explained that being part of this study is voluntary and that she or he can stop the interview at any time. The participant could also receive a list of mental health therapists who are fluent in ASL if she or he needs support after the interview. The individual’s rights to confidentiality were explained and the participants were told that the researcher and transcriber of the interviews were obligated to protect the participants’ confidentiality.

A second form was used asking for permission to videotape the interviews. The form explained that the videos will be assigned a number to identify the participants and will be stored
in a secure, password-protected computer for two years. Other information gathered from the study will also remain in a password-protected computer for two years.

The reflexivity or the bias of the researcher is another ethical concern (Creswell, 2007). Since this researcher has been working in the deaf community for over 30 years, there is an understanding of deaf culture, knowledge of ASL, an understanding of different deaf identities, and an understanding of the variety of schooling and communication used with people who are deaf. This knowledge should help to decrease bias toward issues that are discussed in the interviews. This knowledge and the fact that the interviewer knows ASL helped to build trust with the participants being interviewed.

Summary

This chapter has explained the methodology of this research on Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience. Both qualitative and quantitative methods were used and 15 participant results were analyzed. The researcher was careful to address issues of rigor, trustworthiness and ethical concerns.

Chapter IV will discuss both the qualitative and quantitative finding of the research. Explanations of how the findings were developed from the qualitative analysis of open and axial coding will be explored. Each person has a story to tell and each interview had a wealth of information.
Chapter IV: Findings

In this chapter the findings presented are based on the interviews of 15 research participants, their demographic data reported, and the results of the Attachment Style Questionnaire adjusted for use with deaf individuals (ASQ-D) (Feeney & Noller, 1996; Steider, 2001). Each participant was a self-identified deaf person, between the ages of 30 and 50, with two biological, hearing parents who are still married to each other. The participants were found through advertising at Gallaudet University, by advertising with a group called the Deaf and Hard of Hearing in Government, and by word of mouth. Each participant was given a $20.00 gift card at the completion of her or his participation in the study.

The quantitative demographic information will be explained to present the characteristics of the participants. The demographic data includes information about gender, age, race, number of siblings, birth order, age the participant was identified as being deaf, type of area they grew up in, type of education received, level of education, relationship status, hearing status, hearing status of their significant other, number of children both deaf and hearing, secondary disability, and type of communication used with parents. The analysis of the ASQ-D (Feeney & Noller, 1996; Steider, 2001) showed who had a secure attachment style, and who had an insecure attachment style at the time of this study.

Participants

For this research 17 people were interviewed who stated that they met the posted criteria. All participants were assigned code numbers (1 to 17) to maintain their confidentiality. During the interviews it was discovered that two people did not meet the requirements for participation in the study. One potential participant reported that she was raised by her biological grandparents.
rather than her biological parents. While she was not raised by her parents, she considered her grandparents to be her parents and thought she met the study criteria. Another participant was raised by both of her parents but the parents were divorced and both had been re-married to other people. As these individuals did not meet the participation criteria, their information was not included in the data analysis for this research. The participant code numbers for the two excluded participants were 14 and 17. Therefore, the tables were formatted to not include those numbers; for example, most tables will have participant code numbers 1 to 16 with number 14 missing.

The data analysis will include the 15 research participants who were interviewed that met the criteria to be part of this study. The demographic data obtained from the Participant Data Sheet was analyzed using the software package for statistical analysis called the Statistical Package for the Social Sciences or SPSS. Version 22 of IBM SPSS was used to analyze the data.

The age range of the 15 participants was 30 to 49 with the mean age being 38 (SD 5.93). Ten (66.7%) of the participants were female and five (33.3%) of the participants were male. The study included 12 people (80%) who identified as Caucasian, one person (6.7%) who identified as African American, and two people (13.3%) who identified as Asian (one person was raised in Japan, and one was raised in China).
Table 1

*Gender and Race*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White</td>
</tr>
<tr>
<td>66.7%</td>
<td>80%</td>
</tr>
<tr>
<td>Male</td>
<td>African Amer.</td>
</tr>
<tr>
<td>33.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td>13.3%</td>
</tr>
</tbody>
</table>

All of the participants self-identified as deaf; however, it is noteworthy that one person said she could be called either deaf or hard of hearing. This same participant was the only one who was identified as being deaf at the age of 7. All other participants were identified as being deaf at the age of 2 ½ or younger which is considered to be pre-lingually deaf. This means that all but one of the participants was identified as being deaf before they learned to talk. Eight participants were born deaf, six participants were identified as being deaf between the ages of 18 months old and 2 ½ years old, and one person became deaf at the age of 7.

The type of education program that each participant attended was complicated to decipher. The participants were asked to check “all that applied” for their grade school education from the following list of options: oral program for the deaf, residential school for the deaf, mainstream program for deaf students, interpreter in the classroom, no special services in school for accommodation of deafness, home schooled, or other. The participants went to a wide variety of educational settings. While some attended more than one setting, no one indicated attending more than three different kinds of schools. Of the 15 participants, two went to a residential school for the deaf only, three went to only mainstream programs, and one person went to a public school with no services. Two people went to a combination of residential and
mainstream programs, two people had a combination of mainstream and an interpreter in the school, and one person had an interpreter or no services. The remaining three participants had a combination of schools including a residential school for the deaf. To summarize, seven participants (46.7%) attended a residential school for the deaf at one time in their life, six participants (40%) experienced a mainstream program with other deaf students at their school but not a residential school, and two people (13.3%) attended schools with very little if any support for being deaf. Table 2 shows the different types of schools that the participants attended from elementary school through high school. This table does not include their college education.

Table 2

Type of School

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Oral</th>
<th>Residential</th>
<th>Mainstream</th>
<th>Interpreter</th>
<th>No Services</th>
<th>Home Schooled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 demonstrates the self-reported types of communication that parents of the participants used with the research participants at the time of this study. The table demonstrates the many kinds of communication styles used between hearing parents and their deaf children. ASL is a visual language that has its own complex grammatical system (Senghas & Monaghan, 2002). SEE, Seeing Essential English or Signing Exact English are invented languages that use the sign vocabulary of ASL with the grammar of English to model spoken English (Holcomb, 2010; Senghas & Monaghan, 2002). Pidgin Signed English (PSE) is a combination of ASL and more English grammar based sign languages and Home Signs refer to signs used at home that families develop for their own use (Senghas & Monaghan, 2002). JSL stands for Japanese Sign Language and is the sign language used in Japan where one participant was raised. Total communication refers to the use of sign language (PSE or SEE) and speech either together or interchangeably. It has also been called Simultaneous Communication and was developed for used in schools but is used in homes also (Holcomb, 2010). Cued Speech is considered to be a visual assistance to lip-reading and is not a language (Portolano, 2008). The terms, voice, oral, speech, and “I speak”, all mean the same type of communication where the deaf person speaks and also tries to lip-read the speech of the person communicating with them.
Table 3

*Communication Styles*

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>With Mother</th>
<th>With Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sign Language</td>
<td>Sign Language</td>
</tr>
<tr>
<td>2</td>
<td>PSE/Voice</td>
<td>PSE/Voice</td>
</tr>
<tr>
<td>3</td>
<td>Voice</td>
<td>Voice</td>
</tr>
<tr>
<td>4</td>
<td>JSL/Cued Speech</td>
<td>Oral Speech</td>
</tr>
<tr>
<td>5</td>
<td>PSE</td>
<td>Oral</td>
</tr>
<tr>
<td>6</td>
<td>Home signs/writing</td>
<td>Home signs</td>
</tr>
<tr>
<td>7</td>
<td>Voice</td>
<td>Voice</td>
</tr>
<tr>
<td>8</td>
<td>Oral/Very few signs</td>
<td>Oral</td>
</tr>
<tr>
<td>9</td>
<td>Signed English/Speech/</td>
<td>Written English/Some</td>
</tr>
<tr>
<td>10</td>
<td>Written English</td>
<td>Speech/home signs</td>
</tr>
<tr>
<td>11</td>
<td>I speak/She speaks and signs</td>
<td>I speak/He speaks and signs</td>
</tr>
<tr>
<td>12</td>
<td>Home signs/PSE/Spoke</td>
<td>Home signs/PSE/Spoke</td>
</tr>
<tr>
<td>13</td>
<td>PSE/SEE</td>
<td>SEE</td>
</tr>
<tr>
<td>14</td>
<td>Home sign language</td>
<td>Home sign language</td>
</tr>
<tr>
<td>15</td>
<td>Sign language/Total</td>
<td>Sign language/Total</td>
</tr>
<tr>
<td>16</td>
<td>Communications</td>
<td>Communications</td>
</tr>
</tbody>
</table>

The use of sign language with parents was questioned and discussed with the participants. The participant data sheet asked what kind of communication was used with mother and with father “currently”, meaning at the present time. The results demonstrated that the main form of communication with mothers was not sign language for nine out of 15 participants (60%). This means that formal sign language was not being used, but home signs, gestures, speech, lip reading, writing and other forms of communication were used. Six (40%) of the mothers used sign language with the participant at the current time. The fluency of the sign language is
unclear and other forms of communication, including speech and gestures are probably used in addition to communicate. Ten fathers (66.7%) did not use sign language and five fathers (33.3%) did use sign language with the participants in this study. The results of Table 3 show in her or his own words how each of the participants communicated with her or his parents.

Data was gathered about the participants’ families. One person was an only child and the rest of the participants had one or more siblings with five as the highest number of siblings reported. One person had an adopted sibling who was deaf. Of the 14 participants with siblings, six participants (42.9%) were the youngest child in the family, one person (7.1%) was a middle child, and seven participants (53.3%) were the oldest child in the family. For the six people who were the youngest in the family, two (33%) had parents that used sign language, the one person who was a middle child had parents that did not use sign language, and of the seven participants who were the oldest child, five (71%) had parents that used a form of sign language for communication.

The participants were not asked what kind of college they attended, but they were asked the highest degree received. One participant (6.7%) had a high school degree but was attending Gallaudet to complete her Bachelors Degree. Six participants (40%) had a Bachelors Degree, and eight participants (53.3%) had obtained their Masters Degree. The interviews showed that most of the participants went to a college with a program for students who are deaf such as Gallaudet University or the Rochester Institute of Technology that houses the National Technological Institute for the Deaf (NTID). Two of the participants attended universities that did not have any special deaf programs.
Participants were asked questions about their marital status and how many children they have. They were also asked about the hearing status of their spouse or partner if applicable. Three (20%) of the participants were single. Nine of the participants were married, one had a live-in partner, one was divorced and re-married, and one was divorced and remains single. Of the 11 people currently with partners, nine people (82%) were in a relationship with another deaf or hard of hearing person, and two participants (18%) were married to hearing partners. Both participants with hearing spouses/partners explained that their spouse knew sign language. Overall, of the 15 participants, 66% were with a deaf or hard of hearing partners currently. Six (40%) of the participants had children with 4 children at the most. None of the participants’ children were deaf.

### Table 4

Current Marital Status and Hearing Status of Partner

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Partner Hearing Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Hard of Hearing</td>
</tr>
<tr>
<td>20%</td>
<td>Hearing</td>
</tr>
<tr>
<td>Married</td>
<td>Deaf</td>
</tr>
<tr>
<td>60%</td>
<td>13%</td>
</tr>
<tr>
<td>Partner</td>
<td>No Partner</td>
</tr>
<tr>
<td>7%</td>
<td>53%</td>
</tr>
<tr>
<td>Div.</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Attachment Style

The second form that the participants filled out was the Attachment Style Questionnaire adjusted for use with deaf individuals (ASQ-D) (Feeney & Noller, 1996; Steider, 2001). The ASQ-D was used to determine a participant’s attachment style at the time they filled out the questionnaire. The analysis showed that ten (66.7%) of the participants had a secure attachment
style and five (33.3%) of the participants had an insecure attachment style. Of those with insecure attachments, two people had an avoidant attachment style, one person had an anxious/ambivalent attachment style, and two people showed characteristics of both avoidant and anxious/ambivalent attachment styles. Table 5 shows the results of the ASQ-D taken by the 15 participants.

**Table 5**

*Attachment Styles*

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Secure Style</th>
<th>Insecure Avoidant Style</th>
<th>Insecure Ambivalent Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Avoidant</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Secure</td>
<td>Ambivalent</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Secure</td>
<td>Avoidant</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Secure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Secure</td>
<td>Avoidant</td>
<td>Ambivalent</td>
</tr>
<tr>
<td>13</td>
<td>Secure</td>
<td>Avoidant</td>
<td>Ambivalent</td>
</tr>
<tr>
<td>15</td>
<td>Secure</td>
<td>Avoidant</td>
<td>Ambivalent</td>
</tr>
<tr>
<td>16</td>
<td>Secure</td>
<td>66.7%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

| Secure | Insecure |
Of the three participants with no partner, one (33.3%) was found to have a secure attachment style and two (66.7%) had an insecure attachment style. Two participants were married to hearing women who know sign language. Both participants (100%) had a secure attachment style. Ten participants married a person who was deaf and used sign language for communication. Of these 10 participants, seven (70%) had a secure attachment style and three (30%) had an insecure attachment style.

**Attachment Style and Deaf Culture**

The purpose of this study was to see how growing up as a deaf person might have an impact on that person’s attachment style. The kind of school that a deaf student attends and the type of communication in the home of a deaf individual growing up could have an impact on the development of a secure attachment. Table 3 indicates the mothers and fathers who communicated with Signed English, Pidgin Signed English or any kind of formal sign language. The parents who used home signs, speech, and writing, were not considered to be communicating using a formal mode of sign language. Nine participants had mothers who used sign language to communicate with them. Of those nine participants, five (55%) had a secure attachment style and four (44%) had an insecure attachment style. And of the six participants who had mothers that did not use sign language while they were growing up, five (83%) had a secure attachment and one (17%) had an insecure attachment style. It is important to note that the kind of communication used does not reflect on the fluency of the communication used between the mother and the participant. Fluency of communication can be with any form of language including sign language, speech and lip-reading, and all options in between.
Six fathers in this study used a formal kind of sign language. Of the six participants whose father used sign language, three participants (50%) presented with a secure attachment style and the other three participants presented with an insecure attachment style.

An interesting result showed that one person had a deaf sibling and she used ASL with that sibling growing up. This person presented with an insecure attachment style.

The type of educational environment also impacts the type of communication used in schools and therefore in the home. Students who were in programs with other deaf students for most of their education in either a mainstream program or a residential school for the deaf had high levels of secure attachment. Two people went exclusively to a residential school for the deaf, two people were only in a mainstream program, two were in both a residential and mainstream school, and three were in mainstream programs and were the only deaf person in their school at some point. Of these four people who predominantly attended a residential school for the deaf, three (75%) had a secure attachment style and one person (25%) had an insecure attachment style. Of the five people who were predominantly in a mainstream program, all five (100%) had a secure attachment style. Two participants were the only deaf people in their schools and had an interpreter or no services for all of grade school. Of these people, one had a secure attachment, and one had an insecure attachment. Three participants went to three or more kinds of schools including residential, mainstream, using an interpreter, and home schooled. All of these participants (100%) had an insecure attachment style.

For level of education, there was one person with a high school degree and that participant had an insecure attachment style (100%). Six participants had Bachelor Degrees and three (50%) of these individuals had an insecure attachment style and three (50%) had a secure
attachment style. Eight participants had obtained a Masters Degree. One (12.5%) of these participants had an insecure attachment and seven participants (87.5%) with a Masters Degree had a secure attachment. See Table 6 for the results of education level on attachment style.

Table 6

*Education Level and Attachment*

<table>
<thead>
<tr>
<th>Part. Number</th>
<th>Attachment Style</th>
<th>Level of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Avoidant</td>
<td>BA Degree</td>
</tr>
<tr>
<td>2</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>3</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>4</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>5</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>6</td>
<td>Secure</td>
<td>BA Degree</td>
</tr>
<tr>
<td>7</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>8</td>
<td>Avoidant</td>
<td>BA Degree</td>
</tr>
<tr>
<td>9</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>10</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>11</td>
<td>Secure</td>
<td>MA Degree</td>
</tr>
<tr>
<td>12</td>
<td>Avoid/Ambiv.</td>
<td>BA Degree</td>
</tr>
<tr>
<td>13</td>
<td>Secure</td>
<td>BA Degree</td>
</tr>
<tr>
<td>15</td>
<td>Avoid/Ambiv.</td>
<td>High School</td>
</tr>
<tr>
<td>16</td>
<td>Secure</td>
<td>BA Degree</td>
</tr>
</tbody>
</table>

*Attachment Style and Other Variables*

This group of participants included ten females (67%) and five males (33%). Of the females, six (60%) had a secure attachment style and four (40%) had an insecure attachment.
style. For the male participants, four (80%) had a secure attachment style and one (20%) had an insecure attachment style.

The participant group included 12 people who identified as white. Nine (75%) of these participants had a secure attachment style and three (25%) of these participants had an insecure attachment style. One participant identified as African American and he had a secure attachment style. Two people identified as Asian. Of these two people, one had a secure attachment style and one had an insecure attachment style.

The participants were asked if they were raised in a rural, suburban, or city setting. Ten people (67%) were raised in a suburban area only. Three people (20%) were raised in a rural area only, two people (13%) lived in both a rural and suburban setting at some point in their life, and one person (6%) grew up in the city. Of the five people with an insecure attachment style, two people were raised in both a rural and suburban setting, one person was raised in a rural setting only, and two people were raised in the suburbs.

There were three participants who said that they had a secondary disability in addition to being deaf. One person has Attention Deficit Disorder (ADD), one person has a thyroid condition and wears glasses, and one person was born with a cleft palette that has been corrected and is blind in one eye. All three of these participants (100%) present with an insecure attachment style.

Six of the participants had their own children. Of these six participants who are parents, five (83%) had a secure attachment style, and one (17%) had an insecure attachment style.

The quantitative results showed some interesting findings and will be discussed further in Chapter V. To expand the understanding of the results, interviews were also conducted with the
participants after they filled out the demographic information and the ASQ-D. The finding of these interviews will be explained next as qualitative results.

**Qualitative Results**

The qualitative results of the participant interviews will be explained and interpreted. The following are brief summaries of the participants interviewed. The ten people found to have a secure attachment using the ASQ-D are summarized first, and then the five people found to have an insecure attachment using the ASQ-D are summarized.

**Participants with a Secure Attachment Style**

Participant #2 was a deaf female who presented with a secure attachment style. She explained that her relationship with her parents was “satisfying, good, and fulfilling” as a child. She went to mainstream educational programs growing up and used a form of Signed English in those schools. Her parents also learned Signed English and she felt that communication did not impact her relationship with her parents or her siblings, who are all hearing, while she was growing up. She would feel left out of conversations sometimes with her family. As an adult she learned ASL and attended Gallaudet University. She married a deaf man and had hearing children. Her relationship with her parents was more distant at the time of the interview due to different philosophies in raising children. She called her adult relationship with her parents “good enough.” She visits her parents or her husband’s parents for the holidays.

Participant #3 was a deaf man with a secure attachment style. He was educated in mainstream educational programs and used Signed English and his voice to communicate. He described his parents growing up as, “close, supportive, and loving.” He felt left out from family conversations but that improved as he became older. He explained that, “My family had the
expectation of everyone getting a good education and it didn't matter if you were hearing or deaf. I was glad my parents gave me access to education.” He went to prestigious hearing universities. And he explained that he was socially awkward for a time in high school possibly due to being deaf in hearing environments/schools. He was married to a deaf woman. He was still very close to his parents who were both ill. He was very concerned about them, supported them, and saw them as much as possible.

Participant #5 was a deaf woman with a secure attachment style. She was raised in a mainstream program with an interpreter. She had become very close with this interpreter and the interpreter’s daughter who was her age. Her parents made sure that she attended “deaf events” and learned sign language. She would feel left out at big family gatherings but explained that her family always showed her support and caring. When asked if she was closer to her mother or father she states,

Mom. Mom and I have same interest, love to read, love to do things together, but at same time, with my dad, always support me relating to sports, very involved in sports teams growing up, always cheer on me all the way. So both have different reasons but maybe more likely closer to my mom because she talks more while growing up.

She was married to a deaf man and had three kids. She recently finished her Masters Degree while working full-time. She had always felt support and love from both of her parents. She admitted to some hard times due to being deaf in a hearing family but in general, things were good.

Participant #6 was a deaf woman with a secure attachment style. She moved to American from China as an adult to attend Gallaudet University. She stayed in this country and was
married to a deaf man. She said that her parents were supportive and felt that she was a strong and independent person growing up. She wrote back and forth with her parents to communicate in her country, and says,

But, interesting, Mom writes about news while dad described the news in depth. Mom always explains the news briefly, very short explanations. While Dad explained in sentences, about politics, world events, Mom has chores to do, or explains the rules, and does the cooking in the house. I help out.

Her parents searched for a deaf school when they found out that their daughter was deaf. She commuted to the school for the deaf until she was in high school and then stayed in the dorms. She also went to a college with a deaf mainstream program in her country and received a Bachelors Degree. She received a second Bachelors Degree at Gallaudet University. At the time of the interview she was working and living in Washington, DC, far from her parents. She tries to see her family once a year and she felt they are proud of her success.

Participant #7 was a deaf woman with a secure attachment style. She explained that she had very supportive parents.

I am so much like my Mom in many ways. We have always been so close. She cannot sign but I can lip-read and she is my interpreter. We talk about good and bad, and everything. I see some deaf friends and their families and they don't talk! We have good conversations.

Her parents made sure that she did well in school both socially and academically. She was a day student at a school for the deaf and then went to a mainstream program in high school. She was married briefly but had an amicable divorce because, “he and his family were so different from
me. His family was not supportive.” She felt that her supportive family made her the confident and social person that she is today.

Participant #9 was a deaf woman with a secure attachment style. Her parents communicated with her using Signed English growing up. She attended a school for the deaf as a day student and then later stayed in the dorm. She explained that while growing up, “My Mom is my rock. Always, always there, you know. Never punish me for making a mistake. She knows me better than everyone else in the world. Dad – not so close, he is working more.” She became closer to her father as she got older. She also had two very good deaf friends from her school, and she considered them and their families, to be her family too. She has remained close with these friends as adults. She had recently broken off a four-year relationship with a boyfriend. She remained very close to her parents at the time of the interview.

Participant #10 was a deaf man with a secure attachment style. He grew up in mainstream educational programs and attended universities without any programs for the deaf to receive his Bachelor and Masters Degrees. His parents went to Gallaudet University to learn sign language after they discovered that he was deaf. He explained that both of his parents have been very supportive of him his whole life. His father went with him to South American to adopt one of his four children. His mother gives him advice on parenting and education and she has always been very supportive of him. His wife was hearing and she knew sign language. “My wife will interpret for me at large family events if there is not an interpreter.” He communicated with voice to most of his family, parents, wife, and children, and most of his friends are hearing. He had a marginal identity with the deaf community.
Participant #11 was a deaf man with a secure attachment style. He was living with his deaf girlfriend and had a 15-month-old baby at the time of the interview. He explained that he was close to both of his parents while growing up. When I asked how he communicated with his parents, he explained, “Oh yes, they know sign language and mostly home sign, sometimes. Part of that is my fault that I am lazy not to teach ASL to them but we understand each other. We spoke and sometimes signed.”

He grew up in mainstream schools that had other deaf students. In some schools there were more deaf students than in others and he says that, “Of course, being friends with deaf students is easier than hearing. It is hard to make friends with hearing on a normal level because of communication.” He became more distant with his parents as be became an adult, but once he had a baby they contact him much more again. He explained that he sees his mother and father for most major holidays and explained that his parents are always supportive of him.

Participant #13 was a deaf woman with a secure attachment style. She felt very close to her mother growing up but felt distant to her father. She first went to oral school but claims she was not learning much until she went to a school for the deaf as a day student and her mother went there to learn sign language too. She commented, “I would like to say that I am my mother’s girl. Mom would do anything for me. Whatever I need, my mom would fight for me. Sign with my mom.” Her father wanted her to learn to lip read and speak because he had a visual impairment. She realizes his needs now but did not understand that as a child. She told a story about how she was treated poorly by her extended family and did not know what was happening at a cousin’s wedding ceremony. She explained,
When I entered church, I observed the wedding ceremony then I asked mom what they said? Mom did not feel right and said later. Later. So, that’s when I felt upset, and then I started to cry. I looked back and I shouldn't have. But, I cried and my mom was comforting me. That’s how I felt how I bare up with that, how family look at me. I was so upset.

Her family made sure she was included at the dinner table after this and she did not go to family events where there was no interpreter. She was married to a deaf man and he was impressed with her family. When he first went to her family’s house for dinner she said that afterward, “He asked me did you really sit down with your family and have a conversation with the family daily? I told him yes, that’s family time. He was puzzled because he never had that himself.”

She felt a great deal of support from her family at the time of the interview and they gave support to her husband as well.

Participant #16 was a deaf man with a secure attachment style. He grew up in mainstream educational programs. He communicated with his family using mostly speech. His siblings would help interpret by repeating what people said to him directly. He said that while growing up, his mother was his “social support, emotional support, encouragement to be independent, and explained things to him that he did not understand.” His father was very supportive too and he became closer to his father as an adult. He feels that participating in sports helped him a great deal with socialization and feeling accepted. He was asked to leave a high school soccer team because he was deaf and his teammates and parents greatly supported him and were upset with the coach. He had some problems with comprehension in college so he went to Gallaudet University for communication support and then completed a joint program
with Gallaudet University and another Washington, DC university. He felt that he was one of the only deaf people he knew who excelled in a mainstream program and this was because of supportive parents. He was married to a hearing woman and had four athletic hearing children. He did not have many deaf friends at the time of the interview. He did have many hearing friends including friends on his sports teams and neighbors. He reunites with his large extended family regularly.

**Participants with an Insecure Attachment Style**

Participant #1 was a deaf woman with an insecure attachment style. She grew up in a family that moved a great deal due to her father’s job. She had an adopted deaf brother and several hearing siblings who would help to interpret in the family. She said that her relationship with her parents, as a child was, “Normal, I think. Same as others.” She did not feel rejection from her parents but she also did not feel a lot of support. If there were a problem with something, her parents would tell her to “suck it up.” She did not talk to them about a lot of deaf issues. Her parents knew Signed English and did not like it when she signed in ASL to her brother or later to her husband. She went to several different kinds of schools including a mainstream program and a school for the deaf. She was glad to not go to an oral program. She spent major holidays alone with her husband who is deaf. She claimed to not have many friends and explains,

I have friends but I am resistant. I don’t trust because a lot of things that I do not agree and that affected me. People do not realize that they hurt me or I am sensitive, maybe, I don’t know. I tend to wait. I feel enough and content with my husband. That’s all. We are fine.
She goes home to see her family every summer.

Participant #4 was a deaf woman with an insecure attachment style. She grew up in Japan and moved to the United States as an adult. She spent most of her life living in the dorms in a school for the deaf. Her family was told not to sign at first and her mother used Cued Speech. In elementary school she went home on the weekends and in middle school she only went home three times a year. She was close to a dorm supervisor while she was in middle school. She did not feel close to her family. She explained,

When using speech or cued speech, we struggled, not easy, very hard. Don’t understand.

But, in high school, I sign with mother and we both are equal. Same communication. I can understand sign better than cued speech. So, now we are better and more close. And, high school, I lived with family. Why? High school is mainstreamed. I live with them and sign with them meaning more connected and close.

She was also close to her sister who knows Japanese Sign Language. As an adult she moved to the United States to attend Gallaudet University for graduate school. She said she enjoyed going home for important holidays and she felt very close to her sister and some deaf friends in her country. She also felt close to her mother but she had problems communicating with her father. She was not married at the time of this interview.

Participant #8 was a deaf woman with an insecure attachment style. She grew up in oral programs without the use of sign language until 8th grade. She changed grade schools every two or three years to find a better fit for her. In high school she learned sign language and used interpreters but she was the only deaf person in her school. She says the following about her relationship with her parents growing up, “Yes. My mom knew some signing. My father doesn’t
sign. Communicating was so-so. I express what I want to say to my father, but whatever I express to my mom, she always defend herself. So, I stop.” She went on to explain that her mother was very judgmental and controlling throughout her life. She was married to a deaf man and had a hearing son. It has taken her 26 years to complete her college degree and she has attended eight different colleges. She would soon graduate with her Bachelor of Science from Gallaudet University. She explained that she goes to her parent’s house for Thanksgiving without her husband and all other holidays are celebrated with her husband, son, and deaf friends. All of her close friends were deaf.

Participant #12 was a deaf woman who presented with an insecure attachment style. She became deaf at the age of 7. She attended schools that were oral or mainstream and she was the only deaf person at these schools. In high school she spent a year at a residential school for the deaf. She also went to several colleges but is now at Gallaudet University and claims to be enjoying school for the first time. Growing up she described her mother as having a “strong rapport between us. All parts are united together. I could say all parts the same thing but mom is just, the kind of person that you can talk with. Laugh together. Cry together. Do fun things together.” She described her father as, “disconnected, cold, and harsh.” She was married to a man who was abusive and both of her parents supported her to leave the relationship and get a divorce. She had re-married a deaf man and said that it is a very good and healthy relationship. She felt a little closer to her father as an adult and a little more disconnected from her mother but was still close to her. She explained that, “Mom always felt bad about my hearing loss and she felt like my deafness was forced on me. My deafness was something that I was not supposed to
have. That is a burden on me.” She realized that her deafness was a burden on her parents to figure out about schools, hearing aides, and sign language.

Participant #15 was a deaf man who presented with an insecure attachment style. His family moved many times as he was growing up because his father was in the military. He went to many different residential schools for the deaf and was not home with his family much. He explains, “Moving around, when I started living in residential school, I felt lost and apart. Not very much, not getting close to family.” He felt close to his father growing up because he helped to coach his soccer team for a few years. He said that his mother was “…very disciplined – always reprimands. She is quite picky and I did not want that. I do not like her being so picky.” He continued to say there were positives and negatives with his relationship with his mother. As an adult he felt closer to his father. He also had three close deaf friends who he gets advice from. He was close to a deaf couple and his ex-girlfriend who is deaf. He has never married and he lived in his own condo. He celebrated with deaf friends for most major holidays since his father had a stroke and cannot communicate with him. He visited his parents, who live nearby, once every few months.

Descriptive Findings

Parent Relationships and Support When the Participant was a Child – Secure Attachment

When analyzing the comments about mothers when the participants were children, the responses were mostly positive. The following are comments from people who had a secure attachment style: “Three words that describe my mother as a child are satisfied, good, and fulfilling.” Other participants used words such as “close supportive, and loving”, and “loving,
Supermom, always there for me.” A more oral participant (a person who primarily uses speech and lip-reading to communicate), explained that, “My Mom was my social support, my emotional support, she encouraged me to be independent, and explained things that I did not understand.”

Most participants but not all, felt closer to their mother than their father. For example, one said “I felt closer to my Mom than my Dad as a kid because Dad was away a lot for work.” Many participants claimed that, “Mom would sign with me more than Dad.” Others explained that, “Mom was very involved with my education.”

People who presented with a secure attachment style also had a variety of relationships and issues with their fathers. There was a general theme that many participants were not as close to their fathers because they were out of the home and at work more. Also more mothers learned and used sign language more often than fathers. One person notes that his father, “supported him when he faced discrimination for being deaf”, and “he liked to go to sporting events with his father.” Another person explained that, “her relationship with Dad was more superficial than Mom”, but she felt that Dad was a good friend growing up. The relationship with Dad as a child, was described in three words by a participant as, “distant, strict, dry sense of humor.” But yet another individual alluded to the positive with a childhood description of, “mentoring, very good, and loving.” A participant, with a father in the military, said that her father was often away so their relationship was more superficial. But she added that because he was in the military, he made her disciplined and prepared, and that has helped her in life. Another participant discussed the relationships in the families of deaf children he grew up with, and stated, “Many of the kids in his mainstream program did not succeed because they did not get support from their family.”
Parent Use of Sign Language – Secure Attachment

There were a plethora of comments about communication growing up that again were mostly positive for those participants with a secure attachment style. One participant was proud when explaining that, “My parents both knew SEE (Signing Exact English).” Another participant who became deaf after she learned to speak said, “I told my mother not to sign when I was a kid but she continued to sign anyway.” A participant who was the second born, explained that his parents took his whole family, including his older brother, to Gallaudet University to learn sign language when they discovered that he was deaf. Another explained that her mother required everyone in the family to sign while growing up. Her mother put her siblings in classes with deaf children in the participant’s mainstream educational program so that the siblings could learn sign language. There was a participant whose parents used home signs (signs made up at home and used just by that family), but there was not full communication. She was always happy to go back to school each year where she could sign fluently. Several people stated that they were lucky to have parents who signed since many of their friends did not have this advantage. This theme appeared often with participants explaining that their friends or spouses did not have the communication that they had with their parents. Several participants explained that many of their friends had very bad communication with their families.

Participants who had a secure attachment style also had parents that did not use sign language as was discussed above. One such person commented how she is, “…very close to her mother though she does not sign. We communicate through speech and lip-reading.” Another participant explained that she became very shy growing up because she did not have full access to communication. She was embarrassed to sign until she went to middle school and that is when
her mother learned sign language too. An additional participant explained that, “I communicated with my family through speech and my brothers would interpret what others were saying through speech reading (repeating what is said while looking directly at the deaf person).” This participant was close to his family and feels that all deaf people should learn to speak. He did not say that all deaf people should learn sign language.

**Parent Relationships and Support When the Participant is an Adult – Secure Attachment**

The participants, with secure attachment styles, were asked how their relationship was with their mother as an adult. One woman explained that she was not as close to her mother since she got married (to a deaf man). She described her adult relationship with her Mom as, “Ok, good enough.” Another participant explained that her mother accepted her more as a deaf person than when she was a child. Her mother has seen that she is independent and successful and this has improved their relationship. A female participant stated that, “Her mother is her best friend.” She received advice from her mother and viewed her as a role model. A few participants explained that they are more disconnected to their mother because they do not see each other daily as adults. Other participants felt that new technology helps them to be closer to their mothers with the use of e-mail, texting, Facebook, Skype, and videophone.

Participants who presented with secure attachment styles had similar results when asked about their relationship with their father as an adult. A participant described that she felt her father was “supportive and caring.” One person alluded that she is closer to her father than her mother because, “he is more open-minded.” Another person felt closer to her father as an adult because he sends more messages to her by Facebook and e-mail than her mother. A unique story
was about the participant whose father is blind in one eye and losing vision in the other eye. This makes communication difficult for a deaf person. But she still described her father as, “better, humor, more understanding, and patience.” This was compared to her relationship with her father in childhood, which was not close.

Negative stories appeared about relationships with fathers as adults. Many people felt more distant to their father at the time of the interviews than they had as children. One person said that her relationship is more distant as an adult though her description was, “mentoring, very good, loving.”

Some participants said that communication issues impact the relationship more as adults and cultural differences (meaning deaf culture) also impacts the relationship. This means that several participants became part of the deaf community as adults and left the hearing world that they grew up in with their parents. Two people with a secure attachment style are married to hearing spouses and are not involved with deaf friends, activities, or the deaf community. Six of the people with secure attachment styles are married to deaf spouses or are with a deaf partner, and the two people who are single claim to be part of the deaf community. These eight participants explained that they had many deaf friends and most either went to school at Gallaudet University or worked there so they were in a deaf environment daily with easy access to communication.

**Parent Relationships and Support – Insecure Attachments**

The developed themes from participants who presented with an insecure attachment style were contrasting. Five of the 15 participants presented as having an insecure attachment style at the time they took the ASQ-D. One person claimed that her relationships with both her mother
and father were great. There were no problems growing up, and she was close to them both as a child and as an adult. Sign language was used in the home by her parents and siblings and she claimed that communication was not a problem. She also had an adopted brother who was deaf. She explained that she was never able to talk to her parents about “deaf issues and concerns.” This participant was married.

The other four participants explained many problematic issues and showed anger when discussing their family relationships. One person said that she was not close to her mother until she learned sign language when the participant was in high school. This participant stated that, “Without sign language, people have bad family relationships.” This person presented with an ambivalent attachment style. This participant was not married. Another person explained that her mother was always, critical, judgmental, and controlling. She could not depend on either parent for emotional support as a child or adult. Her parents could sign some but she was very angry toward those in her family such as aunts and uncles, who could not sign. She presented with an avoidant attachment style. She was married but claimed she does not have friends that she can trust.

Two participants showed characteristics of both avoidant and ambivalent insecure attachment styles. One of these participants said that she felt a great deal of stress trying to communicate with her family until she was nine years old. Her parents began to learn sign language at that time. She cherished the people in her family that signed and was angry with people who did not learn sign language. She has been divorced and has re-married. Her first husband was hearing and was emotionally and physically abusive. Her second husband was deaf and she said it is a much healthier relationship. The final insecure participant moved many times
growing up. He felt that his father was supportive but his mother was “tough, judgmental, and picky.” He did not feel close to her as an adult. He would like to be closer with his father but he had a stroke and communication is difficult. He has never been married and claimed to have had only one serious long-term relationship in his life.

**Parent Use of Sign Language – Insecure Attachment Style**

The use of sign language was examined for the participants with an insecure attachment style. One person had a deaf brother and her sister became an interpreter. She felt that she had good communication with her family and her parents have used sign language throughout her life. Two other participants who presented as insecure said their parents used sign language. One participant’s parents did not learn sign language until after she was deaf for two years at age 9. The other person communicated well with his father in sign language but not as well with his mother. In contrast, another participant with an insecure attachment style said that she did not feel close to her mother until her mother learned sign language when the participant was in high school. Another participant said that her immediate family never learned to sign. She would become upset that her extended family of aunts and uncles did not support her communication needs including providing interpreters at family events.

**Marital Status**

The marital status of the participants was an important component of this study because people who marry and are able to stay in their marriage tend to present with a secure attachment style (Mikulincer & Shaver, 2007). Therefore, the marital status of the insecure participants was noted above. The research showed that three participants had never married and two of these three had an insecure attachment style. Two of the participants have been divorced. One
participant who has been divorced had a secure attachment style and explained that she has a very supportive family, and she has been dating since the divorce. The other divorced participant has an insecure attachment style but she has remarried a deaf man as explained above.

Eleven of the participants were married and one is living with his partner who was the mother of his child. Of these 12 participants (married or with a partner), 10 of the partners were deaf. The participants with hearing partners explained that their spouses could sign. Both of these participants grew up more oral, using speech and lip-reading to communicate, and they attended mainstream programs. Of these 12 participants, nine have a secure attachment style and three participants have an insecure attachment style. The married participants that presented with an insecure attachment style show a common theme of being closer to their deaf spouse than her or his parents due to easy communication and understanding of her or his needs. These participants also have similar feelings about the parents not accepting her or his deaf spouse.

A common theme occurred where many participants explained that their deaf spouses had difficult relationships with their families but good relationships with them. Several participants also explained that they felt close to their deaf spouse since their spouse went through similar experiences with their families and their schooling as a child. Some participants explained that her or his spouse was from a deaf family meaning that the deaf spouse had deaf parents. These participants explained that the spouses from deaf families had very different experiences than the participant did being from a family with parents who can hear. This did not mean that the person from a deaf family received good or bad support from their family, but that there was clear and fluent communication among family members.
Attachment Interactions with Friends and Other important Figures

The participants were questioned during the interviews about other people that they felt close to in their life. Twelve of the 15 participants (80%) said that they were close to a specific deaf friend or group of deaf friends. The three people who did not speak of a deaf friend, discussed being close to an interpreter, teacher, dorm counselor, or spouse, and all mentioned someone who could sign. So all of the participants had an important person in their life at one time who was either deaf, or who understood about deaf culture and sign language.

Three people mentioned that they go home to visit their parents at least one time a year. When they do so, they stay with their deaf friends and not with their parents. There was a common theme that some of the participants were closer to their deaf friends than their parents because they can communicate more in-depth with their friends that know sign language fluently. They consider their deaf friends to be part of their family and use them for emotional support.

Summary of Findings

Many findings surfaced in the quantitative and qualitative analysis of the data. Findings from the demographic data were compared to the results of the ASQ-D showing those with secure attachment styles and insecure attachment styles. The use of sign language in the childhood home and the type of schooling received was compared to the ASQ-D. Additional demographic data such as marital status, hearing status of spouse, gender, and race was also compared to the results of the ASQ-D to show some interesting results.
The qualitative analysis of the interviews gave support and added depth to the results of the quantitative data. Statements from the participants uncovered reasons why a person presented with a secure or insecure attachment style.

Major findings and their implications will be discussed in detail in Chapter V. The findings discuss ways the relationship between a participant and her or his parents was impacted by the communication mode that they used. Chapter V will also summarize how the relationship between a deaf person and her or his parents was understood and experienced and how do relationships change over time from childhood to adulthood. The chapter will also discuss what impacts the development of a secure or insecure attachment style for this group of deaf participants. The findings will be discussed in Chapter V and the quantitative and qualitative results will be summarized and explained.
Chapter V: Summary and Conclusion

Summary of the Study

The purpose of the study was to understand the attachment issues of deaf adults with hearing parents through their stories of the lived experience. This study is significant because 96% of deaf children are born to parents who can hear (Mitchell & Karchmer, 2005) and a high percentage of these parents do not learn how to communicate with their children effectively or fluently (Oliva, 2004). The study explored relationship issues between a deaf adult and her or his parents, how communication has impacted the relationship, and the deaf adult’s attachment style. The study also searched for new issues that may have surfaced in the interviews.

To be included in the study, participants were required to be self-identified as deaf, between the ages of 30 to 50 years old, and have two hearing biological parents, who were both still alive, and still married to each other. These requirements were established to control for confounding variables, so that variables including adoption, death of a parent, and divorce of parents, would not impact the research results. A $20.00 gift card was given to each participant for her or his participation in the study.

The research questions for the study included: 1) How is the relationship between a deaf adult and her or his hearing parents understood and experienced? 2) How does a deaf adult describe the current relationship with her or his hearing parents? 3) How does/did the communication styles within the family impact the relationship between the deaf adult and her or his hearing parents?

To answer these questions, this study was developed using mixed methodology, with both a quantitative component and a qualitative component. The quantitative component
involved two information-gathering forms that the participants filled out. The first form was a demographic questionnaire (Appendix E) that asked participants to respond to the following questions: age, gender, race, hearing status (deaf or hard-of-hearing), age when the person became deaf, types of schools attended, number of siblings, birth order, highest level of education, relationship status, hearing status of the participant’s partner if they had one, number of children, if they had a secondary disability, and communication style used with her or his parents.

The second form used was the Attachment Style Questionnaire that was adjusted for use with deaf people (ASQ-D) (Feeney & Noller, 1996; Steider, 2001). Each question in the ASQ-D (Appendix F) relates to one of five attachment categories that determine whether a person has a secure or insecure attachment style. These categories are Discomfort with Closeness, Relationship is Secondary, Confidence, Need for Approval, and Preoccupation with Relationships (Feeney & Noller, 1996; Steider, 2001). There are 40 questions on the ASQ-D with a likert scale ranging from 1 (totally disagree) to 6 (totally agree). Participants were asked to pick a number for each statement on the ASQ-D. The results were analyzed to determine if each participant had a secure attachment style or an insecure attachment style at the time they completed the ASQ-D.

Once these forms were completed, an interview occurred that focused on topics from the research questions. Probing questions were asked of each participant to elicit detailed and emotional reactions. The fifteen participant interviews were videotaped, rather than audiotaped, because of the use of sign language. The interviews have been translated from sign language to English by a transcriber whose first language is ASL.
A grounded theory approach was used to analyze the results of the transcriptions (Corbin & Strauss, 2008; Creswell, 2007). The transcriptions were evaluated to discover themes related to relationships with parents, siblings, significant others, and friends. The transcriptions were uploaded to the Atlas-ti program and analyzed using open and axial coding. Open coding is breaking the data apart from the interview and extrapolating important concepts (Corbin & Strauss, 2008; Creswell, 2007). Axial coding is relating several concepts to each other to develop themes from the interviews (Corbin & Strauss, 2008; Creswell, 2007).

**Demographic Overview**

The demographic data showed that the participants had a variety of backgrounds. The age range of the 15 participants was 30 to 49 years of age with the mean age being 38 (SD 5.93). Ten (66.7%) of the participants were female and five (33.3%) of the participants were male. The participants’ race included 12 people (80%) who identified as Caucasian, one person (6.7%) who identified as African American, and two people (13.3%) who identified as Asian (one person was raised in Japan, and one was raised in China). The 13 participants who were raised in the United States were from various parts of the country including the West Coast, East Coast, and Midwest. All of the participants were college educated and had either a Bachelors Degree or a Masters Degree. The one participant, who currently had a high school diploma, was scheduled to graduate with her Bachelors Degree at the end of the semester during which she was interviewed.

Twelve participants (80%) were married or living with their partner. Of these participants, six people had children and none of the children were deaf. Two (17%) of the 12 people were married to a hearing person and 10 (83%) were married to a deaf person. One of
these participants was divorced from a hearing man and was re-married to a deaf man. Three people (20%) were single but one of those people was divorced and had not re-married.

The educational settings attended by the participants ranged from one to three settings. Of the 15 participants, two went to a residential school for the deaf only, three went to only mainstream programs, and one person went to a public school with no services. Two people went to a combination of residential and mainstream programs, two people had a combination of mainstream and an interpreter in the school, and one person had an interpreter or no services. The remaining three participants had a combination of schools including a residential school for the deaf and schools with no special services for the deaf.

The participants used a wide variety of communication styles with their parents when they were children and now as adults. Some parents used sign language with the participants by using Signed English or PSE. Other parents spoke, wrote, used Cued Speech, or gestured to communicate with their deaf child. During the interviews, the participants also described their felt sense of parental support, both while growing up and as an adult.

**Secure or Insecure Attachment Style compared to the Demographic Data**

The ASQ-D was evaluated and the analysis showed that ten (66.7%) of the participants had a secure attachment style and five (33.3%) of the participants had an insecure attachment style. Of those with insecure attachments, two people had an avoidant attachment style, one person had an anxious/ambivalent attachment style and two people showed characteristics of both avoidant and anxious/ambivalent attachment styles. These results are similar to the findings of Feeney and Noller (1996) that showed that 50% of their participants presented with a secure
attachment style, 25% of their participants presented with an avoidant insecure attachment style, and 25% of the participants presented with an anxious/ambivalent insecure style.

Steider (2001) using the ASQ-D with 52 deaf participants found that 81% had a secure attachment style, 14% had an avoidant attachment style, and 6% with an anxious/ambivalent attachment style. Other research with deaf participants by Leigh et al. (2004) demonstrated high rates of secure attachment with 72% of their participants securely attached and rates of dismissing or avoidant attachment at 27% and preoccupied or anxious attachment at 17%. And a study by Chovaz McKinnon et al. (2004) found 68% of deaf adults had a secure attachment style. The findings of the current study with 66.7% of the participants showing a secure attachment style and 33.3% of the participants presenting with an insecure attachment style is consistent with the results of the studies noted above.

The purpose of this study was to see how growing up as a deaf person might have an impact on the individual’s attachment style. The kind of school that a deaf student attended and the type of communication in the home of a deaf individual growing up could have an impact on the development of a secure attachment because it also impacts Theory of Mind (ToM). ToM looks at the child’s ability to recognize and to understand their own and others’ mental states (Cassidy & Shaver, 2008; Obiols & Berrios, 2009). A study by Moeller and Shick (2006) examined the development of ToM in deaf children of elementary school age and found that mothers with high scores on the sign proficiency test had children with the strongest language and ToM skills.

For the current study, the communication style of the parents was compared to the attachment style of the participants. Parents who used sign language include the participants’
mothers and fathers who communicated with Signed English, Pidgin Signed English, ASL, JSL, or any kind of formal sign language. The parents who used home signs, speech, cued speech, and writing are not communicating using a formal mode of sign language for the purpose of this study. Nine participants had mothers who used sign language to communicate with them. Of those nine participants, five (55%) had a secure attachment style and four (44%) had an insecure attachment style. Of the six participants who had mothers that did not use sign language while they were growing up, five (83%) had a secure attachment and one (17%) had an insecure attachment style. It is important to note that the kind of communication used does not reflect on the fluency of the communication used between the mother and the participant. Fluency of communication can be with any form of language including sign language, speech and lip-reading, and all other options.

Six fathers in this study used a formal kind of sign language. Of the six participants whose father used sign language, three participants (50%) presented with a secure attachment style and the other three participants (50%) presented with an insecure attachment style.

Contrary to previous research, it appears from these findings that the parent’s use of sign language did not have a strong impact on whether the participant had a secure attachment style or an insecure attachment style. It was surprising to note that 83% of the participants who had mothers who did not use sign language had a secure attachment style. The results also seemed to show that the use of sign language by the fathers did not impact a secure or insecure attachment style. Greenslade (2001) found that 24% of the men whose fathers used sign language when they were being raised had an insecure attachment style and 49% of the men whose father’s communicated with them using speech and lip-reading had insecure attachment styles. Jambor
and Elliott (2005) studied the self-esteem of deaf, college age students and found that those students who used oral methods of communication at home had lower self-esteem than those who used sign language at home with their parents. These results are very different from the results found in the current study and shows this is an area to investigate further.

In the seminal study done by Greenberg and Marvin (1979) on the impact of communication with deaf children on attachment style, the researchers found that effective communication was more important than the kind of communication. Effective communication refers to communication that can be understood in-depth. Yoshinaga-Itano (2011) also discussed the importance of effective communication with deaf children starting at a very young age. Effective communication can lead to language development, and socio-emotional development.

Corina and Singleton (2009) explain that the use of sign language by parents has an impact on the development of ToM but there are many other factors involved including, schooling, interactions with others, and the actions of the caregivers.

The type of educational environments may also impact attachment style. Students who were in programs with other deaf students for most of their education in either a mainstream program or a residential school for the deaf had high levels of secure attachment. Two people went exclusively to a residential school for the deaf, two people were only in a mainstream program, two were in both a residential and mainstream school, and three were in mainstream programs and were the only deaf person in their school at some point. Of these four people who were predominantly in a residential school for the deaf, three (75%) had a secure attachment style and one person (25%) had an insecure attachment style. Of the five people who were predominantly in a mainstream program, all five (100%) had a secure attachment style. Two
participants were the only deaf people in their school and had an interpreter or no services for all of grade school. Of these people, one had a secure attachment style, and one had an insecure attachment style. Three participants went to three or more types of school environments including residential, mainstream, using an interpreter, and home schooled. All of these participants (100%) had an insecure attachment style.

These statistical results show that the participants who grew up in a residential program or mainstream program with other with deaf students have a high percentage secure attachments as adults. Other studies have explored the attachment style of people raised in a residential school for the deaf. In these studies the rates of secure attachment were over 68% (Leigh et al., 2004; Chovaz McKinnon et al., 2004). Weisel and Kamara (2005) studied deaf individuals who had grown up in mainstream programs in Israel. This study found that the deaf individuals had lower levels of secure attachments than the hearing population. The studies done with deaf individuals raised in residential school programs shows similar results to the percentage of secure attachments in the hearing population (Leigh et al., 2004; Chovaz McKinnon et al., 2004).

This research demonstrates that all of the individuals in this study who went to three different kinds of deaf educational programs, presented with an insecure attachment style. The changing of schools and types of support for the deaf in the schools appears to have had an impact on these individuals. This is consistent with research by Sheridan (2011) who explored the experiences of deaf children and relationships within school programs. Deaf peers were shown to be very important in the development of resilience and attachment. Results of the Sheridan (2011) study, and those of this study, show the frustration of deaf children who lose
deaf friends due to moving or changing schools. The participants in the current study also discussed the frustration of learning how to survive in varying school environments with different communication styles.

An adult with a secure attachment style finds it easy to feel close to others, is comfortable depending on people, and does not worry about losing people (Feeney & Noller, 1996; Steider, 2001). Therefore people with a secure attachment style are more likely to marry and stay married (Feeney & Noller, 1996; Mikulincer & Shaver, 2007). There were ten participants who were married or living with their partner. In this study, of the three people with no partner, one (33.3%) was found to have a secure attachment style and two (66.7%) had an insecure attachment style. Two participants were married to hearing women who knew sign language. Both participants (100%) had a secure attachment style. Ten participants married a person who was deaf and used sign language for communication. Of these 10 participants, seven (70%) had a secure attachment style and three (30%) had an insecure attachment style. Deaf people have a high rate of endogamous marriages, the highest rate of any minority group at over 90% (Lane, 2005). In other words, 90% of deaf people marry other deaf people due to language and culture. In the current study 83% of the participants with partners had partners who were deaf.

Other interesting results showed that all three participants who reported having a secondary disability presented with an insecure attachment style. The secondary disabilities of these participants included a visual impairment, Attention Deficit Disorder, and a thyroid condition. And there was a high level of secure attachment style (90%) when a participant had earned a Masters Degree. Participants with children also have a high level of secure attachments at 83%.
Qualitative Results

The experiences of each deaf participant in this study were interesting, unique, and profound. Each person had her or his own individual experience and each person had her or his own reactions to these experiences. The common thread between them all was that they were deaf adults between the ages of 30 to 50, who were raised by hearing biological parents who are still married. I was privileged to learn about their issues related to development, relationships, education, and social interactions. The results of the qualitative interviews were explored through a comparison between the participants who had a secure attachment style and those who had an insecure attachment style.

Childhood Relationships

The first research question was: How is the relationship between a deaf adult and her or his hearing parents understood and experienced? Many of the participants seemed to enjoy discussing their childhood. When I asked the deaf individuals about their pasts, the first thing many participants told me about was where they went to school. Many explained with a sense of pride about the schools that they attended. In some cases, they may have attended a residential school for the deaf that others in the deaf community have heard of. This would include their college such as Gallaudet University or another institution. Talking about a person’s school reflects a sense of pride and identity for many deaf people (Lane, 2005). Most people were happy to explain the name, location, and type of school, as if they had done it many times before, because they had explained their education to others many times in the past. I was often eagerly asked if I had heard of many of the schools, especially the schools in the Washington, DC, Maryland, and Virginia area. The participants attended a wide variety of schools including
residential schools, mainstream programs, and schools with no accommodations for deaf students. As people explained about their schools, they would share stories about friends from school, important teachers, and more. Most participants with a secure attachment talked positively about their school and how their parents had decided where to send them. They also frequently mentioned their friends from school.

In contrast, other participants exhibited disdain when talking about the school programs that they attended. Two people discussed how they felt devastated to be left at a residential school for the deaf at a young age. Both of these participants had an insecure attachment style. Another person was sent to an oral program when her parents discovered that she was deaf. She had anger about this decision and improved academically and socially when she was transferred to a program that used a form of sign language. Participants who explained that they moved a great deal, and therefore changed schools, three or more times in their childhood, presented with an insecure attachment style. They described moving away from friends and not knowing when they may move again.

The participants were then asked how they would describe the relationship that they had with both of their parents as a child. This researcher received a great variety of answers but most of the answers were positive. When asked “What three words would describe the relationship that you had with your parents as a child?” participants with a secure attachment style reported that the relationships were, “strong, confident, trusting” and “satisfied, good, fulfilling.” Other words used commonly to answer the question were, “supportive, loving, best friend, SuperMom, caring, fine.”
However, those who had an insecure attachment style used mostly negative terms to describe her or his parents or possibly just one of them. These terms included, “distant, disconnected, cold, harsh, picky, critical, judgmental.” While most of these participants used negative terms, some positive terms were also used. One participant, described her relationship with her parents as, “very good, and there is no rejection from her parents or siblings.” Her entire interview was very positive about schooling, use of sign language in the family, and relationships with family members. This participant presented with an avoidant insecure attachment style. Feeney and Noller (1996) explained that those with avoidant attachment styles were likely to perceive those close to them as rejecting and cold. But studies have shown that people with insecure attachment styles can also have negative emotionality and possibly detach from their true emotions (Feeney & Noller, 1996; Mikulincer & Shaver, 2007).

A common theme that was discussed by many of the participants with secure attachment styles was the support that they were given by their parents in childhood. Many people explained that their hearing parents did not know what to do with a deaf child. They felt proud of their parents for learning sign language and learning about educational programs for the deaf. One participant explained that her parents moved to Washington, DC in order to be near a residential school for the deaf so she could commute there as a day student. Her parents wanted her to attend a school where she could get a good education and good socialization, but they also wanted her to live at home with her family. Another participant said that his parents made sure that he was never left out of family conversations and that he could join any sports team that he had the skill for. Still others explained that her or his parents would attend all of her or his plays, sports competitions, academic tournaments, and more. One participant said that she was the only
deaf person at her neighborhood school. To compensate for that, her parents would take her to see plays and other “deaf events” since they lived about an hour away from Rochester, New York where there is a large deaf population. She greatly appreciated her parents’ effort to help her to see other deaf people while growing up.

The issues of support were again very different for the participants who presented with an insecure attachment style. One participant, who said her relationship was “good” with her parents, stated that she “could not talk to her parents about any deaf issues.” Another person felt little support because of lack of communication including writing since her parents could not write. And there were several participants who felt that one or both of their parents were very picky and judgmental.

**Adult Relationships**

The second research question of the study was: How does a deaf adult describe the current relationship with her or his hearing parents? After discussing childhood issues, each participant was asked to discuss the relationship that she or he has currently with her or his mother and father. Some participants continued the close relationships with her or his parents as an adult. Some became much more distant from family, and others became closer to both parents. Participants with a secure attachment describe the parental relationships as an adult as, “closer, concerned (because parents are ill), more appreciative of parents, good role models, and easier to contact now.” Easier contact has to do with the rapid development of technology that was not available when these individuals were children. This technology includes text messages, instant messaging, e-mail, Facebook messaging, videophones, and relay services for telephone calls. These technologies have helped communication for deaf people. Many participants
claimed that these new communication technologies have helped them to keep in touch with their parents since they do not live near them.

Several participants explained that they are not as close to their parents now as adults. Many of them have married a deaf spouse and have deaf friends now. Those participants feel that they have moved into a different world from their family of origin. Glickman (1993) explains this concept of the deaf person moving to the immersion stage of deaf identity. As deaf people learn sign language and meet other deaf people, they can become immersed in the deaf community. As adolescents and adults they may move away from their hearing community, including their family, and become immersed in the deaf world (Glickman, 1993). Stories of close deaf friends, deaf teachers, interpreters, and more, support this concept.

A few participants with a secure attachment style claim to be closer to Mom and Dad as an adult. These participants explained that they have succeeded by working or getting married, and their parents are now proud and happy for the participant. One person explained that her mother is more accepting of her now and they are closer.

Participants with an insecure attachment style, who used negative terms to describe the relationship with the parents as a child, continued to describe the relationship that they have with her or his parents, in a negative way as an adult. These people tended to contact their parents infrequently and may remain angry with them for a variety of reasons.

Again, an important issue to the participants was support. Some people said that their parents were a great support to help with their children. A participant explained that his mother was very helpful in explaining about discipline techniques with this kids. Another participant with a secure attachment style said that her relationship changed with her parents after she
married a deaf man. Her parents did not approve of the marriage and now they have “a different philosophy on how to raise kids.” She was close to her parents but feels there is too much tension to be close to them now. One person explained that he has a lot of deaf friends, “but Mom gives better advice than my friends.” A common theme was that the participants also get support from friends or a spouse now. Some reported that they are more distant from the family because they live far away or because they depend on others.

Participants who presented with an insecure attachment style continued to be negative about the support received from the parent relationships. One person felt more distant since she was not living with her parents now. She claimed that “time and distance” hurts the relationship. Another person with an insecure attachment style explained that, “she was not close to her mother until she learned sign language when she was in high school.” She is happy that her mother can communicate with her now and she hopes she will move to the United States to live with her. Two participants said that the parental relationship is impacted by the parents’ health. One mother cannot sign well or type well due to arthritis in her hands now. Another participant has a father who had a stroke and this has greatly impacted their communication and their relationship.

**Use of Sign Language**

The third research question for this study was: How does/did the communication styles within the family impact the relationship between the deaf adult and her or his hearing parents? At the start of this study, this researcher felt that clear and in-depth communication would be an important component that would impact the attachment style of the participant. The use of sign language could be important for clear and in-depth communication. The sign language used
within a family could be Signed English, PSE, or ASL. Again each participant was asked what kind of communication was used with her or his parents both as a child and as an adult. There was no direct test to determine the sign language proficiency of the participants’ parents so the participants were asked to self-report on what communication style was used. The quantitative data demonstrates that the use of sign language (Signed English, PSE, or ASL) by the mother or father of a participant did not have a significant impact on whether a person had a secure or insecure attachment style. The qualitative information showed similar results.

Three of the participants claimed to prefer to talk than to sign with their parents. The parents of these participants may have begun to learn sign language at some point when the participants was a child, but stopped using it since speaking was the preferred mode of communication. Many families used home signs and speech to communicate. Other people used writing. Nine of the participants had parents that did learn some form of sign language. Of the participants who presented with a secure attachment style, five (50%) of them had parents that knew sign language and five (50%) of the participants had parents that did not know or use a form of sign language.

For the participants with an insecure attachment style, three of the five participants had parents who could sign. One participant’s mother could sign so well that she may become an interpreter. Another participant’s mother learned to sign when the participant was in high school. This participant believed that families must learn sign language to have good family relationships when there is a deaf child.

Several people explained during the interviews that it was good to be deaf as the oldest child because then the rest of the family was more likely to learn sign language. This study
showed that 71% of the seven “oldest” participants had parents who used sign language. For “middle” children, there was one participant and his parents used voice to communicate. Thirty-three percent of the six “youngest” children had parents that knew sign language.

**Interpretation of the Findings**

The main theme that has emerged from this study is that those with secure attachment styles received support, guidance, and love from their parents. Support appears to be the primary variable that has made the difference between people with secure attachment and people with insecure attachment styles. The use of sign language in the family was not shown to be an important variable. The way that a mother or father interacted with their child while growing up, no matter what the communication style used, appeared to be the most important component to developing a secure attachment style. Participants with a secure attachment style explained that her or his parents were, “supportive, loving, caring, mentoring, close, approachable, and trusting.” Participants with insecure attachment style talked about her or his parents as, “distant, not close, critical, judgmental, controlling, and caring.” One participant with an insecure attachment style explained that she knew that her father cared about her, but he did not know how to show it.

For the interviews, I did not use the formal Adult Attachment Inventory (AAI) developed by Mary Main (1996). When using the AAI, the scoring is not based on the content of the answers to the questions about the past. The scoring and determination of adult attachment style is based on the person’s discourse and how the past is described in the present (Main, 1996; Mikulincer & Shaver, 2007). It is interesting to note that the discourse of those with an insecure attachment style was very different than those with a secure attachment style. Participants with
an insecure attachment style portrayed more anger and frustration in the discourse of the interview and one participant showed little emotion at all. Participants with a secure attachment style enjoyed discussing their past and their parents and had a more positive affect.

Greenberg and Marvin (1979) were the first researchers to study the attachment style of deaf toddlers with hearing mothers and what impacts attachment. They found that the deaf toddlers with a secure attachment style had mothers who could communicate with them well in either sign language or with voice. Researchers working with deaf children and hearing mothers later found that attachment style in young children under the age of 3 is not determined by level of communication skill or language development. Attachment style depends more on the mother’s ability to meet the child’s needs than on communication (Lederberg & Mobley, 1990). This study shows a similar finding where the participant gained a secure attachment style when the mother or father worked to understand the child/adult and her or his needs. This is also referred to as effective communication.

Deaf adults typically demonstrate the same percentage of secure attachments as their hearing counterparts if they self-identify as being part of the deaf community (Leigh et al., 2004; Chovaz McKinnon et al., 2004). Weisel and Kamara (2005) looked at deaf adults who were raised in hearing school environments. In this environment, they developed a lower self-esteem than their hearing counterparts and had a lower percentage of secure attachment styles as adults aged 18 to 35, than their hearing counterparts (Weisel & Kamara, 2005). The current study does not agree that those who were raised in a hearing environment had a lower level of secure attachments. The three people who identified as having a marginal deaf identity and preferred to speak and socialize with hearing people, all presented with a secure attachment style.
Weisel and Kamara (2005) and Chovaz McKinnon et al. (2004) write in separate studies about the issues of discontinuity of attachment from when a deaf person is a child to when she or he becomes an adult. Both studies discuss the possibility of earned security within the deaf adult population. It is possible that this occurred with some of the participants. They may not have had a secure attachment as a child, but earned a secure attachment style after marrying a deaf spouse and becoming part of the deaf community. A further study could research this issue more in-depth.

Interesting findings came from the quantitative part of the study. It was found that the use of sign language by a parent did not have an impact on whether a participant had a secure attachment or an insecure attachment. Each parent-child dyad developed their own unique form of communication that was either found to be supportive or not.

Previous studies have shown that the development of mentalization is impacted by a person’s attachment style and effective communication with the primary caregiver as a child (Fonagy, Gergely, & Target, 2008; Mikulincer & Shaver, 2007). Therefore participants with support from their parents developed mentalization that helped them to succeed. It is interesting to note that eight people in the study had Masters Degrees and seven (87%) of those participants had a secure attachment style. The one participant in the study who did not yet have a college degree had an insecure attachment style. This topic of support and mentalization within the deaf community is an area that needs further research.

**Strengths and Limitations of the Study**

The use of mixed methodology was a strength of this study because findings could be compared between the quantitative and qualitative results. For example, a participant who was
an “oldest” sibling said that parents would learn sign more readily if the oldest child is born deaf instead of a middle or youngest child. The quantitative results proved that she was correct for the participant group in this study.

Another strength of this study was the existence of an attachment style survey that was previously adapted for use with deaf individuals. Steider (2001) had adjusted the ASQ developed by Feeney and Noller (1994) so that it was more understandable for people who are deaf. Adaptations improved language clarity and revised questions that were linguistically complex (Steider, 2001). For example, the first statement to rate on the ASQ states, “Overall, I am a worthwhile person.” This was changed on the ASQ-D to state, “Overall, I am a good person” (Feeney & Noller, 1996; Steider, 2001). The ASQ-D was used to determine the attachment style at the time of this study for each participant.

Additionally, this interviewer is fluent in various forms of sign language including ASL and PSE and has been a mental health therapist in the deaf community for over 25 years. This allowed for participants to talk directly to this researcher without the use of a sign language interpreter. The skills of a mental health therapist were helpful to ask probing questions and to be empathetic with the research participants. The knowledge of the deaf community also assisted in building trust with the participants.

There were also many limitations to this study. First, the restrictions set up for inclusion in the sample for the study proved to be a limitation. For example, there was a requirement that all participants come from a family where the parents are still married. This excluded many people with a wealth of information and may have made it more difficult to find participants. The interviews were all conducted in person, which limited the participants to the Washington,
DC metropolitan area. One potential participant from Tennessee responded to the survey flyer and asked to participate in the study. This person was willing to fill out the forms on-line and be interviewed by videophone. This could cause confidentiality issues to arise as a result of interviewing people over the Internet and therefore this possible participant was not included in the interview protocol approved by the Institutional Review Board. If video interviewing were possible for a future study, it would add to the diversity of the participant pool and possibly increase the participant pool.

Another possible limitation was the location of recruitment efforts and the setting for the interviews. The interviewing and advertising took place at Gallaudet University. Therefore many of the participants were either a student or employee of Gallaudet University. All of the participants except one had either a Bachelors or Masters Degree. The person who did not have her Bachelor degree yet was supposed to obtain it at the end of the semester in which she was interviewed. The demographic findings related to education did not reflect the typical picture of the deaf community. Blanchfield, Feldman, Dunbar, and Gardner (2001) found that 5.1% of the deaf population graduate from college and only 4.8% have any post college education. Future studies on attachment issues in the deaf community should be done with people who have a range of educational attainment.

There was no measure for social support in this study. A future study on attachment issues within the deaf population may benefit from using a measure to ask about family, friend, and marital support. Such a measure would have added to this study since parental support is a major theme that emerged in the current study.
Implications of the Findings

The NASW Code of Ethics values the importance of human relationships. The Code of Ethics states that,

Social workers understand that relationships between and among people are an important vehicle for change…. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well being of individuals, families, social groups, organizations, and communities (NASW, 2008).

This study has focused on the relationship issues between a deaf adult and her or his hearing parents. Fifteen deaf adults shared their stories with me about their childhood, their relationships, their family issues, their communication issues, and their experiences. The results of the study demonstrate that it is very important for a parent to give support to her or his deaf child. This support can be shown in the way that a mother or father communicates and interacts with a child who is deaf. Additionally, support can be shown in how the parents find the appropriate schooling for the child, provide accessible communication among the family members for the child, and support them in all activities including sports, academics, and more.

The support needs to continue, as the deaf individual becomes an adult. Many deaf individuals become more involved in the deaf community as adults taking on an immersion or bi-cultural deaf identity (Glickman, 1993). They marry deaf spouses and may work in a deaf environment. The parents should be accepting and supportive of their cultural change from the hearing to the deaf world and continue to provide support to their child.

There have been a number of research studies focusing on attachment issues with deaf children but few have concentrated on deaf adults. Understanding the lived experience of deaf
adults raised by hearing parents will assist clinicians in their work with deaf clients. Clinicians should understand the importance of supportive family relationships and that communication difficulties can have an impact on these relationships.

Results may also influence educational approaches where socialization and communication are concerned. Programs working with deaf children should focus on family relationships. The programs should check whether families accept that their child is deaf, explore the kind of communication being used, and address whether or not the parents provide support to the child. Checking on these factors from a young age can help a deaf individual with hearing parents form a secure and trusting relationship with them, which may lead to a secure attachment style.

Conclusion

This is a qualitative/quantitative study that examined the lived experience of 15 deaf individuals and what impacts their attachment style. Ten of the research participants were found to have a secure attachment style and five were found to have an insecure attachment style. In general, the people with an insecure attachment had difficulties with their parents and other relationships in their life such as friends and family. The participants with a secure attachment style explained that they have healthy relationships with their spouses, children, family, and friends as a child and as an adult.

The greatest impact on the research participants’ attachment style was related to parental support throughout the deaf participant’s life. The term “support” includes, acceptance, effective communication, involvement with life decisions such as schools and communication style, inclusion in the family, celebration of happy events, and understanding or problem solving of
problems and concerns. Parental support is important for all people and it is especially important for a deaf child or adult who may be facing issues related to acceptance and communication.

This was a small study of 15 participants so the results are not generalizable to the entire deaf community. But the results are a start of an important discussion and research on attachment issues with people who are deaf should continue. New discoveries may be found within a different population of the deaf community. For instance, deaf people who are not college educated should be an area of study. Also young adults between the ages of 20 to 30, who are deaf, are another group that could provide important information toward the formation of adult attachment. Additionally, including individuals who have parents who are no longer married or who have died would also add to the understanding of attachment issues with people who are deaf.

This study was intended to provide new scholarship and research in the area of attachment issues of deaf adults with hearing parents. This is one of the first studies devised and implemented to understand the attachment issues of deaf adults by studying the lived experience. There is much more to learn in the area of support, effective communication, acceptance, and attachment for deaf individuals growing up with hearing parents.

I want to thank the deaf individuals who participated in this study and shared their passionate and multi-faceted life stories. Their stories are rich and diverse, and provide a wealth of information about relationships and attachment issues. It is very important for social workers to respect the importance of the parent-child relationship and how this can impact all relationships in a person’s life.
Appendix A

In Search of Participants for a Research Study!

ARE YOU?

♦ Deaf or Hard-of-Hearing
♦ Between the ages of 30 and 50
♦ Have two hearing, biological parents, that are both alive and still married to each other?

If you answered YES to all of the questions above, then you are invited to participate in a research study exploring the experiences of this population.

This confidential study includes a videotaped interview and will take about an hour. You will receive a $20 gift card for your time.

Conducted By Ellen Schaefer-Salins, as part of a dissertation study for a Ph. D. in Social Work from The Catholic University of America.

To participate contact Ellen Schaefer-Salins at Ellen.Schaefer-Salins@Gallaudet.edu, or 54Schaefersa@cardinalmail.cua.edu, or call 301 384-3631.
Appendix B

Attachment Issues of Deaf Adults with Hearing Parents:

Exploring the Lived Experience

Ellen Schaefer-Salins

Research Questions and Probes

**Research Questions**: How is the relationship between a deaf adult and her or his hearing parents understood, experienced, and felt throughout the lifespan? How does a deaf adult describe the current relationship with her or his hearing parents? Is there a difference in the lived experience based on the parental attempts of matching communication styles?

1. As a deaf person growing up with hearing parents, can you describe your relationship with your parents as a child?
   a. Can you please begin by describing your family and your background?
   b. Please explain about the type of schooling you received.
   c. What words would you use to describe the relationship that you had with your parents as a child?
   d. Do you feel that you were close to your parents as a child and why or why not?
   e. Do you feel that you could depend on your parents as a child and why or why not?
   f. Where your parents there to help when you needed them?
   g. Were your parents ever threatening in any way and if so, how did that make you feel?
   h. Did you feel any kind of rejection from your parents as a child?
   i. Were there other adults that you felt close to as a child? Who were these other adults?
   j. Did you feel close to your siblings growing up? Do you feel that your sibling had an impact on the relationship that you had with your parents in any way?
   k. What else do you feel is important to tell me about the relationship that you had with your parents as a child?

2. Can you describe your current relationship with your parents now that you are an adult?
   a. How do you feel your childhood experiences have impacted how you behave now as an adult?
b. Do your childhood experiences impact the relationship that you have with your parents now?

c. How often do you currently see or contact your parents? How do you contact them?

d. Do you get together with your parents for major holidays such as Christmas, Thanksgiving, Passover, etc.? Why or why not?

e. What words would you use to describe the relationship that you have with your parents as an adult?

f. Do you seek the advice of your parents? Why or why not?

g. Who is the person that you depend on most at the current time?

h. Do you feel that you have any close relationships currently? Who are you close with?

i. What else do you feel is important to tell me about the relationship you have with your parents as an adult?

3. How does/did the communication styles within the family impact the relationship that you have with your parents?

a. How did you communicate with your mother as a child and how did she communicate with you? Did you feel that you had clear and easy communication with your mother?

b. How did you communicate with your father as a child and how did he communicate with you? Did you feel that you had clear and easy communication with your father?

c. What words would you use to describe the communication that you had with each parent as a child?

d. What words would you use to describe the communication that you have with each parent now?

e. Do you feel that you communication style that you have with each parent has impacted the relationship that you have with them in a positive, neutral, or negative way? Please describe.


INFORMED CONSENT FORM

Name of the Study: Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience

Investigator: Ellen Schaefer-Salins

Research Supervisors:
Dr. Lynn Mayer, NCSSS, The Catholic University of America – Mayer@cua.edu
Dr. Patrick Brice, Department of Psychology, Gallaudet University – Patrick.Brice@Gallaudet.edu

Purpose of the Study: I understand this study is to learn more about the relationship between deaf adults and their hearing parents. I understand that this study is part of the requirements for a Ph.D. degree in social work at The Catholic University of America.

Description of Research and Procedures: I am being asked to be part of this study because I am a deaf adult who has two hearing parents who are still living. I understand that I will be asked to fill out two forms that ask about my family and myself. It will take no more than a half hour to fill out the forms. I understand that I will also be asked questions by the researcher, Ellen Schaefer-Salins, for about 45 minutes about my relationship with my parents. I will tell the researcher how I would like to communicate during the interview by using ASL (American Sign Language), PSE (Pidgin Signed English), or voice. The researcher is fluent in all these languages. The interview will be videotaped. I understand that a transcriber will be used to change my ASL or PSE into written English, and that this transcriber will keep my confidentiality. The video will be saved for two years after the study and then will be destroyed. All information will be kept in a safe and locked place.

Discomforts and Risks: I know that answering questions about my family and myself might
make me uncomfortable. I can stop the interview at any time. The researcher will give me a list of people I can go see if I need to follow up with someone. The list will have people who are fluent in ASL. Information I share will be kept confidential. I will not be identified in any written or oral presentations. Because the researcher will know who I am I will not be anonymous. I understand that this consent form will be kept in a locked file. It will not be with any notes or other papers. It will be destroyed within two years after the study. I understand that I am free to talk about any part of this study with the investigator. I can decide not to answer any question. I can end the interview at any time. The interview will be scheduled when it is a good time for me. I understand that the researcher is required by law to report suspicions of harm to me, to children, or to others.

**Expected Benefits:** I understand that being in the study will not help me directly. The information I share may help social workers and teachers understand some of the important issues that deaf adults face.

**Costs and Payments:** I am aware that I will receive one $20.00 VISA gift card for participating in the study.

**Confidentiality:** I understand that all information will be kept confidential. I understand that my name will not be used in any presentations or papers. I understand that research records, like hospital records, may be subpoenaed by court order or may be inspected by federal authorities.

**Contacts:** I understand that if I have any questions about this study I can contact the researcher, Ellen Schaefer-Salins. I can call her at (301) 384-3631 or email her at 54Schaefersa@cardinalmail.cua.edu or Ellen.Schaefer-Salins@Gallaudet.edu.

If I have any complaints or comments about my participation in this research project, I should contact the Committee for the Protection of Human Subjects, Office of Sponsored Programs and Research Services, The Catholic University of America, Washington, DC 20064; (202) 319-5218. I can also contact the Gallaudet University Institutional Review Board for the Protection of Human Subjects (IRB) at irb@Gallaudet.edu.

**Research Subject Rights:** I have read or have had read to me all of the above. The researcher has explained the study to me and answered all of my questions. I have been told of the risks or discomforts and possible benefits of the study.

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I have been given a copy of this consent form.

__________________________________________        _________________________
Subject’s Signature                        Date

__________________________________________        _________________________
Researcher’s Signature                      Date
Title of Study: Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience

Principal Investigator: Ellen Schaefer-Salins, Ph. D. Candidate of NCSSS

Acknowledgement

I, (Participant Name) ____________________________, agree to be video recorded as part of my participation in the study, Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience, conducted by Ellen Schaefer-Salins.

Confidentiality and Storage

I understand that the video will not have my name on it.

I understand that the video will be kept in a secure place and destroyed within two years after the completion of the study.

Access and Dissemination

I understand that access to the video will be limited to the principal investigator, Ellen Schaefer-Salins, and the transcriber used to change ASL to written English for analysis.

Name__________________________________________ Date _____

Signature________________________________________ Date _____
Appendix E

Participant Information Sheet

Title of Study: Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience

Principal Investigator: Ellen Schaefer-Salins, Ph. D. Candidate of NCSSS, Catholic University

Participant Number ________

1) What is your current age? _______

2) Which best represents your gender?
   _____ Female  _____ Transgender
   _____ Male   _____ Other

3) In which of the following races do you identify yourself?
   (You may check more than one)
   _____ White  _____ Native American
   _____ African American  _____ Mixed
   _____ Hispanic/Latino  _____ Other, Please explain
   _____ Asian

4) Do you consider yourself to be
   _____ Deaf
   _____ Hard-of-Hearing

5) How old were you when you became Deaf or Hard-of-Hearing? __________

6) What area did you grow up in?
   _____ Rural
   _____ Suburban
   _____ City
   _____ Other, please explain ________________________________

7) What type of Grade School did you attend? (You may check more than one.)
   _____ Oral School for the Deaf
   _____ Residential School for the Deaf
   _____ Mainstream Program for the Deaf in a Public or Private School
   _____ Public or Private School with an Interpreter/no special deaf program
   _____ Public or Private School no special services provided
8) How many siblings do you have? ____

9) Are any of your siblings deaf or hard-of-hearing?
   _____ No
   _____ Yes
   If yes, how many? ____

10) Where are you in the birth order (oldest, youngest, middle child, etc.)?

11) What is your highest level of education?
   _____ Less than 12th grade
   _____ GED
   _____ High School Diploma
   _____ Bachelors Degree
   _____ Masters Degree
   _____ Ph. D.
   _____ Other (Please explain)

12) What is your relationship status?
   _____ Single
   _____ Married
   _____ Partner Status
   _____ Divorced
   _____ Widowed
   _____ Other, please explain

13) Is/was your partner
   _____ Hearing
   _____ Hard-of-Hearing
   _____ Deaf

14) What is the communication style used with each of your parents currently?
   Mother ________________________________
   Father ________________________________

15) Do you have a secondary disability in addition to being deaf or hard-of-hearing?
   _____ No
   _____ Yes
   If yes, please explain. ________________________________
16) Do you have children?
   _____ No
   _____ Yes
   If yes, what are the ages of your children?
   ______________________________________
   How many children are hearing? _____
   Deaf or hard-of-hearing? _____

17) Who do you currently live with? (You may check more than one.)
   _____ Lives Alone       _____ Roommate
   _____ Spouse           _____ Parents
   _____ Children         _____ Other, please explain
   _____ Partner
Appendix F

ASQ

Show how much you agree with each of the following items by rating them on this scale:
1=totally disagree; 2=strongly disagree; 3=slightly disagree; 4=slightly agree; 5=strongly agree; 6=totally agree.

1. Overall, I am a good person
   1    2    3    4    5    6
totally disagree

2. It’s easier for people to get to know me than to know others.
   1    2    3    4    5    6
totally disagree

3. I know that other people will be there for me when I need them.
   1    2    3    4    5    6
totally disagree

4. I prefer to depend on myself. I don’t like to depend on other people.
   1    2    3    4    5    6
totally disagree

5. I prefer to be alone.
   1    2    3    4    5    6
totally disagree

6. If you ask for help, it means you’re a failure or no good.
   1    2    3    4    5    6
totally disagree

7. People’s worth should be judged by what they achieve.
   1    2    3    4    5    6
totally disagree

8. Achieving things is more important than building a relationship.
   1    2    3    4    5    6
totally disagree

9. Doing your best is more important than getting along with others.
   1    2    3    4    5    6
totally disagree

10. If you’ve got a job to do, you should do it. It doesn’t matter who gets hurt.
    1    2    3    4    5    6
totally disagree
11. It’s important to me that others like me.
    1 2 3 4 5 6
totally disagree  totally agree

12. It’s important to me to avoid doing things that others won’t like.
    1 2 3 4 5 6
totally disagree  totally agree

13. I find it hard to make a decision unless I know what other people think.
    1 2 3 4 5 6
totally disagree  totally agree

14. I have many friends, but I don’t know them very well.
    1 2 3 4 5 6
totally disagree  totally agree

15. Sometimes I think I am no good at all.
    1 2 3 4 5 6
totally disagree  totally agree

16. I find it hard to trust other people.
    1 2 3 4 5 6
totally disagree  totally agree

17. I find it difficult to depend on others.
    1 2 3 4 5 6
totally disagree  totally agree

18. I often want to get closer to people than they want to get close to me.
    1 2 3 4 5 6
totally disagree  totally agree

19. I find it pretty easy to get close to other people.
    1 2 3 4 5 6
totally disagree  totally agree

20. I find it easy to trust others.
    1 2 3 4 5 6
totally disagree  totally agree

21. I feel comfortable depending on other people.
    1 2 3 4 5 6
totally disagree  totally agree
22. I worry that other people won’t care about me as much as I care about them.
   1 2 3 4 5 6
totally disagree totally agree
23. I worry about getting too close to people.
   1 2 3 4 5 6
totally disagree totally agree
24. I worry that I won’t be good like other people.
   1 2 3 4 5 6
totally disagree totally agree
25. I am not sure how I feel about being close to other people.
   1 2 3 4 5 6
totally disagree totally agree
26. While I want to get close to others, I feel uncomfortable about it.
   1 2 3 4 5 6
totally disagree totally agree
27. I wonder why people would want to be involved with me.
   1 2 3 4 5 6
totally disagree totally agree
28. It’s very important to me to have a close relationship.
   1 2 3 4 5 6
totally disagree totally agree
29. I worry a lot about my relationships.
   1 2 3 4 5 6
totally disagree totally agree
30. I wonder how I would live without someone to love me.
   1 2 3 4 5 6
totally disagree totally agree
31. I feel confident about relating to others.
   1 2 3 4 5 6
totally disagree totally agree
32. I often feel left out or alone.
   1 2 3 4 5 6
totally disagree totally agree
33. I often worry that I do not really fit in with other people.
   1 2 3 4 5 6
totally disagree totally agree

34. Other people have their own problems, so I don’t bother them with my problems.
   1 2 3 4 5 6
totally disagree totally agree

35. When I talk about my problems with other people, I usually feel ashamed or foolish.
   1 2 3 4 5 6
totally disagree totally agree

36. I am too busy with many activities. I don’t have enough time for relationships.
   1 2 3 4 5 6
totally disagree totally agree

37. If something is bothering me, other people generally know about it and are concerned.
   1 2 3 4 5 6
totally disagree totally agree

38. I am confident that other people will like and respect me.
   1 2 3 4 5 6
totally disagree totally agree

39. I get frustrated when other people are not there when I need them.
   1 2 3 4 5 6
totally disagree totally agree

40. Other people often disappoint me.
   1 2 3 4 5 6
totally disagree totally agree

(Feeney & Noller, 1996; Feeney, Noller, & Hanrahan, 1994; Steider, 2001)
Appendix G

CUA
The Catholic University of America

TRANSCRIBER
CONFIDENTIALITY
FORM

Title of Study: Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience

Principal Investigator: Ellen Schaefer-Salins, Ph. D. Candidate of NCSSS

Acknowledgement

I, (Transcriber Name) _________________________, agree to transcribe the ASL interviews into English for the study, Attachment Issues of Deaf Adults with Hearing Parents: Exploring the Lived Experience, conducted by Ellen Schaefer-Salins. The transcriber will be paid at the rate of $50 per hour for the transcription of the interviews.

Confidentiality

I understand that all information from the videos, and other information from the study, will be kept confidential. If there is a conflict in transcribing a video, the principal investigator, Ellen Schaefer-Salins, will be informed.

Access and Dissemination

I understand that access to the videos will be limited to the principal investigator and this transcriber.

Name_____________________________ Date ______

Signature _________________________ Date ______
References


http://www.audiology.org/sites/default/files/journal/JAAA_12_04_03.pdf


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