Visible Voices - facilitating conversations between deaf and hearing family members

National Deaf Children, Young People Families Service (or Deaf CAMHS)
The Central England team is situated within Dudley and Walsall Mental Health Partnership NHS Trust

Common issues where there is one profoundly deaf family member:
- **Protection** – from prejudice, from being harmed (e.g. road safety), from unsympathetic family members
- **Guilt** – ‘Did I do anything wrong?’ ‘If only I wasn’t deaf, my parents wouldn’t have split up.’ ‘I know how difficult life is for my child.’
- **Decisions** – education, mode of communication, cochlear implant
- **Embarrassment** – unusual voice, facial expressions and hand-waving (signing or gestures), dependency
- **Relative Isolation** – from the rest of the family, peers, neighbours, hearing culture
- **Effort** – to lip-read and listen, make oneself understood, explain complex matters, learn sign language, include the deaf person
- **Gaps** – in understanding, information, delayed language leading to delayed social, emotional and cognitive development (including literacy)

Common factors in the families I meet:
- **The only one** - 90% profoundly deaf babies are born into a family who have had minimal experience of deafness
- **Patchy communication** - It is rare when all family members can sign fluently unless one or both parents are also profoundly deaf
- **Postcode lottery** - Education authorities vary in their policy for deaf children. Some are educated out of county e.g. residential school
- **Professionals overload** - Most have met countless professionals as part of ‘normal’ services i.e. before any mental health issues are flagged up.

Possible effects when working via an interpreter in a family therapy setting (Ref: M.Harvey 1998)
Release from responsibility/dependence
- Less/more emphasis on deafness as an issue
- Extra time will be needed to prepare interpreter and de-brief afterwards
- ‘news of a difference’ (Bateson) very likely

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