

APPENZELLER, MARGO CATHARINE, Ph.D. The Time between “Just Going to Work” and “Being There”: Fathers’ Experiences Parenting Young Children with Hearing Loss. (2015)

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This qualitative study examines the experiences and perceptions of fathers of young children with hearing loss. The investigation describes fathers’ experiences with the identification of hearing loss, diagnosis of hearing loss, receipt of early intervention services, and transition to as well as experiences within school services. Using phenomenological methods, a total of 18 interviews were conducted with six fathers of children with hearing loss. All participants were married middle class fathers of multiple children with at least one child who had hearing loss who utilized assistive listening technology to develop spoken language as their primary form of communication. The major research question that guided the research was how do fathers of young children with hearing loss experience fatherhood?

Findings reveal that fathers of children with hearing loss utilize the role model of their own father as they conceptualize their own fatherhood identity. They seek to be fathers who are involved with their children in similar ways to those of their own fathers and to improve on their fathers’ involvement where possible. Fathers prioritize their involvement in their children’s lives and strive to be an active co-parent. Fathers desire to provide their children with hearing loss with opportunities to have a successful future. The fathers of children with hearing loss included in this study viewed the use of cochlear implants and hearing aids to access and develop spoken language as their children’s primary mode of communication as an opportunity for their children to have successful

futures. Given their children's perceived successful outcomes in communicating through spoken language, fathers depicted the concept of wellness -in-the -foreground perspective of their children, thus viewing them from a non-deficit perspective. Fathers reflected that their concept of disability had shifted over time to become less deficit based to that of highlighting individual accomplishments in meeting challenges posed by a disability.

THE TIME BETWEEN “JUST GOING TO WORK” AND “BEING THERE”:
FATHERS’ EXPERIENCES PARENTING YOUNG
CHILDREN WITH HEARING LOSS

by

Margo Catharine Appenzeller

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Approved by

Mary V. Compton
Committee Chair

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To Fathers

To my husband, my parents, my in-laws, my grandparents, my extended family, my children, and my friends who are family by choice. Thank you all for teaching me every day about the importance of family.

Two people are better off than one, for they can help each other succeed. If one person falls, the other can reach out and help. But someone who falls alone is in real trouble. Likewise, two people lying close together can keep each other warm. But how can one be warm alone? A person standing alone can be attacked and defeated, but two can stand back-to-back and conquer. Three are even better, for a triple-braided cord is not easily broken.

Ecclesiastes 4: 9-12 (NLT)

APPROVAL PAGE

This dissertation, written by Margo Catharine Appenzeller, has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair Mary V. Compton

Committee Members Linda Hestenes

Jean King

Pamela Williamson

October 16, 2015
Date of Acceptance by Committee

October 16, 2015
Date of Final Oral Examination

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CHAPTER I

INTRODUCTION

The birth of an infant has a profound impact on parents as individuals, parents as a couple, the interactions between and among family members, and the family system as a unit (Antonucci & Mikus, 1988; Bronfenbrenner, 1979, 1994; Bronfenbrenner & Morris, 2006). Consequently, parents, children, and families adapt in response to the interactions among family members as a result of the presence of an infant in the family. From a transactional perspective, children affect changes in their parents and conversely, parents influence their children's development over time (Sameroff, 2009). Similarly, the birth of a child with a disability affects each member of the family system (Bradley, Rock, Whiteside, Caldwell, & Brisby, 1991; Selman 2010; Sobsey, 2004). Critical changes in family dynamics following the birth of a child with a disability allow family members to cope and support each other. These changes in family dynamics may promote individual or family-level positive changes or inhibit growth of the individual and the family unit (Bennett & Deluca, 1996; Dunst, Johanson, Trivette, & Hamby, 1991; Judge, 1998; Sobsey, 2004).

Family-centered principles are central to the provision of early intervention services to families of children with disabilities (Allen, 2007; Dunst, 2002; Dunst & Trivette, 1989; Hansuvadha, 2009; McWilliam et al., 1995). The term family-centered refers to practices that “empower people by enhancing and promoting individual and

family capabilities that support and strengthen family functioning” (Dunst, Johanson, Trivette, & Hamby, 1991, p. 115). A family-centered philosophy is defined as a set of interconnected beliefs and attitudes that shape “sensitivity and respect for the culture and values of individual family members and each family’s ecology, as members define the people, activities and beliefs important to them” (Early Childhood Technical Assistance Center, 2013, para. 1). Furthermore, services provided in this manner are required as of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA Part C §303.12(b)). Further, family centered philosophy is also considered as children transition from early intervention into school based programing and throughout the provision of special education services. Significant to this specific study, family involvement is important to all aspects of a child’s development, especially for children with language impairments, particularly hearing loss (Moeller, 2000; Wilcox & Woods, 2011) and with children’s later success in school (Epstein, 2001; Epstein & Sanders, 2001; Jordan, Orozco, & Averett, 2002; Pomerantz, Moorman, & Litwack, 2007).

Mothers typically serve as the communicator between the family and service providers or school personnel, with fathers assuming a secondary role in the early intervention process (Ballard, Bray, Shelton, & Clarkson, 1997; Davis & May, 1991; Turbiville, Turnbull, & Turnbull, 1995). Thus, residential fathers—fathers who live in the same household with their children—are considered members of the family; however, they may be overlooked during developmental, health, and educational planning, service delivery, and policy development (Ballard et al., 1997; Turbiville & Marquis, 2001; Turbiville et al., 1995; Wells & Sarkadi, 2012).

Current estimates disclose that there are 24.4 million married fathers of children with without and with disabilities under the age of 18 (National Responsible Fatherhood Clearinghouse [NRFC], 2013). Additionally, 21% of fathers are raising three or more children who are younger than 18 years old (NRFC, 2013). Research suggests that fathers have a significant impact on their children's development. First, residential fathers contribute economically to the family (Cabrera & Peters, 2000; Castillo, Welch, & Sarver, 2011; Lamb, 2000). Families with a residential father are less likely to live in poverty (Cabrera & Peters, 2000; Yoshida, 2012). Poverty negatively affects "health, cognitive development, social behaviors, and psychological well-being in children" (Cabrera & Peters, 2000, p. 297). Second, fathers offer unique contributions to their children's development through their involvement with them that may influence children's communication development (Clarke-Stewart, 1980; Gleason, 1975; Tomasello, Conti-Ramsden, & Ewert, 1990), school achievement in kindergarten (Baker, Vernon-Feagans, & the Family Life Project Investigators, 2015), cognitive development (Bronte-Tinkew, Carrano, Horowitz, & Kinukawa, 2008), general developmental outcomes (Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008), and play skill development (Pleck & Masciadrelli, 2004). Third, fathers serve as gender role models for their children (Lamb, 2000). Fourth, fathers serve as an emotional support for mothers and others who provide direct care to children (Lamb, 2000).

Father involvement has been noted to be critical to aspects of children's development. Several determinants may influence father involvement. Pleck (1997) outlined elements that determine levels of father involvement that include motivation,

skills, social supports, and institutional practices. Additional determinants of father involvement include fathers' personality, attitude, fathers' work flexibility (Tanaka & Waldfogel, 2007), marital satisfaction (Bragiel & Kaniok, 2011; Sobsey, 2004), and psychological disposition (Quinn, 1999). Moreover, fathers may model themselves after their own fathers; however, research indicates that this is rare and it is more likely that fathers will be influenced by media images of other fathers (Quinn, 1999). These findings accentuate that fathers may determine the terms and amount of their involvement with children based on several individual characteristics, previous and present interactions with others, and current social context. Therefore, fathers who experience differing interactions with their children may necessitate altering their expected involvement with their children from preconceived ideas concerning fatherhood (Daly, Ashbourne, & Brown, 2012).

Many investigations of fathers rely on samples of fathers who are white, middle class, and married (Carpenter & Towers, 2008). However, research on fatherhood is beginning to encompass fathers of varying ethnic groups, cultural backgrounds, ages, and experiences. One area of emerging research within the variety of fathers' experiences is the subject of fathers of children with disabilities. Currently in the U.S., one of every 33 infants is born with a birth defect (Centers for Disease Control [CDC], 2014). Moreover, one in three children will be identified with at least one disability by the time they are of school age (CDC, 2014). The importance of fathers' involvement with their children identified with disabilities has been addressed within some studies; however, limited research has highlighted fathers' experiences with their children who have disabilities

(e.g., Donaldson, Elder, Self, & Christie, 2011; Hakoama & Ready, 2011; McBride, Schoppe, & Rane, 2002). These narratives highlight individual changes fathers experienced throughout parenting experiences (Davis & May, 1991; Hornby, 1992). Accordingly, Hornby reviewed accounts of fathers' perceptions of parenting their children who have disabilities. Results revealed the fathers had a variety of experiences in parenting their children with disabilities. Many similarities in the fathers' perceptions were noted such as strong reactions upon identification of their children's disabilities; a process of adapting to the disability; negative feelings toward professionals and the general public; and stress and negative effects on fathers' lives, wives, and marriages, such as continually disrupted sleep and conflicts with their spouse (Hornby, 1992). Increased use of qualitative studies can provide information describing the current experiences of fathers of children with disabilities, addressing the myriad of technological, social, and educational advances regarding disabilities within the current social context.

In addition to fathers' experiences with their children with a disability, research has addressed father involvement in early intervention services and in child rearing activities with children with disabilities. Although several studies of fathers of children with disabilities include a wide range of disabilities (e.g., Dyer, McBride, Santos, & Jeans, 2009; Olsson & Hwang, 2001), more recent studies of fathers have focused on specific disabilities (e.g., O'Halloran, Sweeney, & Doody, 2013; Ricci & Hodapp, 2003). For example, Flippin and Crais (2011) conducted a systematic review of the literature concerning the theoretical and potential benefits of increased father involvement with

children who have autism spectrum disorders in the area of child communication and symbolic play. Flippin and Crais provide theoretical and empirical support for the value of fathers' roles and involvement with children with autism and support the need for increased research in this area.

Results of research regarding fathers of children with significant health care needs share similar findings with investigations of fathers of children with disabilities. Cashin, Small, and Solberg (2008) conducted a phenomenological study of fathers of children diagnosed with asthma. These fathers expressed relief when their child was diagnosed and they learned to manage their child's health care needs. Although they remained vigilant in providing preventative care for their children, they expressed concern about their children's continued health. These findings regarding fathers' experiences of relief following the diagnosis of a health care need and their increased comfort regarding their children's management may be similar to the experiences of fathers of children with other disabilities or health care needs.

Families' experiences with children who have hearing loss have radically changed over the past 20 years. Major medical and technological advances, along with significant educational changes, have altered the experience of having an infant identified with a hearing loss (e.g., Universal Newborn Hearing Screening, programmable digital hearing aids, cochlear implants, early intervention services). Significant amounts of information are provided to parents as they begin to make decisions for their children and family regarding communication options and subsequent intervention services. Several studies have addressed parents' perceptions of these aspects of early intervention and hearing

loss such as Universal Newborn Hearing Screening process (e.g., DesGeorges, 2003; Fitzpatrick, Angus, Dirieux-Smith, Graham, & Coyle, 2008), experiences regarding cochlear implantation (e.g., Huttunen & Valimaa, 2010; Zaidman-Zait, 2007), perspectives regarding genetic testing (e.g., Geelhoed, Harrison, Davey, & Walpole, 2009), and decisions regarding the communication modality used in their families (e.g., Decker, Vallotton, & Johnson, 2012). However, few of these studies have specifically included fathers and none of the studies have represented fathers' specific perceptions or experiences.

Increased parental involvement is crucial for children with hearing loss to develop communication skills similar to hearing peers (DesJardin, Eisenberg, & Hodapp, 2006; Moeller, 2000). Limited studies have been conducted concerning fathers of children with hearing loss (Calderon & Low, 1998; Ingber & Most, 2012; McNeil & Chabassol, 1981, 1984). Thus, by examining fathers' experiences with their children who have hearing loss, we may be able to identify areas necessary to provide improved family-centered services that could increase paternal involvement within the family and in educational settings. The purpose of this study was to explore the experiences of fathers of children with hearing loss as they navigate these challenges with their family.

Purpose of the Study

The purpose of the present study was to investigate the lived experiences of fathers of young children who have hearing loss. Few studies have included fathers of children with hearing loss among their participants. The studies that have been conducted with fathers of children with hearing loss indicate that fathers are involved to a

level similar to that of fathers of children without a hearing loss (Ingber & Most, 2012). The activities that fathers elect to participate in with their children may differ from those tasks and activities mothers engage in with their children (e.g., advocacy, refusing a promotion, pursuing a job change; McNeil & Chabassol, 1984). However, a more recent investigation revealed that fathers' involvement was positively correlated with feelings of parenting self-efficacy, family cohesion, family adaptability, and maternal report of father involvement (Ingber & Most, 2012). Other empirical research documents aver that children who have a father who was present during early intervention sessions have improved academic and language outcomes (Calderon & Low, 1998). Although these findings have demonstrated that fathers of children with hearing loss are involved with their children, results have not illustrated multiple aspects of the paternal experience with a child who has hearing loss. Thus, the purpose of this qualitative study was to determine how fathers of young children with hearing loss described their experiences of fathering their children from infancy through young childhood.

Chapter II outlines the theoretical framework for the study and provides an overview of the literature concerning father involvement with children with and without disabilities, fathers of children with hearing loss, and the current context of families with children who have hearing loss. Chapter III presents an introduction to phenomenology, a subjectivity statement, and specific methods employed in the study. Chapter IV reviews the findings and the descriptions of the experiences of fathers of young children who have hearing loss. The group textural, structural, and essences of the experience are provided in this chapter. Chapter V provides a discussion of the research findings in

relation to the current literature base, limitations of the study, as well as implications for practice and future research.

Terminology

Fathers

There are multiple ways for men to become either biological or conceptual fathers to children. Moreover, there are multiple ways in which men who are not married to the mother of their children may remain involved parents. Fathers who described themselves as living in these family structures were excluded from the study because the experiences of these fathers may be significantly different from those of biological fathers who reside with their children. Moreover, current research on fathers of children with disabilities focuses on biological fathers in residence with their children (Carpenter & Towers, 2008).

Parenting or Fathering

The American Psychological Association (APA) defines parenting as: “Parenting practices around the world share three major goals: ensuring children’s health and safety, preparing children for life as productive adults and transmitting cultural values. A high-quality parent-child relationship is critical for healthy development” (APA, 2014, para. 1). More specifically, within a report concerning responsible fathering, Doherty, Kouneski, and Erickson (1996) posit the definition of responsible fathering as “establishing paternity, being present in the child’s life (even if divorced or unmarried), sharing economic support, and being personally involved in the child’s life in

collaboration with the mother” (para. 1). Within this study, all aspects of fathering were addressed.

Family-centered

Dunst et al. (1991) provide a clear definition of family-centeredness that may be utilized to evaluate the level of family-centered service provision. Family-centered describes a specific model of family-oriented early intervention programming. Family-centered programs offer services and practices that are consumer-driven. Families who are involved in these services determine their needs and the services that will best satisfy these needs. Professionals who work within family-centered programs strive to increase family decision-making, competencies, and capabilities. The practices within this model focus on strengthening families’ resources and support networks. Family-centered does not describe services in which intervention is given only to the individual with medical or service needs, ignoring the ecological system in which the individual lives. Moreover, family-centered services do not focus only on the expertise of professionals or health care workers; rather, they involve the perspectives of *all* of those involved with the individual with health care or intervention needs.

Early Intervention

Early intervention is a term that refers to services and intervention given to parents and children aged birth to six years. For the purpose of the current study, the term early intervention was used to refer specifically to services for children from birth to the age of three years of age. Services from the ages of three to six years of age were referred to as early childhood education or services. Early intervention services are

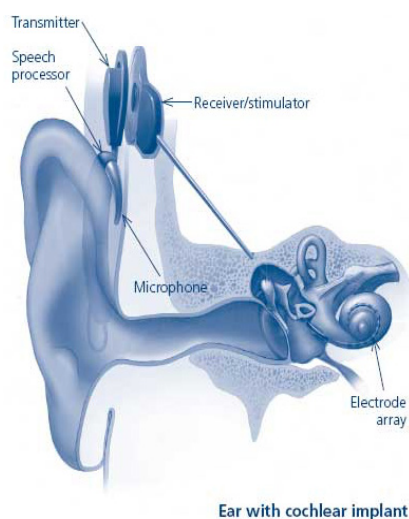
provided to children and families as a result of Public Law 99-457, Part H Early intervention program (1986) (Dunst et al., 1991) and include the family-centered provision of service coordination, speech language pathology, physical therapy, occupational therapy, assistive technology, audiology, counseling/psychological, family training, medical evaluations, nursing, nutrition, social work, special instruction, transportation, and vision within children's natural environments (e.g., home or child care).

Universal Newborn Hearing Screening (UNHS)

Universal Newborn Hearing Screening (UNHS) refers to the screening protocol to identify potential hearing loss completed with newborn infants prior to their hospital discharge. The UNHS program is conducted in all 50 states and territories, as well as in other nations. Infants are screened using one or two tests, depending on current state practices. One test, Otoacoustic Emission (OAE) is conducted by inserting a small microphone into an infant's ear to detect the presence or absence of a reflex response in the ear. The second test, Auditory Brainstem Response (ABR), introduces a sound into a child's ear and the brain's response to these sounds after presentation is recorded. Hospitals may use either or both tests to screen infants for hearing loss prior to discharge (Baby's First Test, 2014). If a child's results of the screening indicate further diagnostic testing, parents are referred for follow-up appointments to re-test the infants' hearing with a pediatric audiologist. If testing again indicates further testing, the infant is scheduled for audiological and medical evaluation (CDC, 2014).

Cochlear Implant

A cochlear implant is a medical device that utilizes both an internal and external instrument to allow an individual with a sensorineural hearing loss to receive an acoustic signal that is then processed electronically and transmitted to the auditory nerve. The external device consists of a microphone, a speech processor, and a transmitter. The internal components are an electrode array that is surgically implanted into the cochlea and a transmitter that is inserted in the mastoid bone, under the skin. The cochlear implant captures acoustic signals via the microphone, converts these signals to electrical energy via the speech processor, and transmits the electrical signal via the transmitters (one external and one internal) to the electrode array within the cochlea. The components of the cochlear implant are illustrated in Figure 1(National Institute on Deafness and Other Communication Disorders NIDCD, 2014).



Source: National Institute on Deafness and Other Communication Disorders (NIDCD). (2014 August 18) Health Information, Hearing, Ear Infections and Deafness. Retrieved from <http://www.nidcd.nih.gov/health/hearing/pages/coch.aspx>

Figure 1. Cochlear Implant.

Child with a Hearing Loss

Throughout the study, the term “child/individual/ person with a hearing loss” was used to refer to the participants’ children. This term was selected to accurately convey the range of hearing levels of the children (e.g., mild, moderate, severe, or profound), various conceptualizations of an individual’s self-identity, and the culture alignment of individuals with hearing loss. The commonly utilized term of child who is d/Deaf or hard of hearing represents person first language; however, it divides individuals based on their level of hearing and may indicate involvement in the Deaf culture. The focus of the current study was fathers of children who are learning to listen and speak. None of the fathers who were interviewed currently ascribed to Deaf culture within their immediate families. Although the children of these fathers may elect to participate within Deaf culture in the future, cultural membership and identity remains an individual choice that is fluid (Kemmerly & Compton, 2014). Therefore, the term “child with a hearing loss” more accurately describes the participants’ children from their perspectives and was the terminology that they more often utilized themselves when referring to their child.

Listening and Spoken Language

The terminology listening and spoken language (LSL) refers to a communication philosophy regarding the education of individuals with hearing loss. Historically, similar communication approaches were referred to as Auditory Verbal or Auditory Oral. Currently, both communication approaches are included within the Listening and Spoken Language (LSL) approach (AG Bell, n.d.). The LSL approach to communication capitalizes on the implementation of early identification of hearing loss in infants,

intervention with the use of appropriate listening technology (e.g., hearing aids and/or cochlear implant), and family-centered early intervention services provided to the family by teachers of the deaf, speech language pathologists, or audiologists. The goal of the LSL approach is to provide instruction to the child with hearing loss and his or her and family so that the child will be able to use spoken language as his/her primary mode of communication.

CHAPTER II

REVIEW OF LITERATURE

Fathers play a crucial role in the development of their children within the context of their families (Amato, 1998; Castillo et al., 2011; Flouri & Buchanan, 2003; Lamb, 1997, 2004; McBride, Schoppe-Sullivan, & Ho, 2005; Parke, 1996; Sarkadi et al., 2008; Tamis-LeMonda, & Cabrera, 2002). Moreover, the interactions between fathers and children may influence areas of development and individual changes within each father and each of his children (Belsky, 1984; Bronte-Tinkew et al., Horowitz, 2008). Thus, the transition to parenthood may precipitate changes in a father's individual development (Antonucci & Mikus, 1988; Cowan & Cowan, 2000). Consequently, these changes in individuals will have a strong effect on the family system (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). Despite the importance of fathers in families, research has historically focused on the role of mothers in families (e.g., Fagan & Press, 2008; Sevón, 2012). More recently, research has begun to recognize the importance of exploring the role responsibilities of fathers within families (Flouri & Buchanan, 2003; Lamb, 1997; Pleck & Pleck, 1997; Yoshida, 2012). From these perspectives, the role responsibilities and experiences of fathers who have children with disabilities may affect both the development and outcomes of children, fathers, and families (Bragiel & Kaniok, 2011; Sobsey, 2004). Therefore, it is important to explore how fathers of children with disabilities experience fathering their young children (Daly et al., 2012). Research in the

area of fathers of children with disabilities continues to expand (e.g., Bentley, Zvonkovic, McCarty, & Springer, 2015; Mueller & Buckley, 2014a, 2014b; Selman, 2010). Due to the amount of variability among the experiences of fathers of children with disabilities (e.g., type of disability, health of children, behavior of children, fathers' educational background), generalizability of findings among fathers is difficult. Consequently, disability specific research is becoming more common (e.g., fathers of children with Down Syndrome). Research regarding specific populations allows for a greater understanding of fathers' role responsibilities and experience in parenting their children with disabilities within more specific contexts. However, fathers of children with sensory disabilities (i.e., vision and hearing loss) have been the subjects of few studies (Lamb & Laumann-Billings, 1997).

The experiences of fathers of children who have hearing loss have changed significantly over the past 20 years due to medical, technological, educational, and societal changes (e.g., universal newborn hearing screenings, early intervention, cochlear implants). In considering fathers of children who have hearing loss, it is critical to determine what these fathers experience and how they interpret these experiences.

Overview of the Study

The purpose of the current study was to determine the lived experiences of fathers of young children who have hearing loss who utilize spoken language, and to determine the meanings these fathers make of their experiences with their children in relation to their own lives. To achieve these goals, the following research question was posed: "How do fathers of young children with hearing loss describe their experiences of

fathering their children from infancy through young childhood?” Through open-ended, in-depth interviews, the current study sought to describe fathers’ perceptions of events and experiences with their children who have hearing loss. Literature regarding fathers’ experiences with their children, specifically, children who have disabilities, and the literature describing the experiences of families of children with hearing loss were examined to provide context for the current investigation.

This chapter provides an explanation of the bioecological theory of individual development that guided the development of the study and a review of the literature concerning fathers of young children with and without disabilities, and specifically hearing loss, as framed by the bioecological theory. After the review, several topics specific to hearing loss are addressed. A synthesis of the literature regarding fathers of children with hearing loss concludes the chapter.

Bioecological Theory of Development

The use of theory to ground the design of an investigation should be clearly outlined throughout all elements of the study in order to provide a clear test of the theory itself (Tudge, Mokrova, Hatfield, & Karnik, 2009). Bronfenbrenner’s conceptualization of the bioecological theory of development was used in the design and implementation of the present investigation. Therefore, I will provide an overview of this theory, key concepts within the theory, and provide examples of how each concept was applied to the focus of the current study, fathers of children with hearing loss.

Bronfenbrenner’s ecological theory of human development posits that all individuals grow and develop in response to the environments they inhabit and the social

interactions they experience (Bronfenbrenner & Morris, 2006; White & Klein, 2007). An individual's environment consists of multiple interconnected systems, and these systems may cause individuals to change in response to the various systems they experience.

Early work in the ecological theory of human development was derived from studies of plant ecology, and subsequent studies began to examine the human population and their development, exploring population growth. Ideas central to the ecological theory are based on Darwin's ideas of natural selection and Mendel's findings regarding genetics. With a basis in biology, the ecological theory examines both genetic and biologic forces in concert with social influences that shape human beings' development over time.

Thus, with a basis in ecology theory, Bronfenbrenner's bioecological theory of humans offers researchers a means for studying individual human development over time (Bronfenbrenner & Morris, 2006; White & Klein, 2007). Within this theory, "Development is defined as a phenomenon of continuity and change in the biophysical elements of human beings, both as individuals and groups" (Bronfenbrenner & Morris, 2006, p. 793). Bronfenbrenner's conceptualization of the bioecological theory highlights the interactions of the characteristics of the developing person, the social context, the developmental process, and time throughout the life course (Bronfenbrenner & Ceci, 1994). The most critical change in this theory since its initial form is the "focus on the environment of an individual to a focus on process within an individual and with others within a particular context" (Bronfenbrenner & Morris, 2006, p. 794). This concept is applied in the current investigation through its highlighting fathers as the developing

person in bioecological terms, rather than Bronfenbrenner's typical focus on children as the developing person in his theory.

In the mature version of the bioecological theory, four defining properties are considered within an individual's development: *Person*, *Process*, *Context*, and *Time* (Bronfenbrenner & Morris, 2006, p. 794). These elements offer a theoretical framework from which to examine individual development and contemporary family processes. Within the *Person* property of Bronfenbrenner's bioecological theory, he acknowledged the role of personal characteristics that individuals bring into any interaction. For example, an individual may be drawn to talk with someone they meet at a social gathering because they were both women; however, they continue their conversation because they share a common interest and they are able to meet often due to having similar work obligations. These characteristics may be a result of prior development, biological, or genetic aspects of the developing person. Bronfenbrenner further divided these characteristics into three types, termed *Demand*, *Resource*, and *Force*. *Demand* is defined as characteristics that "invite or discourage reactions from the social environment" (Bronfenbrenner & Morris, 2006, p. 796). For example, an individual's age, gender, eye color, or other physical characteristics may encourage other individuals to engage them in a social relationship (Tudge, et al., 2009). *Resources* are an individual's knowledge, experiences, skills, and abilities that allow him or her to access and engage in various interactive processes. *Force* is defined as the means for beginning and sustaining these interactions within a specific area of development. Within the current study of fathers of children with hearing loss, examples of the *Person*

characteristics fathers may bring to their experience of parenting a child with a hearing loss may be the *Resources* gained from their prior employment experiences in managing services. A further example of *Person* characteristics related to the present study may be that a father who is very outgoing and open in his communication style may use as a *Force* to sustain positive relationships with service providers. Within the current study, fathers' socio-economic status, type of employment, and ethnic and cultural background were considered as the context of their involvement with their children who have a hearing loss.

A shift within Bronfenbrenner's most recent conceptualization of the bioecological theory is a focus on processes that influence human development. A *Proximal Process* is a repeated activity that an individual engages in with a person, an object, or a symbol over time. An example of a *Proximal Process* that a father of a child with a hearing loss may engage in with his family and child is attending frequent audiological appointments. Continued involvement in these reoccurring appointments and daily care of their child's hearing aids and/or cochlear implants may contribute to how fathers view themselves and their role within their family. According to Bronfenbrenner, the ecological environment is altered as a result of a change in roles, setting, or both (Bronfenbrenner, 1979). Moreover, Bronfenbrenner defines a role as "a set of behaviors and expectations associated with a position in society" (Bronfenbrenner, 1979, p. 25). With regard to the present study, fathers of children with hearing loss may come to view their role similar to that of other fathers as a breadwinner, as a moral guide for the family, or as a nurturing father (Pleck & Pleck, 1997) or they may perceive that

their role is somehow different due to the new behaviors or proximal processes they engage in due to their child's hearing loss.

Bronfenbrenner's (1979) concept of the environment, or context, is viewed as four inter-related systems. He suggests that there are four levels of analysis (e.g., *microsystem*, *mesosystem*, *exosystem*, and *macrosystem*) that influence the development of any individual over the course of time. The *microsystem* is defined by Bronfenbrenner as the interaction of the developing person with significant others. An example of a *microsystem* in the present study would be fathers' interactions with their child who has a hearing loss or their interactions with their spouse. Bronfenbrenner's *mesosystem* refers to the interrelations between and among *microsystems*. For example, a father's work microsystem may interact positively or negatively with his home microsystem (e.g., work flexibility; interruptions from work or home). The two systems overlap and produce a synergy, have a positive and supportive effect, or they may produce conflict for the fathers between the two systems. The *exosystem* is defined as any system that does not include the developing individual but has an indirect influence on how an individual continues to develop over time. Within the current study, an example of an *exosystem* would be a father's spouse's work environment and how this environment (exosystem) may be impacted by changes that occur in this environment. The *macrosystem* is defined as the general cultural context in which any *microsystem*, *mesosystem*, and *exosystem* operate. For example, fathers are influenced by the public policies regarding family and work issues. Moreover, behavioral expectations for fathers are derived from cultural norms.

Individuals develop over time as a result of their interactions with others and their environment. The environment of an individual may be defined as a series of systems that are interconnected. Fathers represent one developing individual within the family ecosystem. Men transition into the role of father and then continue to make transitions within this role (Palkovitz & Palm, 2009). The research question posed by this study focuses on the adaptations and behaviors of fathers within their family ecosystem from their perspectives as they experience the ecological transition into fatherhood of a child with a hearing loss. Through exploring the activities and behaviors of such fathers, it may be possible to develop an accurate view of the role fathers of children with hearing loss play within their environment.

The fourth defining property within Bronfenbrenner's bioecological theory is the concept of *Time* in which development occurs. Bronfenbrenner denoted three classifications of time that may influence an individual's developmental course. *Microtime* refers to the time that one engages in any task. *Mesotime* is defined as events that occur consistently over a period of weeks, months, years, or throughout someone's development. *Macrotime* refers to a generational or cohort conceptualization of time. Within the present study of fathers of children with hearing loss, through examining the activities that fathers choose to engage in with their children, I elected to explore both *microtime* and *mesotime*. The study of these fathers as a group adds to the current research base of fathers of children with hearing loss during a specific generation of fathers, or *macrotime*.

In the theoretical conceptualization of the present study, fathers of children with hearing loss are considered the person of interest and the developing person to be investigated. Thus, Bronfenbrenner's theoretical model offers insight into how fathers may develop over time into their role as a father of a child with a hearing loss. For example, fathers' *Person* characteristics (*Demand*, *Force*, and *Resource*) may offer insight into the *Proximal Processes* they are involved in with their children who have hearing loss and other family members. Bronfenbrenner's conceptualization of *Context* and the four, interrelated systems of the *micro*, *meso*, *exosystem* and *macrosystem* may influence fathers' roles with their children who have hearing loss. The property of *Time* may affect the processes of fathers and the changes in fathers' behaviors and expectations over *Time*. Thus, considering Bronfenbrenner's *Person*, *Process*, *Context*, and *Time* model, several areas of current research were reviewed. The following sections will address key concepts regarding fathers' involvement with their children. Research regarding the ecosystem of families of children with hearing loss will be outlined, as well as information specific to the current technological and educational context regarding hearing loss.

Father Involvement

In order to gain an understanding of fathers' experiences with their children who have hearing loss, literature regarding the concept of father involvement was reviewed from a bioecological perspective (Bronfenbrenner, 1979, 1994; Bronfenbrenner & Ceci, 1994). Through identifying results that offer insight into each of the four elements of Bronfenbrenner's *Person*, *Process*, *Context*, and *Time* model, critical elements of fathers'

parenting experiences were identified and utilized in the design of this study. These concepts are central to an expanded understanding of why fathers' experiences with their children may be different from those of mothers, and are thus worthy of research. Interest among researchers regarding fatherhood has increased over the last four decades. This interest has resulted in a body of research, policy, and theory regarding the importance of fatherhood in the lives of men, children, and families. Over the course of four decades of study, the conceptualization of fatherhood and father involvement has been influenced by social and cultural changes (Pleck & Pleck, 1997). The following sections will review the definition of father involvement and provide information regarding research concerning father involvement. Subsequently, research concerning father involvement, fathers of children with disabilities, and families of children with hearing loss will be discussed from a bioecological perspective.

Fatherhood is considered a multi-faceted concept that may be explored quantitatively or qualitatively (Day & Lamb, 2004; Lamb, 1997). Individuals may express varying ideas regarding the most central role fathers fill within families. More inclusive definitions of fatherhood result in fewer recognized core features of "good fathers" compared to those of a "good mother." However, four features are commonly depicted as essential to fathers: (a) economic provisioning, (b) psychological and emotional support, (c) provision of nurturance to children, and (d) enforcement of morals and ethics. These four features can vary in and among individuals and within cultural or ethnic groups (Lamb, 2000). It is critical when researching fatherhood to determine the essential components according to the population in question, as culture and social

context may influence the relative importance of fathers' roles (Parke, 1996; Pleck & Pleck, 1997).

Definition of Father Involvement

Although father involvement is one of the more commonly researched topics, there is neither a single over-arching theoretical framework of father involvement, nor definition of father involvement (Quinn, 1999; Radin 1994). The most common definition of father involvement was posited by Pleck (1997) as a three-part definition encompassing engagement, accessibility, and responsibility or care of the child.

Engagement is conceptualized as one-on-one interaction with a child, such as feeding an infant, dressing a young child, or playing a game with a child. It is noteworthy that this definition does not include reading in the same room while a child plays or organizing children's play activities. Accessibility is defined as a lesser degree of availability than engagement or being close to the child, but not actively involved in play. Examples of accessibility are cooking dinner while children watch television nearby or talking on the phone while children play. Responsibility is defined as "the extent to which a parent takes ultimate responsibility for the child's welfare and care" (Lamb, 2000, p. 31).

Responsibility tasks include establishing babysitting, and ensuring that the child has clothes to wear and food to eat. In a review of the history of father involvement, Lamb (2000) cites that the average level of paternal involvement continues to increase over time. However, studies have emphasized the amount of time fathers spend in direct interaction with children (Lamb, 1997; Lamb & Tamis-LeMonda, 2004), rather than the type of involvement or the quality of the interactions.

The lack of research or clarity of a definition of father involvement may stem from the assumption that mothers often serve as the primary child caretaker. However, more current concepts of fathers' experiences suggest that fathers are involved more as "co-parents" with their spouse or even "stay at home dads." These changing social patterns indicate that fathers often fulfill multiple role responsibilities within families. Some of these roles may be that of moral guide, teacher, role model, protector, disciplinarian, and caregiver (Christiansen & Palkozitz, 2001; Hakoama & Ready, 2011; Lamb, 2010). These are "dads who do diapers" (Yoshida, 2012). The theoretical framework of Bronfenbrenner's bioecological model offers insight in its consideration of the relationships among multilayered systems of contexts into how father involvement and the current role responsibilities of fathers may be formed.

Person

Within Bronfenbrenner's bioecological model, *Person* refers to the characteristics of any developing person (Bronfenbrenner & Morris, 2006). Often the person of interest is a child; however, for the purpose of the present research, fathers will be considered the developing person. Bronfenbrenner outlined the following characteristics that influence an individual as they continue their development throughout adulthood. *Resources* are defined as skills, knowledge, and other information individuals have access to through their experiences or involvement in other systems (Bronfenbrenner & Morris, 2006). *Demand* refers to an individual's characteristics that encourage or discourage responses from others in their environment (Bronfenbrenner & Morris, 2006). *Force* is defined as an individual's means or methods for initiating and continuing interactions with others

(Bronfenbrenner & Morris, 2006). Research findings regarding these three elements as they relate to fathers are reviewed below.

Resources. The concept of resources plays a critical role in how fathers approach the new role responsibility of fatherhood. The resources that fathers bring to their new role may be their own past experiences, skills they have developed, and their intellect. In addition to these mental and emotional resources, fathers may have material goods that may serve as resources or social resources to aid them in role as a father. In the following section, some possible emotional, mental, material, and social resources are discussed.

Emotional resources offer individuals support and methods for managing their experiences. One example of an emotional resource for fathers may be how fathers view their role in the family and with their children. Specific to fathers of children with disabilities, the concept of emotional resources may include how these fathers view their role with their children. Individual parents may have differing conceptions concerning how they are involved or how they interact with their children who have disabilities. Van Hove et al. (2009) suggest that parents may develop unique metaphors to describe how they view their role responsibilities with their child who has a disability. The authors suggest that some metaphors used by the parents who were interviewed were more active, while others were more self-exploratory. Others reflected the teacher/trainer role. Examples of metaphors used by parents were that they functioned as a “traveler,” “Tintin in the land of care providers,” “manager,” “teacher,” “bridge builder,” and “warrior” (pp.

191–196). Despite these many metaphors, parents indicated that these roles were fluid and may change over time or among various situations.

Experiences may serve as an important mental resource for fathers. Quinn (1999) noted that fathers may form their identity as a father based on their own father, a determination to not repeat the mistakes of their own father, peers, or media images of fathers. Fathers have changed their ways of thinking regarding their role as fathers of their children—rather than only viewing themselves as the provider, men desire to “be there” for their children (Daly et al., 2012; Sarkadi et al., 2008). A significant barrier to father involvement may be fathers’ socialization in fulfilling the provider role, rather than the caregiver role in families. Often fathers have little experience in caregiving for young children and they doubt their skills to care for children. Therefore, they often defer to mothers (Parke, 1996).

Material resources such as the family’s socio-economic status may influence fathers’ involvement with their children. Although the material resource of income may be a critical aspect of an individual’s role as a father, research findings suggest that both income and involvement from fathers are linked to positive childhood outcomes (Painter & Levine, 2004). Fathers in lower socioeconomic status families tend to have increased time spent with children (Lamb, 2000). However, Wang et al. (2004) conducted a survey of quality of life indicators for families of children with severe disabilities and their results indicate that income is more connected for mothers’ levels of satisfaction and quality of life than for fathers.

Social support may also be a significant resource for fathers as they transition into their new role responsibilities. Fathers may lack social support to engage in caregiving activities. Fathers' social networks and work policies may not allow for them to engage in these activities with support (Carpenter & Towers, 2008; Parke, 1996). Carpenter and Towers's (2008) findings indicated that fathers found it difficult to have their child identified with a learning disability; however, they felt it was necessary for them as the father to "get on with it" and support their family (p. 120). Fathers recognized how critical their spouse's contributions were to their child and to the family. Therefore, fathers offered support through increased involvement in domestic tasks. Results also indicated that fathers were able to support their families through paid employment; however, fathers expressed that they received little formal support from their workplace for their circumstances. When the fathers who were interviewed were asked about support for themselves they reported that only a few individuals provided them with social support and, most commonly, they gained support from their spouse. Many fathers reported neither being offered nor asked about necessary support from professionals.

Demand. The concept of demand as discussed by Bronfenbrenner includes aspects of personal characteristics of the individual under investigation, such as age, gender, or physical appearance. These individual characteristics may influence the interactions between fathers and their children. One particular characteristic included in this concept that may influence father involvement is an individual's age. The age of fathers may influence the amount and kinds of activities they are involved in with their children and family. In families where the fathers do not reside in the same household as

the children, older, more educated fathers tend to be more positively involved with their children (Lerman & Sorensen, 2000; King, Harris, & Heard, 2004). Further, Castillo, Welch, and Sarver (2011) found that older fathers were more involved than younger fathers with their children. Emotional maturity may influence fathers who are older to become more involved through an increased understanding and identification with the role responsibilities associated with fatherhood.

Force. Some examples of force characteristics include an individual's temperament, motivation, and persistence (Bronfenbrenner & Morris, 2006). These individual characteristics may serve to encourage or discourage the continuation of an interaction between a father and his child, spouse, service provider, or other critical individual. Several examples of these concepts are discussed below from the literature regarding father involvement.

A father's sense of identity is formed by his experiences, feelings, and beliefs (Seligman & Darling, 1991). Men form their identities as fathers throughout their lives. As they get married and become husbands, they continue to shape their identities as future fathers. However, the paternal identity that they have created begins during the pregnancy (Dheensa, Williams, & Metcalfe, 2013). Men may ascribe to the breadwinner identity, the "new fathers" who are highly involved in care taking, or a protector (Cowan & Cowan, 2000; Hofner, Schadler, & Richter, 2011). Hofner et al. (2011) interviewed fathers regarding their development of their identity as a father throughout the transition to parenthood. Results of their interviews indicated that although the fathers interviewed desired to be more involved and nurturing than their own fathers were, they felt

themselves “slipping” into traditional gender roles of breadwinner and caretaker as children were born. The authors summarize:

Even if men are gifted with social and caretaking skills, and have a strong involved fatherhood identity prior to childbirth, their identity after delivery is redefined by discourses of distance, life reality, and rational plans. Key narrations for not becoming a nurturer for one’s child are arranged around the topics of social environment, financial circumstances, and biological conditions. (p. 678)

Dheensa et al. (2013) conducted interviews with men regarding their involvement with prenatal screenings for their infants. Results from these interviews revealed that the fathers’ involvement in the screenings allowed them to begin to add the identity of father into their self-concept. Through their participation in the screening appointments during their spouses’ pregnancy, gaining information, and making decisions, fathers were able to put action to their thoughts and beliefs regarding becoming a father. Dheensa et al. stated that the men form a ‘child schema’ in which there may be some resemblance between themselves and their unborn child. In addition to the genetic link that the fathers hope to identify with their child, they form social father activities that they wish to engage in with their child, such as playing catch or teaching driving skills. These ideas and hopes face significant challenges when fathers are faced with a possible disability or medical need in their unborn child.

Recent research regarding outcomes of children with hearing loss supports that parents’ self-efficacy may influence child outcomes. Parental self-efficacy is defined as a belief that a parent has the knowledge, skills, and competency to be an effective parent to their children (Bandura, 1997, as cited in DesJardin, 2005). The presence of high levels

of self-efficacy may enhance parental involvement that, in turn, may influence child level outcomes. For example, efficacious parents may seek knowledge necessary to help their children attain their goals (DesJardin, 2005).

Fathers' self-esteem may suffer as a response to having a child with a disability (Lamb & Meyer, 1991). How fathers feel about themselves may influence their interactions with their children, spouses, and family (Rodrigue, Morgan, & Geffken, 1992; Seilgman & Darling, 2007). When fathers draw a significant amount of fulfillment from their children and their role as a father, they may experience decreased self-esteem when their children cannot fulfill the expectations they have for them. As a result, fathers may feel a sense of inferiority as a father. As a result of these feelings, fathers may feel less satisfied with their children and in their marriage (Lamb & Meyer, 1991). These characteristics of an individual may influence how they experience the transition to parenthood and into a father role within their family.

Process

The most critical element of Bronfenbrenner's current bioecological model is the concept of process. A *proximal process* is a repeated activity that an individual engages in with a person, an object, or a symbol over time (Bronfenbrenner & Morris, 2006). Little is known about the specific proximal processes fathers of children with special needs engage in with their children (Bronte-Tinkew et al., 2008; Brotherson, Dollahite, & Hawkins, 2005). Research indicates that father involvement with their children who have disabilities may vary depending on fathers' parenting style and the developmental needs of the child (Young & Roopnarine, 1994). Despite the lack of current research regarding

the specific proximal processes fathers of children with disabilities, fathers are typically associated with two proximal processes, play and communication. Research regarding these two processes indicates specific outcomes for children and fathers.

Play. There are several ways fathers may spend time in direct interaction with their children. One of these activities is often play activities with children. Fathers are often children's playmates, whereas mothers more often function as caretakers during direct interactions with children (Lamb, 2000). During these play interactions, fathers provide language models for their children. Both of these direct interactions provided by fathers aid children in developing and practicing skills that enhance their overall development. Fathers may be more involved in leisure activities with children (i.e., play) that may support mothers' other activities and offer mothers a respite from caretaking duties. Despite fathers' abilities to perform caretaking and child rearing duties with infants and young children, mothers may be resistant to these activities. When women support beliefs that foster maternal gatekeeping behaviors (i.e., believing that women care more about child care or household tasks or stating that they prefer to be in charge or feeling embarrassed if their spouse completed these tasks) rather than more collaborative behaviors, father involvement may be reduced (Allen & Hawkins, 1999).

Language. Communication among family members is essential to family functioning and to child development. Significant within these communication patterns are parent-child communication interactions (Hart & Risley, 1995; Huit, Howard, & Fahey, 2011). These interactions occur daily and involve characteristics of both children and parents, as well as other contextual factors, such as where the conversations occur

and during what family events conversations take place. Infants begin the process of communicating with others in their environment at birth (Hulit et al., 2011). Soon, infants begin to utilize pre-linguistic behaviors such as crying, cooing, turn taking, and joint attention (Hulit et al., 2011). Pre-linguistic behaviors of children are precursors for communication development and occur between infant and caregivers. Critical to the development of children's communications skills are the parent-child interactions that occur within the family. Parents' communication with their children provides models for children to learn the rules of communication with others and within the family (Hart & Risley, 1995).

Mothers are often children's primary models for communication as they spend the majority of their time in the care of their mothers (Hulit et al., 2011). Mothers use their intuition and their own knowledge of infants and communication to interact with their infants (Jamieson, 1994). Research has shown that the use of "parent-ese" or "mother-ese" allows for infants to increase their attention and access of language.

Research regarding fathers' involvement and interactions with their children demonstrate that they engage in similar communication patterns and exchanges similar to those of mothers. Fathers are competent social partners along with mothers in responding to an infant's cries and other communication cues (Parke, 1996). Fathers are able to identify their child's cries; however, they are less able to distinguish the meanings of infants' cries (Parke, 1996). Fathers often respond to infants' cues by talking to their infant. Gleason (1975) posits the Bridge Theory within gendered communication research that suggests fathers may use more complex language structures or new

vocabulary in communication with their children to prepare them for communication interactions with others. This hypothesis may be increasingly relevant within families of children with communication disabilities.

The results of a correlational study of mothers and fathers of children with developmental delays indicated that fathers used more communication turns in order to obtain a response from their children and were more likely to change the topic of conversation when their children were uninterested in the current topic. These findings suggested that fathers were equally responsive to their children as mothers; however, they were more directive in their areas of communication. Therefore, there may be different expectations of communication behaviors between mothers and fathers (Girolametto & Tannock, 1994).

Outcomes of father involvement. The proximal processes that fathers engage in with their children, spouse, and family produce multiple outcomes for each interactional partner. Research suggests that father involvement with children may influence increased social, emotional, behavioral, language, and educational development for children (Flouri & Buchanan, 2003; Lamb, 2004; Roggman, Boyce, Cook, Christiansen, & Jones, 2004; Sarkadi et al., 2008). Additionally, father involvement has a positive impact on maternal, child, and family health (Cassidy, 1999; Gage & Kirk, 2002). Father involvement in children's caretaking, leisure, and child-rearing activities may offer positive effects to fathers themselves, their spouses, their children, and the family. Individual fathers may experience increased feelings of self-confidence and increased self-understanding (Parke, 1996). Moreover, father involvement provides a significant financial effect within a

family through a single breadwinner or as a critical member of a dual income family (Painter & Levine, 2004; Pleck, 1997). Another area in which father involvement may influence the family is in improving marital satisfaction. Couples may experience a change, decrease or increase, in marital satisfaction during the first two years of a child's life (Cowan & Cowan, 2000). Findings indicate that these changes may be related to their own individual expectations of parenting and any discrepancies between these beliefs and their current experiences (Cowan & Cowan, 2000; Parke, 1996). Fathers benefit from their involvement with their children. Fathers who are more involved with their children have been found to experience increased feelings of personal and parenting satisfaction (Turbiville et al., 1995). Proximal processes involving fathers and children influence the developmental outcomes of both individuals. Moreover, the specific characteristics of both individuals may alter the nature of these proximal processes. Further, Bronfenbrenner's conceptualization of context influence how processes are conducted within families.

Context

Bronfenbrenner defined context as a four-leveled, interrelated system, consisting of the *microsystem*, *mesosystem*, *exosystem*, and *macrosystem* (Bronfenbrenner & Morris, 2006). Research within each of these four areas of contexts is reviewed below to frame possible areas of influence on fathers' parenting behaviors.

Microsystems. One microsystem that fathers of children with hearing loss may be a part of, in addition to the microsystem of their home and work setting, is the school or educational facility of the child. Given the significant role educational services play in

the life of families of children with disabilities, literature regarding this microsystem was reviewed.

Education. Research regarding fathers' experiences and involvement in educational services and programs often indicate that fathers are often "the missing link" (Mueller & Buckley, 2014b, p. 41), or "the odd man out" when considering their input in planning for children's educational services (Mueller & Buckley, 2014a, p. 40). There are only a few published studies regarding fathers' experiences in special education services (e.g., Ballard et al., 1997; Bailey, Blasco, & Simeonsson, 1992; Donaldson et al. 2011; Dyson, 1997; Krauss, 1993; Mueller & Buckley, 2014a, 2014b; Rowbotham, Carroll, & Cuskelly, 2011; Willouby & Glidden, 1995). Many of the studies that have been conducted which are over ten years old include fathers of children with a variety of disabilities, more mothers than fathers, and a focus on issues such as parental stress. One older article suggests that fathers are less involved in early intervention services because assumptions are made regarding their levels of involvement with their children or their role responsibilities within the family (Davis & May, 1991). Carpenter and Towers (2008) conducted interviews with fathers regarding their experiences parenting children with disabilities. The fathers included in this research article shared that they were advocates for their children, yet the fathers reported that they felt "invisible" to educators. Some barriers for the fathers were their employment demands, educators working with mothers as the primary contact, and their lack of knowledge of the educational system. More recently, Mueller and Buckley (2014b) conducted interviews with fathers regarding their experiences in the educational system and with the Individualized Education Plan

(IEP) process. Findings indicate that fathers operate in the educational system as a partner, student, and an advocate, despite feeling like an “odd man out.”

Additional research exists regarding fathers of children without disabilities in general education. Much of the research available explores father involvement in Head Start programs. Specifically, a national survey of fathers of children served in a variety of early childhood programs (i.e., Head Start, National Association of Education of Young Children, and Part B programs) revealed that fathers were involved in activities within these programs (Turbiville & Marquis, 2001). The fathers surveyed expressed preferences for activities in which the whole family could be involved. Furthermore, fathers preferred to be engaged in events that recognized their schedules, acknowledged their contributions, and specifically invited them to attend. Fathers indicated that the gender of staff members did not affect their involvement in activities, and it was found that men-only events might not be particularly effective in increasing father involvement (Turbiville & Marquis, 2001). Finding regarding fathers’ involvement in school-based activities and educational planning indicate that fathers are involved in activities and events that occur within their children’s school; however, they are often less involved than they desire in the planning of educational services. Therefore, fathers may elect to reduce their involvement in this microsystem and to allow their wife to manage the family’s needs, thus enacting a traditional division of labor.

Mesosystems. According to Bronfenbrenner and Morris (2006), mesosystems exist as microsystems that interact with each other. Fathers of children with hearing loss may experience multiple mesosystems throughout their lives. One significant

mesosystem that fathers often indicate as a barrier to their involvement with their children and families is that of the interaction between work and family systems. Within the next section, the issue of work-life balance will be reviewed.

Work-life balance. Given the increased social expectation on father involvement, fathers often express issues related to achieving a positive work-life balance (Parke, 1996). The Equality and Human Rights Commission in Great Britain (2008) completed a project titled *Working Better* in order to meet the changing needs of families, workers, and employers. A report from this project depicted fathers' experiences and attitudes concerning work and care. Fathers included in this report expressed a desire to spend more time with children and their families and that they often became frustrated with long working hours and inflexible working situations. Furthermore, of the 2,261 fathers surveyed online, six out of ten worked over 40 hours per week, which supports the traditional breadwinner role responsibility of fathers. However, more than half of the fathers felt that fathers should spend more time caring for their children and that the parent who earns more should continue working. One-third of the fathers stated that they shared responsibility of child-care with their partners. Although flexible working options such as flextime, staggered start and finishing times, and working from home were cited as available to fathers, only 30% of the fathers interviewed were utilizing these work options. The options were more often available to fathers who worked in finance or business rather than in manufacturing industries. However, many fathers (66%) considered these options important when looking for a new job. Statutory paternity leave policies allowed over half of the interviewed fathers to spend time with their children as

infants, which fathers stated led to improvements in family life. Moreover, the fathers expressed that they would support increased options regarding paternity leave and flexible working options between mothers and fathers. Results from the survey indicate that the fathers surveyed were willing to be involved in the day-to-day care of their children despite working full-time and long hours. Fathers organized their time and work schedules in accordance with the workplace options offered to them, family priorities, their ethnicity, and their children's needs (Equality and Human Rights Commission in Great Britain).

Exosystem and macrosystem. Exosystems, according to Bronfenbrenner and Morris (2006), refer to a context that does not contain the individual under study. An example of an exosystem within the present study would be the hospital hearing and speech center. Multiple changes have occurred in educational and health care settings; however, these changes result from policy created on a macrolevel. Specific changes in technology and services for children with hearing loss are discussed in the final section of this chapter. Macrosystems are defined as the larger system in which the microsystem, mesosystem, and exosystem operate. Current family leave policies form a cultural system for families. Additionally, government-sponsored research initiatives serve to alter the cultural context that families experience. Issues regarding family leave policies and current research father research issues are explored to illustrate the current macrosystem of fathers of children with hearing loss.

Family leave policy. Policies governing family-leave continue to evolve to support increased time with infants. In Scandinavian countries, these policies are often

considered progressive as they are designed to provide increased opportunities to share parenting tasks between mothers and fathers; however, these policies alone do not change individuals' behaviors, perceptions of others, or cultural expectations (Wells & Sarkadi, 2012). A literature review of studies regarding fathers' participation in parental leave and levels of father involvement in child health visits suggested that fathers do not use all of their leave time due to "corporate, maternal, and financial attitudes" (p. 25).

Additionally, fathers do not attend the visits, appointments, and activities at child health centers due to the hours of operation and time of the meetings occurring during normal business hours. These findings were echoed in an examination of the Millennium Cohort Study in the United Kingdom that found that fathers' involvement in four specific caretaking tasks with infants was increased through fathers' leave taking and working shorter hours. Sevón (2012) interviewed seven Finnish women regarding their experience of gendering in the transition to parenthood. The women interviewed expressed that they experienced an imbalance and then a reorientation phase as they transitioned into parenting.

Currently in the United States, paternity leave is governed by the Family Medical Leave Act that states,

eligible employees of covered employers [may] take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave and they are entitled to twelve workweeks of leave in a 12-month period for the birth of a child and to care for the newborn child within one year of birth. (U.S. Department of Labor, n.d., para. 1)

There are several issues that make the use of the FMLA difficult for families (e.g., the requirement for there to be 50 employees for the policy to be enacted and the lack of pay during the leave; Pesonen, 2015). Although this policy is present, numerous factors may encourage or discourage fathers from taking paternity leave when they have a child. Some of these factors may be corporate policies, professional expectations, family finances, spousal health, spousal employment, and social support.

Fatherhood research in United States. In the 1990s there was an increase in the number of children growing up in “father absent” households, and policies focused on aiding single mothers and addressing children’s needs. In an effort to increase father involvement, the National Fatherhood Initiative was created in 1993. This organization increases public education and research regarding the importance of father involvement. Current paternal roles continue to evolve in the United States as a greater number of individuals embrace a more egalitarian world view and it becomes more difficult to have a sole provider for a family (Yoshida, 2012). This more current view of the multifaceted roles of fathers includes the common roles associated with fathers throughout history such as the moral guide, the breadwinner, the sex role model, and the nurturing father (Lamb, 2000).

Measurement of father involvement. Despite the increased research in the area of fatherhood, many issues present challenges within fatherhood research. Initially, as research regarding father involvement captured researchers’ attention, father involvement was determined by fathers’ presence or absence within families (Day & Lamb, 2004). Through increased understanding of the impact of fathers’ presence and absence on

families and individuals within the family, research began to shift focus to the processes by which fathers contributed to their children's development and family adjustment (Day & Lamb, 2004). Additionally, there are often questions of how reliable fathers are in reporting their involvement with their children. Findings from a time-diary study indicate that mothers and fathers are consistent in their reports of father involvement (Wical & Doherty, 2005). Measurement of father involvement continues to evolve from the quantity of time fathers spend with their children and comparison of time spent with mothers to exploring the quality and characteristics of fathers' time involved with children. Moreover, there is increased recognition that fathers may have direct or indirect influences on their children. Despite this shift in focus regarding issues of father involvement, researchers continue to note issues in defining father involvement, conceptualizing the components as defined by Pleck (1997), and difficulty in measurement within these components (Quinn, 1999). Fathers of children with disabilities are often omitted from research topics or are noted as "hard to reach" (Carpenter & Towers, 2008).

Family leave policies are more common for women than they were a generation ago, and this time off for mothers is expected and fathers are utilizing flexible work schedules to participate in pregnancy and time after childbirth. Unlike Scandinavian countries, family leave policies in the United States do not privilege both parents taking time off during the first year of a child's life; therefore, this macrosystem may influence family microsystem decisions. Furthermore, the current research and policy initiatives to

increase father involvement serve to create a macrosystem that recognizes the benefit of children having involved fathers.

Time

The final element of Bronfenbrenner's bioecological model is the concept of time. Time is further divided into two concepts: *microtime* and *mesotime*. *Microtime* describes the continuity or discontinuity between proximal processes. *Mesotime* refers to activities and events that happen over a period of weeks, months, years, or across a developmental period. *Macrotime* refers to time across generations. Findings regarding each of these concepts within father involvement are outlined below.

Microtime and mesotime. Research regarding father involvement suggests that there are changes in fathers' levels of involvement and the kind of involvement as children age and develop new skills. Ingber and Most (2012) conducted a study of fathers' involvement with their preschool aged children, both with and without a hearing loss. Results of their study indicated a decline in overall father involvement, from both groups, as the children age. Due to the increased interest and accountability in early childhood education, research regarding father involvement has focused on childhood outcomes for early childhood and kindergarten aged children (e.g., Baker et al., 2015; Downer, Campos, McWayne, & Gartner, 2008). Few studies have been conducted regarding outcomes of father involvement with adolescent children (e.g., Flouri & Buchanan, 2003; McBride et al., 2005). Sarkadi et al. (2008) conducted a literature review of the child outcomes of father involvement. Results indicated that father engagement and cohabitation have positive "social, behavioral and psychological

outcomes” for children. However, the findings from the literature review indicate that what defines “effective” engagement is not clearly defined and continued research is necessary to operationalize this concept.

Macrotime. Social scientists have considered fathers’ roles and involvement since the turn of the century. Initial studies were based on Freud’s conception of the father figure which defined fathers as masculine, dominating, and assertive (Lamb, 2000). During World War II, social science explored maternal deprivation and father absence (Pleck, 1997). The body of literature produced from this research led to the development of attachment theory by John Bowlby (Lamb, 2000). Attachment theory suggests that children will develop a secure attachment to at least one caregiver through social interaction and caregiving. When an infant has a secure attachment to at least one parent or caregiver, he or she is more likely to display successful social and emotional development. Currently, attachment theory remains critical to research within parent-child interaction research (Gartstein & Iverson, 2014; Parke, 1996). However, emphasis on attachment theory led to an increased focus on the influence of mothers on children. Researchers continued to focus on the presence versus absence of fathers that evolved to a quantitative view of fathers’ involvement with their children and families. Although this approach allowed for researchers to measure effects of the amount of time fathers spent with their children, it did not address the quality of the interaction, other behaviors fathers engaged in on their children’s behalf, or the impact of these interactions. Moreover, current research has shown that children form secure attachments with fathers

and these attachment relationships are distinct from those with mothers (Lamb, 1997; Parke, 1996).

Significant generational changes have occurred regarding fathers' roles in families over the past century. Current fathers are increasing their responsibilities and duties within the family and with children in comparison to previous generations of fathers (Pleck & Pleck, 1997; Tanaka, & Waldfogel, 2007; Wells & Sarkadi, 2012; Yoshida, 2012). Some research indicates that the women's rights movement may have influenced these changes in men's interpretations of fatherhood. In turn, governmental policies have allowed catering to increase in value or at least support the idea that fathers need to be present in their children's lives. Additionally, recent economic changes within the U.S. have influenced more women to work, and this may change families' needs.

Bronfenbrenner's concept of time offers significant changes regarding the lives of fathers, and particularly, the lives of fathers of children with hearing loss. Research recognizes the influence of fathers in proximal processes in microtime and throughout a child's development. Further, changes in macrotime, specifically over the last three generations, have resulted in two significant outcomes for fathers of children with hearing loss. First, fathers' involvement with their children is noted as distinct and important to children's global development. Therefore, father involvement is desired and encouraged within multiple role responsibilities (i.e., provider, playmate) and privileged within various systems (i.e., school mesosystem, research macrosystem). Second, recent technological and medical advancements offer families of children with hearing loss access to increased information regarding their children's needs earlier than previously

possible. Families now have information regarding their children's hearing loss earlier in their development, increased access to sound, and early access to educational options for their children. These advances have changed outcomes for children with hearing loss as well as the parenting experience for their parents. In the next section, research regarding specific issues related to families of children with hearing loss is reviewed.

Hearing Loss

Over the past 40 years, the experiences of families of children with hearing loss have changed dramatically and these changes greatly influence the context in which fathers parent their children. In 1970, children with hearing loss commonly attended a residential school for the deaf and hard of hearing that may have been at a significant distance from the family home. Currently, the majority of students with hearing loss attend local public schools (U.S. Office of Special Education, 2012). Young children with hearing loss are identified earlier in life and their families now receive early intervention services to improve their development prior to entering pre-school and kindergarten in their local public schools. Moreover, children and families have access to a variety of assistive listening technology devices (e.g., hearing aids, cochlear implants). These devices allow parents options regarding choices of communication modalities used with their child and within their families. The result of these changes in services for children with hearing loss demonstrate that parents' experiences of what it means to be a parent of a child with a hearing loss is significantly different from historical contexts. Thereby, these changes in educational policy and technology serve to alter fathers' proximal processes with their children and the contexts in which these processes occur.

Cochlear Implants

After a child has been identified with a hearing loss, audiologists often suggest the use of hearing aids to allow the child access to speech sounds. For young children and their parents, the time between diagnosis and being fitted with hearing aids can be fraught with issues causing a delay in infants' receiving hearing aids. Some of the delays may be procedural, medical, or emotional (Sjoblad, Harrison, Roush, & McWilliam, 2001).

Once children are fitted with hearing aids, parents may express concerns about appearance and maintenance of the hearing aids; however, parents' perceptions become more positive over time (Sjoblad et al., 2001). Hearing aids have improved significantly in recent years due to technological advances. Despite these improvements, hearing aids may not offer individuals with hearing loss access to a full range of speech sounds.

When this is the case, individuals or parents who wish for their children to develop spoken language may investigate a cochlear implant in order to provide the child with access to the full range of speech sounds. Children who have a severe to profound hearing loss may be eligible to receive a cochlear implant. Cochlear implants are an increasingly common option for children with a hearing loss (Spencer, Marschark, & Spencer, 2011).

Many positive outcomes are noted in research regarding the use of cochlear implants in young children. Cochlear implants have demonstrated positive effects on children's speech production, speech perception, language, and communication skills (Bat-Chava, Martin, & Kosciw, 2005; Geers, Nicholas, & Sedey, 2003). However, many studies indicate that children who receive the implant earlier in life and therefore, have

experienced less auditory deprivation have improved communication and educational outcomes (Geers, 2003).

After a child receives his or her cochlear implant, parents may begin to use increased spoken language with their child (Archbold & Mayer, 2012). Other parents may continue to use sign language, total communication, or other communication methods to communicate with their child who has a hearing loss. The mode of communication and the linguistic environment of children who have received a cochlear implant may influence children's communication outcomes (Archbold & Mayer, 2012; Percy-Smith, Caye-Thomasen, Breinegaard, & Jensen, 2010; Stallings, Kirk, Chin, & Gao, 2000).

Despite the noted positive outcomes of cochlear implants, some individuals and families have experienced negative outcomes as a result of cochlear implantation. Parents indicate both positive and negative experiences as a result of the cochlear implant evaluation, surgery, and rehabilitation process. Some problems parents of children with cochlear implants are categorized as "everyday problems" (Zaidman-Zait, 2008). These everyday problems can be grouped into nine areas: implant drawbacks, communication difficulties, child's behavior and character, socialization, habilitation demands and parenting role, financial difficulties, services, educating others or advocacy, and academic concerns. Parents manage these stresses by collaborating with professionals, spouses, or other parents of children with hearing loss. However, parents' perceptions of these everyday problems can negatively impact their feelings of stress and life satisfaction.

Critical to parents' experiences regarding the cochlear implant process are parents' expectations. Parental expectations are assessed throughout the candidacy evaluations. Members of the cochlear implant team seek to determine if parents have "realistic expectations" for the cochlear implant and their child's language outcomes. Zaidman-Zait and Most (2005) documented maternal expectations regarding the cochlear implant and the impact of these expectations on the family. Results disclosed that mothers tended to have high expectations regarding their children's communication, academic, and social outcomes post-implant. Furthermore, these high expectations were consistent across various demographic characteristics of the children and the mothers. Parents stated that annual visits from cochlear implant teams or service providers to their children at home or school were beneficial (Archbold, Sach, O'Neill, Lutman, & Gregory 2006). Parents who expected positive outcomes and who had positive attitudes were less likely to have negative experiences or problems throughout the cochlear implant process and the ongoing therapy (Archbold et al., 2006). Some parents found the surgical process stressful, whereas others did not. Parents found the time period when they were waiting for results of testing or evaluations to be difficult and stressful. Additionally, parents requested long-term input from the cochlear implant team to support continued use and growth in their children's development. Archbold et al. (2006) found that parents' experience of stress three years after the cochlear implant surgery reflected individual diversity in coping strategies and support networks.

All of the research conducted regarding parents' experiences with cochlear implants and the impact of the process has been conducted from the perspectives of both

parents or of mothers only. Often within the studies regarding families, information is gained from both mothers and fathers. However, to date, no research has been conducted to determine fathers' perspectives during the cochlear implant process.

Listening and Spoken Language

The majority of children (90%) who are born with hearing loss are born into hearing families (Mitchell & Karchmer, 2004). A range of communication modalities exist for communication with individuals who are deaf or hard of hearing (e.g., American Sign Language, Cued Speech, aural/oral, Auditory/Oral). Parents have increasingly elected to pursue spoken language options over the last 20 years. Brown (2006) cited that in 1995, 40% of parents selected spoken language and in 2005, 85% of parents chose spoken language. Given recent technological advances available in hearing aids and cochlear implants, children are able to access spoken language and learn to listen and to speak through these assistive listening devices. Spencer, Marschark, and Spencer (2011) cite that parents' primary reason for pursuing a cochlear implant for their child was the development of spoken language. However, the use of hearing aids and cochlear implants do not guarantee that an individual will be able to utilize spoken language as the primary mode of communication. Spoken language outcomes in children who have a pre-lingual hearing loss may be influenced by age of the child when he or she received a cochlear implant, the amount of acoustic stimulation prior to receiving the cochlear implant, speech perception prior to receiving the cochlear implant, cause of the hearing loss, environmental factors, and anatomic and physiological factors of the child (Spencer, Marschark, & Spencer, 2011). However, one of the most critical elements of spoken

language success in children is parental involvement in audiological management and communication development (Cole & Flexer, 2007; Marvelli, 2010; Moeller, 2000).

Fathers of Children with Hearing Loss

Few research studies have addressed fathers of children with hearing loss (Ingber & Most, 2012). The majority of investigations regarding families of children with hearing loss included only mothers as the participants. Far fewer studies include both parents equally as participants and even fewer investigations include fathers or extended family members (i.e., grandparents) (e.g., DesGeorges, 2003; Marchbank, 2011; McNee & Jackson, 2012). Thus, the perceptions of fathers have been often regarded as an afterthought, rather than necessary topic of research. Presently, four empirical investigations that address fathers of children with hearing loss are evident in peer-reviewed journals, peer-reviewed presentations, and dissertations.

Research and first-person accounts emphasize that fathers of children with hearing loss may have experiences with their children, their spouse, and in their families which are unique due to the role responsibilities they fulfill as fathers. These experiences may be similar to those of fathers of young children or fathers of children with disabilities. However, sparse current research and popular personal narratives neither explicate what fathers do to be involved with their children with hearing loss, nor do they describe fathers' experiences or motivations for engaging in these behaviors or actions.

Similar to fathers of children with other disabilities, fathers of children with hearing loss have shared their experiences in the form of first-person accounts. Increased numbers of these accounts may serve to increase interest in fathers as a topic of research

(Hornby, 1992). Through narrative accounts of their experiences, fathers have shared their experiences and expressed their thoughts regarding parenting a child with a hearing loss. Two first-person accounts were identified that were written by fathers of children with hearing loss. Despite the differences in the accounts, both fathers share their experiences in parenting.

In 2005, Richard Medugno wrote and published an autobiographical account of his experiences with his deaf daughter as a hearing father. Medugno and wife elected to communicate with his daughter through sign language, and the book describes his experiences learning about deaf culture as he supports his daughter. Although the communication mode described within this book differs from using spoken language, the actions and experiences of fathers of children who use spoken language may present similarities among the communication methodologies. Medugno's story highlights fathers' desires to provide for their families financially and through fathers' own professional skills (McNeil & Chabassol, 1984). A second personal account describes a "single" father's experiences with his deaf daughter (Kindberg, 2011). Significant within Kindberg's account were his emotional response to his daughter's identification with a hearing loss at 18 months old, his respect for his daughter, and his struggle to decide to pursue a cochlear implant for his daughter. His account highlights his challenges and the positive outcomes of parenting a child with a hearing loss.

Lamb and Laumann-Billings (1997) suggest that research regarding fathers of children with specific disabilities should be conducted in order to increase information concerning fathers' involvement with children who have disabilities, with sensory

disabilities noted as a particularly sparse area of needed examination. McNeil and Cabassol (1981) analyzed interview and survey responses from 20 sets of parents of children who were deaf or hard of hearing. The purpose of their study was to determine the role, expectations, and beliefs of the fathers of the children regarding their involvement in programming for their children. Results disclosed that both mothers and fathers felt that both parents were equally important in childrearing activities and that each parent accurately perceived the responses of the other parent. These findings emphasize that fathers are aware of their involvement with their children and feel that their contributions are important to their children's development. Mothers are also aware of fathers' involvement and recognize them as important for their children. However, it remains to be determined if these findings remain unchanged over 30 years later and what are current descriptions of fathers' parenting roles, involvement, and expectations.

In a subsequent investigation, McNeil and Chabassol (1984) sought to determine the nature of fathers' involvement with their children. Both mothers and fathers completed a questionnaire regarding fathers' level of involvement. McNeil and Chabassol defined involvement in two categories, previously established by Meadow (1972). Technical involvement refers to fathers' knowledge of communication methodology, attendance at meeting with specialists, and participation in events with children. Expressive involvement was defined as affective in nature and described as the feelings fathers have for their children. To evaluate these areas of involvement, McNeil and Chabassol developed a series of five interview questions and a 13-item questionnaire to address eight propositions regarding fathers' technical and expressive involvement

with children who have a hearing loss. Both mothers and fathers were interviewed separately concerning levels of fathers' involvement. Findings demonstrate that both mothers and fathers of children with hearing loss perceived that the fathers were involved with their children. However, both parents indicated that the manner in which fathers were involved with their children were qualitatively different than mothers' involvement. Fathers shared that they were often heavily involved in certain areas of care for their child (e.g., advocacy efforts, arranging cab services) rather than being involved in day-to-day care such as taking children to language therapy appointments. Moreover, fathers stated that they remained involved with their children through refusing promotions or changing jobs to allow them more time with their children. Thus, it was evident within these two studies conducted by McNeil and Chabassol that both mothers and fathers recognized the importance of fathers' contributions to their children's development. However, the authors' findings also suggest that parents of children with hearing loss may manage the increased demands on parents' time through a division of labor. Furthermore, fathers noted activities they engaged in that offered indirect involvement or support to their child or spouse. For example, fathers scheduled transportation for their children or engaged in advocacy initiatives.

A qualitative dissertation examined fathers' experiences with children with hearing loss to provide insight into fathers' experiences with their children with hearing loss of a variety of ages and communication modalities (Parker, 1998). Within this study, Parker (1998) explored the lived experience of fathers of children from a variety of educational and communication backgrounds. Results revealed that the fathers within

these interviews chose to embrace an ever-changing vantage point of “near normalcy” (p. 220). The fathers interviewed shared that they had experienced a wide range of emotions during their experiences with their children. The fathers also stated that they were aware of the limitations their children may experience due to their hearing loss; however, they made decisions to minimize the effects of the hearing loss on their children (e.g., pursue listening and spoken language, treat them like their other children). The fathers outlined how they had made changes and adjustments in their home life in order to create a new reality for their family that included their children’s hearing loss. Furthermore, the fathers felt that the changes in lifestyles in response to the needs and expectations of their families were beneficial to their personal growth (e.g., they learned about their personal strengths, they accepted more responsibility at home).

Fathers’ presence or absence was evident in the academic, social-emotional, and language outcomes of preschool children with hearing loss, according to Calderon and Low (1998), who conducted a retrospective chart review, in addition to child assessments, parent and teacher questionnaires, and videotaped mother-child interactions. The presence or absence of fathers was determined by the number of early intervention visits at which each parent was present for as recorded in home visit notes. Moreover, perceptions of parental involvement were determined by the narrative notes provided by the parent educator. Results of this study pointed out that there was no significant change in the mothers’ behavior during early intervention visits if the father was present or absent. Further results indicated that there was a positive correlation between the presence of fathers during early intervention visits and children’s outcomes that persisted

over time. These findings indicate that fathers' involvement in early intervention activities may be important for children's academic outcomes. Although fathers' presence may be desirable, it may not be possible at all times for all families. Moreover, fathers' involvement in activities which indirectly support mothers' presence in early intervention activities may be more influential for children's developmental outcomes (e.g., the father works in paid employment that allows for him to earn enough to support the family and allow the mother to stay at home and receive early intervention during the work day). In addition, this study does not report information to indicate if fathers were invited, encouraged, or requested to attend early intervention sessions. As indicated in Houston, Fenton, Holt, Munoz, and Nelson (2012), fathers may make decisions about their attendance in early intervention sessions based on the topic of discussion and information they or their spouse receive from the early intervention provider. Thus, although this study reinforces the importance of involved fathers on children's development, it is still unknown the proximal processes that fathers engage in within their families that may influence children's development positively.

Ingber and Most (2012) compared father involvement and parental self-efficacy between a group of fathers of children with typical hearing and a group of fathers of children with hearing loss. Participants included two groups of fathers of children with and without hearing loss of 38 and 36 members, respectively. All participants had children in local, inclusive preschool programs. Additionally, mothers of the children completed a scale to rate the fathers' level of involvement in childrearing. Findings revealed high levels of father involvement, self-efficacy, and family cohesion. Fathers

who felt more confident in their child-rearing abilities were perceived by mothers as having higher levels of involvement. Although this trend was present in both groups, it was only significant within the group of fathers who had children with typical hearing. A similar pattern was present for fathers who perceived high levels of family cohesion, whereas the mothers reported a greater level of father involvement that was only significant for the population of fathers of children with typical hearing. These findings support other research concerning involvement of fathers with children who have special needs that indicate that fathers' levels of involvement do not increase due to increased parenting demands. Moreover, the results of Ingber and Most's (2012) findings assert that there may be individual, interpersonal, or family level characteristics that have an impact on fathers' involvement with childrearing activities (e.g., family adaptation, cohesion, maternal employment).

Houston et al. (2012) presented results of a survey conducted with fathers of children with hearing loss. The purpose of the survey was to determine the extent to which fathers felt included in support and early intervention services provided to their children and family. The study also sought to identify ways that fathers could be included in services for children and families. Moreover, the survey attempted to determine if a child's hearing loss negatively impacted fathers' relationships with their children. Results revealed that fathers felt included in initial audiological evaluations, information sessions regarding the diagnosis of a hearing loss, communication options, and assistive listening technology planning sessions. Fathers acknowledged that they had been invited to appointments and language therapy sessions. However, some fathers

shared that they were less able to attend important therapy sessions. Fathers also expressed that it was difficult for them at times to miss work in order to attend children's appointments, and they would be more likely to attend appointments held at the end of the workday. Fathers commented that they would like a guide or information regarding the early intervention sessions that would be most beneficial for them to attend. Fathers added that they would also appreciate video or written summaries of early intervention sessions to increase their participation with their children. Moreover, such access to information regarding early intervention services would allow fathers to be knowledgeable of the specifics of the language intervention their children were to receive while they were working. Fathers responded that they would attend a support group for fathers of children with hearing loss and that their child's hearing loss did not have a negative impact on the father-child relationship.

The research regarding fathers of children with hearing loss highlights that fathers are involved with their children and families. Fathers feel that their relationships with their children have not been negatively influenced by the presence of their child's hearing loss (Houston et al., 2012; McNeil & Chabassol, 1984). Mothers recognize fathers' involvement with children who have hearing loss (Ingber & Most, 2012; McNeil & Chabassol, 1981, 1984). However, sparse findings reveal that fathers' involvement with their children may differ from mothers' involvement (McNeil & Chabassol, 1984). Specifically, the different proximal process that fathers are involved in regarding their children may reflect the differences in the microsystems that parents inhabit (e.g., less father involvement in early intervention sessions that occur during the work day).

Although fathers' presence has been linked with improved child outcomes in families of children with hearing loss, fathers of children with hearing loss may desire more ways to be involved in early intervention services (Calderon & Low, 1998; Houston et al., 2012). Consistent with the shift to the role responsibility of the new nurturing father as outlined by Pleck and Pleck (1997), fathers of children with hearing loss may desire to be more actively involved in the intervention and care of their children, rather than only participating in activities of indirect support and involvement. Moreover, fathers' perceptions of the appropriate levels of and types of involvement with their children may shift and change over time as children develop, family structure changes, and cultural influences evolve (Ingber & Most, 2012). Little is known about how fathers of children with hearing loss currently spend their time with their children and their reasons for the activities in which they choose to engage with their children. It is evident that although fathers perceive they are important to their children's development and they express that their relationships with their children have not suffered as a result of their children's hearing loss and mothers indicate that fathers are involved with their children, fathers desire to increase their involvement with their children (Houston et al., 2012; Ingber & Most, 2012; McNeil & Chabassol, 1984). Missing from the current research is the voice of fathers and their perspectives regarding parenting identity, parenting role responsibilities, and the behaviors and actions that comprise their involvement with their children and families. Through exploring fathers' current experiences, it may be possible to gain an understanding of why fathers wish to increase their involvement and how this can be accomplished within early intervention and educational service provision.

Results of the literature highlight several critical issues of fathers' experiences in parenting their children with hearing loss. First, fathers play a significant role in the development of children and overall family context (Lamb, 1997; Parke, 1996). Second, families of children with hearing loss experience many significant events early in the lives of their children that necessitate increased parent and family involvement to ensure successful child outcomes (Moeller, 2000). Third, current experiences of families of children with hearing loss may differ significantly from experiences of families under previous context and it is important to research and identify areas of similarity and difference in order to provide positive family-centered services (Dunst et al., 1991).

Conclusion

The downward extension of IDEA to serve children with disabilities or at risk of developing disabilities through P. L. 99-457, currently P. L. 108-446, ushered in a change in the focus of educational services for young children. Rather than designing programs and services for child-directed intervention, the focus of early intervention has become family-centered. As a result, programs and services are designed to meet the needs of families of children with disabilities. Despite this shift in focus from child- to family-directed services, mothers remain the spokesperson for families' needs. Additionally, mothers receive the majority of information regarding children's needs and services and are assumed to communicate information effectively with additional caregivers within the family.

Simultaneously, interest regarding the role of fathers on children's development and the impact of fatherhood on men themselves has expanded. Fathers are understood

to have multidimensional roles within families, and each of these roles are linked to micro and ecosystems influences on the development of children. In recognizing both the roles and effects of fathers, increased research has investigated the characteristics of fathers and father involvement.

In conjunction with the increased research regarding fatherhood, investigations have explored the experiences of fathers of different ethnic backgrounds, cultures, and financial situations. Research regarding fathers of children with disabilities has been based on clinical impressions and has been fraught with methodological issues (Lamb & Laumann-Billings, 1997). Furthermore, it is difficult to develop generalizations regarding fathers of children with disabilities, given the numerous factors that may impact their experience and findings that may be disability specific (Lamb & Laumann-Billings, 1997). Despite these challenges, research regarding fathers of children with disabilities has provided insight into fathers' reactions to identification and diagnosis, family life, and fathers' involvement in service provision.

Families of children with hearing loss have encountered significant changes in identification and intervention services during children's early development and first years. For example, children are identified with a hearing loss much earlier than previously possible (White, 2007). Early intervention services are provided to families and children upon identification, and these services are designed and delivered in a family-centered manner. In addition, access to digital hearing aids and cochlear implants has increased the likelihood that families of children with hearing loss will pursue a listening and spoken language option (Spencer et al., 2011).

Despite the recent interest in fatherhood, father involvement, and characteristics of fathers, little research has been conducted regarding fathers of children with hearing loss. Research concerning fathers of children with hearing loss has only evidenced superficial explorations of the dimensions of father involvement and presence or absences of fathers in their children's early intervention. Although current findings offer insight into similarities and differences between fathers of children with typical hearing and those with hearing loss and information regarding the outcomes of children who have fathers present during early intervention services, little is known about what fathers experience as they engage in child-rearing activities with their children who have hearing loss during infancy and early childhood.

The purpose of the present study was to explore the lived experiences of fathers of children with hearing loss during infancy and early childhood. Through gaining an understanding of the events, perceptions, and meanings fathers of children with hearing loss make of their experiences, it may become possible to increase our knowledge of what fathers of children with hearing loss do with their time and with their children, and better understand how various factors may influence their development as fathers. Insight into these experiences may lead to an expanded understanding of what is involved in fathering a child with a hearing loss. Increasing our knowledge of fathering behaviors regarding children with hearing loss may serve to increase the family-centered provision of early intervention services as the family focus is shifted to address the strengths, needs, resources, priorities, and concerns of both mothers and fathers. Therefore, a more

family-centered perspective regarding the experiences of families and children with hearing loss may be developed.

CHAPTER III

THEORETICAL ORIENTATION AND RESEARCH METHODS

The purpose of the current study is to explore the lived experience of fathers of young children with hearing loss. The research question that guided the research was: How do fathers of young children with hearing loss experience parenting from infancy throughout childhood? In this chapter, I will (a) position the research topic in the epistemological perspective of the theoretical framework proposed within the study; (b) offer an explanation of the selected qualitative research methodology, particularly phenomenology; (c) review my personal experiences with fathers, fatherhood, disability, hearing loss, and young children in a subjectivity statement; (d) present the methods for the study including participant selection procedures; and (e) outline details of the data collection and analysis procedures.

Introduction to Phenomenology

The study sought an understanding of the lived experience of fathers of children who have hearing loss. Little is known about the perspectives of fathers of children with hearing loss. Previous studies of fathers of children with hearing loss have incorporated exploratory interviews and utilized questionnaires based on research derived from fathers of typically developing children (Ingber & Most, 2012; McNeil & Chabassol, 1984). Given the current lack of information known about the experiences of fathers of children with hearing loss, it is essential to expand our knowledge of their experiences in order to

ensure that their needs and concerns are addressed in the provision of family-centered early intervention services. Qualitative methodology offers a means for accomplishing this goal because it allows a researcher to gain information about experiences when little is known about a specific set of experiences (Denzin & Lincoln, 2000).

To produce high quality research, the methodological choices should be transparent and consistent throughout the research design (Koro-Ljungberg, Yendol-Hoppey, Smith, & Hayes, 2009). Through articulating the theoretical, epistemological, and methodological choices made, researchers may increase the soundness of their research and provide credibility for their findings (Crotty, 1998; Koro-Ljungberg et al., 2009).

In order to gain perspectives from fathers of their experiences parenting a child with hearing loss, phenomenology was selected as the appropriate qualitative methodology to describe these experiences. A detailed description of fathers' experiences with their children who have hearing loss and the role responsibilities they subscribe to within families may increase our understanding of family adaptation and functioning upon the identification of hearing loss and intervention service provision for infants and young children. The purpose of phenomenology is to explore the perceived, lived experience of an individual and the meaning they conclude from their experiences (Moustakas, 1994). Through an objective exploration of experiences, phenomenological methods offer a means for exploring new meanings and understanding of a phenomenon in question.

Theoretical perspectives are the philosophical stance that undergirds methodology utilized in research (Crotty, 1998). Phenomenology is classified within the theoretical perspective of interpretivism. Interpretivism seeks to “look for culturally derived and historically situated interpretations of social life world” (Crotty, 1998, p. 67). Within interpretivism, researchers seek to understand an area of human science.

Phenomenology offers a way to clarify the meanings and world of reality that has become the basis of science over time (Van Kaam, 1966). Moreover, the constructs or descriptions of understanding provided by phenomenology can provide the foundations for future scientific research (Van Kaam, 1966). These understandings of constructs may lead to an increased understanding of causality or to potential predictions of actions or behaviors, according to Weber (Crotty, 1998).

One of the three approaches within interpretivism is phenomenology. In phenomenology the focus of the research is on “things which present themselves to conscious humans” (Crotty, 1998, p. 79). The primary assumption of phenomenology is that our world is created of phenomena and experiences. Through the process of setting aside our previous perceptions and meanings of an experience, we may view the phenomenon and gain new meaning or an enhanced meaning of the phenomenon.

Several variations of phenomenology exist for use in research, applied sciences, or philosophy. Transcendental phenomenology was selected for use in the study. The purpose of transcendental phenomenology is to focus objectively on the phenomenon that is the topic of the research in order to obtain a clear understanding of all aspects present within the phenomenon. Through reduction of data, phenomenology allows for new

understandings of the phenomenon and clarification of any previous assumptions about the phenomenon that may have existed. Given the paucity of research regarding fathers of children with hearing loss, transcendental phenomenology offers a viable method for increasing what is known about their experiences. Current research regarding fathers, fathers of children with disabilities, and families of children with hearing loss is based on assumptions formed on the experiences of others, rather than on data gathered from fathers themselves (Lamb & Laumann-Billings, 1997). Therefore, it is appropriate to examine the experiences of fathers in their own voices to provide a description of the current experiences of fathers of children with hearing loss.

A critical assumption within phenomenology is that through intentional exploration of a phenomenon we can investigate the things themselves; however, there is the recognition that each object of our intentional focus is related to the individual who experienced the phenomenon (Crotty, 1998). The concept of intentionality is the focus of phenomenology as a research method (Crotty, 1998; Moustakas, 1994). Intentionality is defined as focusing the mind on an object (Moustakas, 1994). Intentionality is accomplished through bracketing of all of one's prior thoughts and experiences regarding the phenomenon and focusing on the objective experience. Through this focus on the objective actions and behaviors that present themselves, it becomes possible to become suspicious of our current assumptions that may be formed from subjective meanings that are culturally derived (Crotty, 1998).

Phenomenology, both objective and subjective, in epistemology is within the constructivist interpretation, meaning that individuals interact with objects to determine

their meaning (Crotty, 1998). Phenomenology remains objective in its focus on a single phenomenon achieved through intentionality exploring the objective information presented to the researcher from the participants. Data are selected from an objective sample and objectively reduced and analyzed. Upon completing the reduction of the data, subjective interpretations of the resultant data are developed. Thus, the combination of objective and subjective epistemology throughout the research offers a constructivist interpretation of the experience.

Bronfenbrenner's bioecological theory framed the conceptualization of the present study. This theory suggests that interactions between person, proximal processes, context, and time produce behaviors. This theory has been critical in exploring interactions within families, particularly fathers, and with children both with and without disabilities (e.g., Bradley et al., 1991; Downer et al., 2008; Jackson, Traub, & Turnbull, 2008). However, the bioecological theory often considers children as the developing person. For the purposes of the present study, fathers were considered the developing person, and through interviews with fathers whose children with hearing loss use spoken language and listening to the person, proximal process, context, and time concepts suggested by Bronfenbrenner that affect an individual's development were explored. However, the bioecological theory does not offer insight into the kinds of proximal processes fathers may engage in that are related to family microsystem, specifically, the father-child microsystem. Rather, Bronfenbrenner's theory provides a structure for considering the elements that may affect these interactions. Therefore, additional theories must be considered as analytic frames in order to accurately reflect the kinds of

proximal processes that fathers whose children with hearing loss who use spoken language and listening as a communication option engage in with their children and families.

In order to provide insight into the proximal processes fathers of children with hearing loss participate in with their children and family, the definition of father involvement commonly employed in current research was reviewed. In this definition, fathers' involvement with children is conceptualized as a tripartite definition of engagement, accessibility, and responsibility (Pleck, 1997). Within this definition, fathers engage in multiple actions that support various role responsibilities they fulfill within families. Having a child with a hearing loss may affect the levels or manner of father involvement. For example, fathers may increase their time spent in work activities in order to financially support family members' needs. Therefore, fathers would remain indirectly involved with children; however, there would be a noted difference in the amount of direct involvement evidenced. Although this definition of father involvement is frequently utilized in research concerning fathers, it offers little insight into the kinds of activities fathers are involved in with their children and on behalf of their children. Further, this definition of father involvement does not address differences in how fathers elect to be involved or why these differences may occur.

Generative fathering suggests that fatherhood may be viewed as generative work that is determined from children's needs, rather than emanating from socially and culturally created role expectations (Dollahite & Hawkins, 1998). From this non-deficit perspective, fathers have an ethical obligation to foster the development of the next

generation. Rather than current social contexts creating the role responsibilities of fathers, contexts create needs within the next generation; thus, fathers have an ethical responsibility to meet these needs. Through the actions of meeting these needs, both fathers and children will benefit. Dollahite and Hawkins identify four concepts within this mid-level theory: (a) the challenges of the human condition, (b) the needs of the attendants to the next generation, (c) types of generative work, and (d) the desired results for children and fathers. Dollahite, Hawkins, and Brotherson (1997) suggest that fathers are involved in seven types of generative work. These areas of “fatherwork” are described as seven types of “work”:

1. Ethical work is defined as “being committed and involved with one’s children” (p. 114).
2. Stewardship work is described as “the father’s ability and responsibility to dedicate material resources to the child and to provide possibilities for the child to achieve” (p. 115).
3. Developmental work “consists of fathers’ ability and responsibility to respond to their children’s needs and wants and to adapt in response to their children’s needs as needed” (p. 116).
4. Recreational work represents a “father’s ability and responsibility to relax and play together on the child’s level through collaboration and to challenge and extend the child’s skills and coping abilities through the experience of play” (p. 117).

5. Spiritual work describes “the father’s ability and responsibility to affirm his belief and confidence in the child and to guide, teach, advise, and inspire the child” (p. 118).

6. Relational work

consists of the father’s ability and responsibility to share love, thoughts, and feelings with the child and to express empathy and understanding with the child. It is hoped that relational work will result in loving fathers and caring children. Relationship work involves not only maintaining loving relationship with the child but also facilitating the child’s relationships with other family and community members, especially the child’s mother, siblings, and grandparents. (p. 119)

7. Mentoring work “consists of the father’s ability and responsibility to consult and to sustain and support generative work of one’s children” (p. 120).

The mid-level theory of generative fathering has been employed in research of various populations of fathers through narrative accounts and it is evident in counseling and family therapy. Dollahite, Marks, and Olson (1998) utilized the generative fathering framework within research concerning the religious beliefs and practices of fathers of children with special needs. Findings of this study indicate that fathers form unique relationships with their children based on the activities that they engage in with their children following the framework of generative parenting. However, little is known about how fathers of children with disabilities choose to spend their time with their children and their reasons for the choices they make (Lamb & Meyer, 1991). Less is known about fathers of children with sensory disabilities, such as hearing loss (Lamb & Laumann-Billings, 1997). The use of the mid-level theory of generative fathering may

offer insight into the choices fathers make regarding their actions, as well as their decisions about their children.

Models of chronic illness and disability may offer additional information regarding *Person* characteristics which may influence fathers' experiences with their children who have a hearing loss (Bronfenbrenner & Morris, 2006). Historically, feelings of grief, stress, anxiety, guilt, vulnerability, loneliness, and overprotection were noted in parents of children with hearing loss (Luterman & Ross, 1991). Specifically, fathers of children with hearing loss are described as dismissing their wives' concerns about their children's potential hearing loss, feeling guilt for their inability to protect their child and their family, and searching for a "cure" for their child's hearing loss (Luterman & Ross, 1991).

Given the vast technological, medical, and educational changes that have occurred regarding hearing loss since the majority of the research mentioned above was conducted, various models of disability and chronic illness were considered in conceptualizing the current study. Given the results suggesting that families of children with hearing loss experience levels of parenting stress similar to those of typical families, models of health and wellness may offer a unique perspective to the experience of fathers of children with hearing loss who are pursuing listening and spoken language as a communication option.

Paterson (2001, 2003) describes a shifting perspectives model of chronic illness that was derived from a meta-synthesis of qualitative studies. The shifting perspectives model may offer an alternate view of fathers' experiences with their children who have hearing loss. Paterson's (2001) model posits that rather than experiencing a gradual

progression through the grief process or a dichotomy between stress and coping, individuals with chronic illness experience ever-changing perspectives of their illness based on their current experiences within the world. Individuals with chronic illness vacillate between two perspectives of their experience—wellness and illness. Within this model, Paterson (2001) defines the perspectives as a set of “beliefs, perspectives, expectations, attitudes, and experiences about what it means to be a person with a chronic illness in a specific situation” (p. 23). Therefore, as an individual’s perspectives of chronic illness interact with other individuals, social experiences, and other events, these perspectives may change situationally and an illness perspective or a wellness perspective may shift to the foreground.

An illness-in-the-foreground perspective is described as a focus on “suffering, loss, and burden” associated with the experience of the illness. Conversely, a wellness-in-the-foreground perspective focuses on the individual, rather than the illness, and the experience is viewed as an opportunity to create positive and meaningful change in their lives. Within the wellness-in-the-foreground perspective, individuals with chronic illnesses may view themselves as in charge of their circumstances and experiences, rather than their illness being in control. Although the shifting perspectives model addresses an individual’s experience of chronic illness, rather than a parent’s perspective of his child’s disability, the model provides a framework to view the perceptions and experiences of fathers of children who use listening and spoken language as a communication option.

Methodology

This investigation uses a transcendental phenomenology approach to qualitative research. Transcendental phenomenology offers a method of focusing objectively on the experience of phenomenon and defining the experience through reduction.

Transcendental phenomenology allows for the researcher to remain open to all possible interpretations of the experiences gathered. Given the paucity of information regarding fathers of children with hearing loss, it is “essential to return to the beginning of a science that seeks valid determinations that are open to anyone to verify” (Husserl, 1931, as cited in Moustakas, 1994, p. 129). Phenomenology seeks to focus on producing the essence of the phenomenon in question. The analysis of the data is based on the idea that a phenomenon and individuals’ subjective interpretations interact with each other to create new knowledge and understandings of the phenomenon in question. In-depth interviews were completed from a purposefully drawn sample of fathers of children with hearing loss in order to allow insight into the phenomenon of parenting a child with hearing loss from fathers’ perspectives. In the following section, critical aspects of phenomenology will be defined in order to further clarify the methodology and the data analysis process.

Key Concepts of Phenomenology

Intentionality. Crucial to the process of phenomenological research is the necessity of intentionality. During reflection, prior experiences and expectations are set aside to experience the phenomenon anew (Moustakas, 1994). This intentionality is crucial to experiencing the object from the perspective of fathers of children with hearing loss to gain an understanding of their experience and the meaning they create as a result

of their experiences. Through the practice of intentionality, or looking with fresh eyes, I can understand the experience of fathers of children with hearing loss, free from understanding that draws on experiences common to mothers or both parents as a dyad.

Noema. *Noema* is the process by which we “ascribe meaning to what one sees, touches, thinks, or feels” (Moustakas, 1994, p. 69). The *noema* refers to the phenomenon and the experiences of the individual and provides the objective aspect of phenomenology.

Noesis. *Noesis* is the act of perceiving, feeling, thinking, remembering or judging. These meanings are not present in conscious thought, but must be “recognized and drawn out” (Moustakas, 1994, p. 69). The *noesis* offers the possible meaning, which can be derived from the process of examining the *noema* with intentionality and offers the subjective interpretation within phenomenology.

Epoche. *Epoche* is the process of “setting aside predilections, prejudices, and predispositions and allowing things, events, and people to enter anew into the consciousness and to look and see them again, as if for the first time” (Moustakas, 1994, p. 85). This process of setting aside prior thoughts and assumptions is achieved through journaling in order to focus intentionally on the phenomenon. The purpose *epoche* fulfills is to free my mind from all preconceived ideas concerning the phenomenon in question. Additionally, researchers must bracket all preconceived ideas and prejudices in order to focus anew on the phenomenon.

Horizontalizing. Each statement from participants are given equal value (Moustakas, 1994). Throughout the data analysis process, statements that are

overlapping or repetitive are omitted. This process leaves horizons, the textural meanings of the phenomenon, to be formed into the textural description. These horizons are separate themes that form the basis of the textural description of the phenomenon.

Reduction. Reduction is used to winnow the data to those that are salient to the experience. Reduction is the process of using textural language to describe what can be seen in the descriptions of the phenomenon as provided by the participants. After engaging in *epoche*, a researcher approaches the analysis with a mind freed from preconceived ideas to focus on the phenomenon in question. During this stage the central point of analysis is the phenomenon itself, rather than perceptions of the phenomenon (Moustakas, 1994). To complete this step in the analysis, each interview is reviewed and redundant or unconnected statements are removed. The remaining text is horizontalized, in which process each horizon has equal value. From these horizons, an individual description of the phenomenon is produced with support from transcripts of the interviews.

Textural description. The process of reduction leads to the production of individual textural descriptions for each participant. These descriptions are based on the information gained from each participant without any interpretation from the researcher. Subsequently, the textural descriptions from each participant are synthesized into a composite textural description across participants.

Imaginative variation. Imaginative variation is the process of “seeking possible meanings through the utilization of imagination” (Moustakas, 1994, p. 97). During this phase of the analysis, the researcher engages in interpretation in order to develop possible

meanings present within each textural description based on other research findings. Upon reflection of the textural summaries created, interpretive summaries of each participant's experience with the phenomenon emerge.

Structural description. The goal of considering varying perspectives is to create a structural description of the phenomenon that highlights the “underlying and precipitating factors which account for what is being experienced . . . the ‘how’ that speaks to conditions that illuminate the ‘what’ of experience” (Moustakas, 1994, p. 98). As a result of this process, individual structural descriptions are constructed that represent the subjective meanings of participants' experiences.

Composite description. A composite structural description of the phenomenon is created through uniting the structural and textural descriptions from each participant and unbiased perspectives derived from the process of imaginative variation.

Essence. The essence is defined as “the elements that are common among all of the participants and is an essential aspect of the experience” (Moustakas, 1994, p. 100). To create the essence of the phenomenon, the researcher must integrate the fundamental textural and structural descriptions from all of the participants into a unified statement of their experiences of the phenomenon. Given the infinite perspectives concerning an experience, the essence of an experience is “never totally exhausted”; rather, the synthesis presented represents a point in time from a unique perspective (Moustakas, 1994, p. 100).

Subjectivity Statement

A subjectivity statement allows a researcher to consider his or her autobiographical experiences that may influence the research (Moustakas, 1994). This statement will allow me to fully disclose my experience related to the topic of fathers of young children with hearing loss. Being a woman with young children and an early intervention service provider, it is necessary for me to address my assumptions regarding fathers' experiences with their young children, from a woman's perspective, similar to that of Rocque (2010) as he explored the experience of mothers of children identified with autism. Through acknowledging these assumptions and bracketing my experiences, I may be better prepared to explore the phenomenon from an unbiased point of view.

My interest in fathers' experiences during early intervention services developed from my professional experience as an educator of children with hearing loss and my personal experiences as a parent of two young children. Upon reflection of prior experiences, I realize that my interest in fathers and family processes involving fathers began much earlier. Reflection on these experiences allowed me to see how these experiences formed my expectations for the behavior of others regarding fathering. These perceptions have influenced my understanding of fatherhood and my own expectations of fathers' behaviors.

I am the first-born child of two, middle class, professional, Caucasian parents. I have a sister who is two and one-half years my junior. For the better part of my childhood, my family was similar to those of my peers. The one difference I noted, and at times resented, was that my mother worked as a nurse, varying her working hours

between full and part time. Her work schedule meant that I would go into childcare after school or that I would have to walk home from school with my sister. There was a balance between activities my sister and I did outside of the home and how my parents' professional work and household work was done. Often during the weekends, my sister and I went to work with one of our parents and we played with suitcases full of Barbies while our parents worked. I remember my mother cooking meals and preparing baked goods for our family. However, I also remember the cooking my father did. As I learned more about other families, I recognized that this was not how all families worked. My father helped my sister and me with our homework. That was his job. He was the reader of bedtime stories. He did projects constructing things for school or small toys with us. I remember him working a lot at night and on weekends at a desk that smelled of pipe tobacco. I recall doing yard work with him and laundry and cleaning tasks with my mother.

When I was in high school, my parents separated and later divorced. My mother continued to work outside of the home as a nurse and began to manage household tasks on her own. My father later remarried and eventually adopted his second wife's son and later they adopted two children. Through his second marriage, I saw another family process in which the mother and the father worked outside of the home and the parents shared household tasks through a differing means of division.

Simultaneous to the changes occurring in my own family structure, I entered college having decided to become a teacher. My journey to become a teacher began during my childhood with my sister. We often played "school," and she was a willing

pupil. Most of the time, I enjoyed schoolwork and worked diligently to do well. I remember brief struggles to learn material, particularly math, or to accomplish a task on my own without the help of my father. I wanted to learn and to accomplish things on my own. Despite not wanting his help, I always wanted my father's approval of my successes in school and this was hard won. As I proceeded through high school, I learned more about kinds of work I liked doing that aided my decision making process regarding college majors and future careers. I found that I liked working with people. Although my mother and her mother are nurses, I opted for teaching as an alternate career, which still allowed me to work in a service industry. In hindsight, this decision was made based on what I knew of career options, particularly for a woman who enjoyed working with children. Deciding to become a teacher was an easy answer; however, I always viewed my career as part of my identity and in a constant state of evolution based on my experiences.

After having settled on pursuing a teaching degree, I imagined myself a high school teacher of English, history, or theater. During my senior year, I volunteered to work with my mother and at the local theatre company. These two volunteering experiences resulted in my exposure to deafness, sign language, and to the idea of becoming a teacher of the students who are deaf or hard of hearing. Teaching children who were deaf or hard of hearing seemed to be the perfect combination of my areas of interest (e.g., languages, theatre, and working with children). I was fortunate to have selected and accepted to one of the few universities with a teacher preparation program for teachers of the deaf.

After completing my undergraduate degree, I began working as teacher of children who were deaf or hard of hearing. I worked first in a high school at a residential school for the deaf where many of the students at the school lived in the dorms during the week, and in high school they often stayed on campus for weeks at a time due to sports schedules. These students had very different relationships with their parents and with the dorm parents than I had with my own parents as a high school student. The only times I saw parents during a school year was during the initial drop off at school or at an Individualized Education Plan (IEP) meeting in the spring. I remember being struck, even as a young teacher and woman, about the distance between the students and their families. When family members came to school for these meetings, often it was the student's mother. This was a profoundly different way to grow up than what I had experienced. Although I could see value in the experiences that the students did have, I found myself questioning if this physical and relational distance between parent and child was beneficial, necessary, or detrimental to all of the individuals involved.

After I left the school for the deaf, I worked for a year in a large public high school teaching ninth-grade English. During this teaching experience, I saw and worked with more parents than I had previously. Parents often worked to ensure their children's success in passing courses by provide multiple opportunities for success, or by fully supporting the students' work in their classes. Many of the students did not display the same level of concern regarding their own success that their parents did; thus, they made choices that were counterproductive. This experience was significant for me in two areas. First, I realized that the students' hearing loss and living in a dormitory may not

have been the reason for the lack of focus on education as I had previously believed. Individual differences among students, age of the students, and/or family level differences also contributed to a student's work ethic. Second, I realized that despite the stated importance of education for individuals within a family, there are individual characteristics that influence how these priorities are manifested into action.

After teaching high school, I transitioned to early intervention, to work with parents in their homes. After having worked with students who were high school age and noting the distance between the students and their parents, it was significant to work with parents as they negotiated the changes in their lives as a result of the birth of their child with a disability. During this experience as an early interventionist, I frequently worked with mothers of children with hearing loss—mothers who worked full or part-time, mothers who did not work, mothers with significant others, single mothers, mothers with family support, and those without family support. Rarely, I worked with fathers by themselves. I never really considered if or how the information I shared with the mothers I worked with was being relayed to the fathers or other significant individuals within the child and families network. There were mothers who had to return to work, fathers who stayed at home with their children, both parents who were out of work, and one parent who understood the language better than the other parent. These varying experiences forced me to consider how the diversity of families I worked with negotiated parenting within their family.

After working in early intervention, I had an opportunity to work at a non-profit, non-public, charter school for children who were deaf or hard of hearing and their parents

wished for them to learn how to listen and speak. Armed with the knowledge from my prior experience in early intervention, I knew that the families I would work with in this setting would not only want to do the best for their children; they would be ready to fight for it. The philosophy of a spoken language and listening education requires the parents to make communication and direct interaction a significant part of parenting as well. As in my previous experience as an early interventionist, within this setting I worked with many mothers who stayed at home while fathers worked, single mothers, or adoptive mothers. However, as a result of a few significant interactions with couples, I began to consider the role both parents play in the life of their child with a hearing loss. I worked with several families who were from different countries and spoke different languages within the home. Often in these families, the father spoke English well and would come to some parent education meetings with his wife; however, his participation in the parent education settings was more to support his wife in her new role, as culturally she was the caregiver within their family. Moreover, I often had the sense that the fathers were “protecting” their wives and children by sharing their successes and not asking questions or asking for help. Therefore, the fathers seemed to be less likely to consider or incorporate any of the suggestions to further their children’s language skills.

Additionally, I worked with some couples in situations in which the father was currently not working outside of the home in paid employment and had decided to stay at home with the children. This family structure seemed to produce challenges for both fathers and mothers. Some fathers may have embraced this role, whereas others were very task-oriented and completed tasks their wife had established for them. Some

mothers expressed that they wanted to be present for the parent education sessions. After these experiences, I began to question how to fulfill the idea of early intervention services and the philosophy of spoken language and listening education in a manner that is more responsive to a wider variety of family needs.

During this time, I became a parent as well. I found myself questioning, reevaluating, and redefining my understanding of parenting, family processes, and family structures. I had planned to not work once I had children, but had realized as I matured that I may WANT and even NEED to continue working. I also realized how much of the parenting naturally falls to mothers, and that fathers may be as involved as they choose to be or to the extent that mothers allow them to be involved. I found myself frustrated with the burden at times, but unwilling to share the responsibility or to delegate without resentment to my husband. I understood that if I had a child with a hearing loss there would be additional parenting challenges I would face and I would need the support of my relationship with my husband.

When my son was born, our family was in the process of a major change that would prove to be significant for each family member. We moved to another state as he turned eight months old and I began staying at home with both children. I found it difficult to be home, balance the needs of both children, and create a new self-identity. At his one-year appointment, I was curious about his development in the area of speech. I tried not to compare him to his sister, but I felt that his language growth was not where it should be. At his 18-month appointment, I changed doctor's offices because I was concerned by the lack of focus on development at his previous doctor's office. By the

summer of that year, as my son turned 20 months, it became evident that our son was not developing age-appropriate communication skills. He was referred to early intervention services for speech needs. During this time, I had entered graduate school and arranged my schedule so that I could be home with him as much as possible, work with the speech pathologist, and place him in a play school setting to help increase his interactions with peers. I was heartbroken. I felt that my skills as a parent were substandard as he had not developed the way that he should under my care. Furthermore, as a teacher, I felt that, if anyone could, I should have been the one to facilitate his beginning communication.

During this time, my husband deferred to me. I was the one who knew the early intervention system. I was the one who knew what happened during speech therapy. I was the one who best understood my son's attempts to communicate. I was the one who knew what to work on with my son. I shared our son's progress with my husband; however, he was hearing information at the end of long workdays. There were many miscommunications and misunderstandings. I began to consider how this process works for families with children who have more complex developmental needs. These personal experiences led me to question my own abilities to communicate information to both parents regarding their children with hearing loss. Additionally, after considering the process from my husband's perspective, I wondered what was important to him, what I could do as an educator to help others in his situation, and how the situation would be the same or different if our son had had a hearing loss. I began to consider those families I had worked with where fathers were present. What were their experiences with the

services for their children? How did the identification impact them and their identity as a father?

I believe that each one of these experiences was critical to my development as a parent. Having a father who was involved in my education and my development resulted in the expectation that other fathers would be involved with their children. I expected at least this level of involvement, if not more, when I considered fathers. As a teacher, I thought that becoming a parent would be a smooth transition and it was not. The more I considered what it felt like to be a mother and what was expected of me from so many, the more I felt like this is not a job that can be done effectively without help and support. After being a working mom, transitioning to be a stay-at-home mom, and then choosing to return to work, I feel that I understand that all of these roles are difficult and the choices one must make are equally challenging. Recognizing this feeling in myself, I saw some of these things mirrored in my husband. I realized that he wants to be involved with his children and the ways he is involved have changed over time. As with me, he struggles to make the decisions he feels he should to be a “good parent” and to accomplish his other responsibilities.

Recognizing these differing roles, interpretations of parenting, and choices, I began to understand that what I might have known about being a parent might not be correct. In working as an early interventionist, I drew from my experiences and my knowledge as a teacher. In order to better support mothers and fathers during early intervention services, I needed to better understand their experiences and the roles they play and how it feels to be a parent of a child with a hearing loss.

Research Methodology

The following section provides a description of the research design of the study. Transcendental phenomenology served as a guide for the design of the study (Moustakas, 1994). Within this section, I describe the sampling procedure for participants, the recruitment process, the participants included in the study, the study contexts, the data collection, and the analysis process. The section concludes with a statement regarding the trustworthiness of the study.

Participants

The participants for this study were selected from a purposeful sample in order to ensure a homogenous group regarding demographic characteristics that have been identified as critical to the experience of fathering a young child with a hearing loss. A homogenous sample provides a clear, intentional focus on the phenomenon and reduces variability of the experience within the sample population (Moustakas, 1994). Prior to the initiation of the study, the approval of the Institutional Review Board (IRB) was secured. The email confirming the IRB approval is available for review in Appendix A. All recruitment information, the demographic survey, and interview procedures were approved for use in the study. In this section, I review the sampling and selection procedure for participants as well as the demographics of each participant.

Sampling. The participants for the study were selected through theoretical and purposeful sampling of potential participants (Moustakas, 1994). To achieve a homogenous sample, a demographic survey was developed using research literature to determine key attributes that may contribute to variability of fathers' experiences during

parenting. The demographics of the participants are important for the purpose of this study in order to provide increased understanding of a specific population of fathers with children who have a hearing loss (Koro-Ljungberg et al., 2009; Moustakas, 1994).

Participants were selected based on their willingness to participate in the research and specific common demographic and experiential similarities. The demographic survey served to assess several areas of each participant's background. The complete demographic survey is located in Appendix B. The key attributes included in the survey are (a) marital status; (b) education; (c) family structure, including number of children and the hearing status of the children; and (d) characteristics of the participants' children, which may impact the participants' experiences during early intervention services.

Exclusion criteria. There were three exclusionary criteria for the participants in the study. The areas of exclusion noted were (a) primary language other than English, (b) cultural and ethnic majority of the population of potential participants, and (c) hearing status of fathers. The primary language of the home desired for the purpose of this study is English in order to diminish additional communication challenges between any family members and me. Additionally, families with children who have hearing loss and are dual language users may have different cultural or social experiences or expectations (McConkey-Robbins, 2007; Seidman, 2013). Given the social and cultural nature of phenomenology, all of the participants' descriptions of their ethnic background will be matched due to social and cultural expectations regarding fathers' roles in families (Crotty, 1998). Fathers who identify as members of Deaf culture or who communicate primarily through sign language were excluded from the study.

Recruitment procedures. A flyer describing the study and providing contact information was sent home in folders with every student within the first recruitment site, emailed to parents, and posted on the school's website and social networking site. An additional recruitment site was added to increase the number of participants and recruitment was done via word of mouth at the second recruitment site. The flyer (Appendix C) and an example of the letters (Appendixes D and E) used for recruitment at both sites is available for review. Upon contact from potential participants, I sent a recruitment packet to the prospective participant that contained a consent letter (Appendix F), an information sheet concerning the study (Appendix G), and an outline of the computer and Internet system requirements for Skype (Appendix H). The IRB waived the requirement for a signed consent document as this would be the only tie for all the participants to the study due to the questions in the survey and interview presenting a minimal risk to the participants. Therefore, prior to each participant completing the demographic survey, I reviewed the consent form with each potential participant and then sent each one the link for the survey. Each potential participant was provided a numerical code and a link to the electronic version of the demographic survey (Appendix B). After having potential participants complete the survey, I reviewed the results and selected participants based upon the selection criteria listed outlined in the previous section. Selected participants were contacted via email to engage in the first interview. Potential participants who did not meet the criteria of the study were called to inform them that they were not selected and thanked for their interest in the research.

Each selected participant received a \$15.00 gift card for their participation in the survey and three interviews.

Demographic information. As previously stated, a demographic survey was utilized to select participants for the study. All of the participants included in this study had similar characteristics that research suggests may influence their experience as fathers. The first major area of similarity among all of the participants was that they were all currently married to the mother of their child with a hearing loss (Carpenter & Towers, 2008). Additionally, all of the fathers had been married and were currently in this relationship. Second, each participant spoke English as his native language (Carpenter & Towers, 2008; McConkey-Robbins, 2007; Parke, 1996). Third, none of the participants had a hearing loss themselves and their child was the only individual with a hearing loss within their immediate family, given that most children with hearing loss are born to parents who have typical hearing (Mitchell & Krachmer, 2004), and each of the children presented with significant hearing loss that required intervention for them to be able to access sound (Spencer, Marshark, & Spencer, 2011). Additionally, each of the participants had selected to pursue listening and spoken language as their child's primary mode of communication, common among parents without a hearing loss (Spencer et al., 2011). At the time of the interviews, all of the children were described as developing the ability to use spoken language as their primary mode of communication and had no additional disabilities that affected their ability to communicate through spoken language (Meinzen-Derr, Wiley, Grether, & Choo, 2010; Spencer et al., 2011).

Demographic data were collected from the participating fathers and this demographic data included information concerning themselves, their spouses, and their children. The participating fathers' demographic information is presented in Table 1. All participants were married, spoke English in the home, and did not have a hearing loss themselves. Five participants described themselves as Caucasian and one as African American. One participant had two parents who had a hearing loss and another participant shared that his mother and father in law had hearing loss. Two participants reported that they had Bachelor's degrees and four had completed Master's degrees. All of the fathers worked full-time outside of the home in employment considered a professional type of work setting (i.e., accounting, lawyer, banking, etc.).

Table 1
Participants' Demographics

	Spencer	John	CJ	Eric	William	Jason
Race	Caucasian	Caucasian	African American	Caucasian	Caucasian	Caucasian
Marital Status	Married	Married	Married	Married	Married	Married
Home Language	English	English	English	English	English	English
Hearing Status	Hearing	Hearing	Hearing	Hearing	Hearing	Hearing
Education Level	Master's Degree	Master's Degree	Bachelor's Degree	Master's Degree	Bachelor's degree	Master's Degree
Employment	Professional	Professional	Professional	Professional	Professional	Professional
Employment Description	Full-time	Full-time	Full-time	Full-time	Full-time	Full-time

The participants' spouses' employment information is provided in Table 2. All of the spouses of the participants, except for one individual, worked outside of the home. Four of the five participants' spouses worked in professional employment settings such as education, nursing, consulting, and business. The spouses who were engaged in employment outside of the home worked hours that ranged from full-time to part-time and contractual work. The participants' spouses had attained educational levels ranging from Bachelor's to Master's degrees.

Table 2

Participants' Spouse's Information

	Spencer	John	CJ	Eric	William	Jason
Spouse's Employment	Yes	Yes	Yes	Yes	No	Yes
Spouse's Employment Description	Professional	Professional	Professional	Professional	n/a	Professional
Spouse's Work Hours	Part-time	Full-time	Contractual	Part-time	n/a	Part-time
Spouse's Education Level	Master's degree	Master's degree	Bachelors' degree	Master's degree	Master's degree	Master's degree

Table 3 displays the demographic survey information for each of the participants' families. The participants' families ranged in size from two to four children. Most of the families had only one child with a hearing loss; however, one participant did have two children with hearing loss. Three of the children with hearing loss were female and three were male. The ages of the children ranged from two years old to 12 years of age. Two

participants had children near the age of two. Two participants had children near the age of four years and two participants had children near the age of eight years.

Table 3

Family Characteristics

	Spencer	John	CJ	Eric	William	Jason
Number of Children	3	2	4	3	3	2
Number of children with hearing loss	1	1	1	1	2	1
Gender of child with hearing loss	Female	Female	Female	Male	Male	Male
Current age of child with hearing loss	2 years old	12 years old	8 years old	4 years old	2 years old and 4 years old	4 years old

The information regarding each participant's child's hearing loss is summarized in Table 4. All of the children had bilateral hearing loss. One participant described his child's hearing loss as a permanent conductive hearing loss, whereas five participants indicated that their children had a sensorineural hearing loss. Five participants stated that their children had a profound hearing loss. One participant indicated that his child had a moderate hearing loss. Three children of the six total children were identified with hearing loss at birth through the Universal Newborn Hearing Screening. One participant's child was identified with a hearing loss by six months of age, whereas two participants indicated that their children's hearing loss was identified by one year of age. The causes of each child's hearing loss ranged from Pendred's syndrome to a rare genetic

condition. Four of the six children utilized two cochlear implants to access spoken language. One child had one cochlear implant and one hearing aid. The child who currently utilized two hearing aids had been approved to receive a cochlear implant in one ear. One child had a bone-anchored hearing aid (BAHA) to give her access to sound due to a permanent conductive hearing loss. Two participants stated that their children currently received educational services for speech and language development. Four participants stated that their child did not currently receive these services. All of the participants stated that their child had no other disabilities in addition to hearing loss.

Table 4

Participants' Child's Hearing Loss Characteristics

	Spencer	John	CJ	Eric	William	Jason
Description of Hearing loss	Bi-lateral, progressive, moderate to severe	Bi-lateral, profound	Bi-lateral, permanent conductive	Bi-lateral, profound	Bi-lateral, profound	Bi-lateral, profound
Age of identification	UNHS	Six months of age	One year of age	UNHS	One year of age	UNHS
Use of amplification	Two hearing aids	Two cochlear implants	BAHA	One cochlear implant and one hearing aid and	Two cochlear implants	One cochlear implant and one hearing aid
Additional disabilities or concerns	None	None	Genetic physical concerns	None	None	None
Description of Hearing loss	Bi-lateral, progressive, moderate to severe	Bi-lateral, profound	Bi-lateral, permanent conductive	Bi-lateral, profound	Bi-lateral, profound	Bi-lateral, profound

Study Context

Participants were recruited from two groups of students who are deaf or hard of hearing and who are pursuing the use of spoken language as a primary communication method. Both recruitment areas are located in suburban areas of a large mid-western metropolitan city. Children at the first recruitment site live in a variety of areas from suburban to rural and attend school districts near their homes. Currently, the school serves 45 children and families. The majority of the children are female (78% female and 22% male). Eighty percent of the families are Caucasian, 10% are African American, and 10% are Hispanic. Students range in age from six months of age to ten years of age. The majority of the students are three to five years of age. The student-to-teacher ratio within the school is six students to one teacher. Students who attend the school utilize a cochlear implant and/or hearing aids for listening technology. A second recruitment site was added to increase the number of participants. A former teacher at a similar school for children who were deaf or hard of hearing and were learning to listen and speak recruited participants through word of mouth.

Recruiting through the two selected locations offers several advantages to the study. Potential participants are likely to have had similar newborn hearing screening experiences, audiological experiences, and early intervention services. The combination of these similar experiences ensured a homogenous population. The parents of the children in both recruitment sites are involved in their children's education. This level of parental involvement may allow for similar experiences among the participants.

Data Collection and Analysis

Data sources. Data collected for this study were collected through a series of three in-depth interviews with each participant. The interviews ranged from 30 to 90 minutes each in length (Seidman, 2013). The interviews utilized open-ended questions and comments to allow the participants to fully describe their experiences. The in-depth interview format suggested by Seidman was used to develop interviews around three, broad areas of fathers' experiences. The interview guides for all three interviews are in Appendix I along with an interview matrix in Appendix J.

During interview one, fathers were asked to reflect on their past experiences and life histories (Seidman, 2013). They were asked about their own experiences with father figures who were central to their formation of a father identity. The participants were interviewed concerning their own ideas upon becoming fathers themselves and they were asked to recount their experiences with young children prior to becoming a parent. The participants were then directed to reflect on their own experiences with disability, hearing loss, and hearing loss in children prior to becoming a father to their child.

Interview two focused on the current experiences of the fathers with their young child with a hearing loss (Seidman, 2013). Participants were asked about their current role within the family as a father, their daily routines with their children, and the activities they engage with their child with a hearing loss. Participants were questioned to discuss their current experiences regarding disability, hearing loss, and hearing loss in young children.

Within interview three, the participants were asked to reflect on their experiences and the prior interviews and to share any thoughts or perceptions they had regarding the meaning of these experiences (Seidman, 2013). The participants were asked about the meaning they derive from being a father and to speculate how their experiences in parenting their children to date will inform their future actions and decisions. They were asked about the meaning they make concerning their experiences fathering a child with a hearing loss, their role in their child's life, and on their thoughts and perceptions regarding disability, hearing loss, and hearing loss in young children and the meaning they draw from these experiences.

Interviews were arranged at the convenience of each participant. As described by Seidman (2013), interviews were scheduled within a three-week period. There was no longer than one week between interviews, and no less than one day between each interview so that each subsequent interview might build upon the previous interview (Seidman, 2013). The scheduling of interviews occurred via email exchange after each participant was informed of his inclusion in the interview portion of the study. The interviews were conducted using remote interviewing technology (i.e., Facetime, Skype) or phone and software designed for recording calls (e.g., Call Recorder) or iPad for audio recording. Skype is a free, voice over the Internet protocol system that allows individuals to make audio and video calls between computers, phone, or tablets. Audio and video recordings of Skype calls are made possible through additional software programs. Such remote interviewing methods were utilized in order to gain access to the target population and conserve on travel and research costs, while maintaining the interview schedule of

two to three days between each interview (King & Horrocks, 2010). The use of remote interviewing strategies allowed the participants the greatest freedom in managing their participation in the research while continuing to engage in their other responsibilities (King & Horrocks, 2010). Moreover, it has been documented that individuals experience an increased feeling of comfort by being able to participate from a location they choose (Schultze, 2006). Given the increased use of Internet-based communication and research, Skype was considered to be an authentic way to conduct interviews for the purpose of the research (Cater, 2011). Therefore, the use of this interview method was assumed to be a familiar and acceptable option to a wide variety of participants (Cater, 2011; Winzenburg, 2003).

Data management. Participant survey responses were collected in Qualtrics. Each participant was given a numeral for identification purposes that was managed in a handwritten table. Participants were contacted regarding inclusion in the interviews or exclusion from the study via email. Upon determination of the participants for the interviews, a database was created to track each interview and contact with the participants. Email was used to determine dates, times, and places for all interviews. Digital audio recording was utilized (i.e., iTalk on an iPad) for each interview. Call Recorder was used to record each Skype interview. The recordings of each interview were stored in Dropbox files labeled with pseudonyms for each participant. Transcriptions of each interview were stored in a separate file in Dropbox and any paper copies were stored in a locked file cabinet within the School of Education building on the University of North Carolina at Greensboro campus.

Transcription. Upon completion of the interviews, all digital recordings were transcribed to prepare for data analysis. Interviews were transcribed by a qualified transcriptionist according to a transcription protocol (Poland, 1995). A transcription protocol outlined how the transcriptionist should address language used in the interview, pauses in the interview, vocal tone, and unclear words. The transcriptionist utilized for the research study was directed to not alter language, words, nor sentence structure heard within the interviews. Furthermore, the transcriptionist was trained to identify pauses in conversation, changes in vocal tone, and garbled or inaudible speech. The protocol and the syntax presented in Poland were reviewed with the transcriptionist prior to engaging his or her services. The syntax for the transcription is available for review in Appendix G. In order to ensure the highest quality of audio recording for successful transcription, I sought to provide a quiet environment with little background noise in which the interviews were conducted. I took notes during each interview and upon reviewing the recordings provided this information to the transcriptionist. Finally, to ensure a high quality transcription of each interview, I read each transcript while listening to the audio version to ensure validity of the transcription according to the protocol prior to beginning of data analysis. Any mistakes in the transcription were corrected.

Data analysis. The multi-step analysis process as described by Moustakas (1994) was used for data analysis. The process of data analysis began with a thorough review of all of the interview transcripts. Analysis included (a) reduction of each transcript and horizontalization of each theme to produce a textural description for each participant; (b) a structural description of each participant's experiences was written that contained my

subjective interpretations of their experiences; (c) upon completing these steps, the process was repeated for each participant; (d) composite textural and structural descriptions were formed through the synthesis of each participant's individual textural and structural descriptions; and (e) from these composite descriptions, the essences of fathers' experiences parenting their children with hearing loss was produced. To ensure that I have bracketed throughout the research process, I kept a journal of my thoughts throughout data collection, transcription, analysis, and the process of producing the written results.

Trustworthiness. Validity within qualitative research refers to the strength of the information produced and the clarity of the process used to achieve the results of the study (Creswell, 2007; Polkinghorne, 1989). In order to ensure a high standard of credibility within the study, I have addressed several areas outlined within the standards for qualitative research (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). Trustworthiness of the study was established through (a) a theoretically consistent and rigorous design, (b) debriefing with peers, (c) engaging in the researcher's reflexivity, and (d) completing member checks.

The design of the study is theoretically consistent with the desired outcome. The study design addresses the necessity of providing a voice to fathers of children with hearing loss. The demographic survey developed for use in the study was created based on a comprehensive review of the literature and subsequently reviewed by experts within the field. Interview questions were created using an interview matrix (Maxwell, 2013). These questions were then reviewed by four experts within the discipline of deaf

education. These questions were used to conduct three pilot interviews with fathers outside of the selected demographic. The questions were further refined to reflect the goals of the research after these pilot interviews were completed. In order to ensure a high fidelity of the interview process and the analysis, various aspects of this study were practiced under the guidance of a research methodologist. The study has been designed to provide rich data regarding the participants' experiences (Maxwell, 2013). The process of acquiring three in-depth interviews that were transcribed verbatim provided extensive data. These transcripts were used to create the textural description of the experiences of each participant. Internal consistency was established with the series of three interviews with each of the participants (Seidman, 2013). Moreover, as these textural descriptions were analyzed, only elements of the experience common among all of the participants remained and inter-subjective validity was obtained (Moustakas, 1994).

I utilized debriefing sessions with my peers throughout the data collection and analysis process. I conferred with both a university faculty member who is familiar with the needs of families of children with hearing loss and a research methodologist skilled in the area of phenomenology. Any perceptions or assumptions were discussed with two members of the faculty. An audit trail was kept throughout the research study and reviewed as necessary.

My reflexivity as a researcher was continually engaged throughout the study as required in phenomenological research. Throughout the review of the literature and study design process, I engaged in *epoche*, which is presented in the subjectivity

statement within this chapter. Journaling was continued throughout the interview process and analysis to hold my experiences separate from the experiences of the participants. Thus, I attempted to evaluate the experiences of the participants with fresh eyes as my own experiences are set aside (Moustakas, 1994).

Several steps were taken to produce accurate data and to confirm the data with participants. To ensure accurate transcription of the interviews a transcription protocol and syntax were reviewed with a professional transcriptionist. I reviewed each text file by listening to all of the interviews conducted to verify the accuracy of the transcription (Poland, 1995). Member checking is the process of sharing the report of the interviews with participants (Lincoln & Guba, 1985; Seidman, 2013). Member checking allows participants to review material they may have concerns about and correct any inaccuracies. Engaging in member checking contributes to the creditability and trustworthiness of the research (Seidman, 2013). In order to engage in the member checking process, the textural and structural descriptions of the experience and the essence of the experience were provided to all participants for member check and comments regarding the preliminary findings.

Overview of the Dissertation

The following chapters present the findings of the phenomenological analysis. Chapter IV begins with an example of the textural and structural descriptions to exemplify the data analysis process. Subsequently, I present the essence of the phenomenon of fathering a child with a hearing loss as it emerged from all of the participants. Chapter V provides a synthesis of the findings of the study, connections

between the research findings and current literature regarding parents' experiences, implications for practice, and limitations of the study.

CHAPTER IV

FINDINGS

The purpose of this study was to explore the lived experiences of fathers of young children with hearing loss. This chapter provides the results of the phenomenological investigation conducted. Each of the participants' names, their spouses' names, and their children's names have been changed to ensure confidentiality of the participants. Participants' explanation of their lived experience is formed into a composite and then reduced to produce an essence statement that represents the common elements of each participant's lived experience. In order to illustrate the phenomenological research process, the textural descriptions of two fathers' interviews are highlighted as key participants. These two fathers of the six participating fathers give voice as key participants to their unique experiences as fathers of children with hearing loss. Jason was selected due to his prior experience with individuals with hearing loss through his wife's parents who are deaf and his son's recent challenges with his cochlear implant. In contrast, William had little exposure to individuals who are deaf or hard of hearing prior to the birth of his two sons who both have hearing loss and access sound through bilateral cochlear implants. The narrative opens with brief introductions to each of the six participants included in the study. The results of the analysis of Jason's and William's interviews in the form of textural and structural descriptions for both individuals follow the introductions to the participants. The composite textural and structural descriptions

of all of the participants' experiences are then presented. The chapter concludes with a description of the essence of the experiences of fathers of children with hearing loss from the perspective of all of the participants in the study.

Introductions

Jason

Jason is married with two children, a son, Matthew who has a hearing loss, and daughter Jenna. He works in the finance industry. His wife is a Child of Deaf Adults (CODA), is fluent in American Sign Language (ASL), and has worked as a vocational rehabilitation counselor for individuals who are deaf. Currently, she works part-time as a parent advisor for parents of children with hearing loss who are between birth to three years of age.

William

William lives with his wife, Mary in a Midwestern city. They have two sons, Henry and Robert, who both have hearing loss due to Connexion 26, and an infant daughter, Emma. He works for a national company in supply chain management.

Spencer

Spencer is a married father of three daughters. He works full-time as a finance manager for a large company. His middle daughter, Abby, was born with a hearing loss that was identified at birth due to Pendred's syndrome.

CJ

CJ is a married father of four children who works in bio-medical research. His wife works part-time as a nursing student and is currently preparing to take the nursing

licensing exams. The couple's oldest child has a genetic condition that affected her physical development and as a result, she has a hearing loss and she accesses spoken language through the use of a bone-anchored hearing aid (BAHA).

John

John is a married father of two children, a daughter with a hearing loss and a son. His daughter has bilateral cochlear implants and communicates using spoken language. Both of John's parents are deaf and communicate using spoken language and sign language. He works full-time for a state agency and his wife works full time in a professional business setting.

Eric

Eric is a married father of three children. He works full-time as an accountant. His wife works part-time as a teacher and reading coach. After struggling with infertility, they adopted their older son, William, at birth and have a set of fraternal twins. William has a profound, sensorineural hearing loss that was identified at nine months of age due to Connexin 26. He accesses spoken language through bi-lateral cochlear implants.

Jason

Textural Description

Growing up. Jason described his family of origin (e.g., mother, father, and sister) as a "normal, middle-class family." Jason attended the same Catholic school that his friends and many neighborhood children attended. He shared that his mother was one of six children and he was close to his extended family growing up. Jason disclosed that he was involved in a lot of sports (i.e., baseball, soccer, basketball). His dad was his

baseball coach and his mother attended many of his games. Jason described his father as “a great man, great father, great husband, and a great grandfather.” He stated that his father was always involved with his activities, always wanted to help, taught him a lot of things, and is a hard worker who is good at his work. He said, “I’m thirty-three years old. He’s still showing me things.”

Division of labor. Jason’s mother worked part time as a nurse and his dad was a computer programmer. He recalled that his father cut the grass and fixed things around the house. Both parents helped him with homework. He recalled his father helping him with his math homework. His dad was the primary disciplinarian and he rarely became angry. However, when he was upset it was serious and from his perspective that he would give severe punishments (i.e., taking away a car for a month).

Role models. Jason had uncles and friends who were similarly involved in their children’s lives and he considers them role models for his parenting in addition to his father. He also shared that he has fathers of his friends who he considers as his friends. He felt that his uncles were successful in life. Jason described his perception of success as,

They’ve got good families, that they’ve got good wives, they’ve got good kids, and they’re happy. Nobody’s famous or rich, but everybody’s comfortable. You get to be close to retirement, your kids are all through college, you’re happy, and you’re still married, it’s a pretty successful life.

When he graduated from high school, he remembered thinking that he would not be married or have children until he was forty. He said, “I was going to be rich and I was going to be traveling. It’s a pipe dream, right? My life turned out much better than that.”

When he met his wife, he was a senior in college and he felt that this was early for “today’s standards.”

Infancy. Prior to having children, he and his wife had discussed the possibility of that the couple may have children with hearing loss. Jason stated, “It was a possibility, sure, there is a possibility for anything. It wasn’t going to stop us from having kids.” He added that when their first child passed the hearing screening, he felt like, “We’re out of the woods.” He believed that he thought more about the possibility of hearing loss before his daughter was born, because she was their first child.

Prior to having their first child, Jason stated that he had “about zero” experiences with young children. He shared that the couple’s pregnancy was earlier than they expected to have children, but they were thrilled to become parents. He commented that they purchased all of the “stuff” for the baby to prepare for the baby’s arrival. He recalls taking one week off and then time off after other help was less available when his children were born. As they had their first child, he found that when he did go out with his friends that he did not enjoy the bar scene, and that it was not fun to him at that time. Jason expressed that neither he nor his wife were completely prepared for first year of life (e.g., lack of sleep). After having his first child, it was easier the second time they had a child.

Identification. The couple found out Matthew had a hearing loss when he was two days old. Jason stated that he was “devastated by it [information of regarding Matthew’s hearing loss], because you can’t do anything about it. You have this beautiful kid and he can’t hear and there’s absolutely nothing you can do about it.” Matthew’s

hearing loss is due to an x-link recessive gene associated with Stapes Gusher syndrome and a Cochlear Modular Malformation. Jason commented that this cause of hearing loss is extremely rare. As he learned of Matthew's hearing loss, he reflected on his wife's parents' lives. He recalled that his mother-in-law had experienced a communication barrier between herself and her family and she was sent to a state boarding school for deaf children when she was five years old. Jason asked rhetorically, "You go away to a boarding school when you're five years old, what kind of relationship do you have with your family?" Additionally, he expressed that he believed the education that she received there was "very subpar." Jason disclosed that these were some of the thoughts that he was considering as he learned about Matthew's hearing loss. He said that he felt sorry for his son, not for himself. He and his wife were concerned for their son regarding the challenges he may encounter. The couple sought to understand everything they could about hearing loss. He did research to gain information online, joined a lot of parents' groups, and he emailed and called people around the country. He added that he continues to do this today; however, now he also serves as a resource for other parents with children with hearing loss. Jason said:

I am just the type of person that if I am faced with a problem I want to know everything about it. It is in my nature. I get that from my dad for sure. I don't bury my head in the sand and hope that somebody else figures it out. I want to know everything about it. The good, the bad, the ugly. I lay it all out in front of me. What can I do about this? What is my best case scenario? What is my worst case? Can I live with it? I have got a very analytical mind set. The information helped me.

Jason stated that he has met only a few other people with the type of hearing loss that his son has. He added that if someone asks about Matthew's type hearing loss, he calls them or emails them to answer their questions or to gain additional information about Matthew's hearing loss. In addition to resources online, he and his wife used the resources available to them where they live to learn about education services available to their son and their family. After Matthew's hearing loss was identified, the couple began exploring potential educational programs for their infant son and family. They visited a local School for the Deaf that focused on teaching children using sign language. He said, "We didn't love what we saw. We liked what we saw." He enrolled himself in sign language classes, as his wife was already fluent in sign language. He said, "We were going to go at this thing." Jason explained that the family toured a second school for children who were deaf that taught children to listen and speak and he recalls that he may have seemed a "little rude or pushy" because he demanded to tour the school as soon as possible. He wanted to make sure he had explored every option before they began services and the sign language program started the following week. At the oral school for children with hearing loss Jason recalled that they met a child of a CODA (Child of a Deaf Adult) who had similar experiences to those of his wife. This child, who was the same age as their daughter, was able to talk just like their daughter could. Jason and his family lived an hour away from the school at that time. He called a realtor the next day and said, "We need to move." Thus, the family moved to a neighborhood nearby the oral school for children with hearing loss and this became one part of their long-term plan educational plan. This is the school his son currently attends.

Present life. Jason works full-time outside of the home in the finance industry. His wife works part-time as a parent advisor for families with children with hearing loss who are between birth and three years of age. He shared that he is the first one up in the house on weekdays. Matthew is usually up very shortly after Jason. When Matthew comes downstairs, Jason puts his “ears on” and they make coffee together. Jason added that his wife is up soon after the children are awake and they work to get the kids ready and have breakfast. His wife works part-time so she takes the kids to school most days and is home with the children after school. Both children are involved in soccer and t-ball so many nights are spent involved in practices and games. On the weekends, the family is busy with soccer games, birthday parties, family parties, neighborhood functions, and Mass. Jason explained that during the spring he is very involved in gardening and yard work. He tries to expose the children to these hobbies. Jason added that Matthew likes sports. He takes him to local college basketball games. One particular activity he does with Matthew is to go to Home Depot where Matthew plays on all the tractors and lawn mowers. Jason explained that they don’t eat as a family as often as they would like, but when they do he often cooks on the grill with Matthew’s help

Jason said that he narrates his life in interacting with Matthew and that this practice took some time to get used to doing, but now it is part of their daily routine. He added that he often repeats himself to correct the grammar and expand the language that Matthew is using. Jason shared that Matthew asks a lot of what and why questions, “What is this?,” “Why is this?”

Jason stated that he regularly communicates with his wife about the family schedule via email, text messages, sharing Outlook calendars. They both try to attend all of Matthew's appointments and meetings. He added that his employer is very flexible, so attending these meetings is not an issue for him.

Jason explained that Matthew's hearing has progressively gotten worse and this decline is associated with his type of hearing loss. He and his wife were prepared for this event. Jason described that the decline in Matthew's hearing levels was difficult for him to accept because Matthew was doing well learning spoken language with his hearing aids; they only saw a change in his hearing test results. When Matthew's hearing declined initially, they elected for him to receive a cochlear implant.

Jason added that he and his wife were currently experiencing a second change in Matthew's hearing with the cochlear implant. He said that six months ago all 22 electrodes of the cochlear implant were working and now, suddenly, nine are not working. None of the medical professionals know why these electrodes are not working and there is no medical reason for this change at this time. However, Matthew is continuing to make progress in his development of listening and spoken language. Jason added that parenting Matthew involves these emotional "ups and downs." He said:

You're hopeless and you don't know what to do. We finally got a hold of it. He's going to get an implant and things are going to be all right." And we got through that. Things are going fantastic. And then, you just get blind-sided, "All right, what do we do NOW?" Because the implant was the last resort. What happens when the last resort's not working?

Jason shared that he has talked with other parents who have experienced similar situations when the cochlear implant wasn't working right and there was no clear reason for the problem with the device. Jason explained that he recognizes that they may have to determine what to do in the near future with Matthew's implant. He commented that Matthew loves to hear, he loves having his implants on and his hearing aids in his ears. He likes music, he likes to play on the piano, he likes when his mother plays songs on the piano, and he likes to sing. He believes that Matthew has a lot of "momentum" in learning spoken language. Jason explained, "There's a lot of kids that do fantastic at the booth, hear five decibels, and they're not producing spoken language. Matthew's the other side of that coin." Jason expressed that Matthew can't advocate for himself at this point and he so he feels he must advocate for him to obtain the best access to sound that he can receive through hearing aids or cochlear implants.

Parenting. Jason believed that his thoughts about parenting have not changed, but they have evolved as he has learned more about being a father. He wanted to be a father and have a "good relationship" with his children. He said,

At the end of the day, vacations and big events, it's nice, but it doesn't matter though. All the stuff that really matters, I don't know that you can plan for that experience. I just don't know that it's possible. So it's very different, and in a better way, a much deeper way, and in a much more fulfilling way.

The joys Jason experiences in parenting are seeing his children happy or successful in their everyday lives and accomplishing new skills. He expressed, "You get a lot more joy from children's' success than your own. I believe you probably get a lot more pain out of their failure as well." Jason hopes that his children know that he was involved in

their lives and that he cares about what they do. He would like to be remembered as a significant and enjoyable part of their lives. Jason said, “At the end of the day, that’s what matters. Someone really took an interest in enjoying them, teaching them, being a part of their lives, and bettering their lives.”

Father involvement. Jason disclosed that he has to keep his priorities in mind in order to be involved with his children the way he wants to be. He expressed that at times he has to tell people, “No” when friends or family members want to do something that would be exciting but that he has made other commitments to his children and he elects not to participate (i.e., vacations, parties). He believes that in ten years he will miss these times with his children. Jason feels that it is difficult for him to understand how people choose not to be involved with their children. He explained, “It’s priorities in life. I get a lot of joy just out of being a father to my kids. I enjoy being involved with them. For me, you get a lot more out of it than you put in.”

Jason thinks that men of his generation are more involved with their family in general than they ever were two generations ago. However, he added that there are many people who believe that financially providing for the family is all that is required of fathers. Additionally, he believes that there are individuals who believe that they should not be expected to do anything. Jason shared that he doesn’t see the role of fathers changing over time; however, he sees his circumstances changing and this may be further influenced by his socio-economic class. Jason believes that there are different ways fathers may achieve or fulfill their role responsibilities within families

Father's role responsibilities. Jason felt that his father perceived his role as a provider, a teacher, and a protector. Jason added that these are all of the things that all “good fathers would do.” Jason recalled that with his grandfather's generation fathers were the provider for the house and the wife was responsible for raising the children. His grandfather believed “putting work first WAS family first, because that was his role.” However, when Jason was a child, his grandfather was very involved in his life. He shared that he did not experience a “work first” mentality with his father and he doesn't see it often in this generation. Jason explained that although his father was a good provider for his family, his priorities have always been “family first, work second.”

Jason thinks providing financially for the family is a primary role responsibility for fathers (e.g., a place to live, food). He believes being a provider includes being a “foundation” for children and families. He added that being a provider also involves giving children opportunities. He said, “You need to provide your kids with opportunities, you need to provide them with education.” Jason believes that through sending Matthew to his current pre-school where he also learns to use spoken language as a means of communication that he is providing him with an opportunity to get a better education in the future. He added that by providing Matthew with hearing aids and with cochlear implants, he believes that he is providing him with those opportunities. He said, “I can't make him learn to talk. I can't make him learn to hear, but I can provide the opportunities to [listen and speak].”

Work family balance. Jason added that he takes his career very seriously, but that his family comes first. Jason makes this priority very clear to the people with whom

he works. Additionally, he feels that he is very fortunate to work for a company that shares those values. Previously, he had a different job that required him to travel often and he was not sure how to do this job and have children. Jason balances work and family life by working early or late when he has to leave for an appointment and staying up late and getting up early. He believes he is fortunate to have a flexible job. He stated that it would be incredibly difficult if he had a job where he had to be somewhere nine-to-five.

Disabilities. Jason expressed that through his mother's work he did recall experiences with individuals who had severe disabilities. Jason did not recall attending school with any child who had a disability. He stated that he was never someone to make fun of anybody with disabilities, but he never really thought about individuals with disabilities as a young person. Jason believes that he has more compassion for individuals with disabilities after the birth of his son. Jason added that if he notices someone with a disability, he thinks that is an inspiration to him. He said, "I love seeing people that are overcoming an inherent disadvantage in life."

Hearing loss. Jason reflected on his experiences with his wife's parents who are deaf. He shared that he does not know them well because his wife was raised by her grandparents. She maintains a relationship with her biological parents that he described as that of a brother and sister. He recalled that his wife had shared some information regarding her work in vocational rehabilitation with her parents.

He disclosed that it is hard to describe Matthew's hearing loss to people, because he is deaf but he can hear and talk. Jason felt that the reaction that he and his wife

receive concerning Matthew's hearing loss is that it is "pretty cool." Jason shared that he was not sure why he notices more people with hearing aids and cochlear implants now. He voiced that he is concerned that he may make someone feel uncomfortable when he notices that they have hearing aids or a cochlear implant and comments on them. Prior to the birth of his son, Jason explained that he knew that people could get cochlear implants but he did not understand how it worked nor the advantages or disadvantages to having one. He added that now when he sees someone with a cochlear implant he often goes up to speak to them. Jason stated that he feels that most people seem to appreciate that. He believes that his view has changed regarding disabilities and hearing loss," because just because someone has an inherent disadvantage, you can overcome it, and there's different ways to overcome it."

Jason stated that he was glad to help with the interviews and he was happy to work with anyone associated with schools who work with students like his son, families or researchers. He shared that he has received information and met with lots of people around the country due to his son's rare form of hearing loss. Jason believes that his best resource in parenting is other parents with kids who have hearing loss. He believes that his son's teacher who has a cochlear implant herself is a "great" resource as well. He shared that he has asked her many questions in order to better understand her experience. Additionally, he said:

I absolutely love talking to the kids they come back to school. It gives me a lot of encouragement that my son who is running around right will maybe be like these students one day. It gives me encouragement that he CAN get there, he has the ABILITY to get there, now we have to GET him there. We have to give him

those opportunities, open those doors. It's up to us as parents to provide him those opportunities, but I believe he can get there.

Listening and spoken language. Regarding pursuing spoken language for Matthew, Jason said, "I don't want to mean to sound flippant, but for me it was common sense." He understands that there are two worlds: hearing and Deaf. His wife's family are all signers and they are not "pro-cochlear implant, but they are not anti-cochlear implant, either." Jason shared that he understands that they have a culture they are proud of, but he doesn't see Deaf culture as an advantage in his world. He acknowledged that people can be very successful with a hearing loss using sign language and embracing Deaf culture. He said:

I don't want to call it a disability either. You want to give your kids every advantage that you can. If my kids AREN'T going to be successful in life, I don't want it to be my fault. To me [spoken language] is another opportunity. If Matthew gets to be twenty- one years old and he decides he doesn't want to talk anymore, that's his thing, but that's not because I didn't give him the opportunity.

He added that their extended family was very supportive, but they had zero influence on their decision for Matthew to use spoken language and listening. He also saw the lack of opportunity his wife's clients experienced in her work as a vocational rehabilitation counselor. He shared that it is not impossible to communicate with others, but he feels that it is necessary to understand English. He feels that this ability will make children with hearing loss more successful in society and that is what he is striving to provide for his children.

School community. Jason explained that Matthew has been attending his spoken language school since he was 12 weeks old. Matthew has met every goal set for him at the beginning of the school year and is making the progress that the school expects of him. Jason said, “You could easily forget that he couldn’t hear.” Despite this success with communication, Jason recognizes that hearing and listening is a challenge for Matthew and he is able to see this challenge in specific listening environments. Jason receives support from the other parents with children at Matthew’s school and he is involved in the support group at the school. They began going to the meetings when their son was young and they continue to go to support group meetings now, not because they need the support, but because there are other people they can provide support to now they are on the other side of some experiences.

Advice. Jason provided the following advice to other fathers of children with hearing loss. He said the first thing they should do is understand hearing loss. He believes that it is basic father involvement to follow up with audiology, follow up with doctors, and to understand what’s going on. Further, he suggests that you should advocate for your child. Jason expressed that he feels it is critical to get involved, talk to the medical and audiological services providers, understand your child’s hearing loss, and understand what you can do to make it better. He added that talking to the audiologist and the ENTs with a list of questions is helpful. Jason shared that he would read information online or talk to another parent, and he would ask for clarification from the doctor. He said, “They’re the professionals making decisions, but I want to understand the decisions the best I can, without having the background, but I should still be able to

understand what is happening with my child.” Jason added that he has no problems with addressing the hearing loss through using sign language or spoken language. He clarified that communication choices are individual, but regardless of the decision one makes, parents have to work on the behalf of their children. He said, “You can’t sit there and wait for things to come to you, you have to go get them. You have to be proactive, you have to advocate, you have to educate yourself on it.”

Technology. Jason stated that technology has played a huge role in his family’s life. Without current hearing aid and cochlear implant technology, he believes life for children with hearing loss would be similar to the way it was 50 years ago and they would send Matthew to a state School for the Deaf and they would learn sign language. He believes that this would lead to limited opportunities in Matthew’s future. Jason believes that the advancements in cochlear implants and hearing aid technology are of primary advantage to Matthew; however, the changes in communication among people in general are an advantage to Matthew and his future (i.e., internet, text messaging, Facebook). He believes that people communicate less through spoken language that they did generations ago. He perceives that the importance of written language will be a “huge advantage” for Matthew.

Feeling alone. Jason shared that at times he does feel like he is “out there on his own,” given his son’s rare type of hearing loss. Jason expressed that he has a lot of questions and he became very frustrated because he still has so many questions that no one can answer. He shared that when he finds new research regarding his son’s kind of hearing loss, he almost does not want to read the information for fear of what it will say.

Jason explained that the fear of the unknown is the source of his worry. He said, “I know the potential that he has. I see it. It worries me that he’ll be limited from reaching that potential. The only thing that I can control and that I can provide for him, going back to the provider, I can provide the technology, I can provide hearing aids, I can provide an educational environment, I can’t do anything about the anatomy and that kills me.” Jason shared, “You’ve just got to put it in perspective. There’s nothing wrong with Matthew other than his hearing loss.”

Future. He feels that he has not had to do too much protecting as of yet, but that this is one area of concern for the future. He believes that one day Matthew will experience bullying due to his hearing loss, but he recognizes that every child will experience bullying and they are often bullied for reasons beyond their control. He believes that many of the children who meet Matthew are going to think that his hearing loss is “neat”; however, he knows that a few children will pick on him because of his disability. He plans to prepare Matthew for bullying by instilling a sense of self-confidence in Matthew, making him aware and prepared for the bullying, and ensuring he can stand up for himself. He added that he finds himself worrying about Matthew often. He expressed that he worries about his future, any limitations he may face, what he could be doing different to off-set any limitations, and that he is doing everything he and his wife can to give their children the best possible future. He said, “I want to open the most doors for my kids that I can. I can’t push them through it, but I want to be able to provide that for them.” He added that Matthew has an “inherent limitation in that he doesn’t hear

like everyone else.” He clarified that this “limitation” is not the “end-all-be-all, but it’s not an advantage in life” so he hopes to be able to “close that gap for him.”

Jason believes one of his future challenges in parenting will be to avoid being the “overbearing helicopter parent” and to teach each child individually in order to prepare them for their future, while respecting their unique needs. He shared that he wants to let his children learn from “falling down and getting back up.” However, he wants to provide them with sufficient guidance and boundaries in their lives.

Structural Description

Growing up. Jason had a typical, upper middle class upbringing in a suburb outside of a larger metropolitan city. He attended a local Catholic school with friends from his neighborhood and extended family members. Both of his parents worked outside of the home; however, his mother worked part-time and was home when he arrived home from school. His parents had a traditional division of labor; however, both of his parents were involved in his homework and activities. Jason recalled that he viewed his father as the primary disciplinarian in the home because his mother would often “threaten” punishments, but would rarely follow through with punishments for misbehaviors; whereas, his father gave strict punishments for misbehaviors and they were carried out to completion. Despite the traditional division of labor, Jason’s father was involved in his upbringing.

Young adulthood. Jason anticipated getting married and having children much later in life. These were thoughts that were far from his mind as a young adult. He explained that he had many dreams for his life; however they weren’t based on reality

and, for him, the reality of his life is better than these fantasies. He met his wife at the end of college and they married soon thereafter. He recognizes that he became married and had children before many of his peers. His expectations of his life were based on societal expectations of adult life. Jason disclosed that he was happy with the path his life took, despite the departure from his expectations.

Father role models. Jason's primary role model was his father and he has also admired his uncles as role models of adult life and fatherhood. Jason described his father as a "great" husband, father, and grandfather. He added that his father was always involved with his activities and it was evident that *wanted to be* involved. He serves as a teacher to Jason, even as an adult. His father ascribed to being a multi-dimensional father and expended time and energy toward being an active father. He prioritized his life so that he could be involved in family life.

Infancy. Jason had very little experience with children prior to having his daughter. The couple purchased items and established a plan for care prior to her birth. Jason recounted that he transitioned into the role of fatherhood with ease and did not miss his life before children.

Identification. Jason knew that it was possible that he would have a child with a hearing loss, but he had thought that it was a remote possibility. After his daughter was born and she did not have a hearing loss, he was less concerned about the possibility of having a child with a hearing loss because he felt that it was less likely. When the couple learned that Matthew had a hearing loss, Jason recalled that he was "devastated." He explained that he was not sad for himself, but that he was concerned for his son's future.

He revealed that he was emotional when Matthew was identified with a hearing loss due to the surprise of the diagnosis and because of his knowledge of the historically poor academic, social, and employment outcomes for children with hearing loss. He researched hearing loss to learn how he could best help his son have a different life than his in-laws had experienced and how he could provide the best opportunities for him in the future. He sought to understand everything he could about Matthew's hearing loss and the changes that had occurred since his in-laws were young in the areas of technology and educational offerings for individuals with hearing loss. Once Jason and his wife learned about Matthew's hearing loss, they gained an increased understanding of their own genetics. Matthew's rare hearing loss is of significant concern for them because there are so many unknowns regarding his continued and future access to sound. Jason does not have anyone to look toward as a model or for encouragement to know that his efforts will lead to the future opportunities he wishes to provide for his son.

Present life. Jason works fulltime in finance and his wife works part time outside of the home. He explained that he is up early to prepare for work and to greet his children. His wife then gets the children to school and home after school. He returns home in the evenings for dinner and various activities with the children. His family is very active on the weekends with activities for the children, family obligations, or other events. He shared that he involves both children in his hobby activities (i.e., roses and grilling). He describes a traditional division of labor within the home with shared responsibility for the children and involvement with cooking and child activities. Language development and expansion is part of Jason's life as a parent of a child with

hearing loss. Jason voiced that he does this because his son needs it, even though it is difficult for him. He also corrects Matthew's grammar often and tries to answer his frequent questions as completely as he can. He recognizes that Matthew needs the opportunity for language exposure to develop spoken language as his primary mode of communication. Additionally, Jason communicates with his wife through various methods (e.g., email, texting, phone) so that they may both attend meetings and appointments for Matthew. Regarding Matthew's hearing loss Jason expressed that he was concerned initially because he was aware that Matthew's hearing loss would become progressively worse over time. He anticipated that they would have to consider a cochlear implant at some point in the future. Matthew's hearing loss did change and he was able to receive a cochlear implant, despite the added problem of atypical anatomy in his ear. The cochlear implant has allowed Matthew access to sound and he is making progress in learning to process speech and language information with the implant. However, Jason is facing new concerns and worry that the cochlear implant is not functioning as it should. Jason expressed his frustration that he can only advocate for resources and research options to help his son. Thus, he is seeking a way to gain control of the situation, to protect his son, and to provide what his son needs to continue to move forward in his speech and language development.

Parenting. Jason believes that his thoughts about parenting haven't changed over time, but that the circumstances of parenting have changed. He hopes to develop meaningful relationships with his children through being involved with their activities and life.

Father involvement. Jason described his father as a “provider, protector, and a teacher.” He believes these are role responsibilities that “good fathers” fulfill. Jason described a dichotomy between good and bad fathers. A good father provides for his children, teaches them, and protects them from danger and hurt. A bad father is not able to provide, does not teach, and doesn’t protect his children. He strives to fulfill the good father roles with his children. Jason described that his grandfather was more of a traditional “provider”; however, he was more involved with his grandchildren as he retired from paid employment. Jason’s own father was more involved in his daily family life and Jason expressed this involvement as positively influencing his growing up. Jason recognizes that experiences and expectations for fathers may differ depending on a family’s socioeconomic status or other various circumstances (i.e., work hours and type). Therefore, the ways and amount of time fathers can be involved with their children may depend on a family’s current context. Jason recognizes that he is able to be involved because of the choices he has made in his life, particularly his career and his employer.

Jason’s primary role as a father has been that of a provider to his family, but he views himself as more than just a breadwinner. He believes that his role as a provider includes providing education, opportunities, and a “foundation” to his children and family. He also believes that he has to serve as a protector for his family, even though he has not had to serve in this role often. Jason explained that he places his family as the first priority in his life and that he has elected to work for an organization that supports this belief. Jason communicates his priorities of family first to his friends, work associates, and others through his actions and how he spends his time. Jason is a multi-

dimensional father in that many of his role responsibilities are derived from the concept of provision for the family; however, he values being directly involved in activities with his children. These activities remain in a traditional division of labor and child rearing tasks; however, Jason shares the management and indirect activities that he does for his children and family with his wife.

Disabilities. Jason had been exposed to individuals who have disabilities prior to the birth of his son through his mother's job. He had a view of individuals with disabilities based on their need for services and decreased opportunities for social interaction and future prospects. He commented that now he enjoys seeing someone overcome a disability and they are an inspiration to him.

Hearing loss. Jason shared that he had some previous experience with individuals with hearing loss due to his wife's parents who are deaf. His wife does not have a close relationship with her parents; however, she is fluent in American Sign Language and works with individuals who are deaf or hard of hearing in her professional life. He has never met another individual who is older than Matthew with a similar type of hearing loss who may be able to offer Jason an additional perspective of what the future could hold for Matthew.

School community. Jason was aggressive in his search for opportunities and education for his son. According to Jason, spoken language, if it were a viable option, provided Matthew with increased communication interactions with a wide range of individuals. Jason recognized the importance of language development in Matthew's life, not just Matthew's hearing acuity. Seeing evidence of the possibility of his son

developing spoken language, Jason became committed to doing everything he could to provide Matthew with the spoken language and listening communication option. He is encouraged by Matthew's current progress to develop spoken language, the supportive community within the school community, and the student outcomes he sees at the school. He recognizes the significant effort that learning spoken language takes on his son's part, as well as within their family.

Sources of information. Jason seeks information through active management strategies regarding Matthew's hearing loss, technology, research, and potential future possibilities for Matthew. He speaks with individuals regarding their experiences with hearing loss and using hearing aids or cochlear implants. He also enjoys talking to students from his son's school who have completed the program. He derives encouragement and information from these conversations. He also feels that he should understand all decisions regarding Matthew's hearing loss and education completely, as Matthew is his child. Additionally, Jason is aware that he serves as a source of information for other parents.

Advice. Jason shared that learning about hearing loss is critical to parenting success. Once a father learns about hearing loss, it becomes possible for him to become an advocate for his child. He stressed that as a father, "You have to get involved and seek out information and ways to make it better." He further explained that the process of making it better may vary for different individuals, but that either way the solution will not "just come to you—you have to work for it."

Technology. Jason indicated that technology has played a significant role in his family's life. Without the current hearing aid and cochlear implant technology, they would have elected to send their son to a School for the Deaf and to pursue sign language. He believes that technology provides increased opportunities for Matthew to communicate in a variety of ways with others (i.e., spoken language, written language, social media, email). According to Jason, without access to technology, Matthew would have fewer opportunities to interact with others and be isolated from his family and peers.

Alone. Jason expressed that he feels isolated due to the cause of Matthew's hearing loss. Because it is such a rare hearing loss, he has limited information about Matthew's continued prognosis, particularly regarding his use of cochlear implants to gain access to spoken language. He is concerned that he may miss something that may make the difference and he consistently pursue ways to increase Matthew's future opportunities. Recognizing this, Jason strives to connect with other individuals with similar experiences, parents of children with similar types of hearing loss, and professionals who work with this type of hearing loss, to draw support from any similarity or similar experience he may find. He is aggressive in his desire to not remain isolated and to help others find connections as well.

Future. Jason hopes that he is able to provide opportunities for Matthew so that he is able to overcome the "inherent limitation" of hearing loss. He hopes he can avoid being over protective of his son and allow Matthew multiple learning opportunities so that he can build his sense of resiliency and self-confidence. He recognizes that he wants his children to accomplish certain milestones; however, he wants them to feel

comfortable to be unique individuals. Jason expects that his son will experience bullying in the future and he hopes he can prepare him to overcome such challenges.

William

Textural Description

Growing up. William grew up with his family of origin (i.e., mother, father, and two brothers) in a Southern state. The family lived in a typical, suburban neighborhood near a small city that was safe enough for him to ride his bikes to friends' houses and to a local athletic club. William describes that he engaged in "typical" activities throughout high school (i.e., high school band, high school track, friends). After high school, he elected to go to a university in a nearby state where he completed an engineering degree.

William's mother worked a variety of jobs outside of the home (i.e., working at a bank, at the school office); however, she was primarily a stay at home mother. His mother cooked, cleaned, and took the children to and from school. His father did household chores to care for the outside of the house (e.g., yard work, home improvement tasks). He recalled that his dad worked on the family's car to complete routine maintenance and repairs. William remembered that both of his parents helped him with homework; however, each parent helped him with school subject that they had the most interest and skill in themselves (e.g., math and science with his father, literature and history with his mother). He said his family often spent time together watching sports. When both parents were home, the role of disciplinarian was equally shared between his parents. He recalled that his father was more laid back regarding behavior (i.e., tolerated more roughhousing with the boys).

Adult life. William shared that he met his wife in college and they began dating after his sophomore year. They were engaged in college and married a year later. He explained that although he never imagined all aspects of his adult life, he stated that he and his wife aspired to have the kind of life they have now (e.g., children, close family relationships). After they settled into their careers, they began to plan for having a family.

Experience with children. William shared that he did some babysitting when he was younger; however, most of his experiences with children were with older children. He added that he did not have much experience with younger children because he did not have any older cousins and he was the oldest child in his family. He recalled a story of a memorable experience with an infant prior to having his own children in which he was asked to hold a baby and that he felt and assumed that he looked very “unnatural” when holding the infant.

Infancy. William stated that he and his wife knew that they wanted to have children prior to marriage and that due to a health condition that his wife has, they planned to try to have children early in their marriage. He and his wife discussed having children and when they felt that they had enough time to travel and prepare for having a family financially, they began planning for children. Once they were pregnant, they purchased all of the baby supplies they needed (i.e., “right car seat, best crib, right mattress”). They read about babies and pregnancy (i.e., tests, development) to become prepared to be parents and learned from friends with children. Despite all of their preparation, William expressed, “Things are different once you have a baby.”

Identification. William shared that he and his wife were excited to welcome their son to their family after a difficult labor experience. He recalled:

They put him in the little baby warmer carrier thing. I go with Henry, and so we're standing there taking measurements, and one of the nurses takes a step over and basically kicks a trash can-an old metal trash can- and it is extremely loud. I was startled. Everyone else startles and Henry's just kind of sits there. And the nurse said, "Wow, that's a really good baby to not cry at that loud noise" and I didn't think anything of it. There was really no reason to at the time. I had no idea.

William explained that later nurses came to their room and said they had to "re-test" Henry's hearing. The couple was unsure how a hearing test would be done on an infant and they had no idea a test had been done. This statement caused the couple's anxiety levels to rise, despite everyone saying very reassuring statements (i.e., "no big deal," "happens all of the time," "nothing to worry about," "probably fluid"). After Henry did not pass subsequent hearing tests, they were referred to an Ear, Nose, and Throat (ENT) physician who confirmed Henry's hearing loss through subsequent hearing tests and then fitted him for hearing aids. The couple became involved in early intervention services and a speech therapist began coming to the house. William recalled, "All of that happened very early. I think by the time he was three months old, which is really weird when you haven't had a baby before and you are still trying to get used to having a baby. Now you're putting hearing aids on a baby and you are trying to keep them on a baby." He shared that when friends ask him about hearing loss now, they are often surprised to learn that hearing screenings are routine for infants. William added, "I don't feel like-hospitals do a fantastic job broadcasting the importance of it."

William explained that they didn't know a lot about hearing loss when Henry's hearing loss was identified. William stated that it was easy for them to begin learning about hearing loss right away using their smartphones in the hospital room. The couple learned about cochlear implants through their research. They spoke to a doctor, friends, and other individuals who were cochlear implant users about their experiences with cochlear implants. William explained that these conversations "helped ease things a little bit." They began to understand that there were things available to them that could "help." William felt that these resources might allow "for a more normal life for Henry." William disclosed that for a long time they had a lot of adjustments. He reflected that they have "been through therapy, cochlear implant surgery, and school." He added that Henry and his family are still going through adjustments (i.e., second cochlear implant, mainstreaming to public school).

After Henry's hearing loss was identified, they pursued genetic testing to determine the reason for his hearing loss. They determined that Henry's hearing loss was due to Connexin 26; therefore, William stated that he knew that he and his wife a one in four chance of any future children may have hearing loss. The couple knew they didn't want Henry to be an only child so they planned for a second child and were open to whatever the outcome would be. William added that the advantage of having a second child with a hearing loss was that he knew what to expect. He shared, "You can be educated about what to expect [with a child who has a hearing loss], but until you have lived it, you don't really know." Subsequently, the couple has had a second son who has a hearing loss and a daughter who does not have hearing loss.

William explained that he and his wife had explored several day care centers prior to having Henry. William described, “When Henry was born, she went back to work for a little while, then we realized that everything that goes into raising a child with hearing loss. We decided it would be better for her to stay home and watch the children.” The couple did not feel comfortable having their son, who was going to need to wear hearing aids as much as possible, in a regular day care situation. William expressed concern regarding the staff’s ability to deal with the hearing aids, to be “right there” with Henry to make sure he had his hearing aids in and working, and that he was receiving language input at all times. He said. “We knew we had to intervene early for him to have the best possible outcome, so it’s really become my wife’s job.” William expressed that her work with their sons has been invaluable for them as a couple; their sons, and their sons’ development and this work would not have been possible if she had been employed outside of the home.

Present life. His wife is currently a stay at home mom. William expressed that his wife does most of the scheduling for the children and family; however, they split many responsibilities, especially with three children. He added that his wife does most of the paperwork for the children, but there are items he completes (i.e., financial application for school). He believes that she has a system to help her complete her day with the three children. On a typical work and school day, William gets up, wakes up the children, and goes to work early so that he can leave work as early as possible and be home for the evening. He feels that it is most important for him to be home when Henry gets home from school and may be “a little wired” so that his wife is not trying to do it all

by herself.” William said that he tries to leave work at a reasonable time so that he can be home with his family. In the evening, he and his wife cook dinner together, spend time relaxing together with the children, and give the children baths before putting them to bed. They try to divide responsibilities for baths and with baby between the two of them. Additionally, William stated that he tries not to leave his wife alone with the kids on the weekends so she “doesn’t go crazy.” During the weekends, they do what they can to entertain the children (e.g., playing inside, playing the basement, run errands). When the weather is nice, they play t-ball as a family, go to the zoo, or go to the park. William shared that they enjoy being outside as a family and the kids like to play in a small plastic pool as well. He added that they put their sons’ implants in plastic bags to protect them from being splashed or falling in the water, and they watch them carefully during this playtime.

William stated that they travel to see their parents, the children’s grandparents, about twice a year; however, it is difficult to travel with three little children, particularly a nursing infant. They travel to see his parents for Christmas and to visit his wife’s parents at the beach in the summer. It is difficult for them to travel to see his wife’s parents since having a third child requires a two-room hotel stay. Both sets of grandparents visit the family as they can and stay for a week or more; her parents stay for a longer period of time than his parents do.

William described Henry as “a little ham”—a fun, smart, happy and sensitive little boy. William shared that Henry loves books, he loves building with his Legos, loves being outside, and loves playing t-ball. William said Henry is typically very happy,

but that he is also very sensitive to what other people think and feel. William added that Henry has red hair and sometimes he has the temper known to come with his red hair. William described that he likes to play catch and basketball with his sons. He also likes to have them outside with him when he is doing yard work (e.g., lawn mowing). William further said that he tries to spend as much time with them so that he can teach them what they are willing to learn at this point (e.g., college fight song, watching sports).

Father involvement. William described his dad as a hard worker who liked to be involved in his sons' activities (e.g., coach, band parent). William explained that his father would take control of his sons' school projects, rather than allowing them to complete the work on their own (e.g., science projects). William recalled that his dad sometimes became hyper-focused on tasks that he was completing. He remembered his father as a ready playmate, even after a long day at work (e.g., baseball, football). William believed that his father felt that his role responsibility was to be the provider for his family. William added that his father believed it was part of his role to help his sons become successful and self-sufficient in life. He desired to pass on his knowledge of the world to his children. William shared that he believes he is very similar to his father in many ways (e.g., attended the same college, same areas of interest). He has learned a lot of skills from his father (i.e., sports, yard work, handyman skills). As a father himself, William tries to improve in some areas of parenting from his father's role model. William recalled that he looked up to his Boy Scout leaders and both of his grandfathers.

William believed that father involvement has not changed from his perspective during his lifetime; however he remarked that the media portrays very different pictures

of fathers from other generations (i.e., *Mad Men*). His father was the primary breadwinner, but when he came home from work he played with his sons, helped around the house, and did homework with his sons. William shared that most of the fathers he knows are involved with their families. Occasionally, he has worked with people who are very dedicated to work, men and women, who stay late and arrive at work early. He wonders when they see their families; however, he feels that this is really not his business. William believes that father involvement with children in schools depends on an individual's personal family situation. He described several categories of fathers: fathers who want to be involved and they do whatever they can to be involved and fathers that might want to be involved; however, for whatever reason they are not as involved as they would like to be. He added that some fathers might have jobs that are not flexible during school hours. William suggested that fathers should be counseled to spend any time they can with their children. He stated, "It is not so much how much time you spend with your children or being involved with their school; it's what you do with that time that matters." He believes that any time that is spent with the child goes a long way to benefit the child and the parent. William stated that there are fathers who either don't care to be involved and he was unsure of how to change their minds. He added, "There are fathers who don't know how to be involved with their children." He advised that fathers should "just try, being there, being present, interaction . . . It goes a long way."

William views himself as involved in similar ways with his children. When he gets home from work, he divides tasks with his wife, "doing whatever we need to do with the kids, playing with the kids-bathing, putting them to bed, reading to them. It really is a

team effort.” He stated that he believes that this is how things should be and both parents should be heavily involved. William expressed that as a father he is “the primary breadwinner” and he enjoys that role. He views himself as a “good teammate” for his wife because she handles most of the children’s needs during the day and when he comes home it is his job to take over about half of this responsibility. He also values being a role model for his children, which is a role he believes that both he and his wife fulfill.

Parenting. William said that he didn’t believe someone could understand how much one could “love a human being instantaneously until you have a child.” He added that he certainly didn’t understand the challenges and the responsibility of having a child prior to having his own children. He explained,

You kind of think it’s this happy go-lucky thing. You think it’s going to all be fine. In reality it’s not like that. It’s not ideal. Things aren’t perfect all the time. But it’s my job, it’s my wife’s job, to suck it up when things aren’t going perfectly because there are more important things now.

William added that he feels that having children is “more challenging than you could ever imagine.” William said that he didn’t envision the details of being a parent before he had children, rather he thought about the positive things they would do when growing up. He added that he knew there would be frustrating times and different challenges. He stated, “Until you have children you believe that you will come home from work and ‘everything’s perfect’” (i.e., you play with the baby, everyone is healthy and sleeps through the night). In contrast, when he comes home “somebody’s upset all the time, somebody’s hungry, or somebody’s sick.”

William expressed that he has less time to decompress and it is something that he has had to learn how to deal with differently since he has had children. William clarified that he has had to try to figure out how to accomplish his own tasks in a smaller amount of time. He believes that he sleeps less now than he did before children.

William did not feel as though his sons' hearing losses influenced his parenting activities on a daily basis, unless there was a specific need directly involving an implant or a hearing aid. He clarified that he hopes to treat both of them as "normal" children; however, there are times when he understands that they may have really not heard him say something. Additionally, there are certain situations that may require different intervention or discipline due to the children's hearing loss or their equipment (i.e., another child taking the device off, not hearing an instruction from an adult).

William believes that the joys and challenges of being a father are "sometimes one and the same." He said, "The challenge is getting them to the point where they can kind of take over and do something on their own. Whether it be saying their A B Cs, counting to ten, hitting a ball off a tee, pitching, or football, but then the joy is really seeing them do that, and become better at it and then start to enjoy doing it themselves." William added that he takes great joy in the boys enjoying things that he likes (i.e., football games on TV, home improvement stores). He knows that as the boys grow and develop there will be more of these shared activities. He understands that he doesn't know anything other than being a father to children with hearing loss. He remarked that based on his recent experiences with his youngest child, he believes that one difference is

that there are fewer doctor's appointments for parents to attend when children do not have hearing loss.

Marital relationship. William feels that his relationship with his wife is strong. He believes that they are a good team and work together to make decisions for the family. He expressed that there are certain decisions that, "She'll defer to me and that I'll defer to her." He added that being away from their parents and family is difficult, even though they know it is the best place for both of them, but that it is more difficult for his wife. He said, "I get up and go to work every day. She doesn't have that built-in relief valve. It can definitely be a strain at times. I do everything I can to try to make that easier for her, but it's not easy." He shared that he helps her by being flexible when he can so that if there is something she needs help with he is available to help her (i.e., appointments, taking the children to school, leaving work early). He tries to encourage her to take some time for herself (e.g., trip home to visit family). William added that he and his wife talk throughout the day (e.g., phone, text, email).

Work family balance. The couple had planned that his wife would return to work after Henry was born and the couple had researched childcare options (i.e., daycares). William added that he planned to take time off after Henry was born and would continue working at his then current job. He shared that his work schedule and commute became difficult after Henry was born, especially once they learned of his hearing loss. William stated that he wanted to move to a position that would be a little more flexible with his schedule and the timing of his work. William's employment changes occurred during a three-month period after Henry was born and he interviewed

for and accepted a position in another state. William explained that the family could have continued for to him work at his former position for a little while longer, if Henry did not have hearing loss. However, the appointments necessary for diagnosing the hearing loss and obtaining the hearing aids meant that either he or his wife were always having to take time off in order to participate in Henry's care. William added that due to these reasons one person always had to take at least a half-day off from work. He said that it was common for them the wait an hour or two to see the doctor for 15 minutes and then to return to wait for the doctor again. He said the time commitment was a major strain on the couple. Therefore, the couple moved to the new area for William to accept his current position. He said, "It's not ideal from a location standpoint, but perfect from a family perspective."

Disability. He recalled that there were students with disabilities who attended his school when he was growing up; however, he did not remember any specific interactions with students who had disabilities. He stated that upon reflection, he felt that he "lived in a bubble." He explained that he was unsure if he wasn't exposed to individuals with disabilities or if that he wasn't paying attention to these issues as a child.

William believes that he is more aware of individuals with disabilities since the birth of his sons. He added that he didn't know much about disabilities or how parents or individuals with disabilities manage their daily needs before the birth of his sons. He said, "It's easy to say that you have empathy, that you understand, but you really don't. Even my wife and I we don't understand what it's like for Henry and Robert to go to bed and not really hear anything."

William shared that the term disability itself “sounds like a horrible thing”; however, he now understands that there are “varying degrees of disabilities.” More recently, he has had the opportunity to meet individuals with some significant disabilities and they are able to “live a pretty normal life at the end of the day.” However, he also notes that at times he is aware of other individuals’ situations and he realizes how much more difficult his situation with his sons could be. He explained that they have two sons with disabilities; however, he feels that their disabilities are “treatable, that ultimately invisible, and it really shouldn’t hold our kids back from living good, happy, normal, successful lives, and not everybody can say that.”

Hearing loss. William had limited interactions with individuals with hearing loss growing up, even though his family lived near a residential School for the Deaf and Blind. William shared that he remembered that when he encountered individuals with a hearing loss it was difficult to communicate through sign language. William added that he did know a student who had hearing aids in college, but he did not recall meeting other individuals with hearing aids or cochlear implants.

Both of William’s sons’ hearing loss is due to Connexin 26. William explained that he and his wife refer to both sons as either being profoundly deaf, that they have a profound hearing loss, or that they are profoundly hard of hearing. William recalled that the decision to pursue a cochlear implant was difficult with Henry because his hearing loss was in the “gray area” so it felt like a “big decision.” William considered other scientific advances that may not be available for his sons when considering cochlear implants. However, he answered these doubts for himself because he believes that,” if

they do not learn to talk now that they won't have the opportunity to do so in the future, or at least it won't be as easy as it is for them currently." Therefore, William wanted them to have "whatever the best thing is-or was for them-we give them access to sound which in their cases was pretty convincing to be a cochlear implant with the right programming." William added that when he faced making a decision regarding cochlear implantation for his second son, it was an easier decision. The process for their sons to become cochlear candidates and to receive insurance coverage was "smooth." He recognizes that this smooth process is not always the case. William suggested that the reason that fathers may not be involved with their children with hearing loss is due to the expenses that come along with hearing loss.

Listening and spoken language. William stated that he and his wife selected listening and spoken language for their sons because they were most familiar with that communication method. William expressed concern regarding the opportunities their sons may have in the future if they didn't have access to sound through cochlear implants. William understands that there are "provisions in place for that disability;" however, he and his wife wanted to do "whatever we could to have them live the most normal life possible." When asked, William shared that his reality is for his sons to be able to hear and speak and have all the other opportunities that come with these types of interactions. William added that he was concerned about the kinds of jobs his sons could get in the future without having access to spoken language. He did not want to limit their ability to do anything. He expressed that he is aware that that there is "a subculture that doesn't appreciate those things."

Shared connections. William disclosed that he is glad that his boys have the connection of hearing loss so that they can understand each other's experiences and have a "coping mechanism" in their connection. He feels that Henry will have a similar experience that he had when growing up because he "will kind of live it out first, it will sort of be like how I grew up. I broke down some of the barriers for them." William added, "It's remarkable to me to be a parent of two deaf boys that you really wouldn't know were deaf if you didn't see the implants in their head."

Cochlear implants. William shared he is often concerned that his sons' cochlear implants getting damaged. William said, "The kids were playing out in the sandbox last night, and Henry starts hollering for us. We run over to him. Robert's got his implant and he's got it in the sand." William added that this story illustrates the reality of fatherhood he experiences as there are "different things to worry about. We're much more vigilant about the details, roughhousing, how they are around water, It's a much bigger deal for us." The cochlear implant that the couple selected did not have a waterproof option when his son received his first cochlear implant. Since that time, the company has developed a water resistant model and a water cover for the cochlear implant. Henry will be able to receive this newer model when he receives his second implant. William expressed that this will be a "big relief" for the couple. Currently, they are concerned when he is out in the rain, playing near water, or sweats, despite their consistent use of precautions to protect the implants (e.g., hats, plastic bags, Rondo covers). William shared that the most frustrating aspect of the cochlear implants is how it has an impact on the family's ability to enjoy beach and water activities. He explained,

It is not only little kids that run around and they have to wear life jacket in case they fall in the water. But also, if they fall in the water, where would the implant go? A) it's ruined. B) you might not find it. It's a concern, big frustration. It's just one of the other things that you have to deal with.

William stated that knowledge about hearing loss has been influential in his ability to increase his understanding of his sons' experiences and how to help them. William disclosed that he and his wife now interact with more people who have hearing loss than they ever have before. These interactions help them understand their sons' needs and understand how to help them when they can. Additionally, William feels that he better understands what parents of children with hearing are going through and he also has "the perspective that things turn out okay, you're going to be okay." William believes that it is important to teach the children that anything is possible. He believes that life will get harder for his boys before it gets easier for them. He thinks that "they're in a place where there are more children like them than there are that are not like them (school for deaf children), and so it will be a challenge when they go into an environment where it's not like that."

School. William stated that he believes that his sons' school is a "great" place. Initially, he and his wife didn't think Henry would be able to attend given the tuition cost. William explained that the school has worked with them regarding the cost of attendance and that has "taken a huge weight off our shoulders." William added that he feels that he and his wife have "ultimate responsibility" for their sons' well-being and development. The school is a "fantastic resource" to help children develop their speech and language.

William added that he does become frustrated when he attends a school event and there are few parents who attend or he sees the same parents at each event.

Work/career influence. William explained that although he does not have professional training specifically regarding cochlear implants, he is able to understand what is being addressed in the technical aspects of cochlear implant design because of his training as an engineer. He said, “I understand the more technical descriptions of the implant technology. It’s fascinating. I spent so much time just going through the technical specifications, figuring out which this one can cycle this fast and this one has this many electrodes.” William stated that he did a lot of research in order to select the cochlear implant that his sons would receive. Cochlear implants are one of the few medical devices that allow the recipient to select which device they would prefer. He stated that he researched the companies, the internal technology, and the processing. Based on his research, the couple had selected one cochlear implant due to their technology. The couple elected to have both boys utilize the same cochlear implant.

Advice. William said that when he found out about Henry’s hearing loss he was shocked, terrified, and he didn’t know what he would do. Now, he would be happy to help other people understand that a diagnosis of hearing loss is not the end of the world and that “there are things out there to help.” William said that the advice he would give another father of a child with a hearing loss would depend on the developmental stage of the child and the kind of hearing loss the child had. William expressed that he would share with the father is that “everything would be okay” and that “there are ways to make everything okay.” William stressed that, “to make it okay,” you have to be involved and

start early. He believes that, “the longer you wait to do anything [provide language], the more time it takes to develop language.” William clarified that a family can choose for their child to learn spoken language but they must communicate that desire to professionals who are working with the family. Moreover, he suggested that, “You should advocate for your child’s needs and it is up to you as a parent to make sure their needs are met.” Finally, William shared that he would advise fathers to “try not to let it define you, by the way it defines your children, because they will wear it as an identity, but it’s not the end-all-be-all.”

Technology. William stated that the technology his sons use would not have been available to them 20 years ago. He is thankful that his sons live when they do and the technology that is available now is within reach. In the future, William expects continued advancement of cochlear implant technology and continued expansion of the features available in cochlear implants (i.e., smaller, increased durability, Wi-Fi, fully implantable, rechargeable). Furthermore, William wondered if hearing loss would continue to be considered a disability for individuals who use hearing aids and cochlear implants to communicate through spoken language and the technology continues to evolve. William added that he believes that it is good for people to be able to see cochlear implants and hearing aids because there are still situations where hearing information may be challenging for individuals with hearing loss.

Future. William shared that he is very proud of his children. He is very happy about where they are as a family. He added that he knows they will face challenges in the future; however, he believes that, “They are ready to handle whatever comes their

way.” William explained that Henry is “transitioning” from his current preschool setting to a public school system next year. He is anxious about this change due to Henry’s placement in a public school classroom with children who have multiple disabilities and his transition from a full day program to a half day program, with fewer supports available for his hearing loss readily available to him and the family.

William expressed that he and his wife want to make sure that their sons are “in a good place” before they consider relocating to be closer to extended family members. He and his wife anticipate remaining where they are so their second son can have continued access to a school for children with hearing loss and receive specialized education to prepare him for attending a public school in the future. He feels that they are happy where they live; however, they believe that being close to their extended family is an important part of raising children and the distance away from their family is a challenge for them.

William predicts that Henry and Robert will always experience challenges because of their cochlear equipment; however, these challenges will diminish over time due to evolving technology (i.e., YouTube, FM systems) that is easily accessible for all individuals. William stated that the technology can eliminate some of the “disability” his sons or other may experience, even though the technology may “add an extra step.” William expressed that he thinks about activities the boys may want to participate in the future (i.e., football, soccer). He said that he and his wife will have to “pick and choose what we’re comfortable with and what we think is safe for them to participate in.”

William hopes that in the future his children feel that he challenged them, but that they enjoyed these challenges. He hopes they recall that he did a “good job” as a teacher (i.e., skills, school subjects, sports) and that they enjoyed spending time with him. He hopes that they don’t think that they pushed them too hard.

He would like to see his children have college degrees and jobs doing whatever they want to do. William expressed that he believes that the boys’ hearing loss will have an impact on them in the future. He expects that there will be some differences that people may notice. He added that both of the boys understand the importance of their cochlear implant and other equipment. He explained, “They will learn that that’s part of them, and they can’t really operate properly without it.” William believes that each boy may have a time when he perceives that he is being treated differently from others due to his hearing loss. William suggested that these situations might be in relation to their sons not being allowed to do something they want to do because the risk is too great (i.e., damage to equipment).

Structural Description

Growing up. William described growing up in a “typical” family in a suburban neighborhood of a small Southern town. His father worked while his mother was primarily a stay at home mom, despite having some part time jobs at different times. His parents maintained a traditional division of labor; however, homework assistance, discipline, and involvement were shared between the parents. His parents divided these tasks based on individual skill and proximity.

Adult life. William met his wife in college and the couple married after graduation. They wanted to have a family and acted on these plans at a predetermined time, after having time to travel, begin careers, and become financially stable. William shared that he had worked with older children, and that he had little experience caring for young children.

Infancy. William recalled that he and his wife purchased supplies and began to research pregnancy, childbirth, and infancy to prepare for the birth of their first child. William expressed that despite all of his preparation, having a child was very different from reading about babies. William added that the couple had planned to have his wife return to work after her maternity leave period. However, the couple decided to make two changes regarding their careers after their first son was born and identified with a hearing loss. William changed to a job that allowed him more time with his family; however, it required the family to move to a new state and away from extended family support. His wife stopped working in paid employment in order to stay at home with their son to ensure that his language development needs were met through family care. The couple felt that they had to intervene in order for their son to have the “best possible outcome.” William expressed that his wife’s work with their children has been “invaluable” for them as a couple and both of their sons’ continued development.

Identification. William shared that Henry’s hearing loss was identified in the hospital and confirmed later through further testing. He described that the hearing screening process caused his “anxiety level” to increase despite the nursing staff’s statements of dismissal of the screening results. William added that he and his wife were

unsure of how their son's hearing could be tested and they knew very little about the process despite their research about pregnancy and infants.

William recalled that he was shocked and terrified when he learned of Henry's hearing loss. The couple immediately began researching information regarding hearing loss and cochlear implants. William felt comforted because there were options to "help" their son have a "normal" life. William reflected that he has experienced many adjustments in his life since his son was born; many more adjustments than he had anticipated prior to Henry's birth

William shared that he and his wife elected to pursue genetic testing for Henry to determine the cause of his hearing loss. They learned that he has a genetic hearing loss and that they would likely have other children with hearing loss. William stated that the information did not dissuade him from having other children; instead the experience of having one child with a hearing loss prepared him for the possibility of having other children with hearing loss.

Present life. William described that his wife is home with the children during the day and he is equally involved in caring for the children and the household responsibility when he is home. He schedules his workday and time on the weekends to be available to help his wife when needed and to allow them time as a family. Furthermore, he encourages her to take time to see her family, recognizing that she does not have this support nearby currently and doesn't have the "relief valve" that work often provides.

Father involvement. William explained that he perceived that his father was involved in his life. William felt that some of his involvement was excessive and more

for his own personal needs rather than to help his sons' development. William believes that his father perceived his role to be a provider and to help his sons' become providers in the future. William believes his role to be similar to that of his father; however, he also hopes to be able to improve on his father's role model.

William perceives that most fathers he knows are involved with their children. He notes that some parents, both mother and fathers, can become overly involved with work and leave little time for families. He believes that there are multiple reasons fathers may not be involved with their children and educational activities (e.g., work schedules, travel). He thinks that any amount of time spent involved in these activities can benefit both parties and this involvement can be done through being present and interacting with children. William suggests that the media displays a perspective of fatherhood that he did not experience when he was growing up, nor does he see today (e.g., *Mad Men*). He views that he works as a team with his wife to complete caregiving tasks when he is home. Additionally, he prioritizes being home with his wife and children during his day. He views himself as a provider for his family, a role model for his children, and a teammate for his wife. The family has a traditional division of labor; however, William strives to be equitable in his involvement with the children, his support for his wife, and his understanding of how he can best support the family as a whole.

Work/career influence. William believes that his background in engineering has helped him understand the technology of the cochlear implant. He has used this background to help him research the device and to select the implant company for the devices for both of his sons. He elected for them to receive implants that he felt offered

them the most technology and potential for future upgrades. He expressed that the synergy between his career knowledge and the information about the implant devices enables him to understand the power of cochlear implants and this understanding offers a way for him to help his family in addition to his being able to provide for them financially.

Parenting. William commented that he didn't know the love, the challenges, or the joy he would experience as a parent until he had his son. He believes that prior to becoming a parent he held an idyllic view of fatherhood. The realities of his experience are that things are not perfect, but that it is his job to move family life forward and this is better than his ideas of parenting prior to having children. William shared that being a parent is challenging and he didn't envision the details of parenting before having children. He has had to find new ways to "decompress" because his children always need something from him. William said the joys and challenges of parenting are often one and the same. He explained that teaching his children a new skill can often be a challenge, but as they begin to complete the skill on their own and enjoy their new found ability, he finds immense joy in seeing his children succeed. He believes that as his sons get older they will begin to enjoy more activities that he enjoys and he is excited to experience these shared activities. William perceives that his sons' hearing loss has not changed his parenting, with the exception of his sons' listening technology or their ability to hear what was said to them. William says that he tries to treat both of his children as "normal" children. Despite all of the changes he and his wife have made in their lives to provide their sons with the best opportunity for successful development, these changes

were based on his view of what it means to be a parent, not what it means to be a parent to children with hearing loss.

Disabilities. William shared that he did not recall having any significant interactions with individuals with disabilities when he was growing up. Upon reflection, he believes that he “lived in a bubble” because he didn’t remember noticing anyone with a disability in his school nor community. Through lack of exposure, he had limited information about individuals with disabilities and he was unsure of what he didn’t know. He believes that he has become more aware of individuals who have disabilities since the birth of his two sons. He believes he has an increased sense of empathy for individuals with disabilities; however, he believes that he can’t really understand what it is like for individuals with disabilities, even his sons. This understanding that he believes he will never know may be related to his understanding of how much he has learned since having children with hearing loss. He added that the term “disability” “sounds like a horrible thing” but he perceives that there are “varying degrees of disability.” He has learned that individuals with significant disabilities are able to live “normal” lives. He believes that his sons’ hearing loss is “treatable, and ultimately invisible” and that it should not hold them back from living a “normal” life. Thus, William perceives that the connotations about individuals with disabilities and the term “disability” do not match with his everyday experiences because his sons are “normal.”

Hearing loss. William recalled that he encountered individuals with hearing loss prior to his first son’s birth. He remembered that he thought that sign language communication was difficult for both parties and that some individuals with hearing loss

could communicate orally. He asserted that he believes that communication is the key for interactions with others and with family members. William described that he and his wife elected to pursue listening and spoken language for their sons in order to provide the best opportunities for them in later life. He explained that he wanted his sons to have the most normal lives possible and that the majority of their interactions would be through spoken language. He wanted his sons to be able to access all of the opportunities available to them through spoken language and a wide range of career choices in the future. Listening and spoken language help to reduce the difficulties in communication. William expressed that he is glad that his sons have a connection through shared hearing loss. Through their common experiences related to hearing loss they will have a better understanding of each other's struggles and successes. William feels that he will understand Henry's experience as a first-born son, who is a trailblazer for his brother and sister. William added that these connections will help them feel less isolated among their family members and thus, they will be able to have valuable family relationships.

William disclosed that he experiences great concern regarding potential damage or loss of his children's cochlear implant technology. He understands that he has to balance his concern with experiences his sons need to have during their youth. He anticipates that these decisions will continue throughout the children's development as they have to work to make decisions, balancing his concern with their need for freedom.

School. William explained that the school for children with hearing loss that both of his children attend "has taken a huge weight off our shoulders." He recognizes that he and his wife have "ultimate responsibility" for their son's language development;

however, he feels as though the school serves as his partner and as a resource. He expressed that he becomes frustrated when he perceives that parents are not involved with the school and are taking advantage of the resources and access to the school. He and his wife believe that they would not have been able to have their sons attend the school due to cost; therefore, they are grateful for access to this resource. William disclosed that having a school with other professionals and families has provided him with a sense of support and has reduced their sense of isolation.

Advice. William advised fathers to focus on their children, rather than their children's hearing loss. Advocacy and action were also critical elements of William's advice for fathers. The ideas of action and advocacy are similar to typical father role responsibilities. He shared that parents should remember that everything would be okay and that there were things that could be done to make everything okay for their child. He stressed that fathers need to be involved early in pursuing the services that they want for their child and to advocate for their needs. He also stated that if parents want to pursue a particular communication mode—spoken language or sign language—they need to “Tell professionals and work to create the educational plan you want for your child.” William also states that fathers should not let their child's hearing loss define their child; rather, they should view them as a unique individual. He emphasizes the importance of a father viewing his child as an individual separate from hearing loss and that the belief that “things would be okay,” could be viewed as an attempt to downplay hearing loss as a significant disability. However, he suggests that the use of technology offers positive

outcomes for children and it allows the challenges of hearing loss to fade into the background of his parenting activities.

Technology. William expressed that he is thankful for the assistive listening technology that his sons use to access sound, “Neither would have had access to the technology that they use to listen and speak twenty years ago.” William believes that there will be continued advances made to the cochlear implant technology that will allow users to access more mainstream technology (e.g., WiFi compatibility) and to reduce the intrusiveness of the device (e.g., fully implantable, rechargeable). As these technology advances continue, William wondered if society would consider individuals with hearing loss who access sound through a cochlear implant to have a disability. At this point, William believes that it is still beneficial for people to see his sons’ cochlear implants so that they may understand that listening may be a challenge for them. He recognizes that the technology is not without flaws and challenges, but he sees positive outcomes in his sons’ lives as a result of their access to technology.

Future. There is a sense that William knows that his family life will never be without challenges. He acknowledges that being a parent means that he has to weigh pros and cons and make sacrifices in order to be an involved father. Further, these choices he makes for his family with his wife have consequences for his children and each member of his family. He recognizes that he can actively seek to balance his sons’, his wife’s, his daughter’s and family’s needs with managed effort. William knows that his children and family will face challenges in the future; however, he feels confident about their ability to navigate these challenges. He is preparing for his older son to

transition from his current preschool setting at a school for children with hearing loss who are learning to listen and speak to a public preschool setting. He is concerned about the challenges his son and his family will face during this change (e.g., classroom for children with multiple disabilities, decreased speech and language services, decreased time in school, placing each child in a different school program). He anticipates that he and his wife will consider moving closer to their families when their younger son has transitioned to public school services. William shared that they view being close to their family important for their children; however, they wish to ensure their sons receive the foundation they need in spoken language to do well in school. William believes that as his sons enter a public school setting, they will experience challenges related to their cochlear implants. He thinks these challenges will diminish over time due to evolving technology. He disclosed that his greatest concerns for the future are activities that his sons may want to be involved in that could cause them to damage their cochlear implant devices. William hopes that his sons view him as a father who challenged them, but who didn't push them too hard, and that they enjoyed these challenges. He also hopes they recall that he was a good teacher and enjoyed spending time with them. He hopes they are able to complete college and to obtain employment in the field that they desire.

Composite Textural Description (All Participants)

Growing Up

Each of the fathers shared that they believed that they had a good family life and upbringing (e.g., “functional,” “traditional,” and “stereotypical”). All of the participants had fathers who worked full time. The participants stated that they had positive

relationships with their extended family members. Additionally, the fathers expressed valuable connections within their community, specifically neighborhoods and school communities. Sports were common activities within each participant's family of origin, ranging from simple games of catch in the back yard to their father serving as a coach. The fathers commented that their upbringing was significant in their own parenting.

College

Each father attended college and four out of the six participants met their wives during college and married them soon thereafter. The two fathers who did not get married soon after completing college shared that they had experienced significant life events prior to college. Both of these fathers indicated that they did want to get married and have a family; however, they desired to spend time as a single adult prior to having a family.

Experiences with Children

Each of the fathers indicated that their experiences with children prior to becoming a father were primarily with older children, rather than with infants. The fathers shared that these experiences were often with family members, volunteer positions, or work. Four of the six fathers currently coach or are involved with children other than their own on a volunteer basis.

Role Models

All of the participants expressed that their own father was an excellent role model for them as a father. Five of the participants added that other family members served as role models to them as they formed their own families and became fathers. Three fathers

revealed that they had role models outside of their family (e.g., best friend, teacher, coach, scout leader).

Adult Life

Each of the fathers married prior to deciding to have children. The participants shared that they purchased baby items, read baby books, and prepared their homes for the birth of their first child. Participants said that they participated in preparation activities alongside their wives. Additionally, the participants stated that they all planned to take a few days off from work after their child was born, with some participants having had as much as a few weeks off from work.

Infancy

Two of the fathers had children who were born with congenital conditions other than hearing loss. These participants expressed concern for their children regarding their health and well-being. Both of the participants indicated that they and their wives conducted research online to learn more about their children's conditions. They shared that they felt comforted when they learned more about their children's condition through genetic testing.

Identification

Three participants stated that their child's hearing loss was identified at birth, while the other three participants children's hearing loss was identified between six and nine months of age. When infants were identified at birth, fathers recall that professionals made comments about possible causes for the referral (e.g., "probably fluid," "no big deal," "happens all of the time," and "nothing to worry about"). Each of

participants who experienced this form of identification expressed that they felt “anxious,” “scared,” and “devastated” from the initial screening through the confirmation appointment. One participant stated, “You have this beautiful kid and he can’t hear and there’s absolutely nothing you can do about it” (Jason). Another participant shared, “I hated the ambiguity. Is there something we can in the meantime? Can we put a plan together here? I mean can I go Van Gogh on myself and give her one of my ears? What do we need to do?” (Spencer). All of the fathers reported experiencing “concern” (CJ), “feeling sad and upset” (Spencer), “grief,” “thinking about what she would miss” (Jason), and “feeling sorry for my son, not for myself” (Jason) after their child’s hearing loss was confirmed.

Two of fathers whose children were identified between six and nine months shared that they suspected their children were not hearing them and they requested further hearing testing. Both of these fathers reported that their pediatricians did not share their concerns. Two of the fathers whose child’s hearing loss was identified between six and nine months of age were surprised to learn the significance of their child’s hearing loss. One father said, “I wondered how much more you could put on us” (CJ).

All of the fathers reported that once their child’s hearing loss was identified, they pursued intervention and services for their child as soon as possible. One participant said, “It [being very emotional] was pointless because what’s done is done. That was always my take from the minute I heard the news. I was, “Okay. Fine. Done. What do we have here? What does this really mean?” (Spencer). All of the children were fitted

with hearing aids (traditional or BAHA) after the hearing loss was identified and then they explored cochlear implants as appropriate. All of the children began receiving services for speech and language prior to the end of their first year. All of the fathers reported researching communication options, cochlear implants, genetic conditions, and school options extensively through talking to others, conducting internet research, and through contacts with other parents and agencies/professional associations via email, and social media groups.

Present Life

All of the participants described being involved in their children's daily activities and care. Five of the six participants have wives who work outside of the home. Of the five participants whose wives work outside of the home, four of them work part time or less than twenty hours per week. Each of the participants described spending time at home with all of their children after work, taking them to activities, talking with them about their school day, playing with them, and caring for them. Four of the participants indicated that they completed household tasks during evening hours as well (e.g., cooking with their spouse, cleaning up after dinner, laundry). During the weekends, all of the participants discussed spending time together as a family (e.g., going on family outings, time with extended family members, family movie or game night, family meals). Each of the participants shared that they enjoyed teaching and spending time with their children and they had unique activities they did with their children (e.g., going to home improvement stores, watching sports, playing games, conversations, planning fun activities, yard work, shopping trips).

All of the fathers indicated that they communicated with their wives regarding their schedules and their children's needs often either through face to face conversation and planning, telephone, email, texting, or a shared calendar. The fathers indicated that they attend appointments and meetings regarding their children as frequently as possible, thus balancing work obligations and the needs of their wife and family.

The participants expressed they consider their child's hearing loss throughout their day. One participant shared that he narrates his life and that he had to adapt to this part of his daily routine in order to provide language, answer his son's questions, and provide him grammatically correct language models (Jason). Two fathers discussed concern for their children's ability to hear and comfort in noisy environments. Five of the fathers stated that they consider their child's cochlear implant or BAHA device throughout the course of their day. These concerns range from ensuring that their older child is managing his or her communication needs appropriately, to monitoring their devices while the child is playing, to worrying about the continued functioning of their child's device.

Fathers' Role Responsibilities

All of the fathers who were interviewed indicated that they believed their own fathers believed their main role responsibility was as a financial provider for the family. Despite their fathers subscribing to the primary role as a provider, each participant stated that their father was involved in their lives in meaningful ways. One participant said, "He provided a structure and foundation to the family" (Spencer).

The fathers interviewed all indicated that they were also financial providers for their families and this was a responsibility that was shared with their wives in the majority of the families. Fathers indicated that they believed their role responsibilities as fathers went beyond being a financial provider. Fathers stated that they believed they had important roles in teaching their children and providing emotional, spiritual, physically, and socially for the needs of their children. Fathers shared that they are constantly engaged in monitoring their children's development and worrying about their future. One participant said, "I think that's what being a father is all about. It is being that rock through the good times and the bad times and to always be able to provide. Even if you are stripped of your abilities to provide, still being able to be that rock because of what you stand for" (CJ). Fathers also indicated that the role responsibilities may be viewed differently because there are less clear expectations that fall along gendered lines. One father said, "I am her father. I do everything for her." Another father stated that fatherhood has become "a changing definition" and "a less fixed role." He believes that fathers' roles will continue to become "more confusing" as each parent realizes that he can't do what previous generations did because it won't work given their current work situation, their spouses' work situations, or their children's needs.

Work Family Balance

Each of the fathers stated that they had flexibility in their current job that allowed them to become involved in their children's lives (e.g., ability to come in early and leave later, complete work at home in the evenings, take time off from work, manage family needs during their work day). Four fathers indicated that their work and career

knowledge aided parenting decisions they made on behalf of their child with a hearing loss specifically (e.g., knowledge of child development, understanding of hospital systems and insurance, engineering experience, and medical knowledge). Three of the fathers who were interviewed stated that their family and children came first and work was their second priority.

Division of Labor

The majority of the fathers recalled their parents having a traditional division of household labor. Mothers worked part-time or as a housewife and engaged in cooking, cleaning, and caring for children. Their fathers worked during the day and often played with them in the evenings, did yard work, home repairs and maintenance, and cared for cars. Five of the six participants remembered both of their parents encouraging them to complete homework and four of the participants shared that their fathers helped them complete homework in particular subjects (e.g., math, science, chemistry, and Latin). The majority of the participants shared that their fathers attended, coached, or assisted with their after school activities.

Each of the fathers expressed that they were more involved in childcare and household duties than their own fathers had been. One participant had stayed at home with his infant daughter for a period of time. Another participant took over care of his children when his wife worked nights or weekends. One participant disclosed that he cared for his three children by himself while his wife was out of town. He added that he was nervous about staying with them, but he knew it would be beneficial for his wife.

Parenting

Each of the participants expressed that the details and daily experience of parenting is different in reality from what they expected. One participant said that most individuals are very naive about what is required of them when they become parents (John). Many of the fathers voiced that they experienced great joy from teaching their children new skills or exposing them to new experiences. Several fathers shared that enjoyed seeing their children accomplish new tasks independently. Additionally, the fathers indicated that parenting is “constant” work and that some parents of parenting are “no fun,” and life is “not perfect.” One participant said, “If you don’t know you will have to do these things, you probably shouldn’t have children” (Spencer). Another father said, “With each developmental state, I realize the fear and worries just change in nature. They don’t diminish, whether or not your child can hear or not” (John).

Several of the parents expressed that they perceived that their children’s hearing loss had a minimal impact on their daily parenting decisions. Participants mentioned that hearing loss caused them to consider protecting their children’s hearing, maintaining the functioning of cochlear implant technology, activities that their child engages in, and decisions regarding children’s behavior.

Disabilities

The participants had a range of experiences with individuals with disabilities prior to the birth of their children, ranging from exposure at school or through a parent’s work place to having a close family member with a disability. The majority of the participants remarked that they did not recall having significant thoughts about disabilities prior to the

birth of their children. Each participant described feeling an increased sense of awareness and compassion or empathy for individuals with disabilities and their families after the birth of their child. Furthermore, four of the participants expressed that they recognize that there are “varying degrees of disability” (William) and that individuals can live normal lives with disabilities. The participants suggested that disabilities can be “managed” (Spencer) and that “it is all in the mind of the person who is disabled, whether they want to be independent or not” (CJ) or “how an individual decided to try to address something” (John).

Hearing Loss

The majority of the participants had little exposure to individuals with hearing loss prior to the birth of their children (e.g., movies, social experiences, newspaper articles). Two of the participants were aware of a genetic possibility that they could have a child with a hearing loss prior to the birth of their child. Subsequently, two participants were identified with genetic possibilities for additional children with hearing loss. These four fathers indicated that this information would not change their future family plans.

Each of the fathers shared that it is a challenge to describe their children’s hearing loss to others because they are “deaf” but they can hear and talk. One participant explained that he completes forms for his daughter describing her as “accessing sound through a cochlear implant.”

Listening and Spoken Language

Each of the participants explained that they elected to pursue listening and spoken language for their child due to the level of their child’s hearing loss, their familiarity with

the language, and the increased future opportunities they perceived available to their child through spoken language. The participants expressed that they wanted to maximize their child's opportunities for increased interactions and employment possibilities. Each of the participants shared that they believed their child had made appropriate progress towards developing spoken language or was currently able to use spoken language as their primary mode of communication.

School Community

All of the participants in this study have children who currently attend or have attended a school designed to teach children with hearing loss to learn to listen and speak. All of the participants discussed the benefits of the services provided at these schools. Three of the participants indicated that they valued the support from other families they have met through school activities and support groups. These fathers shared that they socialized with these families outside of school. One participant said, "You don't feel that you're talking to a stranger about what's going on. You're talking to someone who understands the questions. It's not like you're talking to a stranger, you're talking to a friend."

Hearing Aids and Cochlear Implants

Each of the participants' children utilize either a hearing aid, or a BAHA, or cochlear implants in order to access spoken language. Three participants discussed their difficulty in deciding to have their child have cochlear implant surgery. These participants indicated that their children had a progressive hearing loss or they were in the "gray area" between hearing aids or cochlear implants. The other three participants

elected to utilize cochlear implants or a BAHA because the technology best fit their children's hearing losses. Two participants expressed that they experienced intense emotions when they learned that their child had been approved through insurance to receive the cochlear implant surgery. One participant said, "I got a phone call during the day when I was home and they said, 'She's been approved,' and I broke down on the phone. The insurance rep could not believe it. I took her aback. She was not expecting that" (John).

Advice

All of the participants shared that fathers should learn about hearing loss and the resources available to their children and their families. They encouraged other fathers to seek out information and work to understand all of the information. They suggested attending as many appointments as possible and asking the professionals for clarification when information is not clear. The fathers also advised that parents should learn about all of the services available and seek out the "best" services for their child. One participant stated, "It's not like you can go cut rate on this. You don't wanna find the third best cochlear implant surgeon" (Spencer). Another participant said the following regarding the amount of time required for balancing work and his son's medical appointments, "It's a rewarding journey. You are doing it with your kid. You are doing it with your wife. That's kind of what your family is going to be for those early years. It's going to be a central part of their lives" (Eric).

Three of the participants advised other fathers of children with hearing loss to focus on developing their children's language skills. They suggested that the language

itself was not as critical as ensuring that they were developing language and communication skills. One participant advised that as a father you have to share this desire with professionals in order to receive the appropriate services (William).

Each of the participants stated that fathers should work to develop their children's skills and sense of self-confidence. One father shared that he and his wife had done this through controlling their daughter's environment to ensure her success and then they expanded her social environment as her communication skills improved. Another participant stated that he encouraged his daughter to try her best in all areas of her development.

All of the participants suggested that fathers focus on their child, not on their child's hearing loss. The fathers stated that fathers of children should understand their child's hearing loss, display confidence regarding their child's hearing loss, and educate their child on how they can meet his or her own needs. Each participant expressed that their child would encounter challenges in their future that would require self-confidence.

Several participants (four) encouraged fathers to not worry about events out of their control, to not feel like they had to "solve" the hearing loss. One participant commented, "Get on this bus and ride and see where you go. The only thing that a child needs is for you, the dad, be there" (John).

Four of the participants remarked that it is "just hearing loss" (John). They commented that there are worse things in the world than having a hearing loss. He said:

There's a hell of a lot worse things that could happen than having a cochlear implant. I don't wanna act like I don't think it's a big deal that Abby has hearing loss. I know that it IS a big deal but it's just my approach to this that it's not. I

don't want her to ever not do something because she's got a little cochlear implant. I don't want her to PASS on something. There's enough people out there that'll knock you down, you don't have to knock yourself down.

One participant expressed that fathers should not let their child's hearing loss define him or her as an individual (William).

Future

All of the fathers shared positive visions for their children's futures (e.g., meeting dream career goals, attending college, being independent. One participant said, "They have all of the tools—access to information, education—everything you could possibly need to be successful" (Spencer). Each father expressed concern regarding aspects of their children's future. The majority of the fathers discussed that they wanted to ensure that their children's hearing loss did not "limit" them in their future. They hoped they were doing as everything they could to provide their children with opportunities to help them prepare for the best possible future. Three fathers stated they were concerned about their child being "bullied" due to their child's hearing loss. They said that they would develop their children's self-confidence to help to prepare their children for these experiences. Two fathers expressed concern for their children's future romantic relationships and one father indicated that his wife was concerned about these issues and he preferred to think about what can be done currently to prevent any problems in the future.

Composite Structural Description (All Participants)

Fathers in this study perceived their own fathers were involved in their activities and lives throughout their upbringing. They thought that their upbringing and

community was typical of other children and families of the time within their cultural group. The majority of the fathers described that their parents had a traditional division of labor within household when they were growing up, with mothers doing most of the cooking, cleaning, and child rearing tasks while fathers worked outside of the home. Their fathers played sports with them, helped them with homework, and taught them skills and new information. Many of the fathers in this study expressed that the way they were raised and their families and fathers' involvement in their lives prepared them for their current parenting role. Conversely, several fathers noted examples of "bad parenting," poor models of fathers, or even aspects of their own fathers that they did not wish to recreate in their own lives. However, several of the fathers also expressed that they did not think about other fathers or feel that what others did was any of their concern. Fathers' desires to become "the best father" suggest that the fathers in this study experience a sense of agency over their life and their course of actions. They desire to become the best father they can be based on their own experiences. They parent based on their experiences of what helped them become successful and confident. They reject parenting behaviors that neither encourage the development nor the positive relationship they wish to foster with their children.

The fathers interviewed expressed that they had little to no experience caring for young children prior to having their own children. Most of the fathers had limited experience with older children through other family members or early employment experiences. Despite their lack of experience with young children all of the fathers wanted to have children. Four of the fathers married soon after college. Establishing a

career and a secure home and family life prior to having a family was of value to the fathers. Fathers reported completing their education, working at a variety of jobs, traveling, buying homes, establishing wills, and becoming financially stable before having children. These activities are essential components of their role responsibilities as a provider for the family or as the primary breadwinner in the family. Each of the fathers interviewed had fathers who were primary breadwinners within their families of origin as well. Additionally, the majority the fathers reported that their own mothers had worked outside of the home, ranging from caring for children in the family home to part-time work at various stages of her life to working full-time. Despite their mothers working, they perceived their fathers to be the primary breadwinner in their family of origin. The majority of the fathers interviewed described themselves as the primary breadwinner or the only breadwinner in the family. Thus, fathers expressed a sense of responsibility regarding financial issues. The majority of the fathers in this study had wives who worked paid employment, primarily part-time. The decision for one spouse to work less than full-time or not at all was based on each family's parenting needs and then balanced with the family's financial needs. For example, one father noted that his wife stopped working in paid employment when they realized their son's needs for intensive language modeling and constant use of hearing aids. In this case, the father and mother made a joint decision regarding how to best use their collective resources to provide for their son's needs. Another father indicated that he was not the primary breadwinner and his wife, who is significantly younger than he is, serves as the breadwinner for the family. He shared that he has been career focused previously in his life, but that he makes the

decision to spend his time with his children and family now. Therefore, fathers in this study view financial provision as a major role responsibility for themselves; however, the decisions regarding the allocation of family resources (e.g., time, skills, children's needs) are viewed as a partnership and a balance between both parents.

Fathers in the study believed that they had a responsibility to provide material resources to their children and families in partnership with their wives. However, they also felt that they had a responsibility to teach their children about their world, be involved in their daily activities, and to provide a strong foundation for them as they grow and develop. They hoped their children would understand that they were strict when necessary to help them. Fathers wanted their children to know that they were loved, championed, and valued. Fathers shared that their work in teaching their children, providing a moral compass and strong sense of self, and supporting their children's development was significant above and beyond the role responsibility of financial provision.

Prior to the birth of their first child, each father recalled participating in their wife's pregnancy and preparing for the needs of an infant as an active partner in the preparation process. None of the fathers indicated significant difficulties with the pregnancy, labor, or delivery of their child. Two of the fathers shared that their child was born with additional physical concerns that were identified at birth. Both of these fathers reported feeling overwhelmed by the presence of their child's physical and health care needs, along with their child's hearing loss. As one or more of the issues became more manageable for them or resolved, they experienced relief.

Each child's hearing loss was identified either at birth through the Universal Newborn Hearing Screening (UNHS) or between six and nine months with parent and professionals. The fathers in this study felt anxious and disliked the feeling of ambiguity of they were left with after the hospital-based hearing screening. Not knowing if their child had a hearing loss was more difficult for fathers than knowing that their child had a hearing loss and then beginning to establish a plan of care and services. However, once a hearing loss was confirmed, the fathers did not disclose that they experienced grief, rather they began to gather information to learn about hearing loss and to establish a plan of action with their wives and medical professionals.

The majority of the fathers in this study did undergo genetic testing to learn the cause of their children's hearing loss. These results were used for information purposes to better understand their children's hearing loss; however, none of the results influenced the fathers' future family planning. If the family wanted to have more children, they did so and they were aware of the possibilities of hearing loss in future children. They valued having the family structure they desired more than having children without hearing loss.

Fathers included in this study participated in household responsibilities and child rearing responsibilities with their wives. Although the majority of the wives spent more time in daily care and child-focused tasks, the fathers indicated that they scheduled work time to maximize their involvement with their children, made employment decisions to increase their time at home, and participated in family or child centered activities after work hours. Many of the fathers took their children to school or picked them up from

school several days a week. Fathers described coming home from work and taking over care of the children or working with their wives to prepare dinner while caring for children or cleaning up from a meal while wives cared for the children. Fathers described their weekend activities to be comprised primarily of family activities or activities with their children. Fathers displayed commitment to being involved in the care of and in forming unique relationships with their children. Many of the fathers shared that they were involved in developing recreation activities with their children (e.g., baseball, gardening, reading, playing chess). Fathers also described how they developed unique relationships with their children (e.g., conversations after school, special time with their children) and how to help their children develop relationships with extended family members and siblings (e.g., weekly meals, attending sporting events, sharing commonalities)

Prior to the birth of their child with a hearing loss, the majority of the fathers included in this study had limited personal experience with individuals with disabilities. Most of the fathers recalled only chance encounters with people who had physical disabilities (e.g., polio, hearing loss). Several fathers shared that they did not have any significant experiences with individuals with any kind of disabilities. Therefore, these individuals expressed that they had thought very little about disability, the experience of having a disability, or the possibility of having a child with a disability.

Conversely, two of the fathers in the study had family members with hearing loss. Therefore, these fathers had developed concepts about how hearing loss affected both hearing and deaf members of their own families. The fathers who had relatives with

hearing loss had considered the possibility that they may have a child with a hearing loss prior to having children. They did not believe that this event was likely due to their understanding of their relatives' hearing loss. These fathers recalled that their relatives had experienced many challenges throughout their lives due to having hearing loss (i.e., reduced education options, fewer employment opportunities, challenges in communicating with others). These fathers expressed grief for their child due to the challenges they believed their child would experience based on their previous knowledge of hearing loss.

The four other fathers had limited experiences with individuals with hearing loss prior to the birth of their children. Few of the six fathers recalled information from media sources about hearing loss or cochlear implants. These fathers shared that they began researching hearing loss and cochlear implants soon after their child was identified with hearing loss. One father commented that he and his wife used their iPhones to search for information when they were in the hospital after their son had been referred for further testing. Gaining information was beneficial for these fathers as they learned of their children's developmental needs. For the fathers, lack of knowledge is more frightening, than having the knowledge and not knowing how things will work out for their child. Fathers felt responsible for gaining information about their child's developmental needs and how to address these needs. Once they gained this information, fathers began procuring the resources their children would require to meet these developmental needs. Because the fathers in this study indicated that they had little knowledge prior to beginning their research, they recalled less emotion regarding the identification process

regarding their children's hearing loss. Two of the fathers had children who were identified with hearing loss in the hospital. These fathers recalled moving quickly to action and shared that they experienced more stress and anxiety from waiting for confirmation of their child's hearing loss. The other two fathers learned of their children's hearing loss between six and nine months after the children's births and they were surprised to learn of the severity of the hearing loss, but again moved from gaining information to action quickly. The fathers' action plans focused on determining how to provide optimal access to sound for their children quickly.

After their child was identified with a hearing loss, the fathers in this study explored information associated with hearing loss, hearing aids, cochlear implants, and communication methods. The fathers wanted to provide their children with opportunities in their lives and to ensure that they would have access to any and all future opportunities in their lives. Opportunities are seen as ability to interact and communicate with ease with anyone in their world, positive social experiences and wide social circles, future romantic relationships, successful academic careers, limitless employment possibilities, and future independence. The fathers in the study felt that access to spoken language through hearing aids and cochlear implants offered their children these desired opportunities. Fathers were most familiar with spoken language and recognized that majority of their family members communicated through spoken language. Fathers wanted their children to be able to communicate with their family members with ease and to be able to communicate with the greatest number of peers possible in order to fully develop relationships with these individuals. They knew that their children would

experience challenges in the future if they did not communicate through spoken language. Therefore, fathers felt a responsibility to their children to provide the material resources and support their development that would allow them the greatest opportunities for future career opportunities and positive social relationships. Despite their desire for their children to access spoken language, the decision to have their child receive a cochlear implant was a difficult and significant time for the fathers. Receiving insurance approval was a critical event for fathers, sometimes causing them an emotional response of relief. Fathers in this study often were the primary breadwinners and they may have been the individual whose employer provided the insurance coverage for the family. Therefore, fathers may have experienced an increased sense of responsibility to provide access to the material goods necessary for their child to develop spoken language. Fathers may connect the insurance approval as the final barrier for their children before they are able to access sound and thereby access the opportunities afforded to them through spoken language. Fathers continued to express concern for the cochlear implant technology, often focused on the potential of the external device to be lost or damaged. These small and expensive devices provide their children a connection to every significant person in their lives. Although it is becoming a more common occurrence, it may be difficult to place such technology in the hands of children until they are able to recognize the value of the technology and manage it appropriately and independently.

Each of the fathers in this study had chosen for their child to learn to communicate through listening and spoken language. Fathers considered the severity of their child's hearing loss and the technological options available to them. Two fathers

shared that their children had significant access to spoken language through the use of hearing aids so they felt that sign language as a primary mode of communication was not necessary. The fathers viewed listening and spoken language as an opportunity for their children. Technology has changed the landscape for individuals with hearing loss. Not only can hearing loss be identified earlier than previously possible, but genetic testing can offer parents understanding regarding the course of their child's hearing loss (i.e., progressive hearing loss). Additionally, technology has improved the specifications of hearing aids and cochlear implants offer individuals access to sound when hearing aids cannot. Research has increased our understanding of language development in young children so educators have information about how to provide services to aid children to be able to develop improved communication skills. Due to these changes in fathers' current contexts, fathers were able and felt they had the responsibility to provide access to sound via a cochlear implant or hearing aid to their children and to respond to their developmental needs and foster relationships with significant individuals in their children's lives. Spoken language was the main form of communication in each of the families. Fathers in this study viewed their choice regarding use of assistive listening technology and communication modality as a practical choice. Fathers evaluated their children's access to sound, their potential access to sound through assistive listening devices, and their own knowledge of language systems in order to make their communication decisions. Their decision was not based on lack of knowledge of communication systems or negative connotations regarding other forms of

communications; rather, they felt that they had a responsibility to provide the opportunity to use technology to develop spoken language to their children.

Available technology greatly influenced these fathers' decisions about communication and services for their children. All of the fathers expressed that what their children were able to accomplish utilizing listening technology was revolutionary and would not have been possible twenty years ago. The fathers believed that they would have a different reality and family life had this technology not been available to their children and their family. Additionally, the fathers recognize that listening technology will not stop evolving and there will be new possibilities for individuals with hearing loss in the future. Despite future options, their children may continue to use cochlear implants because that would be their reality and lives. Several of the fathers wondered if their children or individuals with hearing loss in the future would be considered to have a disability. Fathers considered that increased technology would allow those with hearing loss to access sound without any noticeable use of assistance, similar to using contacts or having Lasik surgery for vision. Likening hearing loss to vision loss or other physical disabilities suggests that using medical or assistive technology to improve access or to manage the disability negates the presence of the disability. Thus, the individual becomes recognizable as themselves as an individual, rather than by the disability. Fathers viewed their children as well, capable, and abled. Further, they believed that technology would continue to offer individuals with hearing loss increased opportunities to be well, capable, and able.

Fathers in this study shared that their professions influenced some of the ways they were able to manage or support their child and their families. Some fathers described that their background and training aided them in identifying their child's developmental needs, the desired cochlear implant, or navigating the insurance system. Other fathers described that they were able to secure employment that offered flexibility in their work or a family friendly environment. They felt that they were able to obtain their jobs through their hard work and education prior to having children. However, they made sacrifices in accepting a position with flexibility and family friendly work environments, thereby, establishing family as a priority over career goals. Fathers experience a synergy of their role responsibilities between professional work and their personal lives. Through their prioritization of fatherhood, they were able to achieve a balance between their professional work that benefited their needs and contributed to using their resources to meet their children's needs thereby benefiting their children and future generations.

Fathers described that the decisions they made regarding their children's needs were based in their thoughts of how to best parent their children, regardless of their hearing status. Each of the fathers considered their child's hearing loss throughout their interactions with their children; however, as they had developed a skill level with their children's assistive listening devices, an understanding of how to communicate effectively with their children, and acknowledged when listening and talking may be difficult, these considerations became more second nature to them. As children achieved new communication milestones or made gains toward closing the gap in their language

development their children's hearing loss shifted further into the background as their children became older and could manage listening and communication needs independently. Fathers learned skills to expand and improve their children's language development. One father utilized his knowledge of sign language to initiate his daughter's communication development; whereas, others learned methods for expanding their children's spoken language. When children were older, fathers continued to develop their children's communication skills through meaningful conversation and modeling how to manage social situations. Fathers shared that their children's hearing loss did affect parenting choices as they exhibited a sense of responsibility to protect the resource of their children's cochlear implants or hearing aids. Fathers sought to develop their children's independence regarding this responsibility. They encouraged their children to communicate about problems with their assistive listening technology, to monitor their own listening ability, to remember to be protective of the device, and to care for their devices appropriately. The fathers in the study recognized that it was their choice as a parent for their children to use assistive listening technology to develop spoken language. They accepted that their children might have different choices in the future; however, they were committed to providing their children with the resources to develop their communication and to foster potential meaningful relationships between themselves and their children and other important people in their children's lives.

Fathers involved in this study saw value in their children attending a school designed to teach children with hearing loss to listen and speak for both their children and themselves. Participating in a school community allowed the majority of the fathers to

develop a community of other individuals to support them as parents and to enable them to feel less alone in raising their children. Moreover, fathers gained support from other parents of children with hearing loss that they became friends with socially, adult and older children with hearing loss, professionals with experiences working with children and individuals with hearing loss. Many of these supports were present in the schools their children attended for children with hearing loss who were learning to listen and speak and from local children's hospitals' cochlear implant centers. The fathers felt that these controlled environments helped their children develop their self-confidence.

Additionally, several fathers gained other support from interactions with other individuals with hearing loss who communicate through spoken language, contact with medical professionals and experts within the field, and social media or online communication with other families. Some fathers expressed feelings of loneliness, despite access to these multiple support systems. Fathers felt alone when they did not have access to information about their child's diagnosis and prognosis for developing spoken language or to access sound through hearing aids or cochlear implants.

Fathers in this study advised other parents to research hearing loss and educational services within their communities. Each of the fathers encouraged other fathers to be involved with all aspects of the planning and managing of services for their children. They see value in experiencing these parts of parenting first-hand because it is time spent with their child and wife. The fathers in this study prioritized their involvement with their children and believed that other fathers would do the same. They discussed the value of being available for their children, their wife, their children's

education, their children's school, and other parents with children who have hearing loss. The fathers participated in research studies, talked with other families, socialized with people from their children's school, or went to support group meetings because they hoped to help others who were in the same position with their children. Additionally, they expressed that they are able to advocate to ensure that they are receiving the services for the child that they want. Fathers felt a sense of responsibility to obtain information about their children's hearing loss and the options before them regarding schools and communication options. Moreover, they used this information to be able to provide the opportunities or to ensure their children would be included in activities appropriately. Ultimately, they hoped that obtaining these services will lead to the future outcomes and opportunities that they desire for their child. Fathers shared that they should view their child as an individual, rather than their disability, and they should strive to help their child not be defined by the presence of his or her hearing loss. Fathers viewed their children with hearing loss as individuals and no different from their children without hearing loss. Many of the fathers struggled to identify any difference, challenge, or special aspect to of their lives with their child who had a hearing loss. Fathers in the study hesitated to use the term disability in conjunction with their child. Each father acknowledged their child's hearing loss as a serious issue that could influence their development. Fathers willingly referred to their children as "deaf"; however, the fathers in this study felt that the terms "deaf" and "disability" did not accurately represent their child.

Each of the fathers expressed few concerns for their children's futures. The fathers were aware that they would experience challenges as a family in the future; however, they felt confident about their ability to navigate these challenges. Fathers in this study were concerned about future academic and social experiences in their children's futures and how they could prepare their children for these challenges. Fathers advocated on behalf of their children's academic, social, emotional, and recreational needs. Although they expressed few concerns about their children's continued access to sound or language and speech development, the fathers acknowledged that their child's hearing loss may affect other areas of development. In order to prepare for these transitions and experiences, fathers actively counseled their children about how to respond to bullies, advocated for their children to be educated in settings that met their children's needs, and provided their children with recreational activities that offered them opportunities for successful participation and socialization. They hoped that their children would acquire a solid foundation for life through spoken language, positive self-esteem and self-confidence that they would be able to succeed in the face of social challenges. The future possibilities these fathers constructed for their children are significantly more positive than previous outcomes for children with hearing loss. Their children will attend public school to be educated with their peers and achieve the same educational and social milestones as students with typical hearing. Significant for the fathers in this study, their children will remain with their families throughout their upbringing, rather than their children attending a residential School for the Deaf and living away from family. Fathers believed their children would attend college in the

future, have families, and be able to successfully care for their future families, much as the fathers in the study believed they are able to do presently. Fathers expressed that their children would not be limited due to having a hearing loss; however, the fathers may not be aware of all of the challenges their children will encounter in the future. Concerns about their children being bullied in the future were often mentioned and fathers of older children mentioned dating as future challenges. Additionally, these fathers may be more concerned about their children experiencing bullying because they have attended or currently attend schools where all of the students and even some teachers have hearing loss. At times, some fathers discussed how well their children can hear with their current assistive listening technology and the focus became the access to sound rather than the necessity of language. Other fathers shared that they worked to focus on their children's language development. The focus on access to sound may be derived from fathers' prior experience and knowledge of disability in that they connected disability to a physical challenge, rather than a cognitive challenge. Any physical challenge could be "managed" through the use of devices or medical technology (e.g., glasses, prosthetic limbs, wheelchairs). Therefore, the fathers reasoned that hearing loss can be managed through the use of hearing aids or cochlear implants to access sound.

Essence

The following is the summary of the essence of fathers' experiences in parenting their children with hearing loss as identified by the fathers who participated in the present study. In the current study, parenting refers to fathers' thoughts and perceptions regarding their experiences ensuring children's health and safety, preparing children for

life as productive adults, and transmitting cultural values to their children. Fathers viewed their actions with their children as generative work that benefited their own development as well as their children's development. Being a parent to each of their children was of significant importance to each of the fathers. Further, fathers in this study experienced their children's hearing loss from a wellness perspective. Although each of the fathers had a child who had a significant hearing loss, they viewed their children as capable and independent and not limited in any aspect of their life by hearing loss. Essential components of the experience of parenting a child with a hearing loss include prioritizing fatherhood, providing opportunities, and concept of disability.

Prioritizing Fatherhood

Fathers included in this study want to be involved in the lives of their children and their families. They have arranged and established their lives so that their responsibilities as a father are prioritized. Fathers have envisioned their adult lives as fathers. Each father elected to work in careers and for companies that allowed them to be flexible in their work hours and how they completed their work. Moreover, many of the fathers decided to live close to their jobs or their children's school so they could maximize their time with their children and family. Furthermore, fathers' professional lives are valuable to them because it allows them to provide material resources to their family; it is not the most important aspect of their lives. Fathers view themselves as teachers and role models for their children and as partners with their wives, and the time they spend with their families is more valuable to them than their work time. They desire to provide a foundation and structure to all members of their families through current and future

opportunities that they can procure. Fathers indicated that they wish to provide emotional, spiritual, and mental support to each member of their family.

Participants had fathers themselves who were involved in their lives in multiple ways throughout their upbringing. They have modeled their work as a father on their own fathers. Fathers hoped to be at least equally as involved with their children and family as their own fathers were and they wish to increase and improve their quality of involvement based on their experiences with their father. Fathers in the study suggested that both mothers and fathers are expected to do more with their children and families within the current cultural context. The result is that often both men and women are expected to be more involved in home and at work. Therefore, prioritization of one's time is necessary when balancing time and activities. The majority of the wives of the participants worked outside of the home and often had additional demands on their time. Fathers increased their involvement with the children and family in response to their wives and family needs. Furthermore, fathers indicated that they made deliberate choices to spend more time with their family to help their spouse, to spend time with their children while they are growing up, and because they enjoy the time spent with their children and families.

Being an involved parent was a personal priority for each of the fathers. In order to prioritize family in their lives, they worked to ensure they could provide for their own family, elected to live close to extended family members, accepted positions that allowed them to spend more time at home, selected family friendly employers, and decided to work in positions that allowed for job flexibility. Therefore, all of the fathers in this

study had multiple opportunities to be involved with their children's care and needs. Fathers shared that they engaged in recreational activities with their children, such as playing ball, going to the zoo, and teaching them their own hobbies. Moreover, fathers cited time they spent in relational activities with their children. They shared that they discussed their children's day with them after school, while driving them to and from activities, or during errands and family time on the weekends. Significant to the fathers in this study, several fathers shared that they spend time teaching their children and communicating their confidence in their children's abilities.

Providing Opportunities

Fathers within this study believed strongly that they had a responsibility to utilize material resources and their own abilities to provide their children with possibilities for their children to achieve and to maximize their development. Fathers provide these possibilities and opportunities through educational services, novel experiences, and their involvement with their children. Fathers' careers and employment provided financial support, insurance coverage, and knowledge of critical topics such as insurance systems, engineering concepts, and child development. Fathers described using these skills to advocate for their children to receive services or to make decisions regarding their children's care, services, or needs. Fathers reported that their employment choices provided the family with flexibility in their work; thereby, allowing them to participate actively in appointments, meetings, and activities with their children. Therefore, fathers viewed providing themselves and their children opportunities in life through their employment.

Significant to the current population, the provision of opportunity extended to the specific needs of children with hearing loss. Fathers referred to the use of spoken language as an opportunity they wished to provide to their children. Cochlear implants offered children an opportunity to develop spoken language. Through the use of the technology to develop spoken language, fathers believed that their children would have increased communication opportunities and, hereby, increased academic, social, and employment opportunities in the future. Fathers viewed their role responsibility as a father to dedicate their resources to provide possibilities and opportunities for their children. Additionally, they saw the use of assistive listening technology, not as a cure for their children's hearing loss nor as a way to remove the disability, but rather as a support or method for them to achieve their developmental abilities. Fathers saw the use of spoken language as a means for their children to have increased opportunities to develop supportive and loving relationships with others through ease of communication with those in their families and surroundings.

Conceptualizing Disability

Fathers had limited personal experience with individuals with disabilities prior to the birth of their children. Fathers most often shared experiences or memories of individuals with physical disabilities or hearing loss. Experiences with individuals with disabilities allowed fathers to better understand that individuals with disabilities may experience frustrations or challenges in their lives; however, they were able to be independent and have positive lives, despite their identified "disabilities."

Participants commented that the development of cochlear implants, improved hearing aid, and BAHA technology offers individuals with hearing loss an opportunity to have more options for communication, relationships, and future employment. Fathers wanted to provide the possibility of a similar future life that the fathers themselves have currently. Furthermore, fathers viewed that their children's success in developing spoken language makes the term "deaf" a less accurate label for them. Fathers suggested that in their experience the term "deaf" is often strongly connected with the use of sign language as a primary form of communication within current cultural contexts. The term "deaf" for many of the participants required additional information for people to understand why their children did not conform to this perception of deaf and an ability to hear and speak without significant challenges. Similar to individuals who are culturally Deaf, fathers in this study did not view their children as having a disability. Rather than embracing Deaf culture as a cultural identity, fathers viewed their children from a wellness perspective. The wellness perspective does not suggest that their children have been "cured" or that cochlear implants "fixed" or "solved" their children's hearing loss. Fathers do not view their children as having a disability or an illness that becomes the foreground of who they are and that shapes what they can accomplish, how they communicate, and how they live their lives. It is the children's unique personalities, interests, and abilities combined with their parents' influence and teaching that will determine their development. Fathers viewed that their children were provided with an opportunity to access spoken language through listening technology that would allow them to have as full a life as possible. They view the use of assistive listening technology as similar to the use of glasses,

prosthetic limbs, or wheelchairs as supports to allow their children to achieve their developmental goals and that the fathers in the study have adapted their responses in order to address these needs.

Fathers speculated that continued technological advances will make cochlear implants less visible, improve access to sound, and further reduce the intrusiveness of the devices. As these changes occur in the technology, participants wondered if the term “disability” would continue to be appropriate for their children or other individual with hearing loss who utilize spoken language as a primary mode of communication. Fathers questioned the meaning of the term “disability.” Fathers considered that the visibility of assistive listening technology may allow for their children’s hearing loss to be identified. They suggested that the assistive listening technology served as a tool for their children, similar to glasses, prosthetic legs, or wheelchairs. Therefore, their conception of hearing loss as a disability was as a physical disability that is managed through physical modification, rather than a sensory disability that may affect multiple areas of an individual’s development. The participants suggested “disability” may be in how an individual functions in his or her daily life and if they are accomplishing personal goals. Fathers indicated that an individual with a disability may identify as such, while others may not accept this identity. Fathers in this study believed that the concept of disability may develop out of a person’s individual perspective of their experience and their attitude and approach to life. One participants said, “Whether my daughter’s a success or failure in this life, it’s not gonna be because she has a cochlear implant. That’s not what defines her or limits her or propels her. I look at her and I don’t think about that. I think about

all the other things about her. Her confidence. Her personality. Her intelligence.

Everything about her.”

CHAPTER V

DISCUSSION

Introduction

This study sought to expand the research base regarding the experiences of fathers of children with hearing loss. The primary research question was: How do fathers of young children with hearing loss experience parenting from infancy throughout childhood? The fathers included within the study were currently married, employed, and had at least one child with a hearing loss that was identified prior to being one year of age. Each of these fathers had children who access sound through hearing aids, cochlear implants, or other assistive listening technology. Additionally, each of the families included in this study elected to use listening and spoken language as the primary mode of communication with their children who have hearing loss. Despite the similarities in their experiences, the fathers varied in their upbringing, the process through which each of their children's hearing losses were identified, their child's diagnosis, and the manner of their daily involvement with their children. This chapter reviews the results of the study and offers connections of the results with prior findings concerning fathers of young children with and without disabilities, specifically, hearing loss. After the findings are presented, limitations of the study are discussed. The chapter concludes with a review of the implications of the findings for both research and practice.

Key Findings

The results of the phenomenological analysis indicate that the participants discussed three essential elements of their experiences in parenting their children with hearing loss: prioritizing fatherhood, providing opportunities and conceptualizing disability. Each participant's responses varied, due to their prior experiences and current circumstances. All of the participants expressed that they derived great joy from being a parent and they desired to be involved with their children. Furthermore, they indicated that their children's hearing loss minimally affected their daily parenting decisions and behaviors.

Prioritizing Fatherhood

Fathers in the present study prioritized their work as a father above many of their other role responsibilities and they viewed their responsibilities as a father to include a variety of interactions with their children and activities on behalf of their children. From the theoretical perspective of Bronfenbrenner (Bronfenbrenner & Morris, 2006), these on-going activities fathers engage in with their children, their spouses, and families are proximal processes and they shape fathers development, as well as other individuals' development. Some examples of these proximal processes were helping children learn how to care for their personal care needs, putting on their cochlear implants or hearing aids, and taking children to a local park. The fathers described providing support and structure to their families as one of their activities as a father. For example, fathers described supporting their wives' activities and their emotional needs and supporting the development of their children's sense of self-esteem. Fathers sought to provide moral

guidance and self-confidence to their children through teaching their children how to manage social situations with peers in inclusive school situations or within their daily activities. Each father viewed himself as sharing equally in the parenting role with his wife, especially in caregiving and interactions with their children. The majority of the fathers indicated that their wives spent more time with their children; however, the fathers felt that they were actively involved in co-parenting their children. Fathers cited that they engaged in multiple areas of recreational work with their children, much as their own fathers had done for them. Fathers shared how they worked to develop their own relationships with their children, as well as fostering their children's relationships with others. In preparation for their children's futures, fathers suggested that their investments in the relationships with their children and their work to develop their children's sense of self and self-confidence that may help to protect them during future social interactions.

Fathers engaged in activities with their children that were elements of stewardship and developmental work consistent with the mid-level theory of generative fathering (Dollahite & Hawkins, 1998). For example, the fathers in the present study expressed a deep sense of responsibility to provide material resources in order for their children maximize their developmental goals. The fathers cited how they were involved in providing language intervention to help their children develop and in how they made decisions with their spouse to ensure that these developmental needs were met. Fathers participated in a variety of contexts in order to influence their children's development. Often fathers attended school meetings or doctors' appointments to gain first hand information regarding their children's needs and services. The fathers involvement in

these exosystems as defined by Brofenbrenner help to influence positive outcomes for children both at home and at school.

The fathers included in the present study had flexibility in their jobs and several of them prioritized their ability to be involved with their family when selecting their current job. The microsystem of fathers' employment greatly influenced fathers' ability to participate in specific events with their children (e.g., medical appointments, educational meetings, and sports). Fathers' careers allowed work flexible hours during the workday so that they could maximize their time with their children and family as needed. This flexibility in their work hours allowed them to be involved in the educational development of their children during school meetings and to attend to their child's developmental needs through appointments with audiologists and physicians. The personal costs of having employment with work hour flexibility was that fathers may work evening hours to complete work, they may have to balance busy seasons at work with their family involvement, and they may receive decreased compensation or elect to not accept promotions that require travel. Several of the fathers experienced a synergistic relationship between their career experiences and the challenges presented by their child's hearing loss. These fathers cited information or skills from their careers aided them in identifying their child's hearing loss, in making decisions regarding children's cochlear implant device, and in managing insurance issues. In doing so, the fathers expressed a sense of pride regarding their contributions to the management of their child's needs. These mesosystem level activities encouraged fathers' continued involvement in their children's care and services through their positive outcomes.

The concept of time within Bronfenbrenner's bioecological theory of development also influenced fathers' development as parents to their children. Specifically, the fathers involved in this study suggested that decisions of previous generations of fathers influences their choices as parents. All of the fathers perceived that their own fathers were actively involved in their upbringing and, similarly, they wanted to be involved with their own children's lives. The fathers prioritized time spent with their children and family over other obligations in order for them to be able to take their children to school, engage in recreational activities with their children, support their wife in child rearing tasks, and participate in activities as a family.

Fathers indicated that their children's hearing loss had a minor impact on their daily parenting activities. The participants expressed concerns about the their children's assistive listening technology being damaged or lost during routine play activities and for their children's comfort and ability to hear in noisy or challenging listening environments. Concern and worry were in the background of the fathers' experiences with their children. Several fathers mentioned these concerns; however, they did not focus on these concerns daily. Fathers acknowledged their children's developmental needs as a result of the presence of hearing loss. Consequently, they conducted research and obtained information regarding the options for their children to maximize their developmental potential. Using the information they gathered with their spouses, fathers made decisions regarding their children's audiological needs and communication development.

Opportunities

Provision of opportunities was a critical aspect of fathers' role responsibility within fathers' parenting activities. Fathers in the study believed that their own fathers were committed and involved with their own upbringing. Therefore, they expressed that they wished to build upon their own fathers' models of fathering. Fathers provided the resources their children needed to continue their development and they were involved in through recreational activities, as well as in spiritual and mentoring activities. Through the fathers' efforts to provide opportunities for their children's social, emotional, physical, cognitive, and spiritual growth through actions and material resources, each continued to develop his own sense of self as a parent in balancing his personal needs and desires with the needs of his children. Consequently, both children and fathers benefit from fathers investing their time and work in the care of their children as suggested within generative fathering (Dollahite et al., 1997).

When the fathers learned that their child had a hearing loss, they viewed the use of a hearing aid or a cochlear implant as an opportunity for their children. Fathers expressed that they experienced strong emotions, such as sadness, regarding the identification of their children's hearing loss. These strong emotions were not focused on fathers' own sense of loss or grief, but feelings regarding the challenges that the children may experience in the future. Fathers in this study demonstrated problem-solving dispositions and focused on what actions could be taken to assist their children prepare for any challenge they may encounter in their future. For example, several fathers disclosed that they evaluated their children's residual hearing and their ability to access

sound from a logical perspective and decided to provide utilize assistive listening technology to provide for their children with the opportunity to develop spoken language, given their current residual hearing. Additionally, fathers used their personal experience with individuals with hearing loss to determine that they would like to have their children have the option to communicate through spoken language. The decision to not use sign language was not made from a deficit perspective of sign language or hearing loss, but rather that the fathers desired to provide a wide range of options for their children. All of the fathers focused on the ability to utilize spoken language as an opportunity for their children's increased communication with other individuals, expanded social interactions, and increased career options in the future. Fathers desired to foster loving relationships with their children and to maximize their children's ability to develop positive relationships with their mothers, siblings, grandparents, extended family members, and the communities in which they live through open communication with all members of their extended family and community. They recognized that the opportunity to develop spoken language would ease their children's abilities to communicate within these significant relationships. Fathers desired to ensure that their children had the tools necessary to provide the best possible future for them. These fathers defined this as the ability of their children to obtain the career their children desired, as well as for their children to participate in a wide social circle, and to have an active family life.

Concept of Disability

Many of the fathers did not have significant experience with individuals with disabilities prior to the birth of their child with hearing loss. Fathers in the study who did

have experience with individuals with disabilities commented that individuals with disabilities struggled with aspects of their lives, had reduced options for education and employment, and had expressed that their lives were challenging from them at times. However, fathers remarked that the individuals with physical disabilities they knew or knew about demonstrated “incredible” abilities to overcome challenges and to be independent in spite of their physical disabilities. Overall, the fathers in the study viewed individuals from their lives who had disabilities as positive role models.

Within the present study, fathers viewed hearing loss from a wellness perspective. Many of the fathers hesitated to define hearing loss as a disability, particularly regarding their child or other individuals who had hearing loss and who communicated through spoken language. The fathers recognized that individuals with hearing loss have significant needs regarding access to language and communication and as a result may have challenges in social and academic development. They expressed their beliefs that there are multiple ways to provide individuals with hearing loss access to language. Fathers in the current study had children who had received cochlear implants or other assistive listening technology and were learning to communicate through spoken language. These fathers stated that they had not selected to pursue cochlear implants because they wanted to “fix” their child’s hearing loss, rather they wished to provide them with every opportunity to develop communication. From their perspectives, fathers gathered as much information as they could access from a variety of sources in order to make a decision regarding their child’s communication option. Upon evaluating the information, fathers in the study determined that it would be more detrimental for their

children and families to deny them the opportunity to develop spoken language. Given the fathers' descriptions of their children's success in developing spoken language, their view of their experience was positive and this view derived from a wellness perspective of hearing loss.

Fathers believed that their experience with their own children increased their empathy for individuals with disabilities. Moreover, they gained a perspective of the effort required on the part of parents in order for individuals with disabilities to be successful. Fathers in the study recognized that their work, involvement, and decisions in concert with their spouses' efforts allowed their children to develop spoken language. In addition, fathers noted the support and involvement of their children's school community, both schools for children with hearing loss and mainstream schools, extended family members, service providers, and physicians. Fathers recognized that hearing loss was a challenge for their family and that it would continue to provide challenges into the future; however, they expressed that they were and would be able to navigate these challenges with the support of others and the resources they have developed thus far. Further, fathers noted that other families of children with other disabilities or chronic illnesses might experience more difficult challenges than the ones posed by hearing loss to their family.

As the participants reviewed their own child's development and his or her future, they considered reflected on their own concept of disability in relationship to their child. Fathers noted that although they felt their children might experience some limitations or challenges, they believed they managed or had overcome them in most situations thus far.

Fathers anticipated future challenges as their children grow and develop; however, they view their children's futures positively and from a wellness perspective. They did not focus on what their children may not be able to do or the challenges they will encounter, rather they focused on what their children will be able to do in the future. Furthermore, participants predicted that hearing loss, managed with cochlear implants and hearing aids, might not be considered a disability in the way that it has historically been viewed.

Fathers shared that currently their children do not conform to what people expect when they think of someone who is "deaf." They noted that technology will continue to change the landscape regarding hearing loss and more options for gaining access to sound and easing communication will become available. To this end, fathers considered how use of this technology will continue to change perspectives of what disability means. Fathers in this study were involved with their children and families due to both ethical and personal priorities. Fathers also felt that their work to provide the maximum number of opportunities for their children was critically important so that they could ensure their children's future success in life and as parents themselves.

Finally, fathers viewed their children with hearing loss from a wellness perspective. Fathers highlighted their children's unique personalities and individual development. They viewed their children's hearing loss, not as something that needed to be "fixed" or "cured," but as an aspect of their individuality. Fathers viewed the technology available to offer their children access to listening and spoken language as an opportunity to allow them to "manage" their hearing loss in a manner that allows for increased opportunities for their children in their present lives and in the future. Further,

fathers recognized that the availability and quality of this technology has changed the experience of hearing loss for individuals now and technology will continue to evolve and alter the experience of what it means to have a hearing loss.

Connections to Existing Literature

This study has similarities to and differences with previous research findings regarding father involvement, fathers of children with disabilities, parents of children with hearing loss, and fathers of children with hearing loss. Results from this study indicated areas of Bronfenbrenner's bioecological theory of development that may influence fathers' behavior with their children with disabilities.

The first element of Bronfenbrenner's bioecological theory of development are the *Person* characteristics of force, demand, and resources. These *Person* level characteristics were essential in determining how fathers viewed their role responsibilities within their family. Each of the fathers interviewed highlighted his perception of the normality of parenting and his relationship with his child who has a hearing loss. However, fathers expressed that they had been concerned about their children's development previously or they had worked hard to provide their children with a spoken language and listening foundation. Fathers exhibit a strong sense of force as described by Bronfenbrenner in order to begin and continue interactions to foster listening and spoken language skills for their children. Over time, these interactions or proximal process became each family's typical way for interacting and fathers' perspectives regarding what it means to parent children changed to include modeling language for their child and working with cochlear implants. This finding is congruent with the results of a recent

study of fathers of children with Down syndrome indicate that fathers were able to create a sense of meaning from their experiences with their children (Bentley et al., 2015).

Rather than displaying grief or the concept of ambiguous loss as described in a study of fathers of children with Down syndrome (Bentley et al., 2015) or feelings of loss of a healthy child as expressed by parents of children with epilepsy in Taiwan (Mu, 2008), fathers included in the present study viewed their children as healthy individuals who were thriving in their current environments with appropriate access to sound through cochlear implants or hearing aids.

Additionally, Bronfenbrenner's person concepts of resource and force characteristics influenced fathers' ideas concerning hearing loss. The fathers did not express feelings of guilt due to not being able to protect their child or family as previously suggested (Luterman & Ross, 1991). Fathers in this study expressed sadness for their children early on when they considered the challenges that they may face as a result of their children's hearing loss. The resource of having some prior experience with individuals who had hearing loss or other individuals with disabilities influenced fathers' concepts regarding hearing loss, potential challenges for their children, and their own emotional responses to the identification of their child's hearing loss. Fathers in the present study did not share any feelings of personal loss or grief about their own loss of their lives as fathers as they had anticipated them to be. The fathers within this study presented many similarities with one of the clusters of fathers of children with Down syndrome. The thriving cluster had high levels of marital satisfaction, life satisfaction, and hope and these fathers demonstrated that they had derived positive meaning from

their experiences with their children and families (Bentley et al., 2015). Fathers in the present study expressed comfort and acceptance when their child was identified with a hearing loss. This response was heightened if the fathers themselves suspected a hearing loss prior to receiving audiological confirmation. Similarly, fathers of children who have asthma expressed feelings of relief when they received their child's diagnosis (Cashin et al., 2008). The fathers interviewed in the present study expressed a few concerns regarding their children's cochlear implant technology.

One area that was of significant benefit to the fathers in the present study was related to Bronfenbrenner's concept of personal resources. Fathers cited the benefits of the resources available to them where they lived. The access to these resources allowed them to access the technology for their children to learn spoken language, educational services that are responsive to their family needs, and peer support. One area that fathers did indicate as a concern regarding the resources available to the family was the ever present concern over damaging children's assistive listening technology. Zaidman-Zait (2008) identified a drawback of cochlear implantation in children as, "Equipment breakdowns and failures, maintenance of parts, and troubleshooting, device's limitations (e.g., can't be used in water, at playground, or during night; effect of background noise)" as one of the nine domains of everyday stressors for parents of children with hearing loss (p. 144). One father in the present study discussed heightened concern about his son's continued ability to access sound through a cochlear implant. This sense of living with concern was echoed by fathers of children who have asthma (Cashin et al., 2008).

Fathers highlighted the positive, non-deficit perspective of being a father to a child with a hearing loss and of children with hearing loss who are learning to listen and speak. The characteristics of force within the person concept outline within Bronfenbrenner's bioecological theory of development begin with fathers' perceptions of individuals who have physical disabilities and are based on their previous experiences. Specifically, fathers recalled feelings of sadness for their child when they were first informed of their child's hearing loss and these feelings were based on challenges they anticipated for their children. As their child developed, specifically gained access to listening and spoken language, these concerns declined. Fathers are still concerned for their children; however, they are motivated by their children's current achievements. The force characteristics the fathers notes may be similar to individuals with chronic illness who experience a continual shifting perspective of their experience with illness (Paterson, 2001). Individuals' perspectives are constantly shifting, adjusting with environmental and situational changes that individuals experience throughout their lives. Similar to the shifting perspectives model of chronic illness posited by Paterson (2001), individuals with hearing loss and their families do not have a consistent perspective of hearing loss and its effect on their lives (Kemmerly & Compton, 2014). For example, when students were interviewed about their identity as an individual with hearing loss, their perspectives changed to reflect experiences within their current environment (Kemmerly & Compton, 2014). The results of the present study suggest that these changes in perspective may also be common for the parents of children with hearing loss who communicated through spoken language.

The second area of Bronfenbrenner's bioecological theory of development is the concept of proximal processes. Fathers in the present study cited multiple examples of these processes they engaged in with their children through various developmental stages. Additionally, these activities represented several aspects of the "fatherwork" or generative fathering tasks (Dollahite et al., 1997). Fathers indicated that they were involved a variety of activities with their children from attending meetings at school and appointments, to giving baths to children, to involvement with sporting activities. Fathers in the present study cited that they were often involved in play activities with their children. Additionally, fathers discussed talking with their children about social situations and working to build their self-confidence and social skills, as well as caregiving activities. Similar results regarding increased self-efficacy and increased father involvement have been noted in other studies of fathers of children with hearing loss (Ingber & Most, 2012).

The focus on communication options in families studied has transitioned from sign language or total communication to spoken language (Houston et al., 2012; Ingber & Most, 2012; McNeil & Chabassol, 1984;). Despite the changes in communication options, father involvement has remained consistent within families in this demographic. Findings of the present study reveal that the fathers of children with hearing loss who elect to communicate through listening and spoken language have individual perspectives of fatherhood based on their personal upbringing and their goals and priorities for their lives.

The third area of Bronfenbrenner's theory of bioecological development is the four interconnected systems that describe the context of the developing person. Although some of the activities fathers described mirrored traditional gendered responsibilities, more often fathers' involvement and responsibilities represented activities that fathers' perceived as skill areas, personal interests, or were feasible during their workday. Similar findings were evident in research regarding fathers of children with autism (Meadan, Stoner, & Angell, 2015). Therefore, it may be critical to continue to explore how fathers manage to negotiate personal and professional demands on their time. Fathers in the present study utilized their professional skills and knowledge to access information on behalf of their children or family. This is congruent with research by McNeil and Chabassol (1984) who documented that fathers were often involved in specific aspects of their children's care or services related to their child's hearing loss. Fathers often make professional sacrifices for their children. McNeil and Chabassol (1984) found that some fathers declined promotion or changed jobs so that their child could attend specific programs. Fathers within the present study elected to change jobs or to continue their present work so that they can spend more time with their family. The fathers included in this study indicated that they were involved in the care and services for children with hearing loss similar to previous findings (Houston et al., 2012; Ingber & Most, 2012; McNeil & Chabassol, 1981; McNeil & Chabassol, 1984). Fathers shared that they were able to attend appointments and meetings regarding their children. Fathers in the present study indicated that they would change their work schedule in order to attend critical meetings or appointments for their children. This result was similar to findings from

McNeil and Chabassol (1984) and Houston et al. (2012). Moreover, fathers in the present study not only attended these meetings, at times, they advocated for the meetings to occur, requested services for their children, or conducted research prior to the meeting. In addition, fathers were included in the provision of services and had access to appropriate information similar to the findings of Houston et al. (2012).

Fathers in the present study were successful professionals who worked in business settings primarily between the hours of eight to five. Each of the fathers reported having flexibility within their workday to return calls, send texts, write emails, and leave work for appointments with their children. Fathers used this flexibility in the work place to balance their professional lives with their personal lives. However, Ingber and Most (2012) reported that fathers with higher professional status reported lower levels of involvement with their children and fewer hours spent in work correlated to higher levels of involvement. Fathers in the present study indicated high levels of involvement and high professional status employment. Fathers shared that they had worked diligently to establish a career that would provide financial stability for their family prior to having children. Their careers at this point were well established and fathers felt comfortable with their professional lives. Fathers elected to have a family during this time in their lives and they had taken steps to prepare to focus on this aspect of their lives. However, each of these fathers indicated that parenting was of a higher priority to them personally than their careers. Ingber and Most (2012) found that fathers are more involved with their children when their wives reported a lower professional status than that of their

husbands. The differing results may be due to the type of measurement tools or definitions within the study or cultural differences between the United States and Israel.

The final element of Bronfenbrenner's theory of bioecological development is time. Fathers described being involved in their children's development in a variety of role responsibilities that have been historically ascribed to fathers (Lamb, 2000). As noted by Lamb (2000) fathers' time spent interacting with their children has increased since the 1970s. The fathers involved in this study noted that their children had access to opportunities that would not have been available to them a generation ago. Further, fathers recognized that future generations of children with hearing loss would have access to different technology and assistive listening devices which may change their experiences in accessing listening and spoken language. Cochlear implants have only been available for children 12 months and older since 2002 (Spencer & Marchark, 2003). Therefore, Bronfenbrenner's concept of time has influenced the experiences of fathers of children with hearing loss.

Limitations

Despite the overall rigor of the design and implementation of the study, limitations exist that may influence the validity of the findings. These limitations include the following: (a) the selected qualitative methodology and the analysis procedure utilized; (b) the willingness of the participants; and (c) the positive outcomes each of the fathers' children experienced with achieving spoken language as a primary mode of communication.

Limitations of Phenomenology

There are limitations within the present study that are inherent within the use of phenomenology as a methodology. Due to the reduction of the findings to the essence of the experience, the resulting presentation of fathers' experiences with children who have hearing loss represents concepts that are common among all of the participants' accounts. Through the reduction process, unique experiences and perspectives from each participant are lost. In addition, for the purpose of this study, I selected a target population of fathers to gain their perspectives regarding parenting children with hearing loss. All participants were selected based on specific characteristics that may have influenced their experience based on research regarding father involvement, specifically their type of employment, socio-economic status and the communication modality utilized within the home. Therefore, findings from this study may not be generalized to other populations of fathers of children with hearing loss who have different demographics.

Participants

In designing the study, I anticipated that I would have difficulty in obtaining participants and I elected to recruit participants from a school known for high parent involvement. After several recruitment attempts via flyer, social media, and letters home, I had one participant contact me to express interest in the study. Recruitment of participants at the first site experienced challenges due to weather, additional events occurring at the school, and lack of direct communication with potential participants. I expanded the recruitment to a second site and requested that the contact person at each

site directly contact fathers who may be willing to participate in the study. Five participants were enrolled in the study through these direct requests.

Another limitation of the study is the willingness of the participants to become involved in the study and to share their lives with me. Each of the interviews required the participants to reflect on their experiences as a father and then share these thoughts with me. Therefore, events, actions, and thoughts regarding fathering may be different given the retrospective nature of the interviews; however, the use of retrospective interviews is quite common in studies regarding fathering and fatherhood (Adamsons, 2013).

The small number of participants utilized for the study design may have influenced the results of the study. Using this small, homogenous sample for this qualitative study allowed for the collection of in-depth information from the participants. Although the participants were similar on many demographic characteristics, two participants had older children than four others. These fathers may have had different perspectives on their experiences as fathers due to the age of their children. These developmental differences were reduced through the use of phenomenology since the finding presented were similar across all of the participants, regardless of the age of their children with hearing loss. However, the essence found as a result of this study may differ from results collected from a larger or significantly different population. The sample selected for this study was limited to married fathers from two recruitment sites. Additionally, the population was limited to fathers of children with hearing loss who had selected to pursue the use of listening and spoken language as a communication option

with their children. These choices influenced the population and therefore the experiences of the fathers who were included in the study.

Positive Outcomes

All of the fathers included in this study perceived that their children had positive outcomes as a result of obtaining cochlear implants, hearing aids, or other assistive listening technology. Additionally, the fathers reported that their children used listening and spoken language as their primary mode of communication. Fathers' perception of positive outcomes may have influenced their experiences as a father and their thoughts regarding their future relationship with their children. One father shared that he was facing a potential challenge in regard to his son's access to sound and this may affect his continued language progress; however, at the time of the study, he was continuing to communicate through spoken language. Had the fathers experienced negative outcomes as result of their efforts to provide their children with access to spoken language, their views of hearing loss, disability, and their role responsibilities as a father of a child with a hearing loss might be different from the perspectives presented within this study.

Implications for Research

This study presents a description of fathers' experiences with their children who have a hearing loss. Their reflections and descriptions of their experiences have given voice and insights concerning how these fathers' interactions with children and significant others, their activities with their children and in their families, and the role they perceive they fulfill within their families. Despite the recognition this investigation has given fathers of children with hearing loss, additional research is necessary regarding

fathers and their children with hearing loss. The study reflects the perceptions of six fathers of children with hearing loss from two Midwestern cities in professional employment and who are married to the mothers of their children. Future studies should include larger sample sizes and fathers from diverse communities, backgrounds, and experiences who have children with hearing loss, using a variety of communication options, and who have a wide range of educational and developmental needs.

To gain more information regarding fathers' experiences with their children who have hearing loss, additional populations of fathers should be explored. The experiences of divorced or single fathers who are divorced from or who never married the mothers of their children with hearing loss should be included in future studies. Currently, fewer Americans are electing to marry (Lee & Payne, 2010). More individuals are electing to never marry or to engage in cohabitation rather than marriage (Lee & Payne, 2010). These trends may influence fathers' experiences with their children, particularly when they have a child with a disability such as hearing loss. The Gallaudet Research Institute (2008) identified that over half of children who are deaf or hard of hearing are from families of diverse backgrounds. Consequently, future investigations should also address the experiences of fathers with varying cultural backgrounds and fathers who speak languages other than English in the home who have children with hearing loss. Additionally, the perceptions and experiences of fathers of children with hearing loss who represent a variety of socio-economic and employment backgrounds, from affluent to impoverished and from high level professionals with demanding jobs to shift workers or stay at home fathers, should be investigated in order to provide insight into how best to

understand their needs and attitudes concerning fathering. Studies such as those of Olsson and Hwang (2008) who explored the connections between socioeconomic and psychological variables as risk and protective factors for the well-being of parents of children with intellectual disabilities as well as that of Summers, Boller, Schiffman, and Raikes (2006) who explored concepts of “good fatherhood” within a low-income population might be adapted to fathers of children with hearing loss.

In order to address the various experiences of fathers of children with hearing loss, additional qualitative research should include fathers of children with hearing loss who have selected to utilize sign language or other communication modalities (e.g., Freeman, Dieterich, & Rak, 2002; Hardin, Blanchard, Kemmery, Appenzeller, & Parker, 2014). Although the counseling needs of parents of children with hearing loss as well as other disabilities was addressed by Luterman (2004), fathers of children with hearing loss and other disabilities should be included in future research to allow their experiences to be equally represented within the research literature.

Given the continued technological and medical advances for individuals with hearing loss, research should also be conducted to continue to develop knowledge of various families’ perceptions of the screening process for infants, the cochlear implant process, transition to school services, and any changes in children’s educational services. Significant within the current study, information from both parents’ perspectives, individually and as both parents, when children are facing potential cochlear implant device issues (i.e., “soft failures,” device problems, injuries) may offer insight for professionals and to others who are experiencing similar events with their children. Few

children experience problems with cochlear implant devices due to medical problems or device issues (Trotter, Backhouse, Wagstaff, Hollow, & Briggs, 2009). However, based on the perspectives of fathers represented within this study, exploring both parents' perspectives during cochlear implant device issues may help to give voice to parents who have experienced this challenge.

Interviews were utilized as the primary data source to learn about fathers' experiences with their young children who have hearing loss. Future research in this area may explore additional data collection methods in order to capture the variety of ways fathers are involved in their children's lives. The Inventory of Father Involvement, developed by Hawkins (2002), was utilized by Ingber and Most (2012) and may serve to highlight the global aspects critical to father involvement (Schoppe-Sullivan, McBride, & Ho, 2004). More specifically, Meadow-Orlans's (1990) Impact of Childhood Hearing Loss on the Family Questionnaire was used to gauge maternal expectations and impact of hearing loss on the family by Zaidman-Zait and Most (2005). Although relevant at the time, the questionnaire may not reflect the current experiences of parents of children with hearing loss. Another example of a potential data source to identify fathers' specific tasks and time allocation would be the use of time use diaries that have demonstrated high social validity with parents of children with disabilities while providing rich data (e.g., Thomas, Hunt, Hurley, Robertson, & Carter, 2011). Use of alternative data sources will contribute to the validity of research regarding fathers' involvement with their children who have hearing loss.

Implications for Practice

Fathers' descriptions of their involvement with their families and in the lives of their children with hearing loss provides increased insight into the lives of fathers of children with disabilities. Few studies have given voice to fathers' experiences in parenting their children with disabilities, specifically children with hearing loss. Furthermore, previous research concerning families of children with hearing loss may not adequately reflect families' experiences with current medical, educational, developmental, and cultural shift within their communities. The findings of the present study affirm the Council for Exceptional Children's Division of Early Childhood (DEC) recommended practices for early intervention and early childhood practices. These recommended practices strive to unite research and practice in seven areas: Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaboration, and Transition. Findings of the present study support the recommended practices regarding how practitioners collaborate with and build the capacities of the families they serve. Specifically, the results of the present study provide early intervention and early childhood practitioners with knowledge of the perspectives of fathers as active agents in their child's development that can be enacted into a child's Individualized Family Service Plan. The current findings support recent research that indicates fathers of children with hearing loss are involved with their children who have hearing loss (Ingber & Most, 2012). The fathers included in this study constructed a model of fatherhood of themselves, based on their own fathers' level of involvement (Adamsons, 2013; Quinn, 1999). When they did become a father, they modeled their behavior on this concept of

fatherhood, regardless of the hearing status of their child. Early intervention providers may wish to establish open dialogue with fathers to learn about their upbringing, their experience with children, and their transition to fatherhood. Discussing each parent's experiences may provide each party with insight regarding individual values and choice that influence the family system. Through involving each member of the family as well as the family as a microsystem, each individual can be given a pathway to active participation in decision making for their child with a hearing loss as outlined in the DEC's recommended practices. Professionals working with families should identify ways to ensure that both fathers and mothers are provided with clear information regarding their children's development and needs. Direct communication with each parent may foster recognition of the value and contributions of both parents, thus propagating the competency of fathers' care giving skills with their children. Fathers who are viewed as competent and involved co-parents, they are more likely to be actively involved with their children (Adamsons, 2013). Through providing clear information to both parents, early intervention professional can contribute to fathers being viewed as competent and skilled co-parents of their children with hearing loss. The provision of clear information to each parent to enable them to continue to develop their parenting skills allows for practitioners to collaborate with parents to build their capacity and skills regarding their child. The DEC recommended practices supports providing parents opportunities to build their knowledge, skills, and competencies through unique experiences.

Fathers make meaning of their experiences as a father and in particular of their experiences as a father of a child with hearing loss. This process may be vastly different between spouses and among fathers. Fathers in this study indicated that they approached all elements of their lives with a problem-solving disposition. Additionally, fathers indicated their wives had different concerns regarding their children's development. Therefore, there may be a need to differentiate services based on a parents' gender or to ensure that each parent's need for information and resources is being met. Specifically, providers should discuss with fathers their goals, priorities, and concerns regarding their child and their family. Fathers should be provided with information regarding educational and social opportunities regarding their children. When possible information should be provided directly to the father, perhaps using technology to support his involvement in services (i.e., email, video, social media). As suggested in the DEC recommended practices, practitioners should include all family members assessment, design and planning of services for families of children with disabilities. Service providers should be proactive in their efforts to include fathers in all services through planning family activities outside of traditional work times and fostering social engagement among families of children with hearing loss.

The recent Joint Committee for Infant Hearing Position Statement, 2013 Update "Principles and Guidelines for Early Intervention After Confirmation That a Child Is Deaf or Hard of Hearing" align with the DEC recommended practices regarding involving *all* family members in active decision making regarding their children. Furthermore, the JCIH principles echo that parents should have access to family-to-

family support, individuals with hearing loss who can counsel and mentor parents, and culturally responsive services that are knowledge about hearing loss (Yoshinaga-Itano, 2014). The fathers in the present study indicated that they valued having access to early intervention early childhood services similar to those suggested in the JCIH position statement. The fathers shared that they sought out these experiences through personal resources as well as through medical and educational services. Therefore, practitioners should engage in open dialogue with *both* parents regarding services, information, and support to ensure families have multiple avenues to access necessary information.

Fathers in this study sought to provide their children with opportunities to allow them the greatest number of future options for their lives. Fathers of children with Down syndrome responded to their experience through three clusters: mastering, connecting, and thriving (Bentley et al., 2015). The fathers in the connecting and thriving clusters developed a sense of meaning related to their experiences. Therefore, professionals working with fathers of children with hearing loss may wish to provide fathers with opportunities to develop a sense of meaning regarding their experiences as a father.

Professionals should directly acknowledge the financial contributions of fathers to families and determine how they wish to be involved with their children and family. Acknowledgement may be achieved through direct conversation with fathers or even discussing when they are available for meetings and what needs they may have. Similar to previous studies regarding fathers, the participants involved in this study indicated that they enjoyed participating in family events with their children. They suggested that in order to increase father involvement in school activities, such events should be held at a

variety of times and be a wide range of options (e.g., child-centered event, advocacy, support groups). Although fathers may not be involved in each event, they may elect to participate in events of importance to them and to their family when their schedule allows. Further, consistent communication with both parents from schools, early childhood centers, or professionals working with children and families should be provided to both parents. Information regarding appointments, upcoming events, and developmental progress provided equally to both mothers and fathers may aid in communication between parents, offer means for increased father involvement, and allow fathers of children with hearing loss to adjust their schedule to allow them to participate in future events.

Specific to fathers of children with hearing loss, continued education regarding the global influence of hearing loss on children's development may be of benefit for families of children with hearing loss. Access to cochlear implants and hearing aids allows individuals with hearing loss to access sound. However, young children have only begun to learn communication and language through access to rich communication, irrespective of spoken or manual communication option. It remains critical for parents and professionals to continually foster strong communication skills in children with hearing loss. Additionally, academic and social development may be affected when children experience communication or audiological challenges. Fathers in this study acknowledged their concerns regarding potential educational and social challenges their children may face. Professionals may address these concerns through continued support and information provided to parents throughout school transitions. Further, fathers

expressed concerns regarding adolescent development and bullying in schools. Support groups, social media or virtual support, or family events may satisfy fathers' increased need for information and social support during this developmental period.

Fathers in this study viewed their children from a wellness perspective. Although fathers acknowledged that their children have unique communication needs, they did not perceive that their children would encounter significant limitations as a result of their children's hearing loss. Practitioners and service providers may echo fathers' perspectives through sharing a wellness perspective regarding individuals with hearing loss and their families.

Conclusions

For many families, the experience of having a child with hearing loss has changed significantly from that of previous generations. Recent changes in the process of identifying hearing loss in infants, continued development and improvement of assistive listening technology for use in young children, and increased recognition of the need for early educational services has improved outcomes for individuals with hearing loss and their families. The body of knowledge has increased so that both individuals with hearing loss and parents may feel more hopeful and positive regarding communicating with their children and their children and family's future possibilities. The result is that parents of children with hearing loss may experience an increased sense of wellness-in-the-foreground of their experiences as individuals and families. Continued study of fathers of children with hearing loss and their experiences is necessary to form a more

complete understanding of fathers' experiences and their role responsibilities within their families.

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APPENDIX A

IRB APPROVAL LETTER



THE UNIVERSITY OF NORTH CAROLINA
GREENSBORO

OFFICE OF RESEARCH INTEGRITY
2718 Beverly Cooper Moore and Irene Mitchell Moore
Humanities and Research Administration Bldg.
PO Box 26170
Greensboro, NC 27402-6170
336.256.0253
Web site: www.uncg.edu/orc
Federalwide Assurance (FWA) #216

To: Margo Appenzeller
Specialized Education Services

From: UNCG IRB

Authorized signature on behalf of IRB

Approval Date: 9/05/2014

Expiration Date of Approval: 9/04/2015

RE: Notice of IRB Approval by Expedited Review (under 45 CFR 46.110)

Submission Type: Initial

Expedited Category: 7.Surveys/interviews/focus groups,6.Voice/image research recordings

Study #: 13-0438

Study Title: Fathers' Experiences with Young Children with Hearing Loss

This submission has been approved by the IRB for the period indicated. It has been determined that the risk involved in this research is no more than minimal.

Study Description:

Fathers of young children with hearing loss will be interviewed to learn more about their activities and actions, as well as, the meanings they draw from their interactions with their children and family members. Results will provide insight into the experiences of these individuals. Findings will help inform early identification of hearing loss practices, early intervention service provision, and preparation of early intervention service providers for children with hearing loss and their families.

Investigator's Responsibilities

Federal regulations require that all research be reviewed at least annually. It is the Principal Investigator's responsibility to submit for renewal and obtain approval before the expiration date. You may not continue any research activity beyond the expiration date without IRB approval. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.

Signed letters, along with stamped copies of consent forms and other recruitment materials will be scanned to you in a separate email. **Stamped consent forms must be used unless the IRB has given you approval to waive this requirement.** Please notify the ORI office immediately if you have an issue with the stamped consents forms.

You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented (use the modification application available at <http://integrity.uncg.edu/institutional-review-board/>). Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB using the "Unanticipated Problem-Adverse Event Form" at the same website.

Please be aware that valid human subjects training and signed statements of confidentiality for all members of research team need to be kept on file with the lead investigator. Please note that you will also need to remain in compliance with the university "Access To and Retention of Research Data" Policy which can be found http://policy.uncg.edu/research_data/.

CC:

Mary Compton, Specialized Education Services
Pamela Williamson, Specialized Education Services

APPENDIX B
DEMOGRAPHIC SURVEY

Q1. Please enter the code you were sent in the email with the link to this survey.

Q2. What is your current marital status?

Single
Cohabitation - Living together
Married
Separated
Divorced

Q3. How would you describe your race / ethnic group?

White
Black
Hispanic / Latino
Other

Q4. What is the primary language spoken in your home?

English
Spanish
Other

Q5. Do you have a hearing loss?

Yes
No

Q6. Do you have any relatives with hearing loss (other than your own children)?

Yes
No

Q7. If you have a relative with a hearing loss other than your own children, please indicate their relation to you.

Q8. What is the highest degree you have earned?

High School diploma
Associates' degree
Bachelors' degree
Masters' degree
Professional degree (e.g., Lawyer or Physician)
Doctorate degree

Q9. Do you work outside of the home?

Yes
No

Q10. How would you best describe your work outside of the home?

Professional (lawyer, business, doctor)
Industry (computers, banking)
Service industry (mechanic, waiter, sales)
Agricultural (farmer, rancher)
Other

Q11. How would you best describe the hours you typically work outside of the home?

Full time (40 + hours)
Part time (20-30 hours)
Shift work (First, second, or third shift)
Hourly work
Contractual work or as needed
Other

Q12. Does your wife / partner work outside of the home?

Yes
No

Q13. How would you best describe your wife / partner's work outside of the home?

Professional (lawyer, business, doctor)
Industry (computers, banking)
Service industry (mechanic, waiter)
Agricultural (farmer, rancher)
Other

Q14. Describe how many hours your wife/partner works per week outside of the home.

- Full time (40 + hours)
- Part time (20-30 hours)
- Shift work (First, second, or third shift)
- Hourly work
- Contractual work or as needed
- Other

Q15. How many children do you have?

Q16. How many of your children have been identified with a hearing loss?

Q17. For the purpose of this study, please answer all of the following questions regarding your YOUNGEST child with a hearing loss. For example, if you have two children with hearing loss and one is seven years old and the second one is 2 years old, answer all of the questions about the 2 year old.

How old is your YOUNGEST child with a hearing loss? (Select the year age closest to your child's actual age)

Q18. What is the gender of your child with a hearing loss?

- Male
- Female

Q19. When was your child identified with a hearing loss?

- At birth through the Universal Newborn Hearing Screening
- By three months of age
- By six months of age
- By one year
- By eighteen months
- By two years
- By three years
- After three years of age
- I am not sure

Q20. Describe your child's hearing loss.

- Bi-lateral (both ears have hearing loss)
- Uni-lateral (only one ear has hearing loss)
- I am not sure

Q21. Which of the following BEST describes your child's hearing loss overall? (For example, if your child has a mild loss in one ear and a mild to moderate hearing loss in the other ear, feel free to describe the hearing loss as either mild or moderate).

- Mild 26-40 dB
- Moderate 41-70 dB
- Severe 71-90 dB
- Profound 90 + dB
- I am not sure

Q22. Does your child receive any educational or developmental services (For example, speech therapy or a teacher) in the home for his / her hearing loss?

- Yes
- No
- I am not sure

Q23. Does your child receive services at a location outside of the home (For example, he or she has speech therapy at daycare, baby sitter's house, or school) for his or her hearing loss?

- Yes
- No
- I am not sure

Q24. Describe the listening technology your child currently uses.

- No hearing aids
- One hearing aid
- Two hearing aids
- A hearing aid and a cochlear implant
- Two cochlear implants
- Hearing aids and waiting for cochlear implant candidacy determination
- I am not sure

Q25. Do you have any concerns regarding your child's development other than his or her communication development?

(Please note: Your answer to this question will only be used by the researcher. Any concerns you state will not be shared with school professionals or others. If you have concerns about your child's development and wish to gain more information or are seeking an evaluation, please contact your child's teacher or school program)

- Yes
- No

Q26. If you have concerns regarding your child's development, please share them here. These concerns will not be shared with the school. However, if you wish to seek services for these concerns, please contact a school representative.

Q27. Has your child with hearing loss been identified with any additional disabilities at this point in time?

Yes

No

I am not sure

APPENDIX C

RECRUITMENT FLYER

**Fathers of Children with Hearing Loss -
Participate in a study!**
mcappenz@uncg.edu or 336-684-0570

My name is Margo Appenzeller. I am former teacher and a current doctoral student at the University of North Carolina at Greensboro. I would like to invite you to participate in a study regarding the experiences of fathers of children with hearing loss. If you agree to participate in this study, you will be asked to complete a survey which will take approximately 30 minutes to complete. Based on your answers to the survey, you MAY be asked to participate in a series of three interviews that will be no longer than 90 minutes each. The interviews will be scheduled at times and places which are convenient to you. Two of the three interviews will be conducted via Skype. The total time for the study is estimated to be six hours over the course of 6 months. If you are NOT selected for the interviews, your survey responses will be destroyed and not used as data. You will receive a small incentive if you are selected for and participate in the interview portion of the study (\$15.00 gift card if you complete all three interviews, \$5.00 for participation in each interview). If you are interested in participating, please contact:

Margo Appenzeller
mcappenz@uncg.edu
(336) 684-0570

There are potential benefits to society and families of children with hearing loss:

- Increased information to researchers regarding the activities of fathers with young children who have hearing loss
- Acknowledgement the perspective of fathers to the research regarding parenting children with hearing loss

Participation requirements:

- Father of a child with a hearing loss
- Computer and internet access in order to conduct two interviews via Skype and to use email for communication purposes

Margo Appenzeller • mcappenz@uncg.edu • 336-684-0570

Department of Specialized Education Services • The University of North Carolina at Greensboro • School of Education Building, Room 444, PO Box 26170 • Greensboro, NC 27402-6170 • VOICE 336.334.5843 •FAX 336.256.0185

APPENDIX D

RECRUITMENT LETTER

To Potential Participant in Fatherhood Research:

My name is Margo Appenzeller. I am a doctoral student at the University of North Carolina at Greensboro in the Specialized Education Department. The purpose of this letter is to ask you to participate in a study of the experiences of fathers of children who have hearing loss. If you choose to participate in the study, you will complete a survey and three in-depth interviews regarding your experiences as a father of a child with a hearing loss and your perceptions of these events. Please contact Margo Appenzeller at mcappenz@uncg.edu or call 336-684-0570 if you are interested in participating. I, (Margo Appenzeller), am looking for between 8-15 fathers who will agree to be interviewed and review the study data. The process will take about six months to complete. I, (Margo Appenzeller), am asking for you to:

1. To complete a survey prior to being selected as a participant in the study. The survey will take approximately 30 minutes to complete. Upon completion of the survey, you MAY be selected to participate in a series of three interviews. If you are not selected, your responses to the survey questions will be destroyed and you will not participate in any further portion of the study.
2. To be interviewed individually by me (Margo Appenzeller) three times. One interview will be conducted face to face and the other two interviews will be done via Skype. The interviews will last between 30 and 90 minutes. Each interview will be transcribed by a transcriptionist.
3. To review descriptions of events, analysis, or answering additional questions as needed.
4. To review the final analysis of the data to ensure its accuracy.

Your identity will be kept confidential throughout the process. Pseudonyms will be used for all audio and video files, as well as on all documents. These documents will be retained for three years before being destroyed. They will be kept in a locked cabinet and on a password protected data storage system. There are minimal risks for your participation in the study. You will receive a small incentive if you are selected for and participate in the interview portion of the study (\$15.00 gift card if you complete all three interviews, \$5.00 for participation in each interview). You are free to leave the study at any time with no consequence to you.

If you are interested in participating in the study, please contact Margo Appenzeller at (336) 684-0570 or mcappenz@uncg.edu to begin your participation.

Sincerely,

Margo Appenzeller
 Department of Specialized Education Services
 The University of North Carolina at Greensboro
 School of Education Building, Room 444, PO Box 26170
 Greensboro, NC 27402-6170
 VOICE 336.334.5843
 FAX 336.256.0185
 EMAIL mcappenz@uncg.edu

APPENDIX E
RECRUITMENT LETTER FOLLOW-UP

Margo Appenzeller
Department of Specialized Education Services
The University of North Carolina at Greensboro
School of Education Building, Room 444, PO Box 26170
Greensboro, NC 27402-6170
VOICE 336.334.5843
FAX 336.256.0185
EMAIL mcappenz@uncg.edu

Date: January 22, 2015

Dear XXX' Father:

Recently, you were contacted about an interview study being conducted with fathers of children who have a hearing loss. We wished to contact you again to remind you of the study. Please contact Margo Appenzeller at mcappenz@uncg.edu or call her at 336-684-0570 if you are interested in participating. The following is more information about the study and what would be requested of you as a participant.

If you choose to participate in the study, you will complete a survey and three in-depth interviews regarding your experiences as a father to a child with a hearing loss and your perceptions of these events. I, (Margo Appenzeller), am looking for between 8-15 fathers who will agree to be interviewed and participate in a member check of the study data. The process will take about six months to complete. I, (Margo Appenzeller), am asking for you:

1. To complete a survey prior to being selected as a participant in the study. The survey will take approximately 30 minutes to complete. Upon completion of the survey, you MAY be asked to participate in the interview portion of the study. If you do not participate in the interview portion for any reason, your responses to the survey questions will be destroyed and you will not be asked to participate in any further portion of the study.
2. To be interviewed individually by me three times, one interview will be conducted face to face and the other two interviews will be done via Skype. The interviews will last between 30 and 90 minutes. Each interview will be transcribed by a transcriptionist.
3. To review descriptions of events, analysis, or answering additional questions as needed.
4. To review the final written product to ensure its accuracy.

Your identity will be kept confidential throughout the process to the extent of the law. Pseudonyms will be used for all audio and video files, as well as on all documents. These documents will be retained for three years before being destroyed. They will be kept in a locked cabinet and on a password protected data storage system. There are minimal risks for your participation in the study. You will receive a small incentive if you are selected for and participate in the interview portion of the study (\$15.00 gift card if you complete all three interviews, \$5.00 for participation in each interview). You are free to leave the study at any time with no consequence to you.

If you are interested in participating in the study, please contact Margo Appenzeller at (336) 684-0570 or mcappenz@uncg.edu to begin your participation.

Sincerely,
Margo Appenzeller
Department of Specialized Education Services
The University of North Carolina at Greensboro
School of Education Building, Room 444, PO Box 26170
Greensboro, NC 27402-6170

APPENDIX F

INFORMED CONSENT

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Fathers' Experiences with Young Children who have Hearing Loss
Principal Investigator and Faculty Advisor: Margo Appenzeller, M. Ed. and Mary V. Compton, Ed.D.

Participant's Name: _____

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

What is the study about?

This is a research project. Your participation is voluntary. The purpose of this study is to learn more about the daily activities, experiences, thoughts, and perceptions of fathers of young children who have a hearing loss

Why are you asking me?

You are being asked to participate in this research study because you have a young child with a hearing loss and you have expressed interest in participating in this research study.

What will you ask me to do if I agree to be in the study?

During the course of the research study, you will be asked to complete a 24 question survey. After you complete the survey, you **may** be selected to participate in a series of three interviews to learn more about your experience as a father of a young child with a hearing loss. The time to complete the survey is anticipated to be 30 minutes. Your participation in the series of three interviews will be determined by your answers on the demographic survey. If you are NOT selected to participate in the interviews, your responses to the survey will not be used as data and will be destroyed. The interviews will be scheduled over a three week time period and each interview will be between 30 to 90 minutes in length. Each interview will be video and audio recorded. One interview will be conducted through a face-to-face meeting with me and the following two interviews will be conducted with me using Skype. When the interviews have been completed and analyzed, you will be asked to review a written description of your experience and the composite description developed from the research data. If any you have any questions regarding the research study, you may contact Margo Appenzeller at (336) 684-0570.

Is there any audio/video recording?

Each of the three interviews will be video and audio recorded. The first interview will be conducted face-to-face. The second and third interviews will be conducted via Skype and use a software program designed to video and audio record Skype calls. Because your voice and video taped image will be identifiable by anyone who hears or views the recording, the confidentiality for things you say during the recording cannot be guaranteed although the researcher will try to limit access to the recording as described below. Pseudonyms will be used throughout the interview process. These recordings and videos will be stored on a password protected storage system and the pseudonyms will be used to identify the files names. Only I will know your real name.

What are the risks to me?

The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. The minimal risks to your participation in this study may be experiencing emotional distress or embarrassment as a result of topics discussed during the interview process. These minimal risks will be reduced through two means. The first is confidentiality of the interviews and the survey information. I will use of pseudonyms throughout the survey and interview process. Only I will know your real name. All video and audio recordings will be stored on a password protected data storage systems. Any files related to the study will be stored in a locked file cabinet. The second way your risks are minimized is that you can always elect to not answer a question on the survey or in the interviews that you do not feel comfortable answering. Additionally, you may withdraw from the study at any time without any penalty.

If you have questions, want more information or have suggestions, please contact Margo Appenzeller and Dr. Mary V. Compton who may be reached at (336) – 684-0570 or (336) 334 – 3771, respectively or via email at mcappenz@uncg.edu or mvcompto@uncg.edu.

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to society as a result of me taking part in this research?

The benefits to society as a result of this study may be improved services for families of young children with hearing loss and may result in increased knowledge regarding fathers' participation and involvement with children who have hearing loss.

Are there any benefits to *me* for taking part in this research study? There are no direct benefits to participants in this study.

Will I get paid for being in the study? Will it cost me anything?

You will receive a small incentive if you are selected for and participate in the interview portion of the study (\$15.00 gift card if you complete all three interviews, \$5.00 for participation in each interview).

How will you keep my information confidential?

All information obtained in this study is strictly confidential unless disclosure is required by law. All information will be stored in a locked file cabinet in an office off the UNCG campus. All video and audio files will be stored using pseudonyms, which do not identify participants by name and on a password protected data storage system. All paper files will be stored in a locked file cabinet on The University of North Carolina at Greensboro campus. One master list of the pseudonyms and names will be retained in a separate file in a locked file cabinet in an office on the UNCG campus. The data will be utilized in the production of a dissertation and in subsequent manuscripts for publication. The data will be kept for three years and then will be destroyed after this time period. All information obtained in this study is strictly confidential unless disclosure is required by law. When the results are disseminated, pseudonyms will also be used.

Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may

request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. Choosing not to participate or withdrawing from the study will not affect your relationship with the school or your child's relationship with the school or the services received there. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By participating in the survey/interview, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By participating in the survey/interview, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Margo Appenzeller.

APPENDIX G

INFORMATION SHEET FOR THE STUDY

IRB Information Sheet

Project Title: Fathers Experiences with Young Children with Hearing Loss

Principal Investigator: Margo Appenzeller, M. Ed.

What is this all about?

I am asking you to participate in this research study because I am interested in learning more about the experiences of fathers of young children with hearing loss. You will complete one brief survey to determine eligibility. If you are selected for participation, this research project take about five hours of your time over the course of three months and will involve you completing one survey and a series of three interviews, one face-to-face and two through Skype. Your participation in this research project is voluntary.

How will this negatively affect me?

The study should not negatively affect you. It may be possible to experience mild levels of stress or embarrassment during the interview process as topics are discussed. The interviews will remain confidential and pseudonyms will be used throughout the interviews and for the created computer files. You always have the option to withdraw from the study at any time. You may also decline to answer any question.

What do I get out of this research project?

There is no direct benefit to your participation in this study.

Will I get paid for participating?

You will receive a small incentive if you are selected for and participate in the interview portion of the study (\$15.00 gift card if you complete all three interviews, \$5.00 for participation in each interview).

What about my confidentiality?

I will do everything possible to make sure that your information is kept confidential. I will not ask for any identifying information during the survey or interview process. I will make use of pseudonyms throughout the survey and interview process. I will use the pseudonyms in the storage of the data. The interview audio, video and transcripts will be stored on password protected data storage system. Printed data will be stored in a locked file cabinet in the school of education building on The University of North Carolina at Greensboro campus.

What if I do not want to be in this research study?

You do not have to be part of this project. This project is voluntary and you may withdraw at any time. You may withdraw from the study at any time without penalty.

What are some general things you should know about research studies?**What if I have questions?**

You can ask Margo Appenzeller at (336) 684-0570 or mcappenz@uncg.edu or Dr. Mary V. Compton at 336-334-3771 or mvcompton@uncg.edu any questions concerning this study. If you have concerns about how you have been treated in this study call the Office of Research Integrity Director at 1-855-251-2351.

APPENDIX H

COMPUTER SYSTEM REQUIREMENTS

Fathers' of Young Children with Hearing Loss Interview Study System Requirements for Participants

- PC running Windows® XP with SP3, Vista, 7, 8 or 8.1 both 32- and 64-bit operating systems.
- Internet connection – broadband is best (GPRS is not supported for voice calls).
- Speakers and microphone – built-in or separate.
- For voice calls we recommend a broadband connection with 100 kbps down / 100 kbps up.
- For group video calling everyone on the call needs Skype 5.0 for Windows or Mac or higher plus webcams, and at least one person on the call needs to have a Skype Premium subscription. For best quality we recommend you use a high-speed broadband connection of 4Mbps down / 512kbps up and a computer with a Core 2 Duo 1.8 GHz processor. As a minimum you'll need a high-speed broad connection of 512kbps down / 128kbps up and a computer with a 1 GHz processor.

Please visit www.skype.com and download the appropriate free program for your computer. When you are registered, please send an email to Margo Appenzeller at mcappenz@uncg.edu with your Skype account name and a Skype meeting to review the consent documents will be established via email.

Thank you again for participating in this study!

APPENDIX I

INTERVIEW PROTOCOL

Interview Protocol

Experiences of Fathers of Young Children with Hearing Loss

Interview One (life history): Life histories and past experiences that have influenced the formation of fathering, fatherhood, and fathers' identities

I am interested in learning about your experience parenting a child with hearing loss. I am going to ask about your past experiences with fatherhood and any prior experiences with hearing loss or disability, excluding your current experiences with your youngest child with a hearing loss (use children's names).

1. Tell me a little bit about yourself. (Make note of children's names, wife's name, job, and other details.)
2. Tell me about the community and family that you grew up in.
3. Describe your father and your growing up with him.
4. Describe some fathers that you admired. For example, fathers you saw on TV, or friends' fathers, or other images of fathers you can recall.
5. How did you imagine your "adult life"?
6. Describe your interactions with young children (newborns, infants, toddlers) prior to becoming a father.
7. When, if at all, did you experience or notice individuals with disabilities?
8. Tell me your experiences with hearing loss prior to the birth of your child.
9. Describe your knowledge of the identification of hearing loss in children prior to the birth of your child (i.e., the screening, testing that could be done, what a diagnosis meant).
10. Is there anything else you would like to add?

Interview Two (contemporary experience): Current experiences with hearing loss and raising a child with hearing loss.

During our last interview, we reviewed your prior experiences with fatherhood, hearing loss and disability. In this interview, we will focus on your present experience with your youngest child with a hearing loss (use children's name). Before we begin the interview, I will review what we discussed during your previous interview.

Let's discuss what your current experiences are with your child with a hearing loss (use the children's names).

1. Tell me a little about your family.
2. Describe a typical day for you and your family.
3. Could you tell me a little bit about your friends or other fathers you know and the things you do together?
4. Can you think back to the time when you found out about your child's hearing loss? Tell me a little about that time for you. How did you find out about your child's hearing loss?
5. When you first became aware of the hearing loss, how did you feel?
6. What lead you to seek services for your child? Specifically, listening and spoken language services?
7. Can you tell me a little about the services that your child is receiving right now?
8. Describe your child (name) now and the things you do together.
9. As you became a parent, tell me your thoughts regarding disabilities and individuals with disabilities?
10. How, if at all, have your thoughts about hearing loss changed since the birth of your child (name)?
11. Is there anything else you would like to add?

Interview Three (reflection on meaning): Meaning of fathering a child with hearing loss

In our previous interviews, we reviewed your past and current experiences with fathering and with hearing loss and how these two experiences came together as you had your child with a hearing loss. Today we are going to discuss what fathering means to you as you reflect on our prior discussions.

1. How do you see fathers changing or not changing in society?
2. Tell me how your views concerning fathers have changed since you became a father.
3. How, if at all, have your thoughts about young children changed since your child's birth (name)?
4. How, if at all, has your view of disability changed?
5. What role does (child's name's) hearing loss play into your fathering?
6. How do you want to be remembered as a father, by your child with a hearing loss and any other children you have?
7. What advice would you have for other fathers of young children with hearing loss?
8. Describe what fathers of young children with hearing loss need in order to be successful fathers to their children.
9. Is there anything else that you might not have mentioned before that occurred to you during this interview?
10. Is there anything else you would like to ask me?

APPENDIX J

INTERVIEW MATRIX

Research Question: How do fathers of young children with hearing loss describe their experiences of fathering their children from infancy through young childhood?	Interviews		
	Interview One	Interview Two	Interview Three
Fathers	<ul style="list-style-type: none"> • Tell me about your ideas concerning fathers as you were growing up. • Describe some fathers that you admired, TV, other images of fathers you recall. • Tell me about the community and family that you grew up in. • Describe your father and your growing up with him. • How did you imagine your “adult life”? 	<ul style="list-style-type: none"> • Describe the fathers you know currently. • Think of a “good” father you know. Describe what he does and why he is a good father in your mind. • Think of a “bad” father you know. Describe what he does and why he is a good father in your mind. 	<ul style="list-style-type: none"> • How do you think your children will describe you as a father to their own children? • How do you want to be remembered as a father? • How do you see fathers changing or not changing in society? • Tell me how your views concerning fathers have changed since you became a father.

Research Question: How do fathers of young children with hearing loss describe their experiences of fathering their children from infancy through young childhood?	Interviews		
	Interview One	Interview Two	Interview Three
Fathering—the act and role of being a father	<ul style="list-style-type: none"> Describe your father and your growing up with him. How has parenting affected you? 	<ul style="list-style-type: none"> Describe your family. Describe a typical day for you and your family. What feelings do you have about your child (name) and your parenting role currently? 	<ul style="list-style-type: none"> How have you grown as a person since becoming a father yourself?
Young children (Birth-5)	<ul style="list-style-type: none"> Describe your interactions with young children prior to becoming a father. 	<ul style="list-style-type: none"> Describe your child (name) now. 	<ul style="list-style-type: none"> How, if at all, have your thoughts about young children changed since your child's birth (name)?
Disability	<ul style="list-style-type: none"> When if at all did you experience or notice individuals with disabilities? 	<ul style="list-style-type: none"> As you became a parent, tell me your thoughts regarding disabilities and individuals with disabilities? 	<ul style="list-style-type: none"> How, if at all, has your view of disability changed?

Research Question: How do fathers of young children with hearing loss describe their experiences of fathering their children from infancy through young childhood?	Interviews		
	Interview One	Interview Two	Interview Three
Hearing loss	<ul style="list-style-type: none"> • Tell me your experiences with hearing loss prior to the birth of your child. 	<ul style="list-style-type: none"> • How, if at all, have your thoughts about hearing loss changed since the birth of your child (name)? 	<ul style="list-style-type: none"> • What role does hearing loss play into your fathering? • How should the identification of your child's (name) hearing loss affect you?
Hearing loss in children	<ul style="list-style-type: none"> • What, if any, experiences did you have with hearing loss in children prior to the birth of your child? • Describe your knowledge of the identification of hearing loss in children prior to their birth of your child. 	<ul style="list-style-type: none"> • Tell me about how you learned to handle your child's (name) hearing loss. 	<ul style="list-style-type: none"> • What advice would you have for other fathers of children with hearing loss? • What should or can be done to help other fathers of children with hearing loss? • Describe what fathers of children with hearing loss need in order to be successful fathers to their children.

APPENDIX K
BIOGRAPHICAL SKETCH

BIOGRAPHICAL SKETCH

Margo Catharine Appenzeller was born in Pittsburg, Pennsylvania. She is a graduate of Spring Valley High School in Columbia, South Carolina. Margo received her Bachelors' of Science from the University of North Carolina at Greensboro. While teaching at the Eastern North Carolina School for the Deaf, Margo received her Masters of Education in Curriculum and Instruction from North Carolina State University.