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The Influence of the Family Core on the Language Acquisition of Deaf Children: A Study on Communication and Bonding

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I. INTRODUCTION

The relationship between family and language presents considerable challenges, particularly within the context of deaf childhoods. It is estimated that approximately 95% of deaf children are born into hearing families who, in most cases, are unfamiliar with the specificities of deafness and the importance of early investment in the child's linguistic development (QUADROS & PIZZIO, 2014). This lack of knowledge can lead to significant developmental barriers, resulting in social, linguistic, interactional, and identity-related disadvantages.

Furthermore, the absence of accessible information and clear guidance for families regarding initial actions compromises not only the child's socialization but also their self-perception and the construction of a sense of belonging from early childhood.

In light of this scenario, the present study aims to understand how the family can contribute to creating a communicative environment conducive to the development of the deaf child, thereby mitigating the challenges described. To this end, a literature review was conducted focusing on the themes of family, language, and deafness, guided by the legal framework of Law No. 10.436/2002, which recognized Brazilian Sign Language (Libras) as an official language in Brazil (BRASIL, 2002).

The studies analyzed highlight several converging themes, such as:

- The central role of mothers in the trajectory of deaf children.
- The difficulties faced by hearing families in accessing information and engaging with the deaf community.
- The prevailing expectation for speech acquisition as a criterion for acceptance, participation, and competence.

Many of the reviewed publications adopt a biologizing perspective on deafness, viewing it as a disability to be treated. In contrast, this study is grounded in a sociocultural (or socio-anthropological) approach, as advocated by authors such as Quadros (2005), Skliar (2005), Lane (1992), and Sacks (1990), who understand deafness as a linguistic and cultural experience.

Embracing such a perspective entails recognizing that deafness transcends the sensory dimension and involves an identity construction in which the deaf individual is understood as a full subject. The research, therefore, seeks to understand how families appropriate (or fail to appropriate) the specificities of the deaf child following diagnosis, the bonds they establish, and the forms of interaction they construct over time.

Accordingly, the general objective of this study is to analyze families' perceptions of the interactions, communication, and forms of language established with the deaf child from the initial suspicion or confirmation of the diagnosis. The specific objectives are:

a) To understand the feelings expressed by families from the moment of suspicion and/or confirmation of deafness;

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b) To investigate, through interviews, the forms of communication and interaction established with the deaf child;
c) To highlight how families access information about deafness and make decisions related to the child's holistic development in the face of communication challenges.

II. RESEARCH METHOD

This study is characterized as qualitative research and was approved by the Research Ethics Committee under opinion No. 7.250.868. The adopted approach seeks to deeply understand the communicative experiences of families with deaf children, considering the social, emotional, and cultural contexts that shape such interactions.

a) *Participants*

Nine mothers of ten deaf children participated in this research, with one mother having two deaf children. The participants were between 27 and 50 years old and had varying educational backgrounds: two had completed primary school, five had completed high school, and two held a higher education degree (one of them still in progress). Although one father initially showed interest in participating, only the mother attended the scheduled interview, resulting in an exclusively maternal sample.

b) *Data Collection Procedure*

Interviews were conducted using the snowball sampling technique, a non-probabilistic method that relies on networks of contacts and successive referrals to reach participants with specific characteristics. According to Vinuto (2014) and Bocorny and Gomes (2021), this technique is especially effective for accessing hard-to-reach populations and addressing sensitive topics, as the initial contact is made through individuals already recognized within the target group.

The interviews were conducted using a semi-structured format, allowing for standardized questioning while preserving flexibility to explore relevant subjective aspects. The collected content was analyzed using content analysis, as proposed by Bardin (1977), allowing for the categorization and critical interpretation of participants' discourses. From this analysis, categories emerged that will be presented and discussed in the results section.

III. ANALYSIS AND ORGANIZATION OF RESULTS

To identify the families participating in the study, we used the letter "F" (for "family") followed by a number corresponding to the interview sequence. The sample composition was exclusively maternal, as only mothers agreed to participate in the study. No fathers or other family members were present during the interviews.

This scenario reinforces a pattern already identified in several studies (PETEAN & BORGES, 2003; PAIVA & SILVA, 2006; SILVA, ZANOLLI & PEREIRA, 2008; KELMAN et al., 2011; FREITAS & MAGALHÃES, 2013; SANTOS, 2019; SILVA, 2021), in which mothers predominantly assume responsibility for their children's education and care. Even when living in family settings with partners, they position themselves as the primary models of behavior, affection, and guidance. Recurring themes in their narratives included intense concern with their children's educational performance and professional future—seen as directly dependent on maternal dedication, effort, and personal sacrifice.

A unanimous concern expressed by the mothers was the language delay experienced by their children, both in oral communication and in Libras (Brazilian Sign Language). As Botteon and Dragone (2021) point out, many mothers reported not seeking communication alternatives beyond orality. This preference is often associated with frustrating early experiences of failed communication. Some interviewees did not even consider the use of Libras, perceiving it as indicative of lower qualification or competence when compared to oral language.

It is important to note that, for deaf children, oral language is not natural and is not always their native language. As emphasized by Quadros (2017, pp. 74–79), when a deaf child is born into a hearing family, they do not spontaneously access deaf culture or sign language. Generally, parents attempt to pass on what they consider their legacy—oral language and hearing culture—while Libras often appears belatedly, fragmented, or is outright rejected. Acquisition of sign language depends on the quality of exposure, the age at which contact begins, and the individuals involved in linguistic mediation.

Considering the relevance of the topic, five thematic axes were defined to guide the interviews:

a) The diagnosis of deafness and its impacts on family dynamics;
b) Bonds established with the deaf child;
c) Forms of communication;
d) Sense of belonging;
e) Understanding of deafness and access to information.

These axes informed the development of interview questions and structure the presentation of results, which includes both charts and discursive analyses.

During the initial stage of the interviews, when asked "Who is your child? Tell me about them," mothers generally responded with the child's name, age, and issues related to the diagnosis, interventions, and the use of devices such as hearing aids or cochlear implants. However, none initially referred to the child's personal, emotional, or subjective characteristics, nor did they use the terms "deaf," "deafness," or "hearing impairment."

This absence of identity-based naming reveals a discourse pattern focused on clinical, biological, and technological aspects, to the detriment of a perspective that recognizes the child as a subject of rights, experiences, and culture. This focus reiterates contradictions already noted in the literature, which highlight how deafness is still often perceived as a disability to be rehabilitated, rather than a cultural and linguistic identity.

Based on the collected data, the next section presents selected excerpts from the interviews, accompanied by an analysis of the families' discourse and the emerging contradictions between lived experiences and prevailing social and institutional narratives about deafness.

a) *Maternal Perception of Deafness: The Diagnosis and its Impacts on Identity Formation*

For data analysis, excerpts from the interviews were organized into thematic categories, based on the previously defined axes. The data are systematized in tables, followed by qualitative analyses.

Table 1: Perception of Deafness and Diagnosis

Category	Participant (F)	Report
Late diagnosis or deafness as a secondary diagnosis	F1	Noted a lack of communication since birth. Diagnosis occurred at age four. Prior to that, the child was diagnosed with ASD and ADHD. They said she would not live a normal life.
	F3	Sought medical attention after noticing delayed speech. The child did not comprehend well. After a long process, the BERA test was performed.
	F6	At age two, realized the daughter could not hear. Underwent tests. It was a shock: "How will I talk to her?" Did not know Libras.
	F8	Initially suspected cerebral palsy. Deafness was confirmed at age two. Felt lost: "How will I work?"
	F9	Diagnosis at age two. Referred to APAE. "I can't explain my feelings."
Pseudo-acceptance or partial acceptance of deafness	F3	The second child was diagnosed early due to the sibling's history. Claims acceptance but avoids using the terms "deafness" or "hearing impairment."
Grief, fear, and denial	F2	Diagnosis was met with denial: "She's not deaf." Left the facility crying.
	F4	Neurologist diagnosed deafness from birth, but the mother did not believe it: "A mother knows her child."
	F5	The diagnosis started mild and progressed. It was harder for the father: "God won't heal!" The mother reports severe emotional distress.
	F7	Diagnosis confirmed at a hospital. Felt sadness and helplessness: "I didn't know what my life would be like after that."

Source: Organized by the authors, 2025.

For most mothers, the diagnosis of deafness is a traumatic and confusing event, marked by ambiguous feelings. Many express shame, fear, frustration, and denial. According to Bruno and Lima (2015), the use of Libras in these contexts is initially met with distrust, due to fear that the child will not be understood or able to ask for help. This fear often leads to the exclusion of Libras as a communicative possibility.

Yamanaka et al. (2010) highlight a worsening factor: intrafamilial prejudice. Many parents report resistance from relatives in accepting the deafness diagnosis, even after adopting technologies like cochlear implants. There is an ongoing expectation of restored hearing as a way to secure future opportunities—revealing a biologizing view of deafness as an obstacle to dignity.

The categories identified in Table 1 reveal three main ways of confronting the diagnosis:

- a) late or mistaken diagnosis;
- b) pseudo-acceptance;
- c) grief and denial.

In the first case, families report anguish over the lack of clear answers regarding the child's development. Delayed diagnosis hinders early access to linguistic stimulation, as seen in F9's case, where the child was referred to APAE—a center historically associated with intellectual disabilities—revealing confusion between deafness and cognitive limitations. This reinforces Quadros' (2017) call for early hearing screening, mandated by Law No. 12.303/2010 (BRAZIL, 2010), and shows how lack of awareness and limited access to information still hinder appropriate recognition of deafness.

The second category, pseudo-acceptance, is seen in F3's account, where despite having gone through the diagnosis with a previous child, she avoids using terms like "deaf" or "hearing impaired," preferring expressions such as "differentiated loss." Acceptance, in this sense, is conditional on overcoming deafness through orality—there is no full embrace of deafness as a linguistic and cultural identity. As Silva, Zanolli, and Pereira (2008) point out, many mothers oscillate between the pursuit of normality and the need to adapt to deafness-specific demands.

The third category—grief, fear, and denial—is evident in multiple accounts. According to Santos (2019), this grief is symbolic, resulting from the loss of the expectation of a hearing child. F8, for example, expressed despair upon discovering her child was deaf, even after ruling out cerebral palsy. Her anguish stems from difficulty imagining a communicative and dignified future for a non-hearing child. F5's case highlights the impact of religious beliefs in this process: the father hoped for divine healing until the speech therapist bluntly stated, "God won't heal!" This supports Bezerra's (2019) analysis on how religious and medical discourses together shape parental understanding of deafness and may lead to emotional distancing.

Silva and Gonçalves (2013) also point out that institutional lack of support contributes to parental guilt and insecurity, often leading to the pursuit of alternative diagnoses to avoid facing the reality of deafness. The absence of emotional and psychological support at the time of diagnosis worsens the impact and hinders family adaptation (THOMAZ et al., 2020). F7's statement summarizes this insecurity: "I didn't know what my life would be like after the diagnosis." According to Botteon and Dragone (2021), such reactions can result in emotional distancing, harming the bond and biopsychosocial development of the deaf child from an early age.

Finally, F6 highlights the importance of gradually learning Libras, even after the initial shock: "I didn't even know Libras existed... but over time we got to know it." Despite the legal recognition of Libras by Law No. 10.436/2002 and Decree No. 5.626/2005 (BRAZIL, 2002; 2005), many families are still unaware of its legitimacy as a language and its importance for the holistic development of deaf children. Thus, resistance and expectations centered solely on orality persist.

The following section presents two additional tables detailing the types of communication adopted by families, their methodological approaches, and the emotional perspectives expressed regarding their deaf children's future.

b) *Family Interactions and Communication with the Deaf Child: Contradictions and Influences*

Table 3: Expectations, Fears, and Interactions with the Deaf Child

Theme	Participant	Excerpt
Learning and Communication	F1	I hope she improves her behavior and irritability, and that she achieves normal communication.
	F2	She was behind in learning and speech development. With Libras, she improved—it helped her.
	F3	I want them to develop and not suffer. The older son tries to make the younger one speak more and use fewer signs—and I like that.
	F4	I want him to understand what he sees. He doesn't speak because he doesn't like to. He doesn't know the vocabulary or understand the value of writing.
	F5	I want her to learn, grow, graduate, work, and be treated equally.
	F6	I hope she finishes school, goes to college—she wants to be an interpreter.
	F8	I hope he learns and develops to have a future—a good job, good relationships—and that he becomes a teacher.
	F2	I feared she would abandon speech for Libras, but I observed the opposite. There's progress in both languages. I hope she is happy, has a good career, and catches up in learning.
Inclusion/Exclusion	F3	I hope the world becomes more open to them, that they're not excluded, that they have autonomy and no longer face so many barriers.
	F7	I hope he doesn't suffer from prejudice or hardships, that things won't be so difficult.

	F8	No one talks to him—not even at church. He's isolated; no one understands him.
	F9	I hope he grows and overcomes communication difficulties, that he's understood when alone—people usually don't get him.
Overcoming Deafness-Organicist View	F7	I wish he could develop and be understood like a hearing child.
	F8	I treat him like a hearing child, not like a poor thing. He has to be firm because of the difficulty.

Source: Organized by the authors, 2025.

The table above illustrates two predominant educational philosophies applied to deaf children, which shape family communication and educational dynamics.

Based on studies by Sacks (1992), Skliar (2005), and Quadros (2005), we identify two historical periods in deaf education methodologies: the first, *oralism,* peaked in 1880 with the Milan Congress, which banned Sign Language (SL) and imposed speech, resulting in negative impacts on deaf education and inclusion. The second, *Total Communication,* emerged in the 1960s, supported by research on the structure and completeness of sign languages, paving the way for *bilingual approaches.* Despite bilingualism being a legal right for deaf individuals, none of the interviewed families reported practicing it in daily communication.

Mothers' responses reveal a disconnect between discourse and actual family interactions, highlighting difficulties in establishing effective communication. There is also tension between medical/educational guidance and family expectations. Although families seek strategies to interact, these are often limited to scarce post-diagnosis instructions.

This aligns with Rodrigues' (2022) perspective on the challenges of understanding deafness and the deaf individual: when deafness is wrongly associated with cognitive disability, emotional bonds suffer, and family interaction decreases. Consequently, families often resort to minimal interactions, using improvised gestures or isolated signs accompanied by speech. Even when communicative potential exists, no developed communication method—oral or sign—is effectively adopted. What emerges is contradiction: "neither this, nor that," reflecting the absence of a consistent communicative strategy.

Moreover, recent studies show broader impacts of hearing loss beyond language, including cognition. A meta-analysis by Moraes et al. (2025) identified cognitive impairments in adults and the elderly with hearing loss, with or without hearing devices. This emphasizes the importance of structured, meaningful early communication to prevent future difficulties.

Similarly, Santos et al. (2023), through a systematic review, found that adults with hearing loss reported significant restrictions in social participation, particularly when lacking communication support in childhood. These findings reinforce the need for communicative investment in early childhood and within families, to prevent future social, emotional, and cognitive harm.

Considering the analyses, tables, and identified categories, we presented results regarding how families understand and adapt (or not) to the specificities of deaf children from the moment of diagnosis. We explored how their perceptions of communication, language, and interaction impact emotional bonds, communication dynamics, and child development.

Finally, we offer our reflections—not to conclude the research, but as a pause, opening space for future analyses and deeper investigation of this vital theme.

IV. Final Considerations: Without Intention to Conclude

The analysis of deafness and family communication in this study revealed significant gaps where affective and dialogical exchanges were expected. What emerged was the fragility of linguistic bonds between families and deaf children, marked by misinformation and a lack of appropriation regarding the condition of deafness.

The results point to a mourning process for the idealized child, followed by the need for identity resignification after the diagnosis. Table 1 highlights late diagnosis, pseudo-acceptance, and mourning—categories that reveal anguish, stigma, and resistance to accepting deafness as part of the child's subjective constitution. Even when communication is possible, symbolic and social aspects hinder or disqualify this interaction.

In Table 2, the communicative process appears fragmented, with inconsistent practices and predominance of orality. Total Communication emerges as an alternative but fails to generate meaningful bonds. The absence of bilingual practices reveals the fragility of public policies in ensuring Libras the status of a linguistic right. The maternal figure remains the main caregiver and interlocutor, facing alone the challenge of sharing a common language with her child.

Although Libras is mentioned, it is rarely used or is secondary to orality. Many mothers find themselves torn between divergent guidance coming from health professionals, educators, and social circles. This conflict reflects the tension between biologizing and socio-anthropological approaches, leaving families without clear references to support the holistic development of their children.

Even while desiring inclusion and success for their children, these mothers operate within a system that prioritizes hearing, shaping an identity that silences deafness. Public policies and professional training still fail to offer effective support that embraces difference and guides families with clarity and sensitivity.

From the moment of diagnosis, institutional actions must recognize and value difference, favoring informed choices and acknowledging the deaf child as a subject of rights. Health and education professionals must be prepared to provide emotional support and practical strategies that foster language development and strengthen family bonds.

The interviews show that, at times, the responsibility for adaptation falls on the child, as if overcoming communication barriers depended solely on them. This ableist logic must be overcome. Families should be welcomed and guided to understand deafness as difference, not limitation.

It is hoped that, in the future, families will be better informed, professionals more sensitive to linguistic and cultural diversity, and deaf children will finally be able to occupy spaces of speech and listening. Bilingualism — with Libras and oral/written language — remains a legitimate path toward building a fairer, more inclusive, and more humane society.

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