

AN INVESTIGATION OF FATHER INVOLVEMENT
WITH HEARING-IMPAIRED CHILDREN

by

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ABSTRACT

Twenty of the twenty-five intact families with a hearing-impaired child, living in the Greater Victoria area, agreed to participate in this investigation of father involvement. Nine hypotheses were developed in conjunction with the assumptions made about father involvement in existing literature. These hypotheses were tested by means of an interview schedule which consisted of four parts: open-ended questions, a Likert scale, technical involvement questions and a perception scale. All questions excluding the technical involvement questions were presented to both fathers and mothers. The interviews took place in the homes of the participants and averaged approximately three hours per couple. The mean age of the fathers was 38.1 years and the mothers' ages averaged 34.1 years. The mean age of the children was 10.7 years. Since two of the families had a total of five older hearing-impaired, a mean age for the remaining eighteen children was calculated at 8.8 years. The results suggest that these fathers perceive themselves as being

involved. The mothers were in agreement. The role of provider did not prevent or absolve the father from being involved with their hearing impaired children. Occupational commitments and timing of service delivery did make it more difficult for them to attend programs, meetings and appointments. More programming for fathers was seen as important to these men, especially in the area of manual communication. Defensiveness on the part of the father when instructed or informed by the mother was not seen as a major source of marital conflict. The fathers did prefer first-hand information. Fathers did not feel unwelcomed by professionals; however, both parents felt unlistened to by professionals during the diagnostic period. Mothers' and fathers' perceptions of father involvement were quite congruent. Some of the evidence seemed to suggest that father involvement is different from mother involvement.

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DEDICATION

This thesis is dedicated to Ken and Victoria Craddock in whose home I first experienced the support of a caring and sharing family and where I learned that a Dad can be both a father and a friend.

CHAPTER I

Introduction

Some stereotyped notions of fathers. Popular magazines and, to some extent, scholarly literature often portray the father as uninvolved in family life. Comments about lack of involvement, loss of authority and other belittling evaluations of the father's role seem evident. As Hamilton (1977) stated, "Today while the titular head of the family is still the father everyone knows that he is little more than chairman, at most, of the entertainment committee" (p. 4). Involved fathers on television are usually divorced or widowers, while fathers in families are often "portrayed as somewhat ridiculous, incompetent and confused. Nobody could hate or fear the poor devils - a humane person could only pity them" (Le Masters, 1971, p. 22). "Compared to the 19th century father, today's Pop goes like a weasel, bumbling, plaintive, ignoble and ignored" (Levine, 1965, p. 69). "Father's image has taken a plunge from the craggy dignity of an Old Testament patriarch to the television gooneries of 'Father, dear Father' in a mere half century" (Green, 1976, p. 1).

Need For The Study

In recent years research efforts, demonstration projects and specialized training programs have enhanced our knowledge of handicapped children. "However, little has focused on the relationship of fathers and their handicapped children" (Price-Bonham *et al.*, 1978, p. 221). Most of the programming for parents of these children has been designed for mothers "while fathers are treated as secondary figures by professionals in the field" (p. 228).

This tendency to see parent as "first and foremost a child's mother and peripherally a child's father" (Hamilton, 1977, p. 1) seems to have a number of important implications. In a society that relies so heavily on experts, it is important to realize that what the experts tell us depends largely on the questions they consider important. Yet, as Levine (1976) pointed out, "the record shows that experts have asked very few questions about men and children. Their research has proceeded for the most part to confirm popular assumptions without even questioning them" (p. 23).

Parent education seems to be highly valued by most responsible educators. ". . . Educators serving the disadvantaged and culturally different have found that

extensive parental involvement is mandatory if they are to realize their educational goals" (Kelly, 1973, p. 357). However, Leuterman (1973) claimed that parent education is "mother education" (p. 508). The present study is based on a belief that if parent involvement "is a means of producing a better functioning family (Lapote *et al.*, 1970; Colvert, 1971) and thus a better functioning child" (Leuterman, 1973, p. 508) then it would appear that research has some responsibility to rectify the present imbalance in father research.

Cummings (1976) provided yet another reason for this study when he stated "there are compelling reasons, both practical and theoretical, for studying the fathers of handicapped children." If delivery of services to these families is to be efficient, more understanding of fathers' 'adaptions' is necessary. This may help to mobilize family strengths, which may diminish the effects of long term stress (p. 246).

Also Russell (1978) draws our attention to the fact that because very little consideration has been given to the critical factors associated with father behaviour "studies which focus on the father role and its determinants are essential if we are to understand the effects that fathers do and possibly could have on child development and the family (p. 1174).

Leuterman (1973) considers mothers to be more active in parent programs. The father is said to participate peripherally, receiving second hand information from his wife. Accordingly the wife develops some 'know-how' and is then placed in the uncomfortable position of instructing her husband. "Many husbands find it difficult to take direction from their wives and frequently react defensively" (p. 505). Yet this assumption has not been tested.

Nash (1965) discussed the general experiences found in child guidance clinics. He claimed that the father, for the most part, is not actively involved in treatment programs. "It is usually assumed that he is unable to participate, but it appears to be tacitly assumed that his co-operation is not desired by him" (p. 478).

In 1978 Elliott claimed that relatively little consideration had been given to the potential for conflict between male familial roles and occupational roles. "Expectations of active familial involvement presume the investment of time, energy, and emotionality in family life. But the husband-father is also the chief breadwinner for the family and his occupational commitments may preclude this investment" (p. 306).

Forrest (1969) maintained that emphasis on the father could shed light on important family dynamics. If the father is to become actively involved, certain considerations seem crucial. "There must be a rapid assessment of his most significant assets and aptitudes, as well as his most pressing defects and deficiencies" (p. 117).

Finally the need for this study on the involvement of fathers of hearing-impaired children was reinforced when a computer search of the literature in this area, done at the University of Illinois (May, 1979) revealed that no studies were available on the involvement of fathers of hearing-impaired children.

The Purpose of this Study

The purpose of this study was to develop a set of propositions. The exploration of these propositions was designed to increase our familiarity with the phenomenon in question and to strengthen the base from which further research can proceed. More specifically the following questions were considered: Do these fathers perceive themselves as being involved? Do they see their involvement as different from mother's involvement? Are the assumptions which are often made about fathers correct? Are the perceptions that the mother and father have of each other in this regard congruent?

Definitions

Involvement. For the purpose of the present study, "involvement" is defined as the willingness on the part of the father to take an active part in the special concerns of his hearing impaired child. Two broad categories of "technical" and "expressive" involvement have been used. This categorization differed slightly from that used by Meadow (1972) in her study of roles of parents of handicapped children.

Technical Involvement. For the technical aspects of involvement, consideration has been given to such items as knowledge of hearing aids, knowledge and use of sign language, cued speech, lip reading and other means of communicating. Also indicative of technical involvement were attendance at meetings, parent programs, appointments with specialists, and involvement with the child in social, recreational and educational activities.

Expressive Involvement. Under this aspect of involvement consideration was given to those areas which more directly involve feelings that the father has toward the hearing-impaired child. In her study of role perceptions, Meadow (1972, p. 22) was concerned with the feelings the parent had i.e. guilt, shame, sorrow, rejection and avoidance by neighbours. The concern in this study has

been primarily with the father's ability to nurture or respond empathically to the child's feelings.

Hearing Impairment. In this instance hearing impairment was defined as any loss of hearing sufficiently severe so as to render understanding of normal conversational speech extremely difficult with or without a hearing aid.

CHAPTER II

REVIEW OF THE LITERATURE

Fathers in General

Numerous authors have drawn attention to the fact that when parents have been studied, fathers have not been included in the research. These include studies by Jocelyn (1956), Schaefer and Bayley (1963), Neuhaus (1969), Forrest (1969), Le Masters (1971), Davids (1971), Earls (1972), Leuterman (1973), Leversidge and Granna (1973), Nash (1975), Lamb (1975), Freeman *et al* (1975), Green (1976), Levine (1976), Cummings (1976), Hamilton (1977), Elliot (1978), Price-Bonham *et al* (1978) and Russell (1978).

Le Masters (1971) surveyed several research reports on parents and found that while 2,295 mothers were interviewed in studies dealing with the role of parent, none of the studies included fathers. "This omission is even more startling when it is remembered that the sampling design of these studies was given elaborate consideration by the researchers" (p. 28). Levine (1976) reinforced this point of view when he noted that, in 1958, a major

sociological study of parents was published "based on interviews with 528 mothers" (p. 28). Pederson *et al* (1969) studied father participation in infancy. These authors stressed the importance of paternal influence on child development. The sample consisted of 45 families and their first born infants. However, the authors courageously admit that fathers were not interviewed. "It causes me great embarrassment to report that the actual data on father participation were secured by interviewing the mothers" (p. 476).

Levine (1976) noted that:

Other major psychological studies on child rearing e.g. Sears (1975) interviewed 379 parents, all of them mothers
A survey of family research found that in the 444 studies published between 1963 and 1968, only 11 relied on data from husbands or fathers . . . and Leonard Carmichael's *Manual of Child Psychology*, the standard reference in the field, does not even list fathers in the index. (pp. 23, 24)

In 1972, Kotlechuck at Harvard University, decided to study the interactions between fathers and their children. Levine (1976) quoted Kotlechuck as saying: "It took me a half an hour to review all the literature. And I read the full articles and not the abstracts" (p. 24).

The omission of fathers from studies about parents "seems to involve the assumption either that the father does not play a significant part in the family or that the

fathers' attitudes and behaviour are adequately represented by the mother" (Hamilton, 1977, p. 2). Yet, according to Lamb (1975), developmental research in general has had a tendency to ignore fathers, presumably on the assumption that they are of little importance. "This assumption lacks empirical justification" (p. 182).

Some authors have concluded that the father is irresponsible. Jordan (1971) for example, claims that the father's reaction to a handicapped child is very simple; he places the "whole matter" in the wife's hands. The basis is then laid for an entire pattern of subsequent behaviour, largely built around avoiding responsibility" (p. 13).

Interestingly, Jordan gives no evidence that this view has been tested. His article lists 26 references; none dealt with fathers. In his work contained in *Counselling Parents of the Ill and the Handicapped*, fathers are not listed in the index.

Although very little research has been done on fathers, there is some evidence to suggest that they do relate extensively with their families, and that they are involved with their children.

Father Involvement

The previously mentioned study by Pederson *et al* (1969), for all its methodological problems, did conclude that these mothers saw fathers as quite involved with their infants. These men were reported to have had a mean of twenty-six hours a week in the house during the babies' waking hours. The mothers reported that fathers spent an average of eight hours per week playing with their infants. This time did not alter with the sex of the child. " . . . we have a distinct impression that the majority of these fathers were highly involved with their first-born child." This seemed to be consistent with the "views of Bronfrenbrenner that fathers are assuming many more nurturant and child-centred behaviours" (p. 471).

Gardner (1943) interviewed 300 fathers with respect to their parental duties. Ninety-five per cent of the fathers claimed they wanted children; eighty-eight per cent claimed that children made their marriages happier; sixty-three per cent helped with homework; thirty-seven per cent gave sex instruction. Companionship, affection and teaching ideals were viewed as important duties while provision for material welfare was noted as less important by these men.

In a subsequent study, Gardner (1947) studied fathers' behavior by interviewing 388 fifth and sixth grade children. Forty-five per cent of the children said their fathers played with them every day, while 35 per cent said their fathers played with them on weekends or "once in a while". Eight-one per cent felt their fathers liked to play with them. These children listed 372 different recreational activities that they engaged in with their fathers.

Tasch (1952) interviewed eighty-five New York City fathers of different nationalities, religious, occupational and educational levels. The order of importance for different aspects of their role was as follows: companion, economic provider, guide and teacher, child rearer, authority, developer of habits, and maintainer of family unity.

Bartz (1978) interviewed both parents in families at two stages of the family life cycle (school age and teen age stages) in an attempt to compare the data on the tasks and problems of parenting. Some differences in involvement and perception of problems between mothers and fathers in these two groups were identified.

Bartz's interview schedule contained questions on eleven different parenting tasks such as social relations, responsibility for money and responsibility for work.

"The fathers in this study were involved in most of the childrearing tasks, were cognizant of problems and were willing to consider a parent education activity at levels similar to and sometimes exceeding that of the mothers" (p. 213). The overall data in this study "strongly support" the notion that childrearing tasks are of concern to both parents. "Surprisingly, all significant differences in involvement and problem recognition favored fathers rather than mothers" (p. 212). Where both parents were involved "there was a consistent pattern of agreement on the existence of problems" (p. 211).

Heath (1976) studied paternal competence as defined by a group of highly educated mothers and fathers. When competence was defined by self and wife evaluations, a good father was demonstratively affectionate and emotionally involved with his children. Paternal competence was found to be related to the father's maturity and psychological health. Factors such as competence in fulfilling his wider interpersonal and vocational responsibilities, his marital happiness, communication with spouse, sexual satisfaction, maternal competence and involvement were also considered relevant.

Heath points out that "to be judged competent as a father for our sample did not apparently require the men to

be highly involved in making decisions about specific socialization practices" (p. 37). However, he did find that highly educated professional men, absorbed by their occupations, expressed great concern in their interviews about not being more available to their children. "Clearly, what defined paternal adequacy for the men and their wives was expressive involvement with their children" (p. 33).

According to Levine (1976), the first study to rely on direct laboratory observations of interactions between fathers and their young children was not done until 1970. In this study, Kotlechuck (1970) compared the reactions of 144 children ranging in age from six to twenty-one months when the mother or father or both left the laboratory playroom, leaving them in the company of a stranger:

Most previous experiments of this type, says Kotlechuck, by comparing only [the infants reaction to] the mother and a stranger come to the misleading conclusion that the mother's relationship seems somehow special or unique. In this experiment, however, most infants protested equally the departure of the father or the mother. When another familiar person was introduced, such as the father, the presumed uniqueness of the mother child relationship seems to disappear . . . it became obvious that fathers are indeed important to their infants. (Levine, 1976, p. 32).

Father Absence

Levine and Hamilton state that when researchers attempt to assess the paternal effects on child development, they have first assumed that it is not normal for men to interact with their children and secondly, the focus is almost exclusively on father absence. "They define father absence as occurring, not in families where fathers are working overtime or away on business trips, but only by men who are separated from their children by divorce, death or wartime service." This differs from research on mother absence which includes working mothers, "sometimes part-time" (Levine, 1976, p. 29).

Research on father absence has proceeded almost exclusively with a concern for the sex role-identity of the male child (Levine, 1976). In his conclusions (Biller, 1976, p. 99) suggests that a young father-absent boy is more dependent, less aggressive, and less competent in peer relations with his father-present counterpart. "Many other studies suggest that early father absence retards the young boy's development of independence and other masculine behaviours." Biller seems to suggest that there is some "objective" or "normative" condition of masculinity that fathers pass on to their sons. However, exactly what masculinity is, is unclear. For example,

does an unmasculine self-concept mean expressing warmth, kindness and sensitivity to others, as opposed to adopting a "machismo" stance? By narrowing their concerns to stereo-typical sex role identity, researchers on father absence have tended to focus on the differences between the roles of men and women in child rearing, "ignoring any similarities". Thus, "they have (again) promoted the notion that women, and women only, can be nurturant care-givers" (Levine, 1976, p. 29).

Finally, the bulk of the research on father-child relationships has serious "methodological deficiencies. In most investigations the father's behaviour is not directly assessed, and maternal or child reports are used. (Biller, 1976, p. 96). Furthermore, studies comparing father-absent and father-present children have consistently treated both groups of children as if they were homogeneous groups. It is unclear as to what is meant by these two conditions. "For example, there have been few attempts to ensure that a group of consistently father-absent boys is compared with a group of boys who have a high level and quality of father availability" (103).

The purposes for citing the above studies are three-fold: First, there is some evidence to suggest that fathers are regularly involved in a wide range of activities with

their children. Secondly, these studies have various implications for child development, education and counselling. Thirdly, the generalizability of these studies seems questionable. In most instances the research either excludes the fathers or the concomitant contribution of mothers or children, or both. The emphasis on narrow or confusing definitions of father absence and sex-role identity causes further restrictions.

Parents of Aurally Handicapped Children

A strikingly similar situation of maternal bias seems to exist in the literature on families of hearing impaired children. Forehand *et al* (1974) focused on the effects of "Parent-Centred Behaviour Training on the Non Compliance of a Deaf Child". Only mothers were used in this study. Further evidence of this nature is found in Mira (1972), Meadow (1972), Forehand *et al* (1974) and Schwirian (1974). All made conclusions regarding parents or families using only mothers in their investigations.

Forehand *et al* (1974, p. 281) explained the purpose of their study as an attempt "aimed at changing parent-child interactions." This was accomplished by teaching "the mother reinforcement skills for desirable behavior" in the child.

Meadow (1971, p. 25) concluded that "parents of high socio-economic status have different expectations for their children than do parents of low socio-economic status." Further, she claims that they "differ in their reaction to the presence of disabilities in their children." For example, "*mothers* of high socio-economic status were found to respond to the diagnosis of mental retardation as if to bereavement, whereas *mothers* of low socio-economic status were found to respond as if to role crisis The same general pattern has been noted among parents of deaf children."

Gregory (1976) provides perhaps the best example. She claims that an "insistence on the parental perspective will provide a better understanding of the hearing impaired child in his everyday life." One hundred and twenty-two mothers were used in her study, entitled *The Deaf Child and His Family*.

The authors of a recent comparative study involving families of deaf children (Freeman *et al.*, 1975) state that their review of the literature also revealed similar weaknesses. "Two major weaknesses in previous research exist: first, biased sampling; second, exclusion of parents, especially fathers, from consideration" (p. 391). They claimed that active involvement on the part of fathers is necessary "so as not to deprive these children

of their rightful place in the home. Lack of father involvement might affect the marital relationship in some ways short of divorce" (p. 404).

However, the bulk of the Freeman study did not deal with involvement and the authors made no attempt to define it. Yet, one wonders whether these authors are assuming that because fathers are not involved in the same way as mothers, that they are not involved at all.

Leversidge and Granna (1973) describe their experiences in a one-year program designed for fathers. This group-oriented program was designed to encourage these men to share their concerns regarding their hearing-impaired children. The authors reported that fathers were heard to say, "I need to know there is something I can do and to know what to do"; "I want to be trained just as well as my wife"; or, "As my wife learns more, I am not able to relate effectively with my daughter" (p. 181). In conclusion the authors claimed that "three basic assumptions needed to be challenged: (a) fathers are primarily providers and are not everyday interactors with their children; (b) fathers are not able to supply helpful information about children; and (c) fathers are able to obtain all the information they need from mothers" (p. 183).

*CHAPTER III**METHOD**Propositions*

Based on the assumptions gleaned from the literature review, the following propositions were explored.

1. Fathers are primarily providers and thus are uninvolved in the concerns of their hearing-impaired children.
2. Fathers are unable to be involved in the concerns of their hearing-impaired child primarily because of occupational commitments.
3. Fathers believe that they are able to obtain all the information and/or training they need from their wives regarding their hearing-impaired child's problems.
4. Fathers react defensively when instructed by their wives regarding their hearing-impaired child. This is a major source of conflict.
5. Fathers feel unwelcomed by professionals who are delivering services in relation to the child's hearing impairment.
6. Fathers of hearing-impaired children don't feel the need for more services designed specifically for them.

7. Fathers of hearing-impaired children perceive themselves as uninvolved.
8. Fathers of hearing-impaired children don't see their involvement as different from mothers' involvement.
9. Fathers and mothers often misperceived each other with regards to father involvement.

Sample

Selection of subjects. Names of possible candidates for the study were provided by five professionals working with hearing-impaired children in different settings in Greater Victoria. It was estimated that there were approximately twenty-five families in this area which had at least one hearing-impaired child. Twenty-three of the twenty-five couples were contacted for possible participation. Twenty couples agreed to take part; the remaining three couples were very receptive but previous commitments, such as holiday plans, prevented their inclusion in the study. Two couples could not be contacted at the time of selection.

Parents. The overall mean age of the parents was 36.1 years. The mothers were slightly younger than the fathers. The mean age of the mothers was 34.1 years, while the fathers had an overall mean of 38.1 years.

Fifteen of the twenty mothers had no university or post-secondary training. Their average grade level was 10.7. Two of the mothers were nurses; one had completed three years of university study and two had university degrees. Only five of the mothers were employed full-time outside the home. One mother was self-employed on a full-time basis in the home and one mother worked part-time. Fourteen mothers were full-time homemakers.

Eleven fathers had secondary school education with the average grade level being 10.4. Six had university training; one with one year university, three with under-graduate degrees, and two with master's degrees. Three fathers had vocational or technical training.

Six fathers were self-employed in such businesses as contracting, cabinet making, electrical appliance repair, clothing business and mobile home sales. Four of the fathers were in managerial positions. The occupations of the remaining ten included letter carrier, mechanic, painter, correctional group worker, labourer, maintenance man, bus driver, truck driver, tow-truck operator, and ambulance driver. Nineteen of the fathers worked full-time, with one on part-time employment.

Family composition and ages of hearing-impaired children. Eighteen families had one hearing-impaired

child; one family had two hearing-impaired children and one family had three hearing-impaired children. In the latter two cases the children were older with their mean age being fifteen years. Of the twenty-three disabled children, fifteen were males and eight were females.

In six of the twenty families the hearing-impaired child was an only child. There were four males and two females in this category. In the remaining fourteen families the number of children (including those with normal hearing) ranged from two to six. One family had six children; one had five; four had three; and eight had two.

The mean age of the hearing-impaired children was 10.7. Given that the two families with two and three hearing-impaired children tended to be older, the mean age of the remaining eighteen children was calculated at 8.8 years.

Measures

The investigation procedures used in this study were basically exploratory in nature. Relatively systematic procedures were used to collect and analyze the data.

The use of a descriptive design receives support from Heath (1978, p. 276) when he claims that "studies of the meaning of parenting to a parent, particularly to fathers,

are so meagre that descriptively mapping, no matter how crudely, some aspects of fatherhood, is where research must begin."

For the purpose of this study an interview schedule was used. Glick *et al* (1975, p. 505) have pointed out that this method taps the respondent's own perceptions of the extent to which certain situations are important. "The assumption that the interactor's evaluation of behaviour constitutes an important determinant of behaviour has received much support in the literature on conflict and marriage" (p. 506).

The interview schedule used in this study was designed to include both mothers and fathers. A number of authors have considered the importance of information from mothers for studies on fathers. Davids (1972) claimed that "it is possible to study fathers not only by interviewing fathers themselves but also, and perhaps necessarily so, by speaking to mothers and finding out from them their conception of fatherhood in general and about their husbands in particular" (p. 218). Clarke-Stewart (1978) supports this view when he cautions that studies on fathers that "neglect the concurrent contribution of the mother would be as short-sighted as the previously popular exclusive research focus on mothers" (p. 476).

Pilot study. An initial interview schedule was designed using only open-ended questions. There were three open-ended questions for each of the nine hypotheses. This schedule was then administered to three couples, each with a hearing-impaired child in the family. Upon completion of the interviews the respondents were asked to make constructive criticisms and recommendations which they felt might strengthen the instrument. The schedule was then reworked and discussed with several professionals working with hearing-impaired children. Further recommendations were considered. The final draft was divided into four parts: open-ended questions, questions answered on a Likert scale format, technical involvement questions, and a perception scale.

Open-ended questions. Eighteen open-ended questions were designed for both fathers and mothers. Seven of the questions dealt with the extent of the father's expressive involvement in his relationship with his hearing-impaired child. The remaining eleven items considered his involvement in parent training programs, his reaction to receiving information and instruction from his wife, his occupational commitments and how they influence his involvement in his child's training, and his relationships with professionals in this field (see Appendix A).

Likert scale. A twelve item, five point Likert scale was constructed on the basis of both the pilot study and the nine hypotheses. Each of the twelve items was designed to test some aspect of the previously mentioned hypotheses. The scale was administered to both parents (see Appendix B).

Technical involvement questionnaire. Four closed questions (yes-no) and one multiple choice question were developed for this section and were administered to fathers only. The questions covered the following areas: the father's involvement in manual communication with his child (if applicable); father-child participation in organized recreation and hobbies; and information possessed by the father on deafness and lip-reading. These questions were considered to provide a measure of technical involvement on the part of the father (see Appendix C).

Perception scale. The design of this section is similar to that used by McIntire *et al* (1974) in their study of female misperceptions of male parenting - both attitudes and expectancies. In their study, fourteen questions regarding the role of the father in early childhood parenting were presented. The items for the present study were patterned after the McIntire format, with suitable changes made to consider the involvement of

the father of a hearing-impaired child. The result was a ten item scale with a five point Likert measure. Both parents were asked to give their own response to each item and to project what they thought their spouse would say to the same item. This design then permitted a measure of the possible misperceptions of both parents in terms of father involvement (see Appendix D).

The interviews. The interviews took place in the homes of each of the twenty participating couples. Each parent was interviewed separately. A tape recorder was used when the respondents agreed. When the participants showed signs of being uncomfortable with its use, the recorder was turned off and responses were recorded in writing. Approximately half the couples agreed to the use of the tape recorder. The interview time averaged about three hours for each couple, with approximately half time for each partner.

*CHAPTER IV**RESULTS**General Involvement*

Data are reported in this section on the basis of each of the nine propositions. For reasons of clarity and convenience, each proposition will be restated. Immediately following will come the interview items which relate to the propositions under consideration; these items will be identified by an appendix number and letter. In cases where an item is used in subsequent discussion of the proposition, only the appendix number and letter will be provided. When the related items are from the Likert scale, the level of agreement or disagreement, in collapsed percentage form, will be presented (see Table 1; for graphic representation see Appendix E; for summary of raw data, see Appendix F). When the related items are from the open-ended questions, direct quotes will frequently be used; each quote represents the response of a different respondent.

Table I
Likert Scale
Parent Responses By Level Of Agreement
(Collapsed Data)

<u>Item</u>	<u>Respondents</u>	<u>Agree</u>	<u>Disagree</u>
1	Father	75%(15)	25%(5)
	Mother	85%(17)	15%(3)
2	Father	95%(19)	5%(1)
	Mother	100%(20)	0%(0)
3	Father	50%(10)	20%(4)
	Mother	65%(13)	25%(5)
4	Father	85%(17)	10%(2)
	Mother	85%(17)	15%(3)
5	Father	80%(16)	20%(4)
	Mother	80%(16)	20%(4)
6	Father	40%(8)	60%(12)
	Mother	35%(7)	65%(13)
7	Father	30%(6)	50%(10)
	Mother	35%(7)	60%(12)
8	Father	40%(8)	50%(10)
	Mother	50%(10)	40%(8)
9	Father	15%(3)	80%(16)
	Mother	25%(5)	75%(15)
10	Father	40%(8)	40%(8)
	Mother	35%(7)	65%(13)
11	Father	40%(8)	60%(12)
	Mother	20%(4)	75%(15)
12.	Father	65%(13)	15%(3)
	Mother	55%(11)	25%(5)

Proposition One: Fathers are primarily providers and thus are uninvolved in the special concerns of their hearing-impaired children.

Related Items: (11 App. B) As a father, you are primarily a provider of material things and thus you are less involved with the special concerns of your hearing-impaired child than is your wife. (disagreement: fathers, 60%; mothers, 75%).

(18 App. A) It has been stated that fathers are primarily providers and thus are uninvolved in the special concerns of their hearing impaired child. What is your opinion of this statement?

In response to 18A, fathers and mothers agreed that being the provider made it more difficult for fathers to attend all of the child's appointments and parent programs. However, most parents disagreed with the statement, as indicated by the these responses:

Fathers: "Fathers should be involved even if they are providers; if not, then they are not doing their job."
 "Not true. I'm just as involved as my wife is; I have to be."
 "Bad statement."
 "It's true; you tend to taper off as the child gets older but not when they're young."
 "I often juggle my days off so that I can be there."
 "No way! Especially in the beginning you have to make time."

Mothers: Mothers reported frequently such incidents as their husbands taking time off, arranging days off, losing pay, and changing jobs in order to accommodate themselves to needs related to the child's hearing impairment. The most frequent

responses were:

"No way!"
 "Not true."
 "Exactly the opposite."

Almost all of the mothers empathized with the difficulties fathers met in this regard; one mother expressed it this way:

"This shouldn't be but I can understand how it can happen; many of the appointments and programs are during the day."

Proposition Two: Fathers are unable to be involved in the concerns of their hearing impaired children primarily because of occupational commitments.

Related Items: (9 App. B) The demands of your job prevent you from being actively involved with the special concerns of your hearing-impaired child. (disagreement: fathers, 80%; mothers, 75%).

(9 App. A) Some believe that fathers are not able to be involved with the special concerns of their hearing-impaired child because of occupational commitments. How do you react to this statement?

Fathers: Fathers felt that there were times when occupational commitments made it more difficult for them to attend parent programs and appointments with specialists. Fathers were quick to point out, however, that if a situation is defined as important they make it a point to be in attendance, as indicated in the following responses:

"No, occupational commitments don't stop me; if something is important then I go."
 "There are two sides to that question. Working causes problems, yes, but if it's important, you must go."

"Never stops me. The boss is very good. I make the time up later. It's your responsibility as a parent."

"To a certain degree that's true. Soon I'll be four on and four off. Then I can and want to be involved."

"My business keeps me busy but I'm still involved."

"Not true; if you have a child like this you have to make a commitment."

"That's a cop-out; it's harder, yes."

"No way."

"No, I go to the class and any important meetings."

"No, you must make time, I changed jobs so I can be more involved."

Mothers: The responses of the mothers were very much in line with those of the fathers, as follows:

"He would say that's a lot of baloney and I don't believe it either."

"In some instances that's true; it certainly makes it most difficult. Recently, though, my husband took a day off, lost pay to go to the picnic for hearing-impaired children."

In one case, the mother pointed out that her husband was taking a course and working at the same time. The successful completion of the course would qualify him for a job which he felt would give him more time with his children. To quote his wife:

"He's taking a course and working; he still rushes home to spend time with the children. If something's important, he's always there."

In cases where the father owned his own business, the typical comment was:

"No, he's free to take time off and does, if that's necessary," or

"That's wrong; he's busy with the business but he gets involved."

This item raised the question of baby-sitting problems.

Some parents readily indicated that although a father is willing to put the concerns of his hearing-impaired child ahead of his occupational commitments, there are difficulties that should be considered:

"No matter which job you're on, you can't take too much time off."

"My boss is really good; he lets me make the time up but that means more time away from the kid."

"I own my own business; if I take too much time off, the business goes down the tube."

"If we both have to go and I lose a day's pay and pay a baby-sitter, that get's expensive, you know."

Proposition Three: Fathers believe that they are able to receive all the information and training they need regarding their hearing-impaired child from their wives.

Related Items: (6 App. B) The information that you receive from your wife regarding your child's hearing-impairment is sufficient. (disagreement: fathers, 60%; mothers, 65%).

(7 App. B) The training that you receive from your wife regarding your child's hearing-impairment is sufficient. (disagreement: fathers, 50%; mothers, 60%).

(8 App. A) Some claim that a father can get all the information he needs about a hearing impaired-child from his wife. How would your husband react to such a claim?

Fathers: In those cases where the fathers agreed to

(7 App. B) they responded to (8 App. A) with:

"I get most of it from her; my wife's a nurse."
 "I have a tendency to lean to her."

In the majority of these cases the mother had some professional or university training.

On the whole, fathers agreed that either first-hand information, or checking it out themselves was important. Their responses were as follows:

"Expecting my wife to provide all of the information is an extra burden on her; that's not fair."

"No, I need more so I get on the blower (phone) myself."

"If she can tell it O.K. but I often check things out myself."

"I get most from my wife but that shouldn't be the only place."

"No way! You've got to be there and work with her."

"A lot, but not all; some things I check out myself."

"Not all from my wife; I get much from him (the child)."

"To some extent that's true, but we get much of it together."

"That's not a good ground rule."

"No, that doesn't work."

"When the child is older, that's O.K. but even then you've got to check things out yourself."

"No, I ask most of the questions; I don't take no for an answer - no conning me (reference to professionals)."

"No, not totally from my wife; I check things out."

"I consult my wife but I get my own information too."

Mothers: The responses of the mothers seemed very much in line with those of the fathers.

"A fair amount, but if he's not satisfied he gets his own."

"I think that's a poor father; he doesn't believe that."

"He gets a lot from me but he really checks things out."

"He's comfortable getting it from me, maybe because I'm a nurse."

"He feels the need to get it first hand; even when he worked out of town he really tried to be there."

"My husband asks different kinds of questions than me, so he's there whenever he can."

"No, fathers need to get some first hand; when that's the case we go together."

"Sometimes I get it from him."

"Yes, he gets a lot from me; I find that hard because there's so much sometimes."

"He gets a lot from me but he realizes he must read and get some first hand."

"If the mother could absorb it all then that could be, O.K."

"Yes, that's true to some extent here, but I think he feels that because I have a degree I can handle it all; though sometimes we try what he thinks is right."

"No, he doesn't. He gets a lot first hand."

"That's true now but not when the child was younger."

"Not true!"

"My husband changed jobs to be more available to get his own information."

Proposition Four: Fathers react defensively when instructed by their wives regarding the concerns of the hearing-impaired child. This is a major source of conflict.

Related Items: (17 App. A) Some men might feel uncomfortable when being instructed by their wife about their hearing-impaired child. How do you react in this kind of situation? How does your husband react to this kind of situation?

None of the fathers or the mothers claimed that this was true in their case. When conflict did arise it was usually based on annoyance with a professional.

Fathers: "I used to get annoyed; every year they're changing their minds about what's important, aural, sign cued; you have to take their word for it. It worries me."
 "I don't mind learning from her; if it involves an important decision, I check it out myself."
 "No, sir; not at all."
 "You have to work it out; no point in getting defensive."

The remaining responses were similar. When asked specifically if they ever become defensive in this kind of situation, all the fathers being interviewed said that they did not.

Mothers: Sixteen of the mothers disagreed with this statement with comments like:

"No, he never feels defensive."
 "He doesn't always agree but he never gets defensive."
 "No, he's very interested; always asks questions. Defensive? No, never."

Four mothers agreed to some extent:

"Yes, teaching sign language is a bit like teaching your partner to drive a car."
 "A little defensive but it's not a problem."
 "Yes, at times, because there's so much sometimes and I think he feels guilty because he can't be there."
 "Not here, but I can understand that happening."

Proposition Five: Fathers feel unwelcomed by professionals who are delivering services in relation to the child's hearing impairment.

Related Items: (10 App. B) When you and your wife are talking to professionals regarding your hearing-impaired child the professional seems to be talking more to your wife than to you? (for mothers . . . the professional seems to be talking more to you than to your husband?) (agreement: fathers, 40%; mothers, 35%).

(6 App. A) Some men have felt unwelcomed or talked down to by professionals. How have you felt (has your husband felt) when discussing your hearing-impaired child with professionals?

Fathers: Approximately fifty per cent of the fathers agreed that this has happened. One father did not feel he could comment one way or the other and the remaining forty-five per cent disagreed. Some of their comments were:

"No, but on one occasion one professional was speaking to us in a very loud voice as if *we* were deaf."

"No, I wouldn't let that happen."

"No, we were comfortable but they kept telling us she was mental."

"No, but I think there are three stages you go through. First, you accept all they say; you're desperate. Second, you don't like all these people telling you everything. Third, you take what you think is good and you sift out the rest."

"No, I felt very good. Teachers! - one of them wanted to send (my child) to a mental hospital."

"No, they've been very good."

"No, I wouldn't put up with it - maybe sometimes they feel embarrassed."

"Ninety per cent of the time I take her to appointments. I've never felt this way."

"No, but the professionals are generally younger than me, have very little experience and some of the comments they make are dumb."

Those who felt they were talked down to were quite definite in their comments:

"Yes, it took us a long time to get something done; they made us feel he was retarded."

"Yes, at first, but not now; at first they said we were wrong and that our child had a mental problem."

"Yes, at first; definitely."

"Yes, in the early stages; you don't know what you're talking about."

"Yes, this can happen; the clinic is aloof."

"Yes, they made us both feel we were stupid; I think, too, that they try to knock all hope out of you. I think some hoping is good."

"Yes, often the general reaction was surprise, semi-shock and blank expressions that I - a father! - was there. They would say things like, "I phoned your wife. I don't know if she told you, but . . ." I thought to myself - tell me, lady!"

Mothers: "No, but they keep telling you there's no problems, we took him to the clinic and I guess he wouldn't work with the blocks or whatever. The man came out and said, "T_____ is causing problems. I guess he doesn't like me."

"No, we wouldn't allow it."

"No, but we were very frustrated with doctors and hearing specialists; they wouldn't tell us he was deaf - they just kept telling us to wait, wait, wait."

"No, we've always been treated well."

"No, my husband is very aggressive; he asks many questions when we go to the clinic."

"Definitely I felt talked down to by the audiologist."

"At Glendale, yes; they said he couldn't be tested for another year. But I saw a T.V. show about testing from McGill University and they did test infants."

"The doctor said that he was just a slow talker; made us feel stupid. One more year, finally a health nurse helped us. The pediatrician was supposed to be the best but he kept saying that it won't do you any good because your child is too young to get a hearing aid."

"Yes, we felt that they kept saying that he had a psychological problem; that he's not deaf."

"Yes we both have felt this; we both felt that they weren't listening to us."

Proposition Six: Fathers of hearing impaired children don't feel the need for more services designed specifically for them.

Related Items: (3 App. B) More programs should be available for fathers of hearing impaired children. (agreement: fathers, 50%, mothers, 65%).

(8 App. B) Most of the programs now provided for parents of hearing-impaired children are directed more to mothers than to fathers. (agreement: fathers, 40%; mothers, 60%).

(12 App. B) Most of the programs now provided for parents of hearing-impaired children are directed at both the mothers and fathers equally. (agreement: fathers, 65%; mothers, 55%).

(11 App. A) As a father (as a mother) of a hearing-impaired child can you suggest some programs that could be developed specifically for fathers?

Fathers: Referring to the responses to item 11 App B eighty per cent of the fathers felt that they could benefit from courses in communications, i.e., lip reading, sign language, cued speech, etc. It is interesting to note that seventeen out of the twenty fathers had no formal training in lip reading or cued speech. Three fathers had taken some training in cued speech which does include lip reading.

Mothers: Eight-five per cent of the mothers felt that fathers should be provided with courses in communication. Numerous references were made by the mothers of the difficulties involved in this area for the father because of his work commitments.

Proposition Seven: Fathers of hearing-impaired children perceive themselves as uninvolved.

(9 App. B) The demands of your job prevent you from being actively involved with the concerns of your hearing-impaired child. (disagreement: fathers, 80%; mothers, 75%).

(5 App. B) Fathers involvement with a hearing impaired-child is essentially different from mother involvement. (agreement: fathers, 80%; mothers, 80%).

(4 App. D) Fathers are not as emotionally involved with their hearing-impaired child as mothers are. (disagreement: fathers, 50%; mothers, 40%).

(7 App. A) As a father in what ways are you actively involved in the concerns of your hearing-impaired child?

Because Item 7 App. A seems particularly important in light of the assumption gleaned from the literature review, responses to this item will be provided in detail.

Fathers: "Regular attendance at the Aural Centre in Vancouver. Took her to the clinic myself. Researched the schools here in Victoria before we moved. I changed jobs so I could be more involved."
 "Ninety per cent of the time I take her to her appointments; juggle my days off so I can do this."
 "Went to all testing meetings. Rented a bus to take all the hearing-impaired children to Vancouver. Represented the parents group from here in Vancouver."
 "Helped get the Vancouver Island Institute of the Deaf started; went to all the meetings and was on the first Board of Directors."
 "Wrote briefs for the parents' group on the school closure problem. For two years I went to all the meetings; now my wife is more confident and she's very involved. (Often help her at home with work from her involvement.) If it's important, I'm there."

"I'm willing to learn anything I need to make things better for him. Regular attendance at aural centre and doctor's appointments and school; I usually take notes."

"President of the Institute and 'parents' group."

"I do a lot of liaison work with other children in the neighbourhood, structuring recreation, etc. I see to it that there's more family recreation because of this (child's hearing loss)."

"I spend more time with him than I did with the older boy. I go to parent meetings. Gosh! We moved here; I sold my business and came here because we heard this area had better services for the hearing-impaired."

"I concentrated my efforts in two areas, work and sports. I wanted them to be able to work and get good jobs. I made sure they knew how to work. I figured involvement in organized sports would help them socially so I put a lot of effort in here, too."

"Learning sign language. Going to all important meetings and field trips. Observed in his class and speech therapy."

"Organized a cab for the hearing-impaired children in the area to get to school; had meetings with the school board and people in special education."

Mothers: "Meetings at Aural Centre; checked out the school; sat in class; talked with school principal before we moved."
 "He takes her to most of her appointments."
 "When child was smaller he went to all the meetings. Parents' group - he started that. Rented a bus for the kids to go to Vancouver."
 "We took turns working at rummage sales when the Institute was getting started. If it was important he never missed."
 "If we did everything in this regard together we would stop being a normal family."
 "He coaches hockey and baseball and helps with his math."
 "He takes her swimming; she goes with him all the time."
 "He goes to meetings and asks many questions; very involved in the child's reading and hobbies. If it's important then he's there and he's

active."

"He goes to the school to see what the facilities are like; he's very eager to give support; very concerned."

"He spent many, many hours on speech so they could speak together better."

"He was taking a course and working but he would rush home to be with them or get ready for a meeting."

"He's better at calming the child down than me. He organized the cab for the kids; took about a month to get it off the ground. He's good to go to meetings if they're important."

All of the fathers claimed heavy involvement during the diagnostic period. The mothers gave the same information. Many fathers not quoted above were involved in organized recreation, choosing to coach so their child could participate. One father indicated that it's unfortunate when professionals think that because we are not at a meeting we don't want to be involved, because "what a good time for me to be with my son." "I help with homework"; "I'd sooner spend the time with him than go to some of these dumb meetings." "I want to work and get my own business so he'll have something to fall back on."

Proposition Eight: Fathers of hearing-impaired children don't see their involvement as different from mother's involvement.

Related Items: (5 App. B) Father involvement with a hearing-impaired child is essentially different from mother involvement. (agreement: fathers, 80%; mothers, 80%).

(15 App. A) In your opinion, what kind of sacrifices do you make because you are the father of a hearing-impaired child?

In response to item 15 App. A, fathers and mothers, for the most part, felt that more time had to be spent communicating with the child. It seems clear from responses to item 6 App. A. that fathers usually take leadership in crisis situations, i.e. transportation problems, school closures, educational program changes, etc., each necessitating some sacrifice on the father's part. Some changed jobs; others refused to relocate and others chose not to live in the place of their choice so as to be nearer facilities for their hearing-impaired child. When asked if it cost more to raise a hearing-impaired child (Item 1, 1 App. B), 75 per cent of the fathers agreed that it does and although it was not seen as a major concern, it represented another kind of sacrifice made by fathers of hearing-impaired children.

Proposition Nine: Fathers and mothers often misperceive each other with regard to father involvement.

The McIntire *et al* (1974) study on female misperception of male parenting centred on the extent to which "well-educated . . . unmarried" females misperceived unmarried males with respect to the role of father. The result "showed a consistent pattern of differences between the unmarried women's perceptions of men and the men's actual responses." In each case where the differences did occur "the direction of difference was for the women to

attribute less interest and involvement in early child-raising to their male peers than was expressed by the men themselves" (p. 106).

With the above conclusions in mind we wanted to establish whether or not the parents in our study misperceived each other on important aspects of father involvement. The scale used was a four way, five point Likert design. This enables us to check the perceptions of both parents.

The results showed a consistent pattern of agreement between fathers and mothers (see Table II, p. 46; for graphic representation, see Appendix G; for summary of raw data, see Appendix H). In those cases where differences did occur the differences were not statistically significant.

Expressive and Technical Involvement

As previously stated two types of involvement, technical and expressive, were considered. These areas were measured by two sets of questions which contained five items. The 'technical' questions, administered to fathers only, were primarily of a 'yes', 'no' type. The 'expressive' questions were open-ended in nature and were presented to both mothers and fathers.

Table II

Perception Scale - Levels of Agreement and Perceptions of Father Involvement

	Fathers		Mothers		FA Perception		MO Perception of FA	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
1. The role of the father in the life of a hearing-impaired child is not as important as that of the mother.	20%	80%	0	100%	20%	80%	5%	95%
2. Fathers don't usually concern themselves about the problem of their hearing-impaired child as much as mothers do.	40%	60%	40%	60%	55%	45%	40%	60%
3. Mothers have a right to expect a father to help with the special concerns of their hearing-impaired child.	100%	-	100%	-	100%	-	100%	-
4. Fathers are not as emotionally involved with their hearing-impaired child as much as mothers are.	50%	50%	60%	40%	55%	45%	55%	45%
5. Besides being a provider, fathers should help with the problems of their hearing-impaired child.	95%	5%	95%	5%	95%	5%	95%	5%
6. Fathers don't find hearing-impaired children enjoyable because they find it difficult to communicate with them.	20%	75%	20%	80%	25%	70%	20%	80%
7. Fathers are usually more strict with their hearing-impaired child more so than mothers.	55%	45%	45%	55%	60%	40%	60%	40%
8. Fathers are more embarrassed than mothers when they are in public with their hearing-impaired child.	5%	95%	15%	85%	10%	90%	15%	85%
9. Fathers are more hopeful about a medical break-through for their hearing-impaired child than mothers are.	20%	80%	30%	70%	30%	70%	35%	65%
10. Having a hearing-impaired child helps bring a husband and wife closer together.	60%	40%	50%	40%	65%	35%	65%	30%

Technical Involvement

Item 1 App. C.: Can you communicate with your child in the method of communication he/she uses?

In sixty-five per cent of the cases the children in question were perceived by parents to be oral. In other words very little or no manual communication was being used between the father and the hearing-impaired child at the time of this study.

Of the remaining families, thirty per cent of the children did use some form of manual communication. In response to the item, fifteen per cent of their fathers said "yes" and fifteen per cent said "no". In the case of one father the item did not apply; the child was one year of age.

Item 2 App. C.: How often do you take your hearing-impaired child to organized or public recreational activities?

Sixty per cent of the fathers said more than once a week; twenty per cent said about once a week; and fifteen per cent said about two or three times a month. In the one instance where the child was one year old, it was evident from the interview, in particular with the mother, that the father spent considerable time with the child.

Item 3 App. C.: Do you encourage your hearing-impaired child to have hobbies?

Seventy per cent of the fathers said "yes"; twenty-five per cent said "no". This item raised the issue of

reading. Many of the fathers, approximately seventy-five per cent, expressed concern regarding this area of the child's development. This was evidenced by the predominant response received on this item: "Yes, and in particular to read." In some of the cases where the father gave a negative response, the concern about reading was also mentioned.

Item 4 App. C.: Do you often draw your wife's attention to articles, T.V. or radio programs, etc. that deal with hearing impairment?

One hundred per cent of the fathers responded in the affirmative.

Item 5 App. C.: Have you ever taken a course or formal training in lip reading?

Eighty per cent of the fathers indicated that they had not and fifteen per cent responded that they had.

In one case, the item was not applicable.

Expressive Involvement

Item 1 App. A.: When your hearing-impaired child is upset, how do you usually handle this type of situation?

Almost all of the fathers pointed out that it definitely took longer to establish what the problem was and to communicate the solution than it would take with a hearing child. Numerous examples were provided of situations where the father had to stop doing something in order to

deal with this kind of situation.

"You can be doing something important with your hands full; you've got to stop everything and deal with the situation." One father commented, "I'll give you a good example: have you ever tried to communicate with a deaf child who's upset in the back seat of a car while you're driving?"

Others indicated that not only do you have to stop everything but you must follow the child "to have him show you where or what the problem is."

Many fathers admitted that they had to "learn more patience and to slow down." The importance of treating the child as "normal as possible" was stressed for two reasons: first, the disabled child's development - "you've got to take longer with them but you always keep in mind that they have to deal with the people on the street"; second, where there are other hearing children in the family, "they let you know very quickly that you're paying too much attention to her."

Many examples were provided about the child being upset about being deaf or about someone "making fun" of them. For instance, one boy had worked very hard to become the best hitter in baseball. He did not get to represent the team. While driving home from the practice with his father, the boy said, "It's because I'm deaf, right." Those kinds of situations "hurt you deeply; you know the

child is hurting inside." Many of the fathers revealed feelings of this nature.

Most of the mothers agreed that it takes "longer to explain"; that "more patience is needed" and that their husbands were often active in this kind of situation. In the majority of cases, the mothers' responses to this item were very similar to those of the fathers: seven of the mothers claimed that their husbands were better at calming the child than they were. Three of the mothers reported that their husbands became frustrated. When further questioned about this they felt that the frustration came about "because I think he feels helpless sometimes." "I think he has a lost feeling when he can't understand him."

Item 2 App. A.: What do you find most rewarding or enjoyable about your relationship with your hearing-impaired child?

Responses to these items were almost all of the same kind. At times, Item 2 App. A. seemed ineffective, eliciting such responses as "he's my child; I love him." "The same as the other children; I love them; I'm very proud of them." When this was the case, Item 16 App. A. seemed to facilitate more discussion about the relationship. Consequently, the responses to both these items will be considered as one.

In approximately seventy per cent of the cases, fathers reported that they were impressed with one or two of the following attributes of the child: memory, vision, or sense of direction. Many fathers were quite impressed with their child's determination, his "willingness to try anything." The following quote represents yet another common response: "When she accomplishes something in school I know how much effort she has to put into it." One father revealed: "I find a greater closeness; when she's going to bed, for example, and she's removed her hearing aid, and we are still able to communicate, sometimes you realize the work involved in bringing her to this point." "Much closer; he'll try anything; black is black; honesty is honesty. And I like that." "When he's working with me I just show him once; he never forgets." A father of two hearing impaired boys said, "Show them once, that's it; they'll tackle things I wouldn't dream of." "Her drive to be as good as others." "She really enjoys me so I, in turn, really enjoy her." "He sees bugs and birds in ways that most of us don't." "I'm proud of how well he's doing; I know the effort he puts into everything." "He and I are closer than the older son; you have to spend more time with them and it makes you closer. The father of three hearing-impaired children said:

"I feel more proud of them; I know it's harder for them especially in athletics." "There's a very special bond; he wants to be with me all the time. I always take him with me." "The perseverance of this kid; it's incredible! He's really moxy."

The responses of the mothers were almost identical, with almost all of them stating very candidly that fathers were very proud of the hearing-impaired child. "He marvels at how well she does." "We often depend on him (the child) for details that we forget; I know that makes my husband feel proud." "He always talks about the effort she puts into everything she does."

Item 3 App. A.: It has been suggested that hearing-impaired children are over-protected. What is your opinion of this statement? What is your husband's opinion of this statement?

In accepting this item, it was felt that if fathers did over-protect the hearing-impaired child, it could serve as some measure of their expressive involvement. The item did not elicit the expected response. Maybe this was due to the fact that many parents feel that over-protection of children is not socially acceptable.

In most instances, both mothers and fathers responded in this vein: "No, I treat him the same." "He's no different with her than he is with her brother." Fathers

voiced some concern about the importance of making the child independent.

Because of the suspicion that the parents may have felt a social obligation to respond negatively to this item, it was not considered to be a good measure of expressive involvement.

Item 4 App. A.: When you (your husband) think/s of your hearing-impaired child's future, i.e. career opportunities, higher education, etc. what concerns come to your (his) mind?

From the responses it became evident that fathers have many concerns in this area. Those who had their own businesses saw that as "something he can fall back on." One of these fathers stated that he would not give up the business even though he could and would like to do something else. "It may be the only thing he (the child) will be able to do." Two fathers were striving to get their own business. "I want to have an ace in the hole in case he needs it." "I'm going to try to gear myself so that he can take my place."

Fathers and mothers expressed considerable concern about education. The following quotes are representative: "Plenty, plenty; I think the school really fell down." "You never know from one year to the next if the program will still be there." "They're always changing their minds about what is the 'in thing'; this year, it's aural; the next, it's total (referring to total communication);

the next, it's something else." "For sure, you know that what you decide now (type of communication) really affects the future." "You really worry about the community resources; now, the aural program's gone. What about younger ones coming up?" "What happens after Margaret Jenkins? Will the teachers in the regular school be willing to give the help needed?" "Will the regular school really be able to handle this kind of situation?"

Other areas of concern were: "Will she be accepted by her employer and other employees? These things are always on your mind." "How will they handle a job interview?" "The pigeon-holing; in order to be good she's got to be twice as good."

Mothers' comments were very similar: "He worries about the schooling." "He's always saying that he will train him just to be on the safe side." "He's very concerned about how she'll make a living." "Will she be able to complete her education here? Residential school worries him." "He really wants him to be somebody; the schooling worries him." "It's definitely on his mind; will he get a job? He knows he's a smart kid. He worries if he'll have to go away to school or if he'll get along O.K. in a regular school."

Item 5 App. A.: Some men might feel embarrassed when out in public with their hearing-impaired child. How do you feel? How does your husband feel?

Forty per cent of the fathers admitted that this happened a bit, especially if the child's speech was garbled, but "it's something you get very used to and you become proud; you know he's smart." The overall response was quite the opposite for both the fathers and the mothers. In almost all cases a high level of pride was expressed because these children could accomplish so much in spite of the disability. In most cases, too, annoyance was expressed because of the lack of understanding on the part of hearing people in the community. "You're standing there and you know they think he's retarded but you know different; boy, that makes me angry." "Someone comes up and says, "Oh, what a nice transistor radio you have. Are you listening to the ball game?" "Why does he have those radios in his ears?" "When other parents pull their children away from her."

Both parents admitted that if they are near when the child is conversing with someone, they try to get the other person to slow down. The importance of doing this without hurting their child's feelings was emphasized. Where the children were older, parents reported that the children insisted that they not tell strangers that they "are deaf".

*CHAPTER V**DISCUSSION**The Validity of the Propositions*

The purpose of this study was to explore some relevant aspects of father involvement with hearing-impaired children. Though the interview schedule had similar referents and was presented to both parents, it seems important to point out that our major concern was not with parent agreement or disagreement. This does not suggest that this is not an important aspect of the study. It is our contention that an emphasis on the extent of parent agreement might result in a loss of valuable insights which are more critical to our purpose of further clarifying the phenomenon of father involvement with hearing-impaired children.

Father as Provider

Proposition One: Fathers of hearing-impaired children are primarily providers and thus are uninvolved in the special concerns of their hearing-impaired children.

The assumption underlying this proposition seems to be that these fathers see their role as primarily the provider and thus are absolved from direct participation in the special concerns of their hearing-impaired children. This proposition is rejected on the basis of the responses to items 11B, 5D and 18A. Both parents agreed that in addition to being a provider, a father should be and is involved. Further evidence suggesting the rejection of this proposition stems from the response to item 3D. There was one hundred per cent agreement from both parents that "mothers have a right to expect fathers to help with the special concerns of the hearing-impaired child." Their perceptions of each other's response to this item were also one hundred per cent in agreement.

Limitations Imposed by Occupational Commitments

Proposition Two: Fathers are unable to be involved in the special concerns of their hearing-impaired children primarily because of occupational commitments.

Responses to items 9B and 9A lead to a rejection of this proposition. The fathers and the mothers disagreed

with the statement that occupational commitments prevent the father from being involved. There seems to be no doubt that occupational commitments make it more difficult for fathers to attend parent programs and appointments with specialists. It appears that the parents circumvent those difficulties by deciding what issues are important or critical, thereby requiring attendance by both parents. It is interesting to note that almost all of the fathers interviewed indicated very frequent attendance at parent programs and meetings with specialists throughout the diagnostic period.

A subsequent speculation that is sometimes made by professionals in the field is that these fathers must earn more money to keep up with the added expenses incurred as a result of having a hearing-impaired child. Seventy-five per cent of the fathers and eighty per cent of the mothers agreed to item 1B. However, both parents stressed that this added expense was not considered major. Nevertheless, it was clear from the interviews that if both parents were to attend all parent meetings and appointments, loss of pay and baby-sitting expenses could greatly increase the financial burden.

Information and Training

Proposition Three: Fathers believe that they are able to obtain all the information and training they need from their wives regarding the problems of their hearing-impaired children.

Based on the information received in response to items 6B, 7B and 8A, this hypothesis is rejected. At first glance it might seem as though items 6B and 7B are in conflict. However, if we deal with information and training separately we can see that this is not the case.

Information. It appears that information regarding deafness, hearing aids, and the prognosis involved is provided to parents during the diagnostic period. Though hearing tests often continue as the child develops, the bulk of the information is provided during the diagnostic period. It is during this time that parents receive information about the causes of deafness, the degree of impairment, the use and maintenance of hearing aids, etc. Given that almost all of the fathers in this study had a high attendance rate at meetings with specialists during the diagnostic period they would have received the necessary information on their own or in the company of their wives. Almost all of the fathers insisted that first hand information at this time is important. Mothers agreed. As the child grows into pre-school age, information centers

around educational concerns. Parents must decide which method of communication they want for their child. This is often a stressful time for these parents. They lack familiarity with the different methods of communication and the controversy over 'which is best' is as yet unresolved. However though fathers often depend on mothers to keep them posted on developments in this regard, the majority of fathers, with agreement on the part of their wives, stated that on important issues they prefer first hand information. In situations where they receive information from their wives which conflicts with their views or when the information is unclear almost all of the fathers stated that they check it out for themselves. Mothers agreed with them on this as well.

Training. One of the most important training areas for parents of hearing-impaired children involves the communication method used by the child. If the child is oral then the training is limited. In this method no manual communication is used, and although the parents would need some training in lip reading, extensive course work is not necessary. If the child is of the 'total communication' school, some form of manual communication is used. Therefore, the parents would require more extensive training in one of the manual communication methods.

Approximately seventy per cent of the parents in this study claimed that their child was oral. Thus very limited training was necessary. The important point to be made here is that both parents seemed to agree that in areas where training is important fathers did not depend totally on mothers. In the thirty per cent of the cases where the child did use some form of manual communication fifteen per cent of the fathers expressed considerable regret that they had not learned the communication method required. Both parents emphasized their concern regarding the difficulties involved for fathers since much of the service delivery in this area conflicts with the father's work schedule.

Fathers' Defensiveness

Proposition Four: Fathers react defensively when instructed by their wives regarding their hearing-impaired child. This is a major source of conflict.

None of the fathers or the mothers reported that the fathers became defensive when instructed by their wives regarding the concerns of their hearing-impaired child. This is not to suggest that discussions relevant to this area were viewed by the parents as totally harmonious. Conflict often arises over the nature of the information

or concerning a difference of opinion on the decision to be made. The annoyance involved was more likely to be directed at the professionals involved. Once fathers had checked things out for themselves a compromise was usually worked out between the parents.

Further evidence to support a rejection of this hypothesis is based on the responses to item 2B and 4B. During the discussions on these items the interviewer did not detect that information or training received by the fathers from the wives was a major source of conflict.

Relationships of Fathers With Professionals

Proposition Five: Fathers feel unwelcomed by professionals who deliver service in relation to their child's hearing impairment.

This proposition was neither accepted nor rejected. In responses to item 10B forty per cent of the fathers and sixty-five per cent of the mothers disagreed with this item. In response to 12B, sixty-five per cent of the fathers and fifty-five per cent of the mothers agreed that the available programs are directed to both fathers and mothers. An overall concern here seems to be that though fathers did not necessarily feel excluded the timing of the service delivery was problematic. It is interesting

to note that almost all of the fathers thought it would be a good idea for fathers to get together as a group.

Answers to item 6A suggest that, on the whole, fathers and mothers feel unlistened to by professionals especially during the diagnostic period. It is important to point out, however, that these parents were referring to medical doctors, pediatricians and hearing specialists in their responses to this item. It must also be pointed out that a number of these parents had moved to the geographical location of the study after their child had been diagnosed as hearing-impaired. Consequently, no justifiable conclusions can be drawn regarding professionals working in this location.

Programs for Fathers

Proposition Six: Fathers of hearing-impaired children don't feel the need for more programs designed specifically for them.

The evidence provided by the response to items 3B and 12B suggest that these fathers do feel the need for more services designed specifically for them. Approximately eighty per cent of the fathers and eighty-five per cent of the mothers agreed that more opportunities for fathers to learn some form of manual communication should be provided. Response to item 11A revealed that many of

these fathers have concerns about reading problems and parent-child interaction.

Fathers' Perceptions of Father Involvement

Proposition Seven: Fathers of hearing-impaired children perceive themselves as uninvolved.

As the literature review has shown, the implication seems to be that fathers are uninvolved. Our concern was whether or not these fathers would see themselves in the same light. The major portion of the data collected in this study does not seem to support this contention. The evidence upon which this hypothesis is rejected is threefold. First, fathers see themselves as very involved as evidenced by the overall data. Second, mothers seem to agree that fathers are involved; again the overall data support this conclusion. Third, the data collected on fathers' and mothers' perceptions of relevant aspects of father involvement were congruent.

Father Involvement vs Mother Involvement

Proposition Eight: Fathers of hearing-impaired children don't see their involvement as different from mother involvement.

The eighty per cent agreement on the part of both fathers and mothers to item 5B, as well as information gleaned from qualitative data, suggests a rejection of this

proposition. This study did not attempt to establish the difference between mother involvement and father involvement but the results suggest that these parents do perceive father involvement to be different. This seems to coincide with Bartz (1978); in his study all of the significant differences in involvement and problem recognition were in favor of the father and not the mother. However, the author does point out that this finding does not necessarily reflect the extent of the parents' involvement. "Fathers may have defined "involvement" differently than the mothers, even though they were given the same instructions for answering the questions" (p. 212).

Parents' Perception of Father Involvement

Hypothesis Nine: Fathers and mothers often misperceive each other with regard to father involvement.

The perceptions of both mothers and fathers with respect to father involvement were largely congruent. Based on this evidence, this proposition was rejected. However, it is important to point out that these results reflect only the parents' perception of father involvement and not necessarily the extent of father involvement.

*CHAPTER VI**CONCLUSIONS*

The results of our study on the involvement of fathers of hearing-impaired children suggest that the father participants perceive themselves as being actively involved in the special concerns of their hearing-impaired children. The mothers are in agreement. Fathers do not agree that the provider role prevents or absolves them from involvement. However, occupational commitments coupled with the timing of service delivery do make it more difficult for them to attend certain programs and meetings. Fathers do feel the need for more programming geared to their needs, particularly in the area of manual communications skills.

The assumption that a major source of marital conflict arises as a result of the father's defensiveness when instructed and/or informed by the mother was not confirmed. These fathers prefer first-hand information whenever possible.

Fathers in this study did not necessary feel unwelcomed by professionals delivering services in this field.

However, both parents expressed concern that they did not feel listened to especially during the diagnostic period.

Finally, mother's and fathers' perceptions of father involvement were quite congruent. There is also some evidence to suggest that the nature of father involvement is different from mother involvement. The results of this study seem to be in line with those of Bartz (1978).

"The results of this study strongly support the concern of both parents. Surprisingly, all significant differences in involvement and problem recognition favored fathers rather than mothers" (p. 212).

Recommendations For Further Study

Since this study was a combined exploratory-descriptive one no generalizations can be made at this point. However, we are now in a more comfortable position to suggest areas for further research.

The respondents in this study were from intact families. Further comparative research with one-parent families of hearing-impaired children might help us to establish whether or not involvement is related to such factors as maturity, marital satisfaction, ability to accept disability in one's child.

Since this study made no attempt to measure the extent of father involvement, this seems to suggest itself as a necessary next step. This could be done by measuring the extent of both mother and father involvement. The measures could then be compared in terms of the differences in mother and father involvement. Fluctuating levels of involvement in relation to stages of the family life cycle could also be explored.

It appears from this study that certain aspects of father involvement are related to the degree of importance that parents place on issues that arise. Further research might be directed to the discovery of what issues are defined by these parents as important. Is the level of involvement related to the degree of influence which parents and in particular, fathers, feel they have on the services being delivered to them?

From the child's point of view, there would appear to be at least two important directions that further related research could take. First, the execution of a similar study using the child as a source of information. Second, since very few father respondents in this study could use manual communication, a study might be designed in which a contrast would be made between children where fathers use sign language and children whose fathers do not.

Since educators seem to agree that parent education is important, further research in this area seems critical. Our study suggests as does Bartz (1978) that fathers are involved and concerned with important issues regarding their child. Consequently, "other factors must account for the usually low participation rates of fathers in most parent education programs" (p. 213). Thus research into the interests, needs and attitudes affecting this participation should be given high priority.

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APPENDICES A1 and A2

Open-ended Questionnaire (Expressive)

A1

EXPRESSIVE INVOLVEMENT (OPEN)

Fathers

HUSBAND AND WIFE

1. When your hearing impaired child is upset, how do you usually handle this type of situation?

2. What do you find most rewarding or enjoyable about your relationship with your hearing impaired child?

3. It has been suggested that hearing impaired children are over-protected. What is your opinion on this statement?

4. When you think of your child's future, i.e., careers, opportunities, higher education, etc. what kind of concerns come to mind?

5. Some men might feel embarrassed when in public with their hearing impaired child. How do you feel?

6. Some men have felt unwelcome or talked down to by professionals. How have you felt when discussing your hearing impaired child with professionals?

7. As the father, in what ways are you involved in the concerns of your hearing impaired child?

8. Some claim that a father can get all the information he needs about a hearing impaired child from his wife. What is your opinion of this claim?

9. Some believe that fathers are not able to be involved with the concerns of their hearing impaired child because of occupational commitments. How do you react to this statement?

10. In what ways do you feel you are actively involved in the concerns of your hearing impaired child?

11. As a father of a hearing impaired child can you suggest some programs that could be developed specifically for fathers?
 - a. Lip reading
 - b. Sign language
 - c. Communications courses
 - d. Cued speech
 - e. Father and hearing impaired child groups
 - f. Fathers of hearing impaired children - general sharing group
 - g. General courses on deafness
 - h. Research on deafness
 - i. Other

12. Who should provide these programs?

13. Should government services be more geared to include fathers?

14. Should private agencies consider fathers more?

A2

EXPRESSIVE INVOLVEMENT (OPEN)

Mothers

HUSBAND AND WIFE

1. When your hearing impaired child is upset, how does your husband usually handle this situation?

2. What would you say your husband finds most enjoyable about his relationship with your hearing impaired child?

3. It has been suggested that hearing impaired children are over-protected. What do you think would be your husband's opinion to this statement?

4. When your husband thinks of your child's future, i.e., careers, opportunities, higher education, etc., what concerns do you think come to his mind?

5. Some men might feel embarrassed when in public with a hearing impaired child. How do you think your husband feels?

6. Some men have felt unwelcome or talked down to by professionals. What has been your husband's reaction when he has discussed your hearing impaired child with professionals?

7. As a father, in what way is your husband involved in the concerns of your hearing impaired child?

8. Some claim that a father can get all the information he needs about a hearing impaired child from his wife. How would your husband react to such a claim?

9. Some believe that a father cannot be involved with the concerns of a hearing impaired child because of occupational commitments. How would your husband react to such a statement?

10. In what ways do you feel your husband is actively involved in the concerns of your hearing impaired child?

11. As a mother of a hearing impaired child, can you suggest programs that might be developed specifically for fathers?
 - a. Lip reading
 - b. Sign language
 - c. Communications courses
 - d. Cued speech
 - e. Father and hearing impaired child groups
 - f. Fathers of hearing impaired children - general sharing group
 - g. General courses on deafness
 - h. Research on deafness
 - i. Other

12. Who should provide these programs?

13. Should government services be more geared to include fathers?

14. Should private agencies consider fathers more?

APPENDICES B1 and B2

Likert Scale

B1

LIKERT SCALE

FATHER

(Note: See asterisk at the end for an explanation of the areas which are investigated by each of these questions)

1. It costs more to raise a hearing-impaired child than it does a normal child.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
2. Both parents of a hearing-impaired child should be equally well informed about their child's handicap.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
3. More programs should be available for fathers of hearing-impaired children.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
4. It is important for you and your wife to be equally well trained in dealing with your hearing-impaired child.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
5. Father involvement with a hearing-impaired child is essentially different from mother involvement.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
6. The information that you receive from your wife regarding your child's hearing impairment is sufficient.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
7. The training that you receive from your wife regarding your child's hearing impairment is sufficient.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA
8. Most of the programs provided for parents of hearing-impaired children are directed more to mothers than to fathers.
 ___ SD ___ MD ___ N. Op. ___ MA ___ SA

9. The demands of your job prevent you from being actively involved with the concerns of your hearing-impaired child.

_____SD _____MD _____N. Op. _____MA _____SA

10. When you and your wife are talking with professionals re your hearing-impaired child, the professional seems to talk more to your wife than to you.

_____SD _____MD _____N. Op. _____MA _____SA

11. As a father you are primarily a provider of material things and thus you are less involved with the concerns of your hearing-impaired child than is your wife.

_____SD _____MD _____N. Op. _____MA _____SA

12. Most of the progress now provided for hearing-impaired children are directed at both the mother and the father equally.

_____SD _____MD _____N. Op. _____MA _____SA

*Area tested by each question

1. Father as provider
2. Information from wife

B2

LIKERT SCALE

MOTHER

1. It costs more to raise a hearing-impaired child than it does a normal child.
 SD MD N. Op. MA SA
2. Both parents of a hearing-impaired child should be equally well informed about their child's handicap.
 SD MD N. Op. MA SA
3. More programs should be available for fathers of hearing-impaired children.
 SD MD N. Op. MA SA
4. It is important for you and your husband to be equally well trained in dealing with your hearing-impaired child.
 SD MD N. Op. MA SA
5. Father involvement with a hearing-impaired child is essentially different from mother involvement.
 SD MD N. Op. MA SA
6. The information that you give your husband regarding your child's impairment is sufficient.
 SD MD N. Op. MA SA
7. The training that you give your husband regarding your child's impairment is sufficient.
 SD MD N. Op. MA SA
8. Most of the progress provided for parents of hearing-impaired children are directed more to mothers than to fathers.
 SD MD N. Op. MA SA
9. The demands of your husband's job prevent him from being actively involved with the concerns of your hearing-impaired child.
 SD MD N. Op. MA SA

10. When you and your husband are talking with professionals regarding your hearing-impaired child, the professionals seem to talk more to you than to him.

_____SD _____MD _____N. Op. _____MA _____SA

11. As a father, your husband is primarily concerned with providing the material things and thus is less involved with the concerns of your hearing-impaired child than you are.

_____SD _____MD _____N. Op. _____MA _____SA

12. Most of the programs now provided for parents of hearing-impaired children are directed at both the mother and the father equally.

_____SD _____MD _____N. Op. _____MA _____SA

APPENDIX C

Technical Involvement Questionnaire

TECHNICAL INVOLVEMENT

(Father Only)

1. Can you communicate with your child in the method of communication he/she uses?

_____ Yes _____ No

2. How often do you take your child to organized recreational activities?

- a. a few times a year
- b. about once a month
- c. about two or three times a month
- d. about once a week
- e. more than once a week

3. Do you encourage your hearing-impaired child to have hobbies?

_____ Yes _____ No

4. Do you often draw your wife's attention to articles, TV or radio programs, etc., that deal with hearing impairment?

_____ Yes _____ No

5. Have you ever taken a course in lip reading?

_____ Yes _____ No

APPENDIX D

Perception Scale

PERCEPTION SCALE

The following questions are to be reacted to twice by the husband and twice by the wife. First, the husband will give his opinion; then he will indicate what he thinks his wife would say; then the wife will give her opinion; then she will indicate what she thinks her husband will say. On each of the four occasions, a five point Likert type scale will be provided.

1. The role of the father in the life of a hearing-impaired child is not as important as that of the mother.

<u>HUSBAND</u>		<u>WIFE</u>	
_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

2. Fathers don't usually concern themselves about the problems of their hearing-impaired child as much as mothers do.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

3. Mothers have a right to expect a father to help with the special concerns of their hearing-impaired child.

_____ SD	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

4. Fathers are not as emotionally involved with their hearing-impaired child as mothers are.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

5. Besides being a provider, fathers should help with the problems of their hearing-impaired child.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

6. Fathers don't find hearing-impaired children enjoyable because they find it difficult to communicate with them.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

7. Fathers are usually more strict with their hearing-impaired children than mothers are.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

8. Fathers are more embarrassed than mothers when in the company of their hearing-impaired child.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

9. Fathers are more hopeful about a medical breakthrough for their hearing-impaired child than mothers are.

_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

10. Having a hearing-impaired child helps bring a husband and wife closer together.



_____ SA	_____ SA	_____ SA	_____ SA
_____ MA	_____ MA	_____ MA	_____ MA
_____ N. Op.	_____ N. Op.	_____ N. Op.	_____ N. Op.
_____ MD	_____ MD	_____ MD	_____ MD
_____ SD	_____ SD	_____ SD	_____ SD

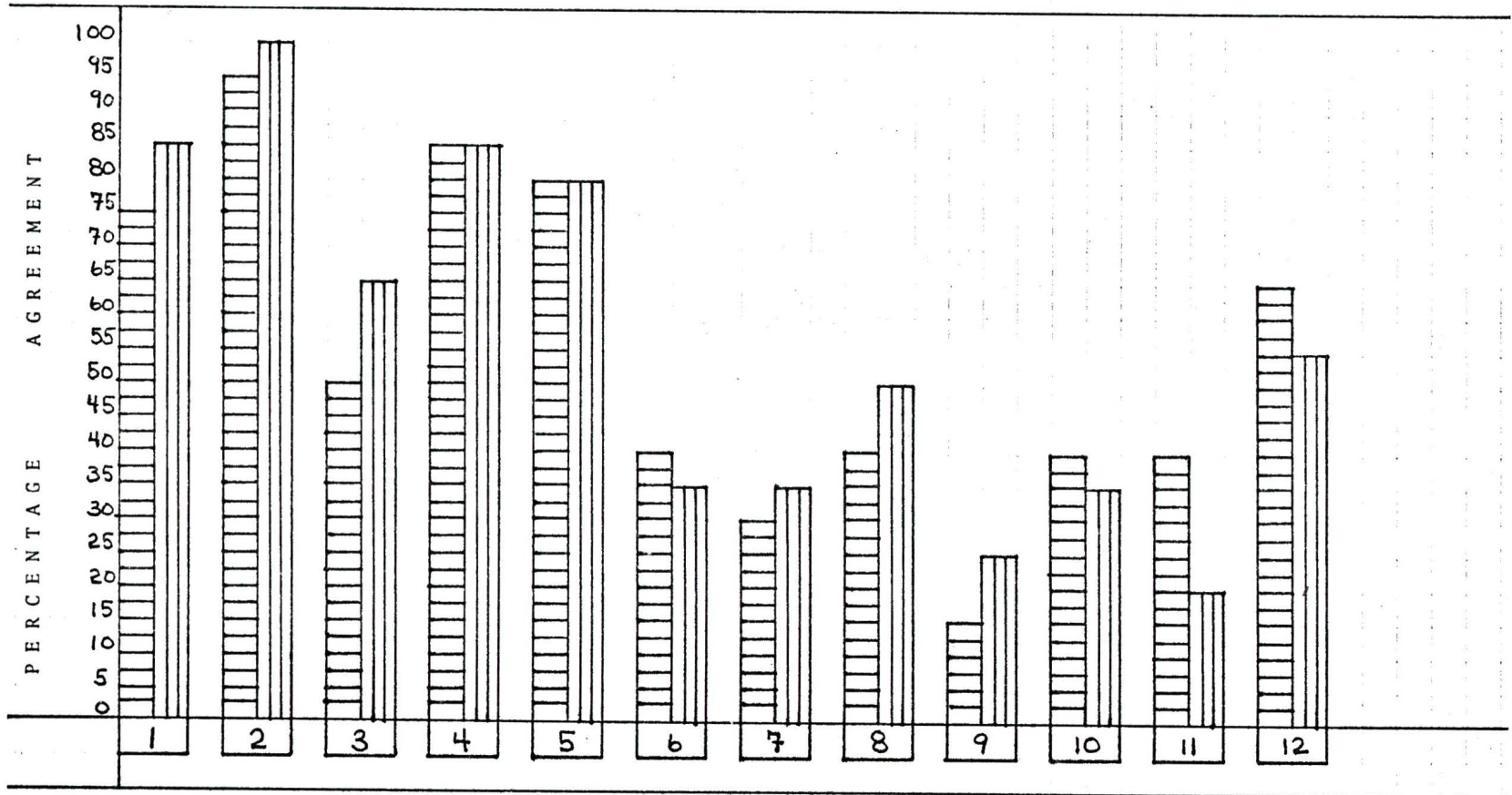
APPENDIX E

Likert Scale in Graphic Form

Likert Scale Questions - Percentage of Fathers' and Mothers' Agreement

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Fathers  Mothers 



APPENDIX F

Summary of Raw Data for Likert Scale

Fathers
Number of Responses by Level of Agreement

Strongly Agree	13	17	2	8	10	5	5	3	1	4	3	6
Mildly Agree	2	2	8	9	6	3	1	5	2	4	5	7
No Opinion	0	0	6	1	0	0	4	2	1	4	0	4
Mildly Disagree	4	0	3	2	1	4	2	5	2	5	2	1
Strongly Disagree	1	1	1	0	3	8	8	5	14	3	10	2
Item Number	1	2	3	4	5	6	7	8	9	10	11	12

Mothers
Number of Responses by Level of Agreement

Strongly Agree	11	20	6	16	7	6	3	6	3	1	2	8
Mildly Agree	6	0	7	1	9	1	4	4	2	6	2	3
No Opinion	0	0	2	0	0	0	1	2	0	0	1	4
Mildly Disagree	0	0	4	2	2	4	4	4	2	6	3	3
Strongly Disagree	3	0	1	1	2	9	8	4	13	7	12	2
Item Number	1	2	3	4	5	6	7	8	9	10	11	12

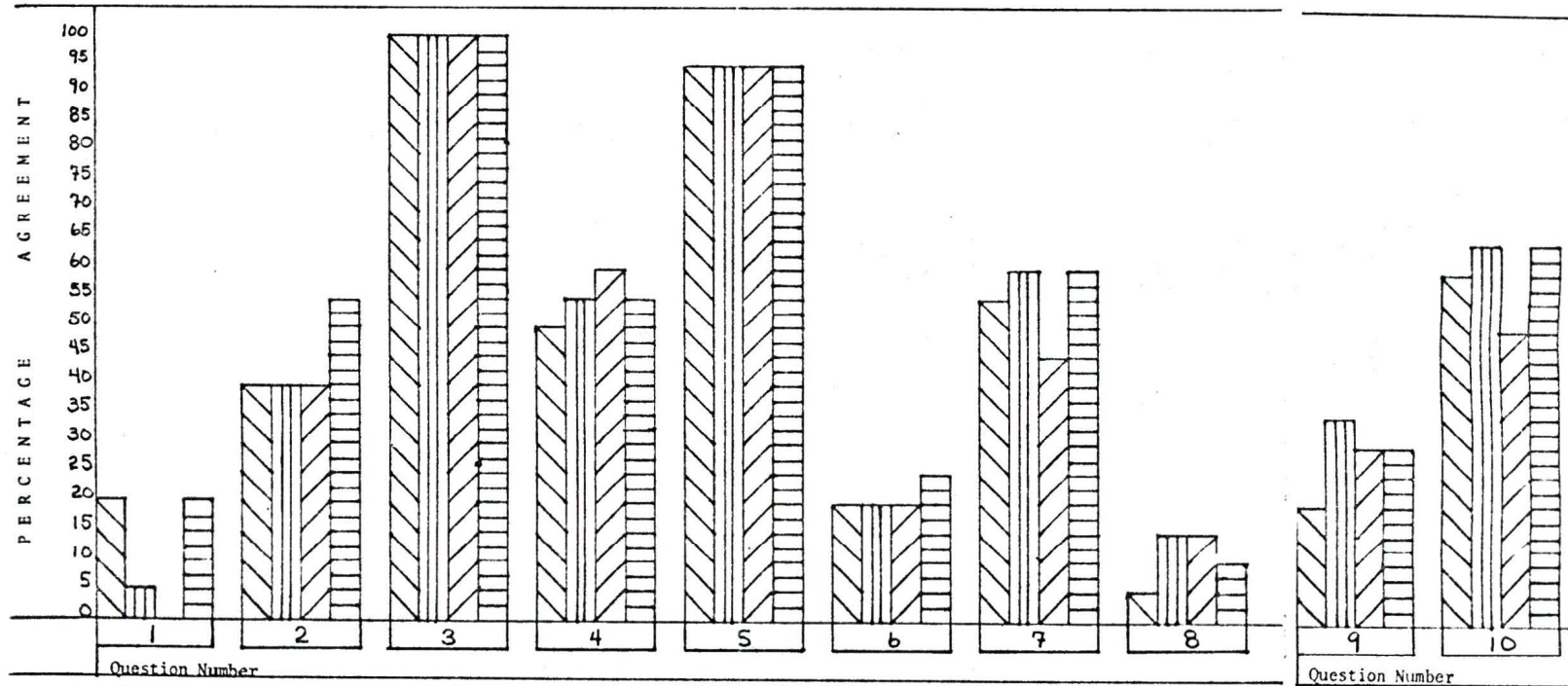
APPENDIX G

Perception Scale in Graphic Form

Comparison of Fathers and Mothers and Their Perceptions of Each Other

96

Fathers  Mothers' of Fathers  Mothers  Fathers' of Mothers 



APPENDIX H

Summary of Raw Data For Perception Scale

Husband's Observation by Level of Agreement

Strongly Agree	1	3	19	5	19	1	7	1	2	8
Mildly Agree	3	5	1	5	0	3	4	0	2	4
No Opinion	0	0	0	0	0	1	0	0	0	0
Mildly Disagree	3	4	0	2	0	2	4	4	2	7
Strongly Disagree	13	8	0	8	1	13	5	15	14	1

Wife's Observation by Level of Agreement

Strongly Agree	0	2	19	9	19	0	4	1	5	5
Mildly Agree	0	6	1	3	0	4	5	2	1	5
No Opinion	0	0	0	0	0	0	0	0	0	2
Mildly Disagree	3	2	0	0	0	1	6	2	5	3
Strongly Disagree	17	10	0	8	1	15	5	15	9	5

Husband's Perception of Wife by Level of Agreement

Strongly Agree	1	4	19	7	16	3	7	1	2	9
Mildly Agree	3	7	1	4	3	2	5	1	4	4
No Opinion	0	0	0	0	0	1	0	0	0	0
Mildly Disagree	5	5	0	4	0	5	2	4	3	7
Strongly Disagree	11	4	0	5	1	9	6	14	11	0

Wife's Perception of Husband by Level of Agreement

Strongly Agree	1	1	16	5	19	0	5	1	5	6
Mildly Agree	0	7	4	6	0	4	7	2	2	7
No Opinion	0	0	0	0	0	0	0	0	0	2
Mildly Disagree	6	4	6	2	0	2	3	1	3	3
Strongly Disagree	13	8	0	7	1	14	5	16	10	3
Item Number	1	2	3	4	5	6	7	8	9	10

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Title of Thesis/Dissertation

AN INVESTIGATION OF FATHER INVOLVEMENT WITH HEARING-IMPAIRED CHILDREN

Author


Signature

Martin Charles McNeil

Name

Date *Feb /25 /80*