

## **How mothers of deaf children cope with conflict**

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### **Abstract**

This paper case-studies how three hearing mothers make sense of their own and their deaf children's experiences from a view of discourse as a social practice. For this purpose, it examines how participating mothers represent themselves and their children in discourse by looking at the frames and footings that emerge from their relationship with each other and with their utterances and by associating findings with the socio-cultural context at large. The analysis indicates that the mothers represent themselves as “pro-active” and “caring” mothers as well as “reluctant” to accept their children’s deafness. Reported speech was the main strategy used in talk to solve conflicting situations and avoid confronting the lack of acceptance of their children’s deafness.

*Key-words:* discursive representations; frames; footings; deafness; reported speech.

### **Introduction**

Parents of deaf<sup>1</sup> children undergo considerable stress from the moment they learn that their children are deaf. They not only face special challenges to relate to their children but also need to dedicate a significant amount of time, money, patience, and other resources to raise and educate their children. Because most parents do not share the linguistic resources necessary to engage in successful interaction with their deaf children, they are constantly assaulted by demands, questions, decisions beyond their knowledge and skills. Not surprisingly, parental depression and feelings of inadequacy and frustration over their children’s development and future education are common (cf. Kushalnagar et al., 2007; Archibold et al., 2008; Weisel, Most and Michael, 2007). This article case-studies the talk of three mothers who face similar

challenges as they trade experiences in a Support Group for Mutual Aid. The Group was created by the Clinic for the Deaf and Hearing-impaired of the Federal University of Rio de Janeiro Medical School for parents of deaf children under the Clinic's care. Its objective is to maximize parents' knowledge of deafness as well as make them aware of available options to educate and relate to their children and the health and education professionals in charge of their children's development. To do so, we look at contextual cues to shifting frames and footings and at a particular discourse strategy selected by the mothers to cope with their conflicts: reported speech.

Although some previous studies have addressed hearing parents' views of their children's deafness and cochlear implantation (Kushalnagar et al., 2007; Archbold et al., 2008; Jackson, Traub and Turnbull, 2008), none of them examined parents' discourse as indexes to discursive representations and associated findings to the socio-cultural context. While Kushalnagar et al. obtained measures of parental distress over deaf children's adaptability to cochlear implantation, Archbold et al. administered a questionnaire to assess parents' perceptions of the implants. Jackson, Traub, and Turnbull, for their turn, took a qualitative approach to analyze the perceptions and experiences of nine parents of deaf children. Their analyses focused on themes in the families' experiences, their reactions to diagnosis, and their decision-making process. A close analysis of the parents' discourses has not been undertaken. At the same time, results provided by these studies underscore the importance of a family-centered program in the early communication and language development of the deaf. According to them, deaf children only experiment with, life and get to know what their mothers allow.

## Conceptual Framework

One of the premises that guide this study is that discourse is not only a mode of action but also a way of being acted upon (Fairclough, 1989; Foucault, 1972). In the light of this understanding, a Support Group for Mutual Aid constitutes a discursive space where participants can negotiate their experiences and representations of self, shaping and being shaped by the interactional context as it unfolds. Departing from this view, we draw on sociointeractional approaches to the analysis of talk (Goffman, 1986a; Schiffrin, 2006; Gumperz, 1982) to examine frames, footings, and alignments in face-to-face interactions. Frames, footings, and alignments are indexes of roles enacted by participating mothers as they bring up and educate their deaf children.

### Frames, footings and alignments

During talk, participants signal to each other how they see their actions in the immediate discursive situation or how they intend co-participants to make sense of their utterances (Tannen and Wallat, 1987, p. 205). To do it, they foreground some discourse entities, marking them as figures by unconsciously choosing an array of contextual cues (Gumperz, 1982), such as their choice of tone, register, pronouns, and other linguistic resources. Based on the given cues, participants direct their attention to the salient entities and organize their interpretation of events accordingly, creating particular effects, interpretations or evaluations of what is going on in the interaction. These effects are what we call interactional frames: Tacit messages that function like a system of premises for the interpretation of discourse (Tannen and Wallat, 1987).

Goffman (1986a, pp.10-11) refers to frames as “principles of organization which govern events [...] and our subjective involvement in them.” According to him, to get at the frames that emerge moment to moment in talk, we should examine the different *footings* or alignments

participants take toward each other, their utterances, and the discursive situation. Footings arise as interactants position themselves or are positioned by others as animators, authors, and/or principals in a specific turn of talk, aligning themselves with a particular stance. While the animator is the one who speaks or gives voice to the ideas designed by an author, the principal is the one responsible for the viewpoint or position expressed by the author. Although these three participant roles often coincide in direct speech, in reported speech they signal different footings, consequently, different alignments (cf. Couper-Kuhlen, 1998; Cooren, 2010). In pursuing the interactional motivations for the use of reported speech in talk, Holt and Clift (2010) highlight Goffman's role in throwing light on what interactants do by resorting to it: "[...] to stand in a relation of reduced personal responsibility for what they are saying" (Goffman, 1986:512). This is why footings interest us in this paper.

Alignment can be thought of as some sort of unconscious, subjective solidarity among discourse participants, be it emotional, intellectual or professional. It is a "surface of agreement" or "vener of consensus" so that an "interactional *modus vivendi*" is achieved (Goffman, 1959, p.9). Participants who enjoy greater power tend to sustain their projections, and their stances ultimately prevail. However, as argued by Wine (2008, pp.2-3), some alignments go beyond the veneer of consensus (they are true projections of self): "There is also a great deal of power in solidarity [...]. When it comes to solving social problems, it is often solidarity (true alignment) that brings about the greatest and most enduring social change" (page 3). We will be especially interested in examining "true alignment" as it may act upon the mothers' understanding of their realities and open room for change.

## Method

This study qualitatively case-studies data collected along one year and a half<sup>3</sup> as the three mothers interacted in the Support Group. The encounters were video-taped, and four hours of tape were selected for transcription based on their sound and image quality. In addition to transcriptions, field notes, informal conversations with participants, therapy reports and the second author's own experience as the acting speech therapist contributed data that later went through crystallization (Ellingson, 2009) during our qualitative analysis.

### Participants

**The Clinic.** The clinic is an academic lab school for those majoring in speech therapy at the Federal University of Rio de Janeiro Medical School. It takes a bilingual approach to deaf education (Hoffmeister, 2000; Ladd, 2007) and supports the development of both a visuospatial language (LIBRAS – The Brazilian Sign Language) as the child's first language (L1) and spoken Portuguese as a second language.<sup>1</sup>

**The Support Group for Mutual Aid.** The group is formed by fathers, mothers, grandmothers, aunts, and other caretakers responsible for the children under the Clinic's care. It meets once a week for one hour and thirty minutes and involves counseling, psychological support, and instruction toward the effective use and care of hearing aids. The group is coordinated by a psychologist, who is an interpreter of LIBRAS – the Brazilian Sign Language. During the encounters, she tries to create an informal environment, using ice breakers and a playful tone. She is also the one who selects the topics for each meeting. They vary from deafness, development, and schooling for deaf children to fears and challenges in raising these children.

**The Mothers and their children.** Maria, Joana, and Nara<sup>4</sup> were selected to participate in the study because of their frequent attendance at our weekly meetings. Although their

children (Cristiano, Miguel, and Brenda, respectively) were not physically present, they took part in the interactions as their mothers animated their thoughts and ideas, making them figures, authors, and principles of such contributions by using reported speech (direct and indirect).

Details on the background of these mothers and their children follow.

*Maria and Cristiano.* Maria has two children: a hearing-14-year-old girl and Cristiano, a 7-year-old boy with moderate hearing loss in both ears. She completed high school, has a fair knowledge of LIBRAS, and chose to stay home to be able to take Cristiano to speech therapy. She communicates with Cristiano in LIBRAS, oral Portuguese, and domestic gestures. Her active participation and interest in Cristiano's education have been crucial to his progress. His perception of the human voice and environmental sounds (slamming doors, airplanes, cars, TV at medium volume) has been developed by Auditory Stimulation, speech therapy and the use of personal communication aids. With them, he can hear speech sounds and has been successfully developing oral Portuguese as he advances in his therapy. This success also allows him to attend a regular private school since the family has a good financial situation.

*Joana and Miguel.* Joana is the mother of a hearing 9-year-old girl and of Miguel, an 11-year-old boy with severe hearing loss, who wears hearing aids in both ears for the last 2 and ½ years. Being the family provider, Joana juggles her professional life as a teacher, domestic chores, and Miguel's speech therapy. She not only attends the Support Group frequently but also LIBRAS classes, at the clinic and another Brazilian federal institution dedicated to the education of the deaf. Her interest in LIBRAS was motivated by the need to establish effective communication with Miguel, which she can do with low intermediary fluency. When necessary, she combines gestures and oral Portuguese to reinforce cues and meet her communicative needs. Seen as a leader by the other participants, she is constantly trading ideas with everyone and

appreciates every opportunity to interact with the other mothers, caregivers and learn any type of information on the education of the deaf. Her son, Miguel, can only hear high-intensity environmental sounds such as thunders and airplanes. He attends 4<sup>th</sup> grade at a school for the hearing-impaired and shows good academic development. He has been undergoing auditory stimulation and learning lip reading.

*Nara and Brenda.* Nara is the mother of Brenda, an 11-year-old girl with severe hearing loss. Although she has a high school education and is a public inspector for customer services in Brazil, she quitted work to provide full assistance to her daughter (which includes taking the girl to speech therapy and school). Her husband, a driver for alternative transportation services in Rio de Janeiro, provides for the family. Nara attends our encounters frequently and seems to like the activities and opportunity to trade experiences with other parents. She is very communicative and spontaneous. Similar to Joana, she enrolled in LIBRAS classes offered both by the clinic and by the Brazilian federal institution for the education of the deaf and can communicate with her daughter in LIBRAS. *Brenda* is a child with severe hearing loss, as we have mentioned. She started her therapy at the clinic two years before the start of this study and presents a serious language delay caused by her late use of a natural language and lack of adequate stimulation. She does not use personal communication aids because she did not adapt to them. She can only perceive very intense sounds such as fire-crackers and thunders. She speaks LIBRAS with satisfactory fluency and also resorts to domestic gestures. She is in 2<sup>nd</sup> grade and used to go to the same private school Miguel attends, which is specialized in hearing-impaired children.

*The speech therapist.* The speech therapist was a participant researcher and is the second author of this paper. She holds a BSc in Speech Therapy, an MA in Linguistics, and has

been involved with voice, oral motricity, and language development programs at the clinic. She herself has a moderate hearing loss, which was developed when she was 16 and which has led her to use hearing aids in both ears. Although she can produce oral and written Portuguese with fluency, she needs to lip-read to discriminate words and high-frequency sounds when in interactional contexts.

### **Procedures**

While frames (Tannen and Wallat, 1987; Goffman, 1986a) and footings (Goffman, 1981; 1986a) allowed us to observe how emergent discursive representations related to the roles taken by participant mothers at the interactional level, contextual cues such as turn-taking, the participation structure (Phillips, 1972) and the conversational floor (Edelsky, 1981) contributed to our understanding of how these mothers negotiated such representations. Those which were common to the three mothers were coded as well as the use of reported speech. Furthermore, field notes and the second author's participant observation were coded for cues that would allow us to establish a link between the mothers' representations and the socio-cultural context at large.

*Data.* Four segments of the transcription were selected for this paper; they address the following topics: (1) "Doubts about personal sound amplifiers/hearing aids and related care;" (2) "How to explain to your deaf child what it means to be deaf and what it means to be a hearer;" (3) "How to explain abstract concepts in sign language to your child;" (4) "the role of family-school-clinic in the development of the child."

### **Analysis and Discussion**

Similar to results reported by Van der Meeroop and Van der Haar (2008), Pereira (2005), and others who studied interactions in institutional contexts, an institutional or therapeutic frame remains active throughout the encounters despite the psychologist's effort to make them

informal. This meta-frame underlies the communicative purpose of the meetings— to provide counseling and instruction to the participant mothers. At the same time, it positions the participants as “mothers of patients” or “recipients of instruction” who have less power in the interaction. Naturally, participant mothers do step in and out of these interactional roles as they shift to conversational, irony, and reporting frames.

The lamination of these frames was slightly overridden by the reporting frame, which predominated. The conversational and joke/irony frames were equally sustained during most of the interactions in segments one, two, and three. In segment four, the conversational frame slightly predominated as the mothers enjoyed relative freedom to take turns and nominate sub-topics without the mediation of the psychologist/therapist. As they shifted frames, the mothers assumed new footings and, consequently, new interactional roles. More specifically, they enacted the roles of “animators” of their children’s ideas and “*conversants*” who exchange ideas about common problems that they know well and can talk about with authority.

### **The institutional frame**

The institutional purpose overrides other contextual cues; as such, it sustains the therapeutic frame and leads participant mothers to remain a considerable amount of time in the role of “mothers of patients” or “clients.” This frame is characterized by the psychologist and or participant researcher’s control of the conversational floor. They nominate the topic, counsel, and sum up the experiences, exercising their institutional roles: They are in charge of supervising and monitoring the use of and process of adaptation to the hearing aids as well as the family’s participation in the children’s development. Consequently, they not only hold the floor for great lengths of time in all segments but also control the topics, how they are opened and closed and who speaks. Mothers, for their turn, take short turns in response to the psychologist’s

elicitations, taking the footing of “mothers of patients” or “recipients of instruction” who have less power and knowledge and therefore need supervision to perform their roles. Examples (1), to (5) illustrate these frames.

In (1), the psychologist selects one of the mothers to take the turn. To do it, she smiles, demonstrates familiarity with all participants and their way of doing things, and uses a playful tone and expression: “shoot Lúcia” [*Vai lá Lúcia*] (line 7). Although the tone and playful expression used by the therapist signal a conversational frame, the mother did not spontaneously

(1)

Tr 1

1	R	/.../ como que tá essa adaptação? O que vocês estão entendendo dessa adaptação?	/.../ how is this adaptation going? How do you see this adaptation?
2		Como isso tá funcionando?	How is it working?
3		vocês estão percebendo que <b>tipo de som</b> que eles não ouviam e	Can you notice the <b>type of sound</b> that they could not hear and
4		tão ouvindo agora?...ou não, vocês acham que ainda não	that now they can hear? ... or you think you still cannot
5		deu para notar diferença alguma... como é que tá isso?	notice any difference... how is this going?
6		((pesquisadora olha para as mães e sorri)) ninguém se	((researcher looks at the mothers and smiles)) nobody will
7		candidata a falar primeiro?...vai lá Lúcia	volunteer to speak up first?... shoot Lucia
8	L	a Mariana tem o que? ... quinze dias que ela ta com o	Mariana is what?...15 days that she is with the
9		aparelho, vai fazer um mes ainda mas ela:: praticamente na primeira semana	hearing aids, it hasn't been one month but she::practically in the first week
10		foi difícil pra ela ficar ((risos)) até né... /.../	it was difficult for her to stay with ((laughs)) it even... /.../
11	R	hum hum	hum hum
12	L	então a Bianca pegou é::eu falei Mariana “ó tem que	then Bianca y' know:: I said Mariana “look you
13		ter atencao o barulho” ((demonstrando os gestos utilizados)	have to pay attention to the noise” ((demonstrating the gestures she used))
14		aí comecei a chamar ela aí colocava a pecinha ((põe a mão na orelha))	then I started to call her and she would insert the aid ((places her hand over her ear))
15		a Mariana tava olhando...só que a	Mariana was looking...but
16		gente não sabe se:: ela realmente ta	we do not know if:: she was really

		ouvindo	hearing
17		Ela tira a pecinha olha pra trás e fala *barulho*	she takes away the aid looks behind and says *noise*
18	R	isso é porque ela tá passando pelo o que a gente chama... na	this is because she is experiencing what we call... in the
19		primeira fase dessa:: descoberta da audição que é <u>perceber</u> o som...	first phase of thi::s discovery of audition that is <u>to notice</u> sounds...
20		e mais ainda que perceber é ela é:: fazer essa:: relação /.../	and even more than to notice is that she::she makes thi::s relation /.../
21	R	não isso é ótimo porque ela já ta reconhecendo como sendo o barulho do carro	no this is great because she is recognizing noise and the car as is its source
22		isso é perfeito /.../	this is perfect /.../
23		vamos lá quem tem mais alguma novidade?	come on who else has any news?

nominate the topic or self-select issues for discussion. She responds to a question upon being prompted. Once the mother provides the required information, the therapist sums it up (“this is great” [*isso é ótimo*], line 21-22), underscoring how important it is for the child to notice and recognize the source of sounds in a given environment. Then, the therapist opens the floor to the other participants (“come on, who else has any news?” [*vamos lá quem tem mais alguma novidade?*], line 23). In other words, the therapist was the one who controlled turn-taking and, ultimately, the participation structure.

### The conversational Frame

Participant mothers did nominate their own topics too, creating several parallel sequences as talk unfolded. In (2), the researcher/speech therapist selected Nara to learn about Brenda’s adaptation to the hearing aids (“Nara, tell me about Brenda, how is it going?” [*Nara, me fala da Brenda, como é que é isso?*] line 1). The mother, however, did not answer the question. She displaced the therapist’s topic and nominated a new one—“Brenda is dating.” In doing so, she re-framed discourse as an informal talk (lines 1-14). The researcher ratified the new frame and

(2)

(Tr 1)

1	R	Nara, me fala da Brenda, como é que é isso?	Nara, tell me about Brenda, how is it going?
2		[	[
3	N	hum:: ta namorando sabia?	hum:: she's dating, y' know?
4	R	Jura?	Really?
5	N	ela e Carlos, o casalzinho do momento...não (é mole não)	she and Carlos, the sweethearts of the moment...it's not (easy not at all)
6		acho que é por isso que eu to doente desde que esse	I think that is why I got sick since this
7		romance começou, eu adoeci.	dating started, I got sick.
8	R	((risos)) ela tá namorando?	((laughs)) is she dating?
9	N	((concorda))	((agrees))
10		[	[
11	N	não posso nem me lembrar disso	can't even think of it
12		não, mas é bonitinho o namoro deles, é assim, manda	I mean, it's cute to see their dating, it's like, send
13		beijinho pra ela, dá a mão e só...é tão bonitinho mas to	her a kiss, give hands and that's it..it's cute but I'm
14		doente por isso eu acho que é por isso ma::s o negócio da	sick and I think it's because of it bu::t the thing with
15		Brenda como eu tava falando contigo é::eu é:: ela não gosta	Brenda as I was telling you i::s I i::s I i::s she does not like
16		do aparelho aí ela fala pra mim, agora tem desculpa	the aids then she tells me, now she has an excuse
17		“Brenda o aparelho” “não tem fono” ela não está fazendo fono, {fonoaudiologia } ela só vem aqui pra fazer	“Brenda the hearing aids” “vn't speech therapy” she is not doing speech therapy, {speech therapy} she only comes here to do
18		ficar com a Darlene desde que ela foi estudar no Pilar...então eu falo pra ela	to see Darlene since she started to study at Pilar...so I tell her
20		“Brenda, aparelho” “não tem fono”...	“Brenda, the aids” “vn't speech therapy”...
21		tudo pra ela é uma desculpa, eu falo “Brenda o aparelho”	anything is an excuse, I say “Brenda the hearing aids”
22		“sou surda, meus amigos não usam aparelho”	“I'm deaf, my friends don't use hearing aids”
23		na escola o professor não usa aparelho, quer dizer tudo pra ela é uma desculpa pra	at school the teacher doesn't use hearing aids, well everything is an excuse to stay
24		ficar cada vez mais longe do aparelho,	each time further away from the hearing aids,
25		ela esconde as pilhas um dia desses...	she hides the batteries one of these days...
26		comprei uma cartela de pilhas, ela escondeu	I bought a pack of batteries, she hid it

contributed to its development. The mothers sustained the conversational frame and aligned with Nara, taking the footing of friends who discuss topics that is common to any mother of teenagers: dating and sexuality. Deafness as a topic was completely displaced; dating overrode it in terms of importance.

In lines 14-15, Nara reactivates the institutional frame and finally provides the caregivers the information they were looking for: How Brenda was adapting to the hearing aids. Her change of footing is indicated by 1) an adversative conjunction (“bu::t” [ma::s]; elongation of the vowel sound in the conjunction; the two subsequent references to her daughter’s adaptation; and hesitations (i::s I i::s I) [é:: eu é::]. Subsequently, she holds the floor and introduces other sub-topics related to Brenda’s development, still within a therapeutic frame: Brenda is not doing speech therapy and is not wearing the aids. The only step she has been taking is to attend classes of LIBRAS at the clinic. Although Nara insists that Brenda go back to wearing the aids, she does not position herself firmly against her daughter’s choice. Rather, she aligns with Brenda’s negative stance toward therapy. Her alignment is indexed by her use of reported speech to animate Brenda’s opinion: “I am deaf and my friends do not wear hearing aids” [*sou surda, meus amigos não usam aparelho*] (lines 22-23). In other words, Nara projects Brenda as an individual who can make choices. It is as if she were saying: “Brenda made a choice for the Deaf Culture<sup>5</sup> and her argument makes sense to me.”

A similar shifting occurred from institutional to conversational frames in most sequences of segments 1, 2, and 3. In segment 4, the conversational frame was sustained in more turns than in the first three segments. The topic (participation of families, school, and teachers in the children’s therapy) seems to have contributed to this state of affairs since it makes the families the main discourse entities of the topic framework. Consequently, more than in other segments, the mothers naturally took turns without the mediation of the researcher or psychologist, and spontaneously nominated sub-topics, sharing knowledge in a more symmetric social relation. For instance, in (3), Maria, Joana, and Nara take turns telling stories of their children’s homework and schooling activities. Joana brings to light the anguish of not knowing how to explain things in LIBRAS (lines 2-3) to her son. All participants align with Joana, and Maria further elaborates the topic saying that if she were to use LIBRAS to explain the piece of news she had in hands to them, they would keep asking “*por que por que por que*” (why, why, why). This is what her son Cristiano does, whenever she speaks LIBRAS with him. She feels it is her signing that

confuses him. Joana's and Maria's experiences are ratified by the other mothers, who sustain the conversational frame and act as if the psychologist and the researcher were not in the room.

(3)

(Tr 3)

1	J	o que acho que também acontece é:: não é nem o medo de	What I also think that happens i::s it's not fear of
2		não falar a realidade, é não saber explicar em língua de sinais,	not speaking the truth, it's not knowing how to explain it in sign language,
3		só isso	nothing else
4		((mães concordam))	((other mothers agree))
5	M	é e confundir mais ainda	and make it even more confusing
6	J	((concorda)) e confundir mais ainda	((agrees)) and confuse things even more
7	M	em vez de ajudar	instead of helping
8	J	( ) falar sobre guerra, violência, seja o que seja,	( ) to talk about war, violence, whatever,
9		sobre homossexualismo, tudo, o problema <u>está em explicar</u>	about homosexuality, anything, the problem <u>is to explain it</u>
10		<u>e que fique claro pra ele,</u> esse é o problema.	<u>and to make it clear for him,</u> this is the problem.
11	M	se eu for falar esse aqui, você vai ficar “por que? por que?	if I try to explain this one here, you will keep saying “why? why?
12		por que?” ((mostrando a notícia a Geisa))	why” ((pointing and showing the news to Geisa))
13	P	((risos))	((laughs))
14	M	com certeza, não é?	absolutely, isn't it?

Such participation structure occurred in several other strands of the segment. It not only empowered participant mothers to make sense of their realities, but also represented them as ‘anguished mothers’ who participate in and try hard to overcome their difficulties with LIBRAS to help their children in schooling activities. Example (3) is one of those instances. The mothers’ conversation signals a genuine solidarity (Wine, 2008), affording opportunities for awareness raising of what it means to learn and speak LIBRAS as a second language and of the role it plays as their children’s L1: It mediates language socialization and cognitive development.

### The instructional / irony/joke frames

Similar to what takes place in previous segments, in (4) the researcher nominates “taking care of hearing aids” as the topic, triggering an institutional frame (lines 1 and 2). Immediately afterward, she shifts the frame by using a playful tone and making a joke: “nobody should eat the batteries” [*é pra ninguém comer pilha*] (line 4). She refers to Mariana, who swallowed the hearing aids battery as well as to another child who, while playing house with the batteries, put the batteries in the playing oven (lines 3-4). The mothers ratified the joke/irony laughing and sustaining the researcher’s frame (see Lucia’s and Maria’s turns).

(4)		( Tr 2)	
1	R	eu queria falar com vocês... os cuidados com	I wanted to talk to you...about how to take care of these
2		esse aparelho nas férias né? ((risos)) já tá rindo por que	hearing aids during summer vacations, right? ((laughs)) you are already laughing why
3		Lúcia? o que que a Mariana – é pra ninguém comer pilha ((tom jocoso))	Lúcia? what is it that Mariana – nobody should eat the batteries ((playful tone))
4	L	é pra ninguém comer pilha	nobody should eat the batteries
5	R	é importante que ninguém coma pilha, que ninguém é	it’s important that nobody eats the batteries, that nobody y’ know
6		coloque dentro do forninho, né Mari? Não precisa colocar o aparelho dentro	place them in the playing oven, right Mari? You do not need to place them in
7		do forninho.	the playing oven.
8	M	enquanto for forninho de brincadeira tá tudo bem mas	while it is in the playing oven it’s all right but
9		quero ver-((risos)) [	I wanna see- ((laughs)) [
10	R	é verdade	that’s right
11		pelo amor de Deus então olha so é::como tá calor	for God’s sake then please listen well:: as it is hot
12		a gente transpira demais a nossa orelha também... os aparelhos,	we sweat too much and our ears too... the aids,
13		os aparelhos, tirou da orelha pega papel higiênico ou	the aids, take them off get tissue paper or
14		então guardanapo né? que é um pouquinho mais grossinho	even napkins, OK? napkins are a bit thicker
15		ou gaze né? mas gaze não é sempre que a gente	or gauze, all right? but gauze we not always
16		tem na mão, guardanapo, papel higiênico é mais fácil...	have it at reach, napkins, tissue paper it’s easier...
17		pega tira da orelha limpa	take it off clean it

		por causa do calor a gente produz	because of the heat we produce
18		mais cera entao vai ficar um pouquinho de cera dentro	more wax so there will be a little wax inside the
19		do tubinho do molde aí pega o papel=vocês querem	small tubing of the earmold then you get the tissue=do you
20		que eu mostre? Vocês já sabem fazer isso?	want me to show it to you? Do you already know how to do it?

They took the footing of friends who tell funny stories to each other and who have good laughs together. On line 11, the researcher brackets the irony frame by using the discourse marker (“then”) [*então*]. An instructional frame is then signalled by a tuning device (“please listen”) [*olha só*]. A series of commands follow to give instructions on how to take care of the hearing aids during summer vacations (get tissue paper / *pega o papel higiênico* [...]; take them off / *tira da orelha* [...]). In the example, mothers took the footing of attentive learners or “recipients of instruction” to take proper care of the hearing aids.

### The reporting frame

As mentioned earlier, mothers report their children’s speech or their own talk with their children, directly and indirectly, taking the role of ‘animators’ (Goffman, 1981). To do so, they use oral Portuguese, LIBRAS, and domestic gestures (see example 1, lines 12 and 17; example 2 lines 17-23; and example 5, lines 3, 13, 15, 17, and 18). In some cases, they quote their children’s teachers’ speech (example 5, lines 20 and 23-25) and others’ speech while in interaction with their children (“I’m like it”) in lines 4 and {I equal} in line 5 of example 6.

(5) (Tr 1)

1	M	eu tenho aquilo que eu te mostrei do exame, pra ele tá tudo ótimo	I have what I showed you from the lab exams, for him everything is great
2	R	ele ta:: ta perfeito, a voz melhorou muito- [	he i::is perfect, the voice got much better- [
3	M	((concorda)) °bate não° *gesto* *não* ((falando com Cristiano))	((agrees)) °hits no° *gesture* *no* ((talking with Cristiano))

4	R	a voz dele melhorou muito, a forma como ele ta ta se	his voice got much better, the way he is
5		monitorando a altura e a intensidade dessa voz tá perfeito,	monitoring the volume and intensity of this voice is perfect,
6		desenvolvendo muito bem	developing very well
7	M	altura da voz	volume of the voice
8	R	e o ganho do aparelho	and the gains with the hearing aid
9	M	foi ótimo né?	was excellent, right?
10	R	foi ótimo, ele teve em algumas frequências ganho de trinta	was excellent, he had in some of the frequencies a gain
11		e cinco, quarenta dbs...né? é uma intensidade muito alta.	of 35, 40 dbs... isn't it? it's a very high intensity.
12	M	na escola também a professora falou que ta jóia, que tem	at school the teacher said he is awesome, that
13		hora que ele fala "MANDA AS CRIANÇAS FICAR EM	sometimes he says "TELL THE KIDS TO BE
14		SILÊNCIO PORQUE TA FAZENDO MUITO	QUIET BECAUSE IT'S VERY
15		BARULHO" ((risos))	NOISY" ((laughs))
16	R	ele já ta-	he is already-
17	M	((concorda)) é ele fala "MANDA FICAR EM SILENCIO"	((agrees)) and he says "TELL THEM TO BE QUIET"
18		ela morre de ri contando pra mim, "TÁ MUITO BARULHO" ((risos))	she laughs to death telling me, "IT'S VERY NOISY" ((laughs))
19	P	((risos))	((laughs))
20	M	Ela falou "Maria, tá muito bem ele com aparelho" porque	She said "Maria, he is very well with the hearing aid" because
21		eu mandei ela ficar observando porque na escola eu não to	I told her to observe because at school I'm not
22		lá junto e como ele estuda num colégio de ouvintes	there with him and since he studies in a school for hearing children
23		pra ele é tudo, né? Aí ela falou "não, Maria, tá bem	for him this is heaven, right? Then she said "I mean it, Maria, he is well
24		mesmo, agora ele manda até os outros ficar quieto que tá	indeed, now he even tells the others to be quiet because it's
25		muito barulho na (sala) pra ele".	too noisy in the (room) for him."
26	P	perfeito a:: o grande barato dos aparelhos são esses, é a	perfect ah:: the incredible thing about these aids are, is the
27		gente pode ver esses resultados, é claro que em algumas	we can see the results, of course in some
28		circunstancias vai demorar um tempo maior pra a gente	instances it will take more time for us to

29		observar esses resultados e em outros casos é aquele pulo	see these results and in some other cases it's that jump
30		como foi o caso do Cristiano, o Cristiano já vinha usando	as it was the case with Cristiano, Cristiano was already
31		aparelho a audição dele já estava sendo trabalhada	wearing hearing aids his hearing was already being trained

The recurrence of reported speech throughout the corpus kept us asking “why?” Tannen’s (1989, pp.100-133) account illuminated our interpretation. Reported speech cannot be divorced from the reporting context. The two contexts are “dynamically interrelated.” One cannot “speak another’s words and have them remain primarily the other’s words. [...] The words have ceased to be those of the speaker to whom they are attributed, having been appropriated by the speaker who is repeating them” (pp. 100-101), says Tannen, as she discusses Volishinov’s and Bakhtin’s ideas on reported speech.

In other words, reporting frames help speakers hide behind others’ voices to deal with any existing tension in the interactional context. As animators of others’ voices, speakers cannot be challenged, and the principals are not physically present to argue for their ideas. Ultimately, speakers use reported speech as a strategy to avoid conflict and, in our case, generate a “vener” of consensus between mothers and caregivers. The mothers use their children's, teachers', and others' voices to respond to the researcher’s questions and hide their own doubts about the caregivers’ approach. In (2), Brenda firmly positions herself against speech therapy, adaptation to the hearing aids, and use of oral Portuguese. Instead, she fully embraces Deaf Culture<sup>5</sup> and aligns with those who defend LIBRAS only for the deaf (line 22). In (5), Cristiano speaks for himself, demanding silence in the classroom as if he could actually perform the act of hearing (lines 13-15 and 17-18). These and other instances of reported speech in the corpus cue mothers’ proximity with positions that go against the caregivers’ and align with the principals.

(6)

TR 4

1	N	um dia ele tava tentando me explicar o negocio lá da	one day he was trying to explain me the stuff from
2		segunda estorinha da Brenda, a ponto de sem menor	Brenda's second little story, to the point that he without
3		cerimônia se jogou no chão pra mostra que a fruta tinha	any embarrassment threw himself to the ground to show that the fruit had
4		caído "ó" ela "eu sou igual"	fallen "look" the fruit "I'm like it"
5		{eu igual}	{I equal}
6		mostrou lá a fruta, aí ele mostrou, ele se jogou no chão lá	he showed her the fruit, then he pointed, he threw himself to the ground there
7		pra mostrar pra ela, ou seja, não tem barreira a gente... isso	to show her, I mean, there is no obstacle we... this
8		aí de vergonha de falar, é a vergonha de assumir a sua	thing of being ashamed of speaking, it's shame of assuming your
9		incapacidade, não vergonha de chegar até a ela, mas vergonha	incompetence, it's not shame of getting to her, but shame
10		na da sua incapacidade	of your incompetence

Although the mothers represent themselves as friends, animators of their children's voices or mothers who actively engage in the education of their children, most of the time they enact the role of "mothers of patients" or "recipients of instruction" who need to be trained in how to bring their children up. Whenever tension arises, they resort to reported speech to take a more powerful footing and avoid direct conflict with the caregivers.

### Conclusion

By framing talk in institutional terms, the psychologist and speech therapist managed to express their evaluations of the children's progress and family's participation with objectivity, distancing their speech from personal feelings about the events while presenting themselves as knowledgeable caregivers (see Levinson 1992; Drew & Heritage, 1992; Van Der Meeroop and Van Der Haar, 2008). They organized their talk according to an institutional rationale and their knowledge of and experience with audiology, deafness, and adaptation to hearing aids.

At the same time, the frames and footings at the interactional level helped us to see how the mothers' discursive representations evolve from acceptance to "reluctance to accept." Reported speech emerged as a discourse strategy used by them to enact and fight the discourse of normality. They not only cast themselves as reluctant to accept their children's deafness but also as anguished for not knowing how to explain daily simple facts of life to their children in the children's first language (LIBRAS). Yet, they also projected themselves as pro-active, caring mothers who act and speak for their children and who feel "being deaf is normal." These findings seem to tell us that these mothers have not accepted their children's deafness yet and still embrace views of the hegemonic discourse of what is normal.

### **Implications**

Higher levels of awareness of these conflicting representations of experience may empower these mothers to come to grips with the continuum that underlies a "hearing" and a "deaf world." Through talk, in support groups like the one understudy, they may discover a hidden logic that will allow them to make sense of their realities and their relationship with their children (see Ochs, 2004). The 'discourse as social practice' approach (Fairclough, 1989; Foucault, 1972) departs exactly from the premise that discourse can act upon interactors. As they talk, the mothers shape and are shaped by the context of interaction, which may lead to change in the social relationships they establish with their children, with others, and with themselves (cf. De Fina, 2003; Bucholtz and Hall, 2005; Schiffrin, 2006).

Finally, we would like to stress that this study in no way intends to minimize the difficulties and complexities of deafness or the innumerable variables that need to be considered to approach it; on the contrary. Our objective is to highlight the power of talk to bring such

complexities to the fore and throw light on socio-cultural models that anchor participants' negotiation of meanings subjectively and intersubjectively.

### Notes

1. According to the American National Association of the Deaf (NAD), "the term 'deaf' refers to those who are unable to hear well enough to rely on and use their hearing to process information." There may be mild (but significant) to severe hearing loss. Socio-culturally (Padden and Humphries, 1988), the term refers to a group of deaf people who share and use a sign language, beliefs, and practices that distinguish them from the larger society. Children in this study have moderate to severe hearing loss and use both LIBRAS (the Brazilian Sign Language) and written Portuguese as a second language to communicate. In the case of Cristiano, oral Portuguese is also used.
2. It is in order to clarify that we are not taking a position in favor of oralization of deaf children, cochlear implantation or any other approach brought to light by participating mothers and speech therapists. Our purpose is to contribute understandings through the analysis of talk as it unfolds in the support group for mutual aid.
3. The data were collected by Melissa Batista (see Batista, 2006), the second author, with the informed consent of all participants and the institution.
4. All names are fictitious.
5. Deaf Culture refers to an individual's own sense of identity and "ways of life mediated by sign languages" (Ladd, 2007, p. xvii). Typically includes individuals who attend schools for the deaf and were socialized according to the cultural norms and language of Deaf communities.

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### Appendix 1: Abbreviations and transcription conventions

Tr	Transcription
P	Psychologist
R	Speech Therapist/Participant Researcher
M	Maria (participating mother)
N	Nara (participating mother)
J	Joana (participating mother)
L	Lúcia (participating mother)
...	Pause
/.../	Suppressed transcription
“words”	Reported speech
{signs}	Utterances in LIBRAS (Brazilian Sign Language)
*words*	Domestic gestures used in communication