

*Empirical Article*

# Exploring the Discourse on Communication Modality after Cochlear Implantation—A Foucauldian Analysis of Parents' Narratives

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After pediatric cochlear implantation, parents have to make decisions concerning which communication modality the child and the child's family may use. The choice has to be made against a background of opposing views on communication modality in follow-up after pediatric cochlear implantation. The opposing views form a discourse that has been a core issue in the international body of literature for a long time. For hearing parents caught up in this ongoing controversy, the choice can be a difficult one. The study reported in this article explores the discourse on communication modality and is based on 27 written parental accounts on experiences with follow-up. From the perspective of Foucault's thinking, discourses exert knowledge and power. Drawing on Foucault, the study explores how the discourse on communication modality is constructed, how it operates, and how it governs thinking and acting. The Foucauldian analysis brings to the fore the complex nature of the discourse and states that follow-up, which is intended to be helpful for parents, may induce insecurity and frustration. The study brings into conversation a broader understanding of the discourse on communication modality and addresses a need for increased awareness on how the discourse governs thinking and acting in follow-up.

This paper presents a qualitative analysis of the discourse on communication modality in follow-up after pediatric cochlear implantation (CI). The literature states that, in general, parents choose CI for their deaf child because their goal is for the child to be able to understand and develop spoken language, thus enabling interaction with hearing people (Archbold, Sach,

O'Neill, Lutman, & Gregory, 2006; ASHA, 2003; Kluwin & Stewart, 2000). However, "the most effective way of attaining that goal," especially with respect to the choice of communication modality, has been—and still is—subject to debate (Archbold & Wheeler, 2010, p. 233).

In the research on follow-up after pediatric CI, the subject of debate is centered on different views with regard to communication modalities and their effect on the development of spoken language (Geers, 2006). These modalities form a specter ranging from approaches based on spoken language to approaches based on sign language. The views on communication modality have been a core issue in the international body of literature for a long time (see for instance Archbold & Wheeler, 2010; Knoors & Marschark, 2012). However, based on an overview of this literature Knoors and Marschark (2012) state that the research does not show empirical evidence in favor of any modality. Additionally, Archbold and Wheeler (2010) state that the literature frequently implies that the decision about communication mode is one that is made once and for all, thus "increasing the pressure on parents" (p. 233).

The current study was conducted in Norway. In this country, parents of children with cochlear implants typically meet several different service providers both before and after CI. These represent alternate and opposing views on communication modalities

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in follow-up and are practiced in the medical, educational, and psychological domains (see, for example, Strand, 2003). The views on communication modality in the follow-up in Norway can roughly be divided in two opposing standpoints. On the one hand, it is argued that a spoken language environment will provide the best possible conditions for what is described as maximum benefit of the implant (see for instance Wie, 2005; Wie, Falkenberg, Tvette, & Tomblin, 2007). On the other hand, a bilingual approach is advocated, where both spoken language and Norwegian sign language (NSL) and/or signed supported speech (SSS) are used (Kermit, 2008; Kermit, Mjøen, & Holm, 2010). This controversy reflects the ongoing international debate (see for instance Knoors & Marschark, 2012). These views form the background against which parents have to make a decision. For hearing parents caught up in the ongoing controversy, the dilemma about the choice of communication modality is often “a difficult one” (Archbold & Wheeler, 2010, p. 227).

In a review of the literature on pediatric CI, Thoutenhoofd et al. (2005) state that the parental and family perspective is considered “under-researched and [...] worthy of further consideration” (p. 267). Since then, several studies concerning the parental and family perspective have been published (see for instance Archbold et al., 2006; Archbold, Sach, O’Neill, Lutman, & Gregory, 2008; Huttunen et al., 2009; Huttunen & Välimaa, 2010; Hyde, Punch, & Komesaroff, 2010; Mitchiner & Sass-Lehrer, 2011; Young, Jones, Starmer, & Sutherland, 2005; Young & Tattersall, 2007). However, Archbold and Wheeler (2010) hold that at this point in time the areas of family perspectives on pediatric CI in the literature are still “comparatively sparse” (p. 227). This being the background, the current study applies 27 written parental accounts as the empirical foundation for exploring the nature of the discourse on communication modality after pediatric CI.

The empirical analysis of the parents’ narratives takes on a Foucauldian approach. Discourses are described by Foucault as power structures that govern people’s thinking and acting (Foucault, 1972, p. 49). The current study seeks to answer the following question: How is the discourse on communication modality in follow-up after pediatric CI constructed, how does it

operate, and how does it govern people’s thinking and acting? In so doing, the purpose is to bring into conversation a broader understanding of the discourse on communication modality in follow-up after pediatric CI, and to address the need for an increased awareness on how the discourse governs thinking and acting in follow-up.

### Analytical Framework

The search for the nature of the discourses on communication modality and their ingrained power structures draws on the work of philosopher Michel Foucault (1966, 1972, 1975, 1980, 1981, 1982). From a Foucauldian perspective, discourses exert knowledge and power: Through knowledge they “form the objects of which they speak” (Foucault, 1972, p. 49). This represents Foucault’s power/knowledge synthesis. Discourses govern, through knowledge, the way people think and act. As such, discourse is the fundamental driving force of power. Therefore, in the context of follow-up after pediatric CI, it is of relevance to understand how the discourse on communication modality is constructed, how it operates, and how it governs thinking and acting.

According to Foucault, power is a complex system of force relations in any particular society at any particular point in time (Foucault, 1981). It is diffused in a societal network of power relationships, in a “multiplicity of force relations immanent in the sphere in which they operate” (Foucault 1981, p. 92), always dynamic, and subject to change. Foucault (1982) states that the exercise of power is not simply a relationship between partners, but it is a way in which certain actions modify others. As such, “the exercise of power consists in guiding the possibility of conduct and putting in order the possible outcome” (p. 789). It governs, through structuring, the possible field of action of others. “It is a total structure of actions brought to bear upon possible actions; it incites, it induces, it seduces, it makes easier or more difficult” (Foucault, 1982, p. 789).

As such, power in a Foucauldian sense is not an exclusively negative force; it is more than a constraining or limiting force. There is always resistance, and through resistance there is also a strong constructive element to power. For Foucault, power and resistance

are two sides of the same coin. “Where there is power, there is resistance” (Foucault, 1981, p. 95) and the points of resistance are present everywhere in the power network. These multiple points of resistance are mobile and transitory, “producing cleavages (...), fracturing unities and effecting regroupings” (p. 96). As such, through the “plurality of resistances” (p. 96) to dominating discourses, new discourses can emerge and change can occur (Foucault, 1981). Resistance yields “a new picture of whatever has previously gone unquestioned and has been taken as definitive knowledge and truth with respect to a particular subject matter” (Prado, 1995, p. 25).

The work of Foucault is used widely in, for example, educational research, disability research, and in exploring identity and social justice issues (Allan, 2008; Bjarnason, 2010; Corker, 1998; McLaughlin, Goodley, Clavering, & Fisher, 2008). In the current study, three fundamental, interconnected Foucauldian notions on power/knowledge structures are chosen as analytical concepts. They are chosen in order to explore how the discourse on communication modalities is constructed, how it operates, and how it governs thinking and acting. These notions are “Discourses of truth,” “The power of the Norm,” and “Subjugated knowledges” (Foucault, 1966, 1972, 1975, 1980, 1981, 1982). A short description of each of these analytical concepts is presented here.

### Discourses of Truth

In all social practices, discourses display ways of thinking and acting that are common for specific groups of people and they are historically and culturally set. Discursive formations are historically and culturally determined practices that precede and form the individual's way of thinking and acting (Foucault, 1972). As such, discourses are seen to be constitutive of social practice. They have power because they produce knowledge (Foucault, 1980). The “truth” of knowledge is not to be seen in the absolute sense, but as a “discursive formation sustaining a **regime of truth**” (Hall, 2001, p. 76, original emphasis) which exercises its power on people's conduct and hence has the potential to manipulate the understanding and construction of the material world. Thus, power is exercised

by different forms of knowledge which function in a disciplinary way, for example, by establishing normality and deviation. Power and discourses of truth are linked: There can be no exercise of power without discourses of truth. At the same time truth is produced through power, in a mutually constituting way (Foucault, 1980). “We are subjected to the production of truth through power and we cannot exercise power except through the production of truth” (Foucault, 1980, p. 93). Foucault believed this power/knowledge connection to be present in every society, where people are judged and classified, “destined to a certain mode of living or dying, as a function of the true discourses which are the bearers of the specific effects of power” (Foucault, 1980, p. 94).

### The Power of the Norm

The power of the Norm is disciplinary through its normalizing judgment (Foucault, 1975). The power of normalization imposes homogeneity whilst, at the same time, it individualizes through measuring and through fixing that which is considered deviant. With homogeneity being the rule, the norm visualizes all the varieties of individual differences. Measuring, testing, or examining combines the techniques of an observing hierarchy and normalizing judgment. This is a “normalizing gaze” (Foucault, 1975, p. 184) that makes it possible to qualify and classify, creating distinctions of normality and deviation, whilst inherently establishing truth (Foucault, 1975).

### Subjugated Knowledges

One of the meanings Foucault attributes to the concept of subjugated knowledges are the knowledges that have been disqualified as inadequate to their task or insufficiently elaborated. Therefore, they are not acknowledged as “truth” (Foucault, 1980). Foucault refers to them as “a popular knowledge (le savoir des gens) [...] a particular, local, regional knowledge” (p. 82). It is this particular understanding of subjugated knowledges which is used in this study. Subjugated knowledges are “a return of knowledge” (p. 81), capable of criticism, due to “an entire thematic to the effect that it is not theory but life that matters, not knowledge but reality [...]” (Foucault, 1980, p. 81). The notion

of the *insurrection* of subjugated knowledges can be understood as representing points of resistance in the networks of force relationships. It is explained as a “re-emergence of these low-ranking knowledges”; an acknowledgment of these disqualified knowledges, enabling criticism to “perform its work” so that change can be brought about (Foucault, 1980, p. 82).

The aim of the analysis is to bring to the fore if, and if so, how the three aforementioned power/knowledge structures inherent in the discourse on communication modality come into view in the empirical data. A Foucauldian reading of the parents’ narratives searches to open up the discourse on communication modality and to bring forward a broader understanding of the power/knowledge structures in the discourse.

### Short Description of the Norwegian Context

The factors impeding access to CI technology in the United States as described by Paludnevičienė & Harris (2011) do not as such apply to Norway. In Norway, receiving cochlear implants is free of charge, including subsequent after-care and follow-up. Since 2004, bilateral CI is standard procedure. Due to structural neonatal hearing screening, many children currently receive their implants between 6 and 10 months of age. By February 1, 2013, 535 children had received cochlear implants in Norway, all at the same hospital (source: Rikshospitalet, Oslo). Parents can choose from a variety of follow-up programs, all paid for by the government, including time off from work and travel expenses.

The parent programs, in which the families participating in this study take part, are diverse. They are based on different communication modalities. “Se mitt språk!” [“See my language!”] (NFU, 2000), is a national parent program which consists of 40 modules of 1 week each in NSL for the parents, spread over time until the child is 16 years old. There are also programs based on spoken language such as “Hør mitt språk!” [“Hear my language!”], and Audio-Verbal Therapy (Estabrooks, 2006). Some municipalities offer locally organized SSS programs.

### Methods and Analysis

The data on which the current study is based was constructed within a larger research project on parental

perspectives on follow-up after pediatric CI. Within the larger project, the aim of the data collection was to gather information in order to explore the parents’ experiences with follow-up after pediatric CI. The data construction was centered on four themes: (a) communication in the family’s everyday life, (b) experiences with the support system, (c) the focus in the follow-up after CI, and (d) experiences regarding debates on choice of communication modality. It is this data which in the current study is applied as the empirical foundation for analysis.

Parents of deaf children have to make important decisions on the education of their child and they are central in the choice of communication modality (Knoors, 2007; Marschark & Spencer, 2006). As such parents are staged at the center of the discourse on communication modality in follow-up. This, and the relatively sparse research concerning the areas of family perspectives, is the rationale for applying parental narratives in the exploration of the discourse on communication modality.

### Participants

Twenty-seven families of children with cochlear implants have responded to an online questionnaire with 23 open-ended questions. The group consists of 20 mothers, 4 couples who filled out the form together, and 3 fathers. Of the 27 families, 26 have 1 child with CI and 1 family has 2 children with CI. The children range from 1–14 years of age. All parents are hearing and all the families use spoken language at home; four of them also use NSL. In total, 26 children have Norwegian as their first language, and 2 have NSL as their first language. Table 1 provides an overview of the communication modality in the family, the child’s age at time of survey, age at time of sound activation, bilateral implants, gender, and school/ kindergarten setting. Norway has a small population with approximately 5 million inhabitants, which means that the group of children that have cochlear implants is relatively small. Consequently, special attention needs to be given to ensure that the participants’ identity stays hidden. The children’s names, as they are presented in the analysis, are fictitious. To protect anonymity, age at time of answering the questionnaire and age at sound activation are presented in clustered time categories.

Table 1 Child characteristics

Child	Age at time of survey (years)	Age at sound activation (years)	Gender	Bilateral CI	ES	SSS
1	<2	0–1	M	Y	M	N
2	2 ½–4	0–1	M	Y	M	Y
3	2 ½–4	1–2	M	Y	M	Y
4	2 ½–4	0–1	M	Y	D	Y
5	2 ½–4	0–1	F	Y	M	N
6	2 ½–4	0–1	F	Y	M	N
7	2 ½–4	0–1	M	Y	M	N
8	2 ½–4	2 ½–4	M	Y	M	When CI off
9	4 ½–8	0–1	F	Y	M	N
10	4 ½–8	1–2	M	Y	M	Y
11	4 ½–8	2 ½–4	M	Y	D	Y
12	4 ½–8	2 ½–4	F	Y	M	Y
13	4 ½–8	0–1	M	Y	M	N
14	4 ½–8	2 ½–4	F	Y	M	Y
15	4 ½–8	1–2	F	Y	M	Y
16	4 ½–8	0–1	F	Y	M	N
17	4 ½–8	4 ½–8	F	N	M	N
18	8 ½–10	4 ½–8	F	N	D	Y
19	8 ½–10	1–2	M	Y	M	N
20	8 ½–10	1–2	M	Y	M	N
21	8 ½–10	2 ½–4	M	N	M	Y
22	8 ½–10	1–2	M	Y	M	When CI off
23	8 ½–10	4 ½–8	F	Y	M	Y
24	10 ½–14	2 ½–4	M	Y	C	Y
25	10 ½–14	1–2	M	Y	M	N
26	10 ½–14	4 ½–8	F	Y	C	Y
27	10 ½–14	4 ½–8	M	Y	D	Y
28	10 ½–14	2 ½–4	M	Y	M	N

*Note.* Gender: M = male, F = female; Bilateral CI: CI = cochlear implantation, Y = yes, N = no; ES = educational setting: M = mainstream, D = school for the deaf, C = combination of mainstream and school for the deaf; SSS = use of signed supported speech, Y = yes, N = no. When bilateral implants were received at different dates, the table reports the age at sound activation of the first implant.

## Questionnaire

The questionnaire was developed in order to gain rich parental descriptions on experiences with follow-up and everyday life in the family. The parents were asked to describe communication processes within the family in the early days, that is, shortly after diagnosis of hearing loss and after implantation, and to describe current communication processes. Parents were also asked to describe what they do in order to support their child's opportunities for participating in the family's everyday communication. In the questions on parental experiences with the support system, the parents were asked to describe the different institutions they have been in contact with. They were asked about their experiences whilst encountering these institutions, including their experiences with the follow-up. Parents were also

asked to describe which parent program(s) the family has chosen to participate in. Parents were asked to describe what they experience as being the main focus in the follow-up which the family receives. With regard to experiences with the discourses on communication modality in follow-up after implantation, the parents were asked to describe if, and if so, how they have experienced the controversy, and to reflect on how the debates have affected them. The questionnaire was written in Norwegian, and the parents answered in Norwegian.

## Data Collection

The data were constructed in Norway in the second quarter of 2012 through an internet-based questionnaire. Most Norwegian families are connected to the

internet. At the time of the study, 93% of all households and approximately 100% of households with children were connected to the internet (source: <http://www.ssb.no/teknologi-og-innovasjon/statistikker/ikthus>, retrieved August 28, 2013). Information about the online questionnaire would thus have the potential to reach approximately all families with children with cochlear implants in Norway.

Invitations to participate in the study were distributed through: (a) a parent organization for families with children who have cochlear implants (Cochleaklubben), (b) a national association of the deaf and hard-of-hearing (Hørselshemmedes landsforbund), and (c) through five different Resource Centers throughout the country which all are a part of the national special needs education system (Statped). Invitations were distributed electronically via e-mail and with a direct link to the questionnaire on the parent organization's website. In addition, a flyer was distributed to parents by the Resource Centers, both electronically and in print.

It is not possible to estimate how many parents have been reached by the questionnaire. Approximately 500 e-mails have been sent. In addition, parents may have learnt about the project via the parent organization's website or through the flyer. Some parents might have received an invitation more than once through different channels. Twenty-seven replies are considered a satisfying number, for two reasons. Firstly, filling out the questionnaire might have been time consuming for the parents, due to the open-ended nature of the questions, depending on the amount of text they chose to supply. For many possible participants this might have been a major obstacle in an already challenging everyday family life. Secondly, the rich material of 27 parental narratives is regarded as a solid base for exploring the nature of the discourse on communication mode: how it is constructed, how it operates, and how it governs thinking and acting.

### Analysis

The analysis of the empirical data follows a qualitative discourse analytical approach, anchored in Foucauldian perspectives (Alvesson & Skjoldberg, 2009; Potter & Wetherell, 1987; Wetherell, Taylor, & Yates, 2001). Discourse can be seen as a social text (Alvesson & Skjoldberg, 2009) where talk and text both represent as

well as constitute social practice. As noted by Wetherell et al. (2001), entering the analysis of discourse is "[...] to enter debates about the foundations on which knowledge is built, subjectivity is constructed and society is managed" (p. 5). The way that people engage in discourse through the use of language reflects the way they engage with everyday social life and how they construct their realities (Potter & Wetherell, 1987).

The translation of the parents' Norwegian quotes into English as they are presented in the analysis entails ethical and epistemological considerations on part of the researchers. Potential bias needs to be addressed in the process of seeking conceptual equivalence across languages (Temple & Young, 2004). The analysis was conducted in the parents' first language. The parental quotes were translated by the researchers in the final phase when the quotes were written into the English manuscript; this has been conducted with the utmost care in order to preserve meaning across languages. It is argued that delaying the translation process, as in this case, strengthens validity because it shields the analysis from being corrupted by translation.

Furthermore, general issues on validity in qualitative research stress the need for qualifying the researcher's position. In concert with Ricoeur's call on "not to deny the role of personal commitment in understanding human phenomena, but to qualify it" (Ricoeur, 1981, p. 220), the researchers' position is, in this study, qualified by the application of the Foucauldian analytical framework.

The analysis consists of a Foucauldian reading of the material which explores the nature of the discourse on communication modality. The three interconnected Foucauldian notions—"Discourses of truth," "The power of the Norm," and "Subjugated knowledges"—constitute the questions asked to the empirical data. The purpose of the Foucauldian reading was to gain an understanding of, and to bring to the fore, how the discursive power dimensions are constructed, how they operate, and how they govern thinking and acting. The findings of the analysis are presented in the following chapter.

### Presentation of Analysis and Findings

In response to the research question, the findings presented here are expressions of how the ingrained

power/knowledge structures in the discourses on communication modality are expressed in the parents' narratives. All 27 parental accounts touch upon various experiences with the discourse on communication modality, in different ways. Empirical examples of all 27 participants are included in the presentation of the analysis. This is done in order to provide a rich description of the breadth of the discursive power/knowledge structures expressed in the data. As the presentation of the analysis will show it varies how strongly these experiences are expressed, ranging from weak to strong, from implicit to explicit. The presentation of the analysis and findings is structured in accordance with the three Foucauldian notions of discursive power: (a) "Discourses of truth," (b) "The power of the Norm," and (c) "Subjugated knowledges." Each subchapter is introduced by empirically induced titles.

1. "Certain choices are better and more 'right' than others..."

*Discourses of truth* are apparent in the parents' accounts. Parents write about multiple issues related to the national and international debates on follow-up after CI. The debates are based on different ideas regarding the choice of communication modality, and mostly about which role the use of signing should have after implantation. The discourses of truth are present in the way that the parents express their frustrations and insecurity due to the debates on choice of communication modality. Making a decision is described as hard and experienced as a huge responsibility. "The most difficult thing is to take responsibility for our choices, in a situation where different support systems have different opinions on the communicative development of children with cochlear implants" (mother of Marc, age 9). Christian's mother explains that she found it hard to decide on communication modality due to lack of knowledge on the subject. She describes the opinions of the professionals as diametrically opposing. "It was a difficult process!" (mother of Christian, age 9—original emphasis). The professionals' tug-of-war puts an additional burden on the parents, as expressed by Oscar's parents. "The fact that some are of the opinion that certain choices are better and more 'right' than others and shout this very loudly, is something which

burdens those who have to make the actual choices" (parents of Oscar, age 4).

The parents make divergent choices regarding communication modality (see also Table 1). They write about having chosen a spoken language approach, SSS or a sign bilingual approach in their communication with the child and for their child's education. The pressure on the choice of communication modality is described as coming from professionals as well as from the sign language community or from other parents.

We have chosen spoken language. We have been slightly insecure about whether we have taken the right decision, because many people say that it will be when the teenage years hit that we are going to see and understand that our boy needs to be part of a sign language community. In not choosing this opportunity we have supposedly done something extremely unwise. "Wait and see..." It has been a challenge. (Parents of Jeremy, age 10)

There are stories written explicitly about professional service providers and their different opinions on the choice of communication modality. These professional service providers can be, for instance, the hospital that provides the implant (Rikshospitalet), the Norwegian special needs educational system (Statped), or professionals like audiologists, speech and language therapists, special needs educators or psychologists connected to other counseling services, for instance in schools, preschools or Norwegian local government offices. Annette's father writes, "I often get the feeling that professionals work against each other instead of providing information which is in the parents' best interest." He mentions feeling torn between opposing advice. "That is why we were very uncertain about what would be the right thing to do for our daughter" (father of Annette, age 6). Madeline's mother describes that, much to her surprise, the municipality's Educational Psychological Service (PPT) advised them to choose a sign language approach:

We had thought that CI would give our child the opportunity to speak and to hear. We found their view on the suggested follow-up frustrating, they being professionals and creating doubt regarding what we believed was the right thing to do. (Mother of Madeline, age 4)

There are also parents who report that they have not experienced any kind of pressure from anyone or any institution, while at the same time they seem aware of the fact that other parents do experience this pressure. “We had been expecting to be strongly influenced to choose a certain communication modality, we had for instance heard that the hospital was strongly against sign language BUT we have experienced nothing of the sort” (mother of Michelle, age 5—original emphasis). Similarly, four mothers state that they made their own choice; in this they were not troubled by the discourse (Carl, age 3; Eric, age 9; Leon, age 5; and Maria, age 3). Oscar’s parents have not experienced pressure either: They feel that their choices have been respected. However, they are fully aware of the conflict. “It is frustrating to see the conflict between the different professional milieus. As a participant in various voluntary organizations we found this tug-of-war an unnecessary burden for parents who have to make a choice about what would be best for their child” (parents of Oscar, age 4).

The parents experience the professional tug-of-war as implying that there is a golden standard, suggesting a “right” and a “wrong” choice, and thus a “truth” which is valid for all families. Julie’s mother expresses her frustration:

Neither the hospital nor the resource centers should express their views so strongly on what is the right thing to do after the operation, where signing is concerned. Because all our hard-of-hearing children and their families are so different, their needs will be different too. And each and every one should find out for themselves! (Mother of Julie, age 9, original emphasis)

Helena’s mother writes that they have received good counseling with respect to their daughter’s hearing loss. However,

The only thing I can point out is the fact that there are certain people at certain institutions who WANTED and THOUGHT that we SHOULD use sign language in addition to spoken language. We didn’t listen to them, and we have managed very well without! Some people should change their attitudes and take into account the different families’ diverse needs! (Mother of Helena, age 8—original emphases)

The different opinions regarding “what’s best” put parents in a challenging position and some express that they have felt caught between the two options:

The conflict between the sign language milieu and the spoken language milieu was destructive and we could in fact not trust the information we got from the professionals. We felt that we only had ourselves to rely on and that we didn’t have either the competence or the knowledge that was needed to help our child to get what she needed further in life. It was very hard [...] Especially because they do not accept each other’s point of view [...] We experienced this solely as a tug of war between different professionals where none of them exercised any particular self-criticism worth mentioning. (Mother of Rosemary, age 6)

Benjamin is 2 years old. His parents write that they have experienced some pressure from the resource center to use SSS. “Most people use signed supported speech. But we have been very clear about only using speech [...] Parents are uncertain about what is the best thing to do. They have to make a choice on their own on what feels right. That is difficult” (parents of Benjamin, age 2).

As noted in the introduction, CI is closely linked to the goal of the development of spoken language. Parents are confronted with several different options with regard to what might be the best way in order to achieve this goal. These options all represent their own truth, and exert as such their discursive power. The “discourses of truth” imply that there are “right” and “wrong” choices and they add to frustration and insecurity on part of the parents.

## 2. “This life is ENTIRELY normal for us!:D”

The parents describe how adjustment after diagnosis and CI initiates a reinstatement of the family’s communicative practice and an adjustment to uncertainty and different expectations with regard to the child’s future. The words “normal” and “usual” are ubiquitously present in the narratives, with reference both to communication within the family, and to life in general where the child is concerned. This indicates the notion of “the power of the Norm.” The wish for “a normal

life" with all its possibilities and opportunities is omnipresent in the written accounts. The use of words like "normal" and "usual" implies expectations that parents might have; the wishes they hold for their child's future. A quote like "to have the opportunity to hear and develop a normal spoken language!" (mother of Henry, age 7) expresses great expectations with regard to being able to participate in a hearing society. Helena's mother writes "We only use spoken language!" (mother of Helena, age 8). By adding the exclamation mark she emphasizes the value she addresses to the use of spoken language. The goal is to be able to speak "normal" Norwegian spoken language. The emphasis of the exclamation mark indicates a link to expectations of success: "It is a pure delight! To be able to witness that one's deaf child develops a normal spoken language is fantastic!" (mother of Henry, age 7).

In the descriptions of the child's and the family's situation parents put an emphasis on what is considered "normality." A few examples are: "She goes to a normal school" (mother of Helena, age 8), "The communication in the family is like normal in Norwegian" (mother of Julian, age 3), "The family uses normal language" (mother of Bobby, age 11, and mother of Madeline, age 4), "We talk normally" (mother of Amelia, age 4), and "We want her life to be as normal as possible" (father of Annette, age 6). With regard to the focus in the follow-up one parent expresses that it is on "developing a spoken language as normal as possible" and continues to say that "we communicate very naturally, in spoken language" (mother of Maria, age 3). In these expressions an undertone of success is apparent. "This life is 'ENTIRELY NORMAL' for us!:D" (mother of Fredric, age 5—original emphases).

A recurrent phrase in the parents' narratives is "We do not need signed supported speech (anymore)." This expression is present in several different forms, in which the word "need" seems central:

In general, having a family member with hearing problems is difficult and demanding for everyone involved (a lot has to be repeated), but on the whole the communication at home is functioning well. We don't need signed supported speech to communicate. (Father of Annette, age 6)

In these expressions, to not "need" SSS (anymore) seems to be regarded as a step towards "normality." "We do use some signed supported speech, but less and less" (mother of Leon, age 5). It might be fair to say that the transition from "needing" SSS to not needing SSS is regarded as success.

The parents' narratives express the "power of the Norm"; they express the norm's "normalizing judgment," granting "membership" to a (hearing) social body by imposing "homogeneity" (Foucault, 1975, p. 184). In concert with the Foucauldian notion, this power of normalization makes it possible to "measure gaps, to determine levels, to fix specialities" (p. 184). Having success is fixing what is special and establishing homogeneity.

### 3. "Deep down inside I'd wish..."

The notion of "subjugated knowledges" is present in the empirical data, containing descriptions of parents feeling subdued or not being listened to. "Before the operation we felt like we were not being heard. I wish we'd had more information about what we were entitled to" (father of Jake, age 2). Although most parents fight for resources in connection with a follow-up based on spoken language, Lillian's family battles to make themselves heard about their statutory right for educational resources based on a sign language approach. Lillian's mother writes that "the municipality where we live has been against us choosing sign language from the start," and after the family applied for an educational approach based on sign language, "all went wrong." She describes the treatment which the family received from the municipality as characterized by no expertise or desire to help, and by negative attitudes. "This has influenced our daughter both educationally and socially, and has affected her identity" (mother of Lillian, age 6). The lack of support from the municipality has had a downward-spiraling effect which is said to have drained the parents of both energy and time.

We dare not rely on Lillian's everyday situation being OK, and her development has surely been affected by this. Because of this we consider moving to a different town that has a school for the deaf, where we can rely on her interests being taken care of in a much better way. (Mother of Lillian, age 6)

Lillian's parents express that their needs are being ignored by the municipality, and as a result their daughter misses out on valuable education. They also express that they have reached a status quo, where they feel forced to give up and move to a different town.

Another mother states that the family accepted an offer from the hospital to participate in a pilot program based on spoken language, something which they considered as very fortunate and which suited them well. "It certainly did influence us to not opt for sign language. We saw quickly that he responded to sound and he developed well, so we chose to focus on spoken language" (mother of Henry, age 7). However, she writes:

If anyone had said at the time that we also should choose signed supported speech I'm sure we would have done that, and maybe we would have been very happy about that today. Deep down inside I'd wish I could be able to use signed supported speech in situations where he is deaf (at bath times and at night).

The expression she chooses, "deep down inside," can be interpreted as expressing doubt whether she should be saying this, and she adds, "That wish is not in relation to his language development, because that has been good the whole time" (mother of Henry, age 7).

There are parents who report on refusing to be subdued, through actively defying advice that they had been given. They have done so either because they felt at the time that their child needed something else or that the professionals did not understand their everyday life situation at home. An example is to be found in the reflections of Jonathan's mother:

We got the impression when we got into this system that sign language wasn't very popular and that we had to use as little sign as possible when communicating with our child, and so we listened to that. But after a while I thought, being a mother, however one chooses to look at it, he is deaf, no matter what you do, and we started to use sign supported speech which went really well even though it caused many people to frown in an irritated manner, in the special needs education system. (Mother of Jonathan, age 7)

The example of Julie's mother concurs with Jonathan's mum. "We heard so many different opinions. The

hospital's negative attitude towards the use of sign was something I didn't pay any attention to at all. And I think that attitude bears witness to the fact that they have no clue about what everyday life is like for us!" (mother of Julie, age 9).

Hannah is 14 at the time of the questionnaire. Her parents explain how they chose their own path in deciding upon communication modality. They write that the hospital had explained to them that it was not necessary with a sign language approach and a connection to the Deaf community after implantation. The family had been in contact with the Deaf community before Hannah got her first CI when she was six. Hannah's parents write that they found meeting the Deaf community a "little scary the first time." They found however that Hannah developed spoken language faster when they used SSS:

That was when we thought it couldn't hurt to be bilingual. And we have not regretted that. But for those who never have experienced a sign language community it could be disastrous to listen to the sort of guidance we felt we got at the hospital. We found that a scary thing to think of, afterwards. (Parents of Hannah, age 14)

Christian's parents also decided to make a different choice than they were advised:

The hospital was very clear from day one that these children only need spoken language, and nothing else. If one used sign language one was supposed to quit using it or it would impair the child's spoken language development. We were advised to take Christian out of the preschool for the deaf, immediately, and to stop using sign. (Mother of Christian, age 9)

Instead of spoken language, the parents chose a bilingual approach, because they felt it would be brutal on part of their son to take from him the only communication mode that he had. However, Christian's mother explains that they experienced a continuing pressure from the hospital afterwards. "In the years to come, the hospital has continuously expressed incomprehension at our choice to continue to use sign and to send Christian part-time to a school for the deaf." The mother concludes with the fact that this has

worked for them and that she is very satisfied with the choices made.

In the questionnaire, parents have not been asked to explain why they chose a particular communication mode. In their narratives however, the discursive power is expressed in the way that parents legitimize their choice of communication modality, spontaneously. In this way, the parents show that they are aware of the controversy in the discourse and they explain why they have chosen a particular option.

We chose to listen to the hospital. There they encourage you to focus on spoken language after implant activation. If it didn't work out we could rather use sign later on. Many were of the opinion that we should do both, but since the hospital represents authority on pediatric cochlear implantation, we relied on them. Fortunately! (Mother of Fredric, age 5—original emphasis)

Tommy's parents have a similar experience. "We listened to the hospital and we are very glad that we did" (mother of Tommy, age 9). These examples may express the notion of the subjugated knowledges in the sense that it is the perceived dominant power structure in the discourse on communication modality which makes the parents explain. In this sense, the parents' legitimizations are played into the ongoing struggle for dominance within the discourse on communication modality.

Ronny's parents chose sign language as a first language for their child. They explain that their motivation was based on anxiety. "We were anxious that he would not get enough help and support if we did not choose sign language as his first language at school" (father of Ronny, age 12). "Our daughter started preschool without any language skills and that is why we chose sign language. Even though the intention had been spoken language" (mother of Arabella, age 5). Leon's parents also legitimize their choice and express that they think they have made the right choice, "We listened to the hospital's recommendations and are glad about the fact that we did" (mother of Leon, age 5).

Parents legitimize their use of SSS, and likewise, other parents legitimize why they do "not" wish to use SSS. Two examples will be given. Amelia's mother explains why they do not use SSS, "Today the child can

speak very well and therefore we do not see any point in using signed supported speech" (mother of Amelia, age 4). On the contrary, Jake's father explains why it was important to them to use SSS in the communication with their 2-year old. "We had to learn signed supported speech in order to communicate with the child. We had had a boy who had heard normally before he lost his hearing, and he was very frustrated to not be able to communicate as he was able to before" (father of Jake, age 2). All these examples express the parents' awareness of the struggle for dominance in the discourse on communication modality.

The "insurrection" of the subjugated knowledges involves an active resistance to the dominant power structure involved so that "criticism performs its work" (Foucault, 1980, p. 82). As described earlier, Helena's mother defies the dominating view she is confronted with; she has been advised to use SSS. The insurrection of her knowledge involves not letting herself be affected by the discursive power. She concludes that using only spoken language turned out to be the best for their family, emphasizing that all families are different and have different needs and should be advised accordingly. The same applies for Jeremy's parents, who have experienced pressure from the Deaf community and from other parents to use sign. They have stood their ground on choosing spoken language, but as they say, "it has been a challenge" (parents of Jeremy, age 10). Lillian's mother, as well, has held on to her choice. To her it involved a battle for her daughter's legal right to education in NSL. She defies the view which states that her daughter should learn only spoken language, and by doing so, she pinpoints a lack of systemic flexibility. Christian's parents chose a sign bilingual approach against the advice of the hospital because they did not want to take away the only way of communication their son had. Lastly, the mothers of both Jonathan and Julie defied the advice they had been given to not to use SSS; using SSS is something which they find works well for their families.

In summary, the parents' narratives express the notion of "subjugated knowledges" (Foucault, 1980) which is described as the knowledges that are dominated, defeated, and subdued. Subjugated knowledges are present in the voices of the parents who feel caught between the different views on communication

modality that exercise their regimes of truth. They lie in the expressions of normality and success. Not least they are heard in the voices of the parents who say they know what is best for their child, but who do not find acknowledgment for their choice in any way. The “insurrection” of the subjugated knowledges reflects how some parents respond by resisting the discursive power. These responses put an emphasis on the different families’ diverging needs.

## Discussion

The exploration of the discourse on communication modality in follow-up after pediatric CI brings to the fore how the discourse is constructed, how it operates, and how it governs thinking and acting. In line with the Foucauldian framework all parents’ narratives show involvement in the discourse as it appears in the analysis, to various degrees. The discussion of the findings in the analysis will be organized according to how the discourse is constructed, displaying the three notions of “Discourses of truth,” “The power of the Norm,” and “Subjugated knowledges.” The concluding section addresses the need for an increased awareness on how the discourse on communication modality governs thinking and acting in follow-up.

Parents face challenges determining how to provide the most supportive conditions so that their child can develop spoken language and they are confronted with different truths as how to achieve this. The parental experiences correspond to the findings of Christiansen & Leigh (2002) who report that a number of the parents they interviewed had difficulties dealing with professionals who strongly advocated their particular approaches. The findings of the current study indicate that the parents experience the discourse on communication modality in follow-up as implying that there is a “right” and a “wrong” choice.

This normative stance of right and wrong is induced by the power of the *Norm*, which shows how power is exercised through normalizing judgment. The parents’ narratives show that through its inherent truth, the normalizing judgment induces values such as “normality” and “success.” The extraordinary focus on normality is reported in earlier research (Kluwin & Stewart, 2000; Sach & Whynes, 2005). It indicates

the disciplinary power of normalization, implicating “membership of a homogeneous social body” (Foucault, 1975, p. 184). The way the parents express their experiences reflects a notion of “success.” This notion of success is also found in the international body of research on follow-up after pediatric CI, for instance exemplified by the following quote from Holt et al.:

Because family dynamics are fluid and can be changed with explicit communication education and therapy, there is a real possibility that families that function in ways that do not maximize the likelihood of success with a cochlear implant could learn to function in ways more conducive to a child’s likely success (Holt, Beer, Kronenberger, Pisoni, & Lalonde, 2012).

The findings indicate that parents experience the discourses as implying that making the “right” choice on communication modality will lead to “success” with regard to spoken language development. Making a decision is described by the parents as hard. “Raising and parenting a deaf child is about having choices and making decisions” (Marschark & Spencer, 2006, p. 17). With regard to making these decisions, it seems fair to state that it is considered natural for any parent to want to make the right choice for their child. But getting presented different kinds of truths in the form of strongly opposing opinions with regard to what the right choice might be, exerts a power dimension which is experienced as stressful.

In summary, the discursive power induces the idea that there is a “right” and a “wrong” choice in communication modality after implantation, it values normalization and ultimately leads to insecurity and frustration on the part of the parents.

However, some parents actively resist the dominant power/knowledge structures in the discourse. The insurrection of the subjugated knowledges involves an active resistance to the dominating power in the discourse involved so that “criticism performs its work” (Foucault, 1980, p. 82) and change can be brought about. The analysis shows that parents respond to the discursive power with active resistance. Some parents defy the dominant power/knowledge structures in the discourses by actively choosing differently than they had been advised. They resist the power in the discourses of

truth because they find the alternative a better option for their child and the family's individual needs.

The insurrection of subjugated knowledges reflects the diversity of the families and their individual needs. As shown in earlier research, children with cochlear implants do not form a homogeneous group (Huttunen et al., 2009). It means that there cannot be a "one size fits all," or one universal truth with regard to the "right" choices with regard to communication modality in follow-up. As Helena's mother points out, it is essential to take into account the different families' diverse needs. Knoors and Marschark (2012) refer to the "one size fits all" approach to language as "at best out of date and at worst discriminatory" (p. 298). The authors offer a critical view on language policy identical for all deaf children and argue that changing times require that language policy will have to be shaped into differentiated forms. In the current study the Foucauldian notion of insurrection of the subjugated knowledges indicates that there is no "one size fits all," or a "right" or "wrong" choice in the matter of communication modality after pediatric CI. There are only the different families' individual, diverging needs.

The Foucauldian analysis brings into view how the discourse on communication modality is constructed. It reveals the complex nature of the power structures ingrained in the discourse. The study further reveals how discourses on communication modality operate within follow-up. It brings to the fore how the follow-up which is intended to be helpful for parents can induce insecurity and frustration. Through the way that power/knowledge are tied together the helpful intention has the potential to act paternalistic. Although the intention is to empower parents, parents may experience the opposite.

The study provides insight in and a broader understanding of the discourse on communication modality that is essential for the development of supportive follow-up for families with children who have cochlear implants. The parents' choice of communication modality is demanding, characterized by insecurity and will continue to be so. Therefore, families need follow-up systems that are able to support them in negotiating the various options available. The contribution of this study is to bring into conversation this broader understanding of the discourse and to address a need for

increased awareness on how the discourse governs the parents' as well as professionals' thinking and acting. In so doing, the study provides these insights as a critical, constructive voice into the ongoing construction and reconstruction of supportive follow-up systems.

The findings of the study indicate a need for further research. Because discourses are historically and culturally constructed, it would be fruitful to explore the discourse on communication modality in follow-up after pediatric CI within the context of various cultures. Furthermore, the study shows a need for greater understanding of how the discourse affects the parents in various ways: in relation to different background variables in connection to the child, the parents, and the support systems. Lastly, it would be fruitful to investigate the professionals' involvement in and awareness of the discourse on communication modality through exploring the experiences of those who provide support and guidance to families in follow-up after pediatric CI.

### Conflicts of Interest

No conflicts of interest were reported.

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