

Adolescence and deafness: experiences and expectations of hearing mothers and deaf children

Adolescência e surdez: vivências e expectativas de mães ouvintes e de filhos surdos

Adolescentes e sordera: experiencias e expectativas de madres oyentes e los niños sordos

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Abstract

Introduction: The phase of the adolescence is a landmark in the life of a person; therefore, it is the time where many changes occur. In this phase, physical transformations happen such as the development of the sexual characters, corporal and stature modifications and psychological transformations, amongst others. Factors and questions appear that re-echo in the adolescent and in his/her family, beyond the search for identity and maturity and the end of this phase is a time where some decisions start being taken for the future life. **Objective:** To understand the living experience of hearing mothers and their deaf teenagers examining the changes faced during adolescence. **Methods:** The research had a qualitative approach and semi structured interviews were conducted with five mothers and their deaf teenager sons and daughters. They all attend a public rehabilitation service. **Results:** The results showed that deaf teenagers have similar behavior as the hearing ones. They search for their identity, emphasizing deaf identity. The mothers mentioned changes in their interests and the acquisition of typical teenager behaviors. They showed concern about their teenagers' future, highlighting that they could study to be Sign Language interpreters, mainly because of their communicative ability in sign language. The teenagers, however,

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Authors' contributions:

JJC, MCMPL, MFCF – design and planning the research, collected the data, analyzed the data, critical revision of the manuscript, final approval of the manuscript.

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Received: 03/08/2018

Approved: 17/06/2019

indicated different options related to their future professions. **Conclusion:** The teenagers seem to have a good adaptation related to the deafness, social and family living.

Keywords: Adolescents; Deafness; Mothers; Career Choice.

Resumo

Introdução: A fase da adolescência é um marco na vida do indivíduo, pois é o momento em que muitas mudanças ocorrem. Nesta fase acontecem as transformações físicas tais como o desenvolvimento dos caracteres sexuais, modificações corpóreas e de estatura e transformações psicológicas, dentre outros. Surgem fatores e questões que repercutem no adolescente e na sua família, além da busca pela identidade e a maturidade e o final dessa fase é uma época em que várias decisões começam a ser tomadas para a vida futura. **Objetivo:** Compreender as vivências de mães ouvintes e de filhos surdos na adolescência, assim como as mudanças enfrentadas pela família nesta fase. **Método:** Para coletar os dados da pesquisa, utilizou-se um roteiro de entrevista semiestruturado, que foi aplicado com 5 mães e 5 filhos adolescentes surdos que frequentam uma instituição pública de reabilitação. **Resultado:** Os resultados mostraram que o adolescente surdo tem comportamentos semelhantes a adolescentes ouvintes, de busca da afirmação de identidade, enfatizando, no entanto, a identidade surda. As mães referiram mudanças de interesses e comportamentos nos filhos e ressaltaram a preocupação com o futuro deles, destacando-se a profissão de intérprete de LIBRAS como possibilidade de escolha, principalmente pela habilidade comunicativa dos adolescentes. Estes, porém, apresentaram escolhas diferentes em relação ao futuro profissional. Em termos da comunicação, os adolescentes mencionaram facilidade em inserir a LIBRAS na vida cotidiana, diferindo das mães, que relataram dificuldades em razão das constantes variações da língua. **Conclusão:** Os adolescentes parecem ter uma boa adaptação em relação à surdez, à convivência familiar e social.

Palavras-chave: Adolescente; Surdez; Mães; Escolha da Profissão.

Resumen

Introducción: La adolescencia es una señal en la vida del individuo, es el momento donde ocurren muchos cambios. En esta fase tales suceden las transformaciones físicas como el desarrollo de los caracteres sexuales, modificaciones corporales y de la estatura y de transformaciones psicológicas. Los factores y las preguntas aparecen ese re-eco en el adolescente y en su familia, más allá de la búsqueda para la identidad y la madurez y del final de esta fase es una época donde algunas decisiones comienzan a ser tomadas para la vida futura. **Objetivo:** Entender las experiencias de madres oyentes e los niños sordos en la adolescencia y tan bien como los cambios hechos frente en esta fase. **Métodos:** Fue utilizada entrevista semi structuralized aplicada con 5 madres y 5 niños adolescentes sordos que frecuentan una institución pública. **Resultados:** La persona sorda joven tiene comportamientos similares a los oyentes, de la búsqueda de la afirmación de la identidad, acentuando, la identidad sorda. Las madres se relacionan con los cambios de intereses y de comportamientos en los niños y tenían preocupación con el futuro de ellos, siendo distinguidas él profesión del intérprete de Lenguaje de Signos como posibilidad escogida, principalmente por la capacidad del comunicativa de los jóvenes. Éstos habían presentado diversas opciones en lo referente al futuro profesional. **Conclusión:** Los adolescentes se parecen tener una buena adaptación referente a la sordera, al convivencia familiar y social.

Palabras claves: Adolescentes; Sordera; Madres; Selección de Profesión.



Introduction

As hearing plays a critical role in the acquisition and development process of oral language, communication disorders, as deafness, have serious consequences for the overall development of the sufferer¹. Therefore, hearing loss can be regarded as a relevant biological factor that causes significant delays in child development, especially in communication².

In addition to the specificities related to the use of a language, priority should be given to ensuring that the deaf person is able to acquire that language³. Considering that most deaf children are born in hearing families, the interaction is more difficult in the relation between them, since these parents often use oral language that is inaccessible to the deaf child, thus hindering the language acquisition process, as well as other processes of human development. The deaf child of hearing parents often do not have access to the language in its form - meaning, significance and interpretation -, since all the experiences around them are said or done in a language that is not accessible to them⁴.

The implications of the family relationship with the deaf child are important in terms of its impact on self-esteem and affection of the deaf child, also reflecting on their relationships in adolescence and adult life⁵. The adolescence is a landmark in the life of a person; therefore, it is the time where many changes occur. Physical transformations occur in this phase, such as the development of the sexual characters, corporal and stature modifications and psychological transformations, such as expressiveness, behavior, social adaptation, among others. Factors and questions appear that re-echo in the adolescent and in their family, beyond the search for identity and maturity and the end of this phase it is a time where some decisions start to be taken for the future life⁶.

Deafness indicates a significant factor in the development of the subject, both for children and adolescents. Considering adolescence in the context of deafness implies the understanding that deafness presents a differentiating factor in this process⁷. Given that it is already difficult for every adolescent to accept the typical body changes related to puberty, the task can be even more arduous for the deaf adolescent, since they also must deal with the lack of hearing or the difficulty to speak⁷, since one of the major problems of deafness is the

individual's difficulty in acquiring oral language⁸. On the other hand, there is also the difficulty of many parents in learning the Brazilian Sign Language (BSL). According to Lorenzini (2004)⁹, the communication deficit of hearing families with the deaf relative is related to the non-acceptance of deafness and the difficulty of learning the BSL. The author believes that many parents do not recognize the importance of BSL in the communication with their children.

Therefore, adolescence may introduce changes in the dynamics of the family relationship, given the changes that occur in this stage of life. A question may arise in this sense: How is the adolescence of deaf people? How do they and their mothers face this transition phase? What changes happen in your daily life? In order to answer these questions, this study aimed to understand the living experience of hearing mothers and their deaf teenagers examining the changes that the family face during adolescence, as well as their expectations regarding the professional future of adolescents.

Methods

This is a descriptive and qualitative study. The sample consisted of 10 participants - five mothers of deaf adolescents and their children - who attend the rehabilitation sessions in the Rehabilitation Studies and Research Center "Prof. Dr. Gabriel O.S. Porto" (CEPRE), which is linked to the Faculty of Medical Sciences - UNICAMP. "Adolescence" was defined based on the Brazilian Child and Adolescent Statute (ECA), which considers adolescence to be between 12 and 18 years old¹⁰.

The study included exclusively hearing-impaired adolescents with no other disabilities or related syndromes, between 12 and 18 years of age, participants in the Education and Deafness program of the CEPRE, who lived in Campinas and nearby, who attended a regular school in the other period of the CEPRE, with listening parents. Deaf adolescents with other disabilities, who did not attend a regular school or with deaf parents, were excluded from the study.

Participants were approached in the reception room of the institution while waiting for their sessions. Upon the acceptance to participate in the study, the mothers of the participants signed the Free Prior Informed consent (FPIC), corresponding to their participation and authorization of their

child's participation; on the other hand, the adolescent participants signed a Consent Term.

Participants were identified by the letter M (to indicate mothers, as M1, M2, M3, M4 and M5) and A (to indicate adolescents), followed by respective numbers: A1, A2 A3, A4 and A5.

Data collection was conducted from October, 2015, to April, 2016, after approval by the Research Ethics Committee of University of Campinas, under the no. 1,266,997/2015 on October 7, 2015. The research was conducted according to the Resolution of the National Health Council 466-2012 - Ministry of Health, which establishes guidelines and norms regulating researches involving human subjects.

Firstly, data collection procedure consisted of the consultation of the records of deaf adolescents in order to know the diagnosis of deafness, according to the inclusion criterion of the study. Subsequently, semi-structured interviews were conducted following two scripts: one for the mothers and another for the adolescents, being carried out separately, so that each participant could feel free to respond.

Two initial interviews with the participants were performed to test the instruments, followed by their transcriptions in order to validate the issues in relation to what was intended to be investigated. The interview was based on issues related to the possible changes perceived by the mothers, and by the adolescents themselves, regarding the ado-

lescence. The study raised questions about young people's behaviors, daily activities and interests and expectations regarding their professional future.

The interviews were recorded and transcribed by one of the researchers, who know the Brazilian Sign Language (BSL) and, therefore, did not require the assistance of an interpreter during the interviews. Answers to the items in the identification form were recorded by the interviewer, as well as facial expressions and keywords reported by participants during the interview. The answers to the open questions were videotaped with the consent of the interviewees. The BSL was only used with the adolescents, and it is indicated in capital letters in the Results section.

Data were analyzed based on the thematic analysis, according to Bardin¹¹, which consists of careful readings of the interviews, followed by the identification of categories from the assumptions and objectives of the work and then, explored the material for analysis. The answers of the interviews could be classified into three categories in this study: 1 - Communication between mothers and children; 2 - Changes in adolescence; and 3 - Expectations about the future.

Results and Discussion

Data related to the profile of the participants are presented below:

Chart 1. Characterization of participants in terms of age of the children, marital status of the mother, educational level and occupation of mothers and children, and family constellation.

Participants	Family constellation/ Children	Estado civil M/A	Escolaridade** M/A	Ocupação M/A	Idade dos Jovens
	Marital status M/A	Educational level** M/A	Occupation M/A	Age of Young Participants	12 anos
	1	Casada / Solteiro	E.F.C./ E.F.	Dona de casa / Estudante	12 anos
M1/A1	1	Married / Single	No completed education / CPS	Housewife / Student	12 years old
M2/A2	1	Married / Single	CPS / CPS	Housewife / Student	12 years old
M3/A3	3	Married / Single	IPS / CPS	Housewife / Student	12 years old
M4/A4	4	Married / Single	No completed education / CPS	Housewife / Student	13 years old
M5/A5	2	Married / Single	IPS / CPS	Housewife / Student	14 years old

*M1, M2, M3, M4 and M5: Mothers; *A1, A2, A3, A4 and A5: Deaf adolescents; **IPS, incomplete primary school; CPS: completed primary school.

All mothers participating in the study were married, lived in the state of São Paulo, had no professional activity, and had one to four children. While all adolescents participating were attending primary school level, and most of them were in the sixth grade.

The diagnosis of deafness was confirmed between 18 and 24 months old. All the adolescents interviewed used the BSL for the communication; however, due to the different types and degrees of hearing loss, many of them also used oral language to communicate. Most of the adolescents used the Personal Sound Amplification Product (PSAP) as a form of auditory rehabilitation, and only one adolescent had a cochlear implant (CI).

1- Communication between mothers and children

In terms of the family with a deaf member, the lack of a common language is the main challenge in the family relationship, since the deaf child who is born in a listening environment faces, from birth, a network of identificatory constructions, prefigured by the expectations of their parents, hoping that their child could also be a listener.¹²

In the analysis of the mothers experience regarding the communication with their deaf children, some mothers reported that there was no difficulty in their communication, that is, they did not notice problems in the effectiveness of communication related to the degree of hearing loss.

The mother 1, for example, recognizes the difficulties faced by the deaf child when compared to those faced by the listener, but does not mention any difficulty with the communication. It is possible to notice the efforts of mothers in seeking the effectiveness of language with their children through sign language and, thus, to insert this communication in their daily life:

“Oh! We can talk very well. I learned the BSL and all to help her to talk better with us. But do you know that she doesn't like it? She prefers to talk, like everyone (...) she does not have a total hearing loss, but she is not like everyone (...). Sometimes at home I insist on using the sign language, but then G. gets mad and calls my attention: ‘Mom, you don't need to use sign language, we can talk very well in our own way’ (Laughing). So I respect her opinion, right? What can I do?” (M1)

In this report, the hearing impairment does not seem to impact effectively in the language of those involved. In addition, it is also possible to observe the need to equate the deaf subject with the listening environment, the desire of the adolescent to actively insert herself in her environment, by the use of oral language similar to the listener. Another participant reports that:

“She is not completely deaf, she speaks well, although much still needs to be improved and the device provided her a great gain (...). She is fully oralized. Everyone in my family talks to her, we understand each other. She only speaks in BSL with her colleagues, here in the institution. But we do not need to use sign language, since we only use oral communication.” (M2)

The hearing loss degree is considered as contributing factor to the development of a closer communication to the listener, being assisted by hearing aids. The family is active in oral communication, with no difficulties in the relationship with the adolescent.

Mother 4 believes that the orientation is important facing the difficulties arising from deafness and changes that impact the family every day. In this case, it is possible to notice the problems of the mother in describing the day-to-day for her daughter in an enlightening way and inserting her in the environment around her.

“Now we are able to understand her, and she understands us as well. But it was hard at first, I cried a lot because I did not understand her, I was desperate and I wanted to talk to her and I could not. That was when I met M. here, and she guided us on things like talking to J., showing sounds to her, all kinds of noise (...) we did everything she said. Things were evolving and we were able to communicate better with her, and she was able to interact better with us as well (...) but this is a daily struggle because we learn every day with them as well, since the signs change a lot, it's very complicated and she only speaks using sign language.” M4)

Similarly to other languages, sign language also suffers variations and there is a need to improve it constantly¹³. The report of Mother 4 shows us that no conversation would be possible if there was no BSL learning.

It is also observed in participants M1 and M2 that the degree of the hearing loss affected the adoption of another communication method.

In turn, when asked about the communication methods adopted by them with their family and friends, adolescents show different communicative preferences, but the search to be inserted in the listener environment can be noticed in several answers:

“Oh, I’d rather talk. I do not much like signs for a conversation. My mother gets mad because I do not want to talk to her using the sign language, but I do not like it, I like to talk like everyone else. I speak well.” (A1)

Adolescent 3 reports that her communication is preferentially through the BSL and it is possible to notice how comfortable she seems to be when communicating through this language, mainly due to her greater socialization with deaf subjects.

“THE BRAZILIAN SIGN LANGUAGE. I LIKE IT. MY DEAF FRIENDS ARE MY BEST FRIENDS. I TALK A LOT WITH THEM; IT IS EASY TO UNDERSTAND (...) IT IS NOT HARD TO LEARN. I KNOW IT. MY MOTHER AND MY FATHER KNOW IT AS WELL. WE TALK USING SIGN LANGUAGE”. (A3)

Another participant reports that:

“I AM TOTAL DEAF. I TALK WITH MY FAMILY AND FRIENDS THROUGH THE BSL, I DO NOT UNDERSTAND SPEECH THAT MUCH. (A4)

The choice of the form of communication will depend on the hearing conditions of that subject, that is, the degree of their hearing loss and their communicative ability in the course of their development. However, it was possible to observe in the discussion of the reports that all the participants had access to and control of the BSL; but only a few could opt for a second communicative ability, as oral language, due to their individual hearing conditions.

2 - Changes in adolescence

Adolescence is defined as the stage between childhood and adulthood. This stage begins with the first physical evidence of sexual maturity and ends with the social fulfillment of an independent adult¹⁴. In our society, adolescence has become a

temporal field of changes in socialization relationships due to the transition between childhood and adulthood. This stage invites the adolescent to design their life project, through which they will be able to create new meanings about themselves and the world. The feelings with the diagnosis of a deafness may influence parents to overprotect the deaf child, preventing them from participating in common activities of this stage of life, since parents believe that, even being grown as adolescents, deafness makes them fragile, making them feel repressed for not having the same freedom as other young people, being deprived of showing their own abilities, and becoming insecure and dependent¹⁵.

Considering these ideas, questions were raised regarding this stage and relating the experiences of the mothers to the adolescence of their child, as well as the perception of the adolescents regarding this stage. A close look at the reports of the mothers shows that all of them identified changes in the interests and attitudes of their children during adolescence. They report changes in clothing and footwear preferences, behavior, conversation issues and, above all, the constant use of electronic devices to access social networks.

Mother 2 reported that:

“She’s starting to choose more adult clothes, as well as other types of footwear, and she wants to visit her friends and stopped play with doll in the last 2 or 3 years. Now everything is about her mobile” (M2)

The thirsty for new discoveries during adolescence is commonly seen in today’s young people, who find an unlimited space in the Internet, being totally portable, through a computer or mobile phone¹⁶. The frequent use of electronic devices was also found in another study, in which 44% of the young people reported the use the mobile device seven times a week¹⁷. In this case, the electronic devices allow a continuous exposure to social networks facilitating unlimited exposure time¹⁷. This high use may be favored by the high information storage capacity¹⁸.

Other reports also indicate the visible and expected changes in adolescence, such as changes in interest and hormonal changes:

“(…) I believe that this stage only increases the desire to want things and having no control over themselves. Now she’s going through the PMS, so she gets a little more agitated. But I already said

to her that she must calm down and that everyone goes through it, so there is no use in getting nervous (...)" (M1)

In a review on the adolescent stage regarding physical development, some authors¹⁹ found that sexual maturation occurs with the development of primary (considered important for reproduction - physical and hormonal factors) and secondary (gender differentiation factors) sexual characteristics, so that physical changes occur rapidly during this stage and are often perceived by the family members of adolescents. Regarding the behavior of their children, mother 4 notices her adolescent child questioning on rules and leadership position among their relatives:

"He's more questioning, and now he believes that he is the man of the house. We say one thing, then he starts to disagree, now everything is "no" to him (...) He is being all stubborn in thinking that he is the king at home." (M4)

Adolescence has specific characteristics, leading the adolescent to a greater questioning regarding family rules, values and beliefs²⁰. However, mother 3 reports that her daughter experiences adolescence more childishly, and reports that she still has childish preferences and does not behave like most adolescents at this stage. In this case, the expectation of the mother does not match the behavior of the adolescent:

J. is twelve years old, but she seems to be younger than that, since she is not interested on Facebook, WhatsApp, or social networks like teenagers today (...) She does not live this universe. She is very different from other girls who are already flirting, and she has no interest in it." (M3)

When questioned on this stage of the adolescent's life in relation to deafness, the mothers reported no difficulty, because the children are clear of the situation, they do not feel victimized by the hearing loss. However, paradoxically, there are also reports that deaf adolescents end up isolating themselves in their homes or choose to spend more time in school, where they have someone to talk to (deaf friends), as the family often does not use sign language and rarely communicates with them. This fact was not identified in the reports of mothers.

Adolescents seem to be well adapted in relation to deafness and family life, and they socialize and experience the stage as a young person seeking independence.

The following reports may indicate this:

"Oh, we have a good relationship. I can't complain. As I said, G. is very affectionate with me. But she may get a little angry with her dad. While with others, she is normal, she befriends everyone and everyone likes her." (M1)

"So, she handles very well. She does not see deafness as a problem and neither do we." (M2)

Adolescence is a stage of life characterized by transitions, construction of identity, redefinition of attitudes and values, seek for autonomy and independence, changes, detachments and motivations²¹.

When asked about the possible changes resulting from this stage, most adolescents reported that they do not perceive changes. The following reports by adolescents were made using BSL and, as so, are represented in capital letters:

A1 "NOTHING AT ALL. I BELIEVE THAT I DON'T HAVE ANYTHING TO SAY ABOUT IT."

Like him, A3 and A4 also reported that they did not notice changes and that their mothers reported to notice these changes.

A4 (Shaking his head negatively and using BSL): I DID NOT NOTICE A THING. EVERYTHING REMAINS THE SAME."

A3 (Smiles and makes a negative sign using BSL): "NOTHING AT ALL. I'M A GROWN GIRL AND MY MOM TOLD ME SOME THINGS. I CAN'T SPEAK; I KEEP PLAYING AROUND, GOING TO SCHOOL AND TAKING CARE OF MY PETS ON MY TABLET."

Filipini, Prado et al (2013)²² explain about the physical and psychological changes that occur in this time, that is, the family is referred to as the main source of information by both females (42%) and males (20%) at this stage.

Only one girl reported typical changes of puberty:

"I DON'T LIKE TO PLAY WITH DOLLS ANYMO-

RE. NOW I JUST WANT TO USE THE WHATSAPP. (Laughing) SOMETIMES I GO TO THE MALL, BUT NOT ALWAYS, SINCE MOST OF THE TIME I STAY AT HOME.” (A2)

In this case, all the play starts to be replaced by the ride and access to social networks. This stage is clearly marked by the appreciation in adopting new social roles and by the contact with the peers, as other young people. Leisure exemplifies one of the influential sociocultural factors for the young people, and this activity represents the time for rest, fun and promotion of personal satisfaction, which is free of primary obligations related to the family and school²³.

The connectivity with their telephone devices clear in the adolescent participants and it refers to the typical leisure of adolescents nowadays. Conflicts and particularities of adolescence cannot be generalized, nor their repercussions, to the point of tracing a unique and characteristic profile of all adolescents. Individual differences are also present as well as the influence of the various socio-cultural factors. In this sense, deafness was voiced by the participants as follows:

A3 (Smiles, reflects on the question and uses the BSL): IT’S COOL. THERE ARE GIRLS AND BOYS LIKE ME. HERE I CANT TALK A LOT WITH THE GIRLS (in the institution), BUT AT SCHOOL I CAN’T TALK THAT MUCH.”

“It is normal. I am able to talk well and I talk to everyone. And I have the device that helps me a lot, as well as FN at school that makes me understand what the teacher says, so there is no problem at all.” (A1)

A4 (Using the BSL): I’M DIFFERENT. AND THAT’S COOL. THERE ARE SOME BOYS THAT WOULD LIKE TO BE LIKE ME, BUT THEY ARE NOT. I’M DIFFERENT, I TALK DIFFERENTLY. BUT THAT’S NORMAL.

It can be highlighted in the speech of the participant A4, who refers to be “different”. This does not seem to bother him, on the contrary, he seems to feel as privileged, since many demonstrate a desire to be like him. He does not see himself as the only one of his kind in society, since the contact with other deaf adolescents and adults allows him to feel like an integral part of a society without

feeling deprived by deafness. Another participant reports that:

“Well, that’s not so cool, because then I would need that device to listen to anything, so I could not be without it. Apart from this, it’s not bad, right? (Laughing) I did not listen when they turned the TV on, so I had to go to the doctor and then I started to use this device.” (A2)

It can be noticed that the adolescent tries to attenuate the deafness with the hearing aid that brings her closer to the listener, even limiting her to hear “as everyone else”.

3 - Expectations about the future

Adolescents should choose a profession from an early age, a choice that seems definitive. Often the young person must decide this before even forming their own identity.²⁴

There are many factors that influence the choice of a profession, from personal characteristics to political and religious beliefs, values, socio-economic context, family and peers. The literature suggests that the family is one of the main aspects that can both help and hinder the youth person in the professional decision²⁵, as in some way, parents introduce their own desires on the projects of their children in their discourses, without even realizing what they are doing²⁶.

Mothers were questioned about their children’s future expectations and they reported expectations for their study and career:

“I hope she has better conditions. And that she can get a job and then go to college as a sign language interpreter. I usually tell her: be a teacher, you are very intelligent.” (M1)

“I would love to see her going to the university, getting a job, having her own money, and being independent. And to raise her own family in the future (...) I believe that she would be great working with the BSL.” (M3)

“My dream is to see him going to university. He is doing great in BSL, so he may follow this path. I also hope that there is no prejudice against deaf people in the future. I don’t know. Sometimes, the world is really hard I we are afraid that he might not have the same opportunities as others. But I hope that things will change in the future and that he may succeed in his life. (M4)

It can be noticed in the reports that the mothers present similar expectations regarding the profession of their children. Most mothers are concerned with the inclusion of the deaf adolescents in the labor market, as well as their independence given the difficulties of the hearing impairment. There is concern for the space that their child will have in the society, in addition to the expectations for study and career, which is referred to by most participants as choice for the sign language interpreter, due to the communicative ability of the child.

It is important to emphasize the concern of mothers on the difficulties they face due to deafness for the future development of their children, and their aim for the social inclusion of their children in order to enable personal, professional and affective stability. The reports confirm the findings of some studies about the family's concern with functional independence, education and the work of their descendants²⁴. Work started to be regarded as a fundamental social condition, which has directly influenced the process of professional choice that begins in adolescence. There are factors and issues that arise in this time and do not affect only the adolescent, but also their family.

The family environment can be a source of safety and motivation to the many innovations that adolescents face²⁷. The choice of profession is one of the most important decisions of a person's life, since it will determine, in a way, the future of the individual, as well as their lifestyle, education and even the kind of people with whom they will face at work and in the society. Thus, when asked about their expectations for the future, the adolescents had different views on the choice of profession, differing from those voiced by their mothers:

"So, I would like to work and study. But, first, I must study. I want to be a teacher and then work in a great place so I can help my mother." (A1)

A3 (Reflects on the question and uses the BSL): "I DON'T KNOW. I LIKE ANIMALS. SO I GUESS I WOULD LIKE TO VE A VET (smiles). OR MAYBE I COULD WORK WITH FABRICS, AS IN THE THEATER THAT I WATCHED WITH MY FATHER. IT IS A BEAUTIFUL THING.

A4 (Using the BSL): A FOOTBALL PLAYER. "I DON'T KNOW... IT SEEMS GREAT TO BE A FOOTBALL PLAYER.

The professional perspectives of the adolescents are still undefined, which is typical of the stage, since adolescence is a stage of the human development process characterized by the confusion of roles and the difficulties to establish an identity.

In another report, the young participant would like to pursue a music career:

"I told my mom that I wished to be a singer. I love Anitta, Mc Ludmila, Tati Zaqui, Biel [Brazilian singers] (...) but it is not easy. You must record a video and post on YouTube, you know? Then people would listen to the songs that they like, I don't know. I wished to be just like Anitta [Brazilian singer] and to sing like her (Laughing)." (A2)

In its original understanding, music is related to life. It is a valuable instrument of knowledge. Music can take on different roles in an individual's life, from breaking the monotony to the form of a "refuge"²⁸ and this is no different for the adolescent.

A significant point can be highlighted in the report of participant A2: the hearing impairment and the choice to be a voice professional. As it is known, the speech is the primary means of communication between people, and hearing becomes determinant for vocal development, which follows the individual throughout life. However, some factors may cause damage in their production, and hearing losses are among them. It can be said that deafness will hinder the development of speech, as it restricts the individual in the auditory reception and reduces the ability of the speaker to monitor their own speech²⁹.

The hearing is not totally ineffective for this adolescent, that is, his hearing loss degree is moderately severe, thus presenting some auditory ability that allowed him to communicate orally. However, his vocal production can be distorted, which is a characteristic of the hearing impairment.

The main task of adolescence is to overpass the crisis of identity, and a link must be established between the past - "what I was as a child" - and the future - "what I will be as an adult" -, so that the adolescent will be able to project consistent plans for adulthood³⁰. The analysis of the socio-cultural context, institutions, existing organizations, available technologies etc., occurs in the development of occupational identity, relating to the opportunities that adolescents can experience, meaning when, where and how they will chose their profession. Therefore, the adolescent is in the stage of explora-

tion, looking for answers to the professional choice and the definition of their life projects³¹.

In short, it can be noticed that adolescents are not heavily influenced by their mothers, on the contrary, they are looking for their own professional identity.

Conclusion

Adolescent participants reported behaviors that are typical identity affirmation of adolescence, as the search for their identity; however, emphasizing the deaf identity.

The mothers mentioned changes in their interests and the acquisition of typical teenager behaviors. They showed concern about their teenagers' future, highlighting that they could study to be Sign Language interpreters, mainly because of their communicative ability in sign language. The teenagers, however, indicated different options related to their future professions, which are still uncertain due to the constant changes that may occur during adolescence.

With respect to the communication, the adolescents mentioned ease in introducing the BSL into daily life, differing from mothers, who reported difficulties due to the constant variations of the language.

The adolescents seem to have a good adaptation related to the deafness, social and family living.

Possible limits related to the results of this research refer to the uniqueness of the group of deaf adolescents, that is, all participants had a similar socioeconomic and educational profile. A further investigation with deaf adolescents from other socioeconomic and cultural profiles could broaden and deepen the scope of results. On the other hand, a very positive aspect of the research referred to the use of the BSL by the researcher in order to collect the data directly with those deaf adolescents who had no oral language ability.

Acknowledgments

We thank the PIBIC/CNPq for the research funding. As well as the CEPRE for their support and assistance at their facilities in order to conduct this study. Finally, we also thank the participants who agreed to participate and contributed to the research.

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