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From Communication Breakdown to the Evolution of Parent–Child Bond Investments in the Context of Acquired Hearing Impairment in Cameroonian Children

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ABSTRACT: Acquired hearing impairment in children raised in hearing families profoundly affects family relationships, particularly the parent–child bond, by disrupting established modes of communication. This study aims to examine the impact of communication breakdown on the parent–child relationship in the context of acquired hearing impairment during childhood, with a focus on the evolution of relational investments within the dyad. Using a qualitative case study approach, four semi-structured interviews were conducted with two Cameroonian families, each composed of hearing parents and a child who acquired hearing impairment in early childhood. Participants were recruited from a specialized school for children with hearing impairment in Yaoundé, Cameroon. Data were analyzed through thematic content analysis. The findings indicate that communication barriers constitute the core source of relational suffering within the parent–child dyad. These difficulties destabilize relational investments, which tend to fluctuate between objectal and narcissistic forms depending on situational challenges. Parents experience feelings of helplessness and frustration, while children express emotional distress through withdrawal or behavioral agitation. This study highlights the central role of communication in maintaining relational stability and underscores the need for psychosocial and communicational support for families confronted with acquired childhood hearing impairment, particularly in sociocultural contexts marked by limited access to sign language resources.

KEYWORDS: communication breakdown, parent-child-bond, relational investments, acquied hearing impairment, family dynamic,

INTRODUCTION

Having a child who has acquired hearing impairment within a hearing environment is destabilizing both for the child who has become deaf and for hearing parents, as mutual parent-child communication becomes difficult and exposes the parent–child bond to various vulnerabilities. Acquired hearing impairment in childhood therefore represents a public health issue and remains a major concern within the scientific field. According to the World Health Organization (WHO, 2017), more than 5% of the world's population approximately 360 million people live with disabling hearing impairment, including 32 million children. The WHO emphasizes the fundamental role of hearing in childhood for language acquisition, academic achievement, and the establishment of social relationships.

Studies by Dorey (2002) show that hearing impairment in children produces significant effects on relationships and has a particular impact on the family group by organizing specific configurations of relational bonds. Investigating the development of the parent-child bond in the context of acquired deafness—where the parent– child dyad is confronted with a rupture of oral communication and forced to cope with linguistic divergence (oral language versus sign language) thus appears relevant for understanding the nature and evolution of relational investments between parents and their children. In this study, we focus on the repercussions of the bond between hearing parents and signing deaf children in situations of acquired hearing impairment during childhood, taking into account the psychic, cognitive, affective, communicational, educational, and behavioral reorganizations implemented by both children and their parents in order to cope with the new reality imposed by acquired disability.

Hearing Impairment and Vulnerability in Childhood

According to a 2007 report by the Association of Socialists for Persons with Disabilities, physical disability constitutes a factor that may hinder a child's personal development. Children with hearing impairment have fewer resources than hearing children. Regardless of the origin of the impairment or the sociocultural environment, children with hearing impairment are confronted with their difference and with a sense of injustice. The gaze of others intensifies this suffering and may provoke various reactions, such as withdrawal into oneself or social isolation.

Hearing impairment represents a bodily injury for the child (Tchokote et al., 2025) and constitutes a determining element in the child's adaptation to the world. It may influence the child's way of being, inhabiting the body, and perceiving oneself, as well as the manner in which situations are emotionally experienced (Glaude, 2007). This bodily injury plays a decisive role in the child's adaptation to the world and may exacerbate identity crises while influencing the choice of identification models and making self-assertion through personal positioning more difficult (Marcellus, 2005). According to Meloupou (2013), childhood is a developmental period characterized by ongoing growth and transformation prior to adolescence. This period of change is expressed through the various social interactions that the child maintains with the social, educational, physical, and familial environment. The child's vulnerability during this developmental stage constitutes a major area of reflection in several fields, particularly in psychopathology.

Acquired Hearing Impairment and the Identity of the Child Who Has Become Hearing-Impaired

During the early years of life, deaf children begin to develop their identity through interactions with their family and immediate environment. Sign language plays a crucial role in this process. According to Marchak and Hauser (2012), mastery of sign language from an early age allows deaf children to develop self-awareness and social skills comparable to those of their hearing peers. The family constitutes a central factor in the development of deaf children's identity. Parents who learn and use sign language promote better communication and a stronger relationship with their deaf child, thereby contributing to positive identity development. Schein and Delk (1974) argue that deaf children born to deaf parents, who use sign language as their mother tongue, often develop a more consolidated and affirmed identity.

Virole (2009) highlights two fundamental elements in the construction of identity among deaf individuals: sign language and Deaf culture. He defends the idea that deaf children born into hearing families initially possess a primary identity, insofar as they have a name and a birth certificate elements that form part of identity conferred by their family. However, upon entering contact with other deaf individuals in specialized schools, a second identity is attributed to them by the Deaf community, often based on a physical characteristic or a significant event in which the child is involved. On the one hand, culture defined as a set of rules, codes of conduct, and ideological values that structure a society is transmitted unconsciously through parental education. Deaf children living in hearing environments do acquire this culture, as aspects such as table manners or religious affiliation are effectively transmitted; the existence of deaf children who are Christian, Muslim, or atheist attests to this reality (Virole, 2009, p. 237).

However, cultural transmission must be accompanied by explanations and meaning-making processes, which require a shared language and a common worldview. Without this shared symbolic heritage, the possibility of constructing a common culture becomes impossible. Virole (2009) sought to understand how a deaf child can successfully build an identity when the parents primary actors in the child's development do not share the same apprehension of reality. To address this question, Virole analyzes the process of identification in deaf children born to hearing families and identifies two forms of identification: primary identification and Oedipal identification.

Primary Identification

Virole (2009) demonstrates that identification defined as the incorporation into the self of the mother's characteristics in order to ward off internal and external dangers—is generally successfully achieved by deaf children. These children are able to internalize a positive maternal image during the early years of life, despite frequent disturbances linked to the impact of deafness on parents, particularly on the mother-child relationship (Virole, 2009, p. 235). However, from Virole's perspective, these disturbances are not of such a nature as to compromise this stage, since both parents and child have sufficient emotional resources to share. During this period, gestural communication, bucco-phonatory play, and exchanges of smiles serve as means of emotional transmission and communication, enabling the child to access primary identification.

Oedipal Identification

With regard to Oedipal identification, Virole maintains that deaf children are able to identify with either the masculine or feminine position. Nevertheless, deafness interferes with this process, as deaf children at this stage often develop fantasies in which they believe their parents are not their real parents, that their deafness is the result of faults committed by their "true" parents, and that they will eventually be able to speak when they grow older (Virole, 2009, p. 235).

Parenthood Put to the Test of Acquired Hearing Impairment in the Child

When a child acquires hearing impairment, parents are generally confronted with a profound shock that triggers intense emotions and, at times, extreme reactions (Lamarche, 1985). These parents experience a disruption of their affective and educational reference points in the face of the sudden onset of their child's disability (Cappe et al., 2015). Parents of children with hearing impairment may also undergo modifications in their parental roles (Dionne et al., 2006), as well as a reduction in moments of intimacy within the couple (Tétreault et al., 2002). They are faced with a painful confrontation between their desires and reality. In the initial phase following diagnosis, some parents attempt to flee from reality, deny their child's identity, express wishes for the child's death, or consider institutional placement as a solution.

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The onset of hearing impairment in a child calls into question parental choices, decisions, and orientations regarding education and care (Bénaoum et al., 2015). Indeed, a child's disability demands increased investment in time and financial resources and may affect family equilibrium (Martin et al., 1993). According to Pelchat et al. (2001), parents' sense of parental competence and their capacity to perceive and interpret the signals emitted by their child who has become disabled appear to be altered. Several studies indicate that the quality of life of parents raising a child with a disability is influenced by the characteristics of the child's impairment, the needs it generates, and parents' own psychosocial variables, particularly social support (Bobet & Boucher, 2005). Modes of Communication in Families with Children with Hearing Impairment

The acquisition of hearing impairment in a child within a hearing family represents a significant challenge both for the child who has become hearing-impaired and for the entire family system. Research on the linguistic and cultural aspects of deafness highlights that the term deaf carries multiple connotations: one referring to a physical limitation, and another referring to linguistic and cultural characteristics that involve a distinct identity dimension (Toth, 1998). Regardless of whether they meet or fail to meet the demands imposed by hearing impairment, individuals with hearing impairment use sign language (LSF or ASL) and are recognized as members of a group, whether within the family or among hearing or hard-of-hearing peers of deaf individuals (Woodward, 1972). Consequently, a hearing family confronted with the onset of hearing impairment in a child faces a linguistic challenge, namely the need to engage with sign language or gestural communication when interacting with their child, as language remains fundamentally a tool for communication and social interaction (Lucas, 1989).

According to Jackson (1967), one cannot not communicate. From this perspective, human nature compels individuals from conception onward to express themselves, to carve out a place in the world, and to establish relationships with others. This need to form bonds with the world drives individuals to rely on communication, regardless of its form, in order to ensure survival and existence (Bowlby, 1973). The adoption of a mode of communication adapted to the child with hearing impairment within a family previously accustomed solely to oral exchanges modifies established codes and generates relational discontinuity (Macé, 2010). Hearing impairment thus disrupts linguistic possibilities between the child and their environment, as the child cannot share the same musical experiences, adopt similar linguistic styles, engage in the same humor, or participate in ordinary conversations (Pouyat, 2010). Children with disabilities may also take refuge in their disability in order to avoid confronting difficulties encountered in their environment (Marcellus, 2005).

Cultural Conceptions of Hearing Impairment in Cameroon

In Cameroonian culture, hearing impairment is designated by various terms depending on ethnic affiliation. In Northern Cameroon, the term Mokfèdè is used to refer to both deafness and blindness (Talikoa, 2022). In Western Cameroon, particularly in the Menoua Division, the Yemba-language term Tset metoung is used to designate a person with hearing impairment, meaning "blocked ears," while Te joug njig refers to "a person who does not hear." In the Bassa language, the term Ndock is used to designate a person with hearing impairment and also conveys the meaning of "stubborn person." In Ewondo, a deaf person is referred to as Ndoak. In Yambassa culture, specifically in the Gunu language, the term ulokoloko meaning "one who does not hear"is used and also connotes "a sick person."

These designations are stigmatizing, as they confine the individual to the impairment and restrict access to learning opportunities, as noted by Hirt (2004). Such representations limit individuals with hearing impairment in their interpersonal relationships and, consequently, constrain the relationship between the child with hearing impairment and their parents.The discomfort and unease generated by a child's hearing impairment among parents, family members, and the broader cultural community remain persistent and leave families in a state of unsettling strangeness (inquiétante étrangeté) (Tchokote, 2023). As emphasized by Tchokote (2021), these representations are linked to the perception of childhood disability as misfortune or bad luck.

Addressing the parent–child bond within the Cameroonian context requires a nuanced and culturally sensitive approach that takes into account cultural, social, economic, and educational dimensions. Culture and tradition play a significant role in how parents perceive and interact with their children with hearing impairment. It is essential to understand the values and beliefs that shape these interactions. Unfortunately, hearing impairment is often associated with stigma and shame in Africa, including Cameroon. As documented by Hirt (2004), hearing impairment is frequently perceived as a sign of intellectual deficiency, preventing those affected from accessing learning.

Drawing on the work of Tchokote (2022), interpersonal relationships are understood in light of the belief that the occurrence of an accident resulting in disability may be perceived as the consequence of relational dysfunction between the individual and family members or the broader community. In other words, the onset of hearing impairment in a child may generate relational dysfunction within the family system, particularly in the parent– child relationship. We thus evoke a rupture in parent–child bonds following the abrupt onset of acquired hearing impairment in childhood, which generates feelings of guilt and shame among parents and hinders emotional and communicational exchanges, thereby affecting the relationship with their child.

Modes of Communication in Families with Children with Hearing Impairment

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METHODOLOGY

This study is grounded in a qualitative methodological approach, specifically a case study design, which allows for an in-depth understanding of the human subject in their singularity and lived experience (Fernandez & Catteuw, 2001). The objective is to understand the impact of communication breakdown on the parent–child bond in the context of acquired hearing impairment in childhood, in order to apprehend the development of modes of relational investment within the dyad. Three families were contacted through the director of the Specialized School for Children with Hearing Impairment (ESEDA), located in Yaoundé, Cameroon, near the Central Hospital. Two of these families agreed to participate in the study; the withdrawal of one family was due to the parents' lack of availability.

Thus, two families were retained for the study. Inclusion criteria required that parents have a child enrolled at ESEDA who had acquired hearing impairment during childhood and who had developed oral language prior to the onset of the impairment. Participants ranged in age from 35 to 46 years and included both male (fathers) and female (mothers) parents. The study was conducted in the teachers' room within the school premises. With the assistance of the school director, participants were selected and freely agreed to take part in the study. All participants signed an informed consent form after being informed of the study's objectives. Parents were free to choose the date of the interview according to their availability.

Participants' anonymity was strictly respected. Each parent was assigned a pseudonym: Father F1, Mother F1, Father F2, and Mother F2. Each child with hearing impairment was also assigned a pseudonym: Princess for Family 1 and Ibrahim for Family 2. Semi-structured interviews were conducted with the parents for data collection. Each interview lasted between 45 and 55 minutes. The data were analyzed using thematic content analysis, which involves segmenting discourse and identifying principal themes that may be subjected to different forms of analysis depending on the research objectives (Pedinielli, 1994).

RESULTS

The parents from the two families involved in the present study consisted of both the father and the mother of a child with hearing impairment. All families reside in the city of Yaoundé, Cameroon, and each has a child who acquired hearing impairment during childhood. The child from Family 1 (F1) is a 10-year-old girl who acquired hearing impairment at the age of two. The child from Family 2 (F2) is an 8-year-old boy who acquired hearing impairment at the age of three.

Family 1 is composed of five members: a father, a 46-year-old taxi driver, and a mother, a 35-year-old homemaker, married for 12 years, with three children two girls and one boy aged 10, 7, and 2 years respectively. Princess, the eldest child, is 10 years old and acquired hearing impairment at the age of two. According to her parents' account, her hearing impairment was attributed to early exposure to mobile phone use. Prior to the onset of hearing impairment, she was already able to pronounce the names of family members and perform simple tasks upon request. She has been enrolled at the Specialized School for Children with Hearing Impairment (ESEDA) since the age of three and is currently in the eighth grade, corresponding to the final year of primary education (CM2) in the conventional school system.

Family 2 consists of six members: a 44-year-old father who is a trader and a 39-year-old mother who is a homemaker, married for 13 years. They have four children two girls and two boys aged 9, 6, 3, and 1 year, respectively. Ibrahim, the eldest child, is a 9-year-old boy who acquired hearing impairment at the age of three. According to his parents, his hearing impairment resulted from severe malaria accompanied by convulsions. Prior to the onset of the impairment, he was able to speak fluently, pronounce the names

of family members, and respond appropriately to parental requests. He has been enrolled at ESEDA since the age of three and is currently in the sixth grade, corresponding to the second year of elementary school (CE2) in the conventional primary education system.

The characteristics of the two families are summarized in the table below.

Table 1. Presenting the idiographic data of the two families of the study

Designation of participants	**F1**	**F2**
Father's age	46 years old	44 years old
Mother's age	35 years old	39 years old
Father's occupation	Taxi driver	Trader
Mother's occupation	Homemaker	Homemaker
Child's current age	10 years old	8 years old
Age at acquisition of hearing impairment	2 years old	3 years old
Birth order	1/3	1/4

When Communication Breakdown Impacts the Development of Investments in the Hearing Parent–Child with Hearing Impairment Dyad

The onset of hearing impairment in the children of both families revealed a situation of emotional shock, leading to psychological and communicational disturbances, as well as disruptions in parental roles and competencies. Investment in the parent child bond raises several relational issues in the relationship between Princess and her father (F1). Indicators of relational tension linked to communication difficulties are evident in his discourse. He states:"*At some point, our family relationships were very difficult; we struggled and groped for a language to communicate, she did not understand*…" This statement reveals a communicational crisis within the family system, reflecting a collapse of habitual interactions and signaling a collective trauma within the family. Such a crisis disrupts family roles and generates tensions in interpersonal relationships, as further expressed by the father (F1):

"*Everything that happened was expressed through threatening signs such as 'keep quiet,' 'stop that,' facial expressions directed at her. She did not understand why we reacted that way, why we threatened her. She became angry, and that was our daily reality*."

This discourse highlights a communicational failure as a central wound in the relationship between Princess and her family members, particularly her father. The "groping for a language" refers to the use of archaic or informal signs, reflecting a loss of symbolic reference points. The parent is deprived of his role as transmitter of language, indicating a weakening of parental authority in the face of the situation. Princess' incomprehension of this inadequate communicational mode intensifies her parents' guilt and suffering and fuels aggressive behaviors, as her mother (F1) explains: "She gets angry, bangs her head against the wall, throws herself on the ground, gives the impression of being extremely stubborn, or she jumps on us and becomes aggressive. It was incomprehension, it was the lack of language, and we needed to fix it quickly but we didn't know." These accounts reveal the father's emotional reaction characterized by frustration and anger, expressed through threatening communicational behaviors. This parent manifests a sense of helplessness, resorting to aggressive forms of communication in response to his child's incomprehension. The threatening facial expressions noted in his discourse represent a form of non-verbal aggressive communication used to control the child's behavior. Similarly, in Family 2, the father acknowledges the central difficulty of communicating with Ibrahim due to the lack of mastery of sign language: "*The main problem is that none of us knows sign language. We try, we just improvise*." Here, the father's suffering is no longer centered solely on his son's deafness but on the obstacles to communication, which constitute the core of daily relational difficulty. This lack of mastery is experienced as a personal parental deficiency. The phrase "we try" reflects genuine effort and parental engagement, while "we just improvise" reveals a perception of communicational inadequacy, accompanied by feelings of shame and illegitimacy. Communication difficulties generate disturbances in the bond and upheavals in relational investments, manifesting as tension within the parent-child relationship, as illustrated by the statements of Father F2 and Mother F1 respectively: "*That's our real difficulty with him; when he is misunderstood, sometimes he cries or gets angry and goes to isolate himself in a corner*." "*It was despair, the difficulty of communication. There was a lot of nervousness because I didn't know what to do. The child was nervous and so was I. I wondered whether I should just beat her; I no longer knew how to handle things. Even now, it is*

sometimes difficult…"

Ibrahim (F2) expresses incomprehension through crying and withdrawal, reflecting sadness, helplessness, frustration, and vulnerability. His anger signals difficulty expressing distress in other ways, exposing him to relational insecurity with his parents. Withdrawal behaviors may be understood as self-protective mechanisms, strategies of emotional self-regulation, or expressions of discouragement and resignation within parent child interactions. The anger and nervousness present in the relationships between Princess and her mother (F1), as well as between Ibrahim and his parents (F2), reflect these parents' difficulties in containing their children's emotions, thereby increasing the children's sense of threat. Such attitudes may hinder psychoaffective development and limit the flourishing of these children during a critical developmental period.

DISCUSSION

The sudden onset of hearing impairment in a child within a hearing family has repercussions on family bonds due to the abrupt breakdown of communication, as highlighted by Macé (2010). As a result, a psychological rupture or separation may develop in parents in relation to their child who has become different. Lamarche (1985) emphasizes that a child's disability can generate resentment in parents, capable of triggering imbalance.

The present study reveals a disruption of affective and relational reference points, as also noted by Cappe, Bobet, and Adrien (2009) and Korff-Sausse (2007). Dorey (2002), examining the hearing-impaired child in relation to family group functioning, shows that hearing impairment produces effects at the relational level and has a particular impact within the family group by organizing specific configurations of bonds. While Dorey's work addresses the notion of bonds, it remains primarily focused on the organization of family group relationships in the face of a child's hearing impairment, without deeply investigating the parent–child bond in the context of acquired hearing impairment in childhood.

The birth of a child inscribes them within a family lineage and, more broadly, within a transgenerational framework. For Kaës (2010), the child is considered a subject of the "family" group, contributing to its balance and maintenance. The child is thus simultaneously a beneficiary, an heir, a servant, and a link. From this perspective, the psychoanalytic approach to the bond described by Kaës is essentially based on unconscious alliances. According to Kaës (2009), an unconscious alliance is an intersubjective psychic formation woven by the subjects of a bond in order to reinforce, in each of them, a process or function that is beneficial. The bond is therefore perceived as a specific psychic reality space constructed from the psychic material engaged in relationships between two or more subjects. It involves "relations of attunement, conflict, echo, mirroring, and resonance with one's own unconscious internal objects and with those of others" (p. 21).

Thus, the birth of a child inscribes them within the family group and enables them to become a link contributing to the maintenance of family balance through the bond, understood as the result of the psychic material engaged in the relationship between parent and child.

However, the onset of hearing impairment during childhood regardless of the nature of the bond previously established between the child and their group challenges stability and maintenance, and questions the child's position as beneficiary and link within the family. Acquired hearing impairment at a developmental stage appears to disrupt the previously verbal mode of communication as well as identification processes in the developing child. The theoretical approach to bonds emphasizes the psychic material that must be engaged between two or more subjects. This study therefore raises the issue of the psychic impact of acquired hearing impairment in childhood on the bond between hearing parents and a signing deaf child.

CONCLUSION

The aim of this study was to analyze and understand the impact of communication breakdown on the parent–child bond in the context of acquired hearing impairment in childhood, in order to apprehend the development of modes of relational investment within the dyad. The findings indicate that communication difficulties lie at the core of suffering and relational challenges in situations of acquired deafness, thus requiring sustained efforts toward mutual understanding between family members and the child who has become hearing-impaired, particularly within the parent–child bond. Relational investments within the bond between hearing parents and signing deaf children in Families F1 and F2 are severely tested by communication difficulties resulting from parents' lack of mastery of sign language.

This linguistic barrier generates tension, anger, and nervousness arising from mutual misunderstandings within the dyad and reveals a relational conflict in the parent–child bond stemming from communicational obstacles. This conflict emerges as the result of internal frustration in the children, who express anxiety and a sense of affective insecurity in response to repeated misunderstandings with their parents. These dynamics reflect a parent–child bond that has been fissured by communicational barriers. The tension, anger, and aggressiveness observed within the dyad indicate a form of relational fracture, or even a discontinuity of the parent-child bond, in the context of acquired hearing impairment during childhood within a hearing environment.

The study highlights a dysfunctional relational dynamic and an instability of the bond between hearing parents and signing deaf children, suggesting a bond that may be experienced as pathogenic or insufficiently structuring. The dyads examined are confronted

with an imbalance in the bond in the face of linguistic barriers. This fragility of the bond manifests through narcissistic injury in parents and withdrawal behaviors observed in children. The parent–child bond is thus marked by the specificities of deafness and destabilized by the breakdown of communication. In other words, when confronted with communicational challenges, the bond between hearing parents and signing deaf children is subjected to unstable investments that tend to become less objectal and more narcissistic, depending on the situations faced by the parent–child dyad in the context of acquired hearing impairment in childhood. These invesments refer to the ways parents and children emotionally relate to one another within the dyade.

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