

DOMINIKA WIŚNIEWSKA

The Maria Grzegorzewska University, Institute of Psychology

PSYCHOLOGICAL AND ETHICAL CONTEXTS OF DIAGNOSIS OF HEARING CHILDREN OF DEAF PARENTS

Abstract: Ethical and methodologically correct diagnosis of a hearing child of Deaf parents requires a specialist with extensive knowledge. In every society there are people who use the visual-spatial language – they are deaf people. They are perceived by the majority as disabled people, less frequently as a cultural minority. The adoption of a particular attitude towards the perception of deafness determines the context of the psychologist's assessment. Diagnosis in such a specific situation should

be viewed from the perspective of a child hearing as a bi-cultural person, a descendant of a Deaf parent – a representative of the Deaf culture and himself a psychologist representing the cultural majority of hearing people.

Keywords: Kids of Deaf Adults, diagnosis of hearing children of Deaf parents, intercultural differences, Deaf culture, ethical aspects of the study of hearing children of deaf parents.

INTRODUCTION

In the context of the widespread phenomenon of migration and emigration of minority and ethnic groups, the debate on the cultural competences of psychologists is becoming vivid (Boski, 2009; Hays, 2008). In addition to knowledge about the standards of psychological diagnosis, rules for conducting test and questionnaire studies, knowledge of psychological theories, developmental and clinical psychology, in some cases the knowledge of the culture from which the recipient of the diagnosis originates is the key to proper understanding of the client and his problems (Wiśniewska, 2012). Under Polish conditions, difficulties have already been described and forms of adequate support for the development of ethnic minority children, e.g. Roma (cf. Barzykowski, Grzymała-Moszczyńska, Dzida, Grzymała-Moszczyńska, Kosno, 2011; Krzyżanowscy, 2011; Mirga, Łój, 2013), children of foreigners (Błaszczewska, 2010), children of refugees (Grzymała-Moszczyńska, 2000; Nowak, 2015).

However, the needs of hearing children of Deaf parents are still unrecognized – KODA (abbreviated from Kids of Deaf Adults, hearing children of deaf parents, up to the age of 17). There are still few descriptions in the literature about the belonging and cultural identity of these children. 90% of deaf couples have hearing children (Preston, 1994). Their natural cultural environment is the culture of the Deaf, with visual-spatial sensitivity, with the dominance of visual perception of the world, and

above all with Polish sign language (abbreviated PJM) as a communication tool. In the public awareness, KODA are absent. There is no data on the size of this group. Nor are the difficulties encountered in the education system recorded. Knowledge about experiences, traumas, unmet needs comes from interviews with adult hearing people of Deaf parents (Children / Child of Deaf Adults, CODA, adults, hearing children raised by deaf parents) (Bartnikowska, 2010; Preston, 1994).

As recipients of the services of psychologists and psychotherapists, they are bimodal, bilingual, with a dual identity. However, a psychologist wishing to conduct a professional and ethical psychological diagnosis will find it difficult to obtain comprehensive information on the specifics of KODA development and cultural nuances relevant to clinical inference. Due to the fact that a child who speaks superficially and does not differ from hearing peers gets into the office, it is easy to succumb to the Eurocentric idea of traditional contact and diagnosis principles (Wakefield, Garner, Pehrsson, Tyler, 2010; Wiśniewska, 2019a).

The principles of professional psychological diagnosis in intercultural situations were described by Katarzyna Stemplewska-Żakowicz (2011). It consists of, among others identification of the cultural context with which the person comes into contact with the clinician (in the case of KODA, a child raised in a culture marginalized and devalued by the majority), analysis of the impact of culture on the test-diagnostician relationship (a psychologist may be perceived by KODA as a representative of the majority culture, discriminating the deaf parents), awareness of own fears and stereotypes towards representatives of another culture (lack of knowledge or personal beliefs of a psychologist about Deaf people, Deaf culture, Polish sign language). In the case of the Deaf community, it is easy to find ethnocentrism – the belief that the culture of hearing people is common and more valuable than the culture of Deaf people (Benedict, Sass-Lehrer, 2007).

Grasping the essence of the KODA child's psychological diagnosis process requires a deeper look at the three people involved in it: the hearing child of Deaf parents, the Deaf parent, and the psychologist. Only the awareness of the influence of the beliefs of all three sides of the diagnosis will allow it to be conducted in a reliable and fully ethical manner.

A HEARING CHILD OF DEAF PARENTS AS A SUBJECT OF PSYCHOLOGICAL DIAGNOSIS

It is impossible to understand the difficulties experienced by KODA without knowing the cultural context in which they are being brought up. Hearing children of Deaf parents acquire their first language (Polish sign language) and are brought up in the culture of Deaf people. Initially, they do not notice the difference between their family and other people. They learn deaf people's characteristic forms of attracting attention, contact in close physical distance, conducting face-to-face conversations, traffic lights instead of sound. As they grow up, they realize that they hear and will not fully belong to the Deaf community in adulthood (Kamińska, 2007). They realize that for them some physical aspects of the outside world are available and not for their parents. They learn the native language and slowly learn the rules of hearing people. Often in the exploration of the dominant culture no one helps them, they learn from their own blunders and mistakes. They experience consternation when, for the same behaviours, e.g.

starting conversations by touching the arm, they are rewarded in one communication context (deaf community) and punished in another (community of hearing people).

The “majority” social context is also important in which the Deaf culture and Polish sign language have a low social status. KODA’s children quickly realize that PJM evokes negative social feelings. They hear what hearing people say about them and their parents when they communicate in sign language. Visual-spatial languages around the world have been recognized for many years as defective means of communication (Bishop, Hicks, 2005). In Poland, the Polish sign language has been officially recognized in the Act of 19 August 2011 on sign language and other means of communication (Journal of Laws 2011 No. 209, item 1243). Statutory acceptance, however, is not tantamount to widespread recognition as an equally valuable way of communication as the oral language (Czajkowska-Kisil, Klimczewska, 2016). The use of visual-spatial language carries with it an additional distinctive aspect in the crowd. It is impossible to communicate unnoticed in the environment. Wanting to communicate with parents, KODA involuntarily puts out the attention of bystanders and their reactions. Because KODA children speak sign language, they are considered deaf, which encourages people who hear to comment on the whole family with impunity.

One of the sources of KODA’s problems are their personal relational experiences: they have often been ashamed of their parents, their ignorance, lack of competence in many areas, and they themselves performed tasks appropriate for adults. The specificity of Deaf people as parents is that most of them do not speak Polish (they do not read written texts). Deaf parents were often brought up in boarding schools, so they do not have intergenerational parental care patterns. They cannot help their hearing children in learning (Wiśniewska, 2019b). They are unable to convey to their children the cultural patterns of hearing people. Therefore, KODA leave the role of a child early, which generates huge emotional tension and causes a change of roles in the family system, delegating the child to being an adult (parentification). KODA are often afraid of hearing people’s poor assessment of their parents. Bilingualism can be aggravating in their case. Especially when the child is caught up in adult problems as a translator. They take responsibility for the successful settlement of matters, e.g. official, financial. At the same time, they remain objectively defenceless against violence. Deaf parents without hearing, e.g. aggressive messages addressed to their children, cannot effectively defend them. KODA realize quickly that they have cope with matters by themselves. They can only count on themselves. It generates a sense of loneliness (Bartnikowska, 2010).

KODA children and young people are often participants of many years of intercultural mediation, which often causes painful experiences due to the dominant negative views about Deaf people in the hearing environment (see Bartnikowska, 2011; Line, Hoffmeister, Bahan, 1996; Teper-Solarz, 2016; Weigl, Wiśniewska, in press). In this context, their cultural identity is shaped, unique and demanding. It is not easy to meet it and develop an affirmative dual cultural identity (Nikitorowicz, 2004; Wiśniewska, 2016, 2019c).

Hearing children of Deaf parents are a heterogeneous group. The specificity of the experiences of children from borderland cultures may be evidenced by the fact that some of them associate in the community, and some avoid contact with other people with a similar life path (Bishop, Hicks, 2009). The psychologist’s task is to learn about and understand the individual life line of a hearing child raised by Deaf parents.

DEAF PARENT AS A SOURCE OF INFORMATION ABOUT A HEARING CHILD IN THE COURSE OF PSYCHOLOGICAL DIAGNOSIS

It is the parent who reports the problem and expresses the will to subject the child / family system to psychological diagnosis. The parent defines the problem in accordance with the values of the culture in which they live. They communicate these in a language they know. Here the key communication barrier appears. In Poland, not many psychologists know Polish Sign Language fluently, it is necessary to use an interpreter when meeting a parent. His very presence modifies interactions, and can also affect the atmosphere of the meeting (Wądołowska, 2014). From the Deaf person's perspective, the basic principle of face-to-face contact is disturbed. The psychologist speaks to the translator looking at them, not the client. A deaf person also divides attention between reading non-verbal messages from the psychologist's face and receiving messages blinked by the translator. The number of translators in the deaf community is limited, which puts anonymity and confidentiality at risk. The availability of translators and how to pay for their work is also a problem. Sometimes the financial or organizational barrier forces a Deaf parent to meet a psychologist without an interpreter or he expects KODA to translate the meeting. This is not the right form in terms of diagnostics or ethics. You cannot put a child as an interpreter in their own case. It is highly unethical and unprofessional to use a teenage or younger child for work that adults, properly educated and prepared, should do.

Sometimes a Deaf parent's meeting with a psychologist is held on the recommendation of the court, social welfare bodies or educational institution (Ratynska, 2019). In the perspective of a Deaf parent, these institutions do not support them, and the psychologist as a representative of the dominant culture is not perceived as a friendly person. The parent who is obliged to contact may display high reserve and low openness to contact with a psychologist.

In the relationship with the clinician, the Deaf parent brings their stereotypes about hearing people and their attitudes towards Deaf people (paternalism). They read nonverbal messages of the psychologist in accordance with the Deaf culture model. So if the psychologist breaks eye contact, it means the end of the conversation or a change of subject. Deaf people are very sensitive to the communication inconsistency of spoken content with facial expressions and gestures.

In the field of information about their own child, a Deaf parent may not feel competent. Deaf parents find questions about the development of speech in their children inappropriate and undiagnostic. They can't tell when their child was babbling what words they were saying. They will be happy to tell you what characters were shown first, what characters the child invented himself – unfortunately, such questions are not usually asked. A parent may have insufficient knowledge of their child's education, peer relationships at school. Questions regarding compliance with social norms may be inadequate and frustrating. The use of courtesies typical of the hearing culture is inadequate in the Deaf culture, in which everyone, regardless of age, should be addressed directly. Asking questions about the culture of hearing people can lead a Deaf parent to feel a lack of sufficient knowledge, putting them in the role of someone who should know the answer and does not know it. Proposing to the Deaf parent to fill out the documentation may embarrass them if they do not speak Polish. Often, psychologists naturally reach for a piece of paper and write messages to a Deaf parent.

However, they do not ask them if they know Polish. Generally, in such situations, the Deaf parent pretends to read. Nods. They do not want to fall out in the eyes of a specialist. The psychologist's lack of knowledge of the principles of effective communication with a Deaf person can result in incorrect clinical reasoning, and lead to the collection of information that is not confirmed in reality. Communication difficulties can also induce unwanted emotional reactions in a Deaf parent. A psychologist discouraged from deepening the interview or resigned may become part of the image of the discriminating and looking "down" hearing person.

Lack of knowledge about the school education program, lack of helping the child with homework can be treated by the psychologist ethnocentrically as parental neglect. And it is a consequence of not knowing Polish. In the environment of the Deaf people it is a common phenomenon inscribed in the Deaf culture. Primacy has visual-spatial means of communication. A person who does not read in Polish is not stigmatized there. For a representative of a hearing-hearing culture, this can be strange, interpreted as intellectual disability. Such personal beliefs of a psychologist can affect the relationship with a Deaf parent of a child. Lack of access to the information carrier, which is writing, also makes it less possible to obtain information on raising a child, proper development, and ways of supporting a child by a Deaf parent. Their possibilities of obtaining information are much poorer than those of a hearing parent. This specificity of functioning as a parent should arouse empathy of the psychologist, and is often perceived as a lack of parental competence.

An additional factor hindering the good deployment of Deaf people as a parents is the lack of intergenerational patterns. Deaf children who attended special schools for deaf students were raised from an early age (kindergarten) by a boarding school. They returned to their family homes only on holidays and weekends. Over 90% of deaf children (and later adults) had hearing parents, who mostly did not learn Polish sign language. In the absence of effective communication with their own parents, later Deaf parents often did not have deep relationships with them. They also did not receive the parental care pattern. The birth of a hearing child is a challenge for Deaf Parents. Without their own good practices, without full access to information transmitted largely through written and spoken text, they face the task of building a secure and developing relationship with their own children and for their own children.

PSYCHOLOGIST IN THE PROCESS OF DIAGNOSIS OF A HEARING CHILD OF DEAF PARENTS

The way to make an accurate diagnosis is to obtain full information about the child's functioning as an individual, but also about their functioning in the family, peer group, care and educational institutions. For the "good of a small client" a psychologist needs to establish a good relationship with them, during which it will be possible to infer about the child's resources and deficits. You also need a trust-based relationship with your child's adult guardian. A disturbing factor can be a communication barrier if the psychologist does not know sign language and is not familiar with the cultural context in which the child is being raised (Barzykowski, Grzymała-Moszczyńska, 2015).

Examination of language competences of Deaf parents of hearing children can be difficult for the youngest children. Especially if the child speaks Polish sign language as the first language and the spoken Polish is less developed. Such a child can-

not be diagnosed with speech retardation (Singleton, Tittle, 2000). A bilingual child has the right to different competences in particular languages. The expectation that a child should first of all speak is a typical example of the ethnocentrism of a psychologist raised in the culture of sound and phonic speech. A typical stereotype functioning in the hearing society is the belief that developed phonic speech is the most perfect form of communication and no other can match it (Moroń, Zarzeczny, 2014). If the psychologist even unknowingly adheres to this view, they will be biased in assessing the level of development of the hearing child of Deaf parents. They will strive for the child's rapid development of audio speech and incorrectly assess parents' efforts to support the development of audio speech.

Deaf parents find the psychologist's questions about the cochlear implant as particularly tactless and painful. Received as the psychologist's expectation that the parent should undergo implantation. Such a question is for the Deaf parent a proof of treating them as a disabled person, and not as a representative of a cultural group (Levy, 2007; Tomaszewski, Moroń, Sak, 2018). For a psychologist who uncritically accepts the media message of "restoring hearing", a deaf parent is defective, "broken" – so they need to be fixed. The specialist does not know that modern medical technologies, such as cochlear implants, are very critically accepted in the Deaf community (Hintermair, Albertini, 2004; Tomaszewski, Kotowska, Krzysztofiak, 2017). Deaf people want to have the right to choose a way of life without having to have hearing. It is not a prerequisite for defining a sense of happiness (Wiśniewska, 2015).

One of the basic cultural competences of a psychologist should be skilful differentiation of the client's origin from an individualistic culture vs. collectivist (Boski, 2009). The culture of the Deaf is a culture in which collectivist features are clearly present, including a sense of commitment, duty and dedication to one's own group. Therefore, using a hearing-impaired child for translation was not considered inappropriate in the Deaf community. Making the Deaf parents aware of the far-reaching consequences of such practices for the child's psyche sometimes causes the rejection of psychological help and seeking other people who can help them. KODA's child, brought up in a sense of duty towards the group, does not rebel, they take their translator role as obvious. The literature describes cases where people from cultures with a high level of collectivism are diagnosed as dependent personalities (Wakefield et al., 2010). The psychologist should be able to assess KODA's behaviour, emotions and beliefs in the context of the Deaf culture (Wiśniewska, 2016).

In the process of obtaining information about the subject, the psychologist has the right to broaden the interview, ask questions to other relatives of the child to verify the information obtained so far. In a situation of contact with Deaf parents, a context appears that does not occur in hearing families. For a psychologist, it is much easier to contact e.g. a hearing grandmother than a deaf mother of a child. The lack of a communication barrier is conducive to establishing a good relationship and obtaining information quickly. This situation may provoke the exclusion of a Deaf parent from the diagnosis process. It can also strengthen the belief of hearing grandparents that they are more competent in caring for their grandchild than Deaf parents. This is a common psychological problem in families with the following structure: hearing grandparents – deaf parents – hearing children. Hearing grandparents often want to take care of a hearing grandchild. In their sense, they want to protect the child from the Deaf culture. It is extremely important that the process of psychological diagnosis does not become a factor strengthening this attitude of grandparents. The psycholo-

gist's role is to strengthen the Deaf parents in their competences. With a good relationship, Deaf parents are happy to use psychological support, counselling, and sometimes psychotherapy.

The deaf parent's reluctance to make a diagnosis or their defensive attitude against revealing information about themselves and the child may be perceived by the psychologist as a refusal to cooperate, a reluctance to accept help. However, it is worth knowing that in the environment of deaf people, the use of psychological help is even less common than in the environment of hearing people. In turn, every case of unfair treatment of a Deaf parent by a psychologist is quickly disseminated and commented on in the community. This does not build an attitude of confidence in the profession of psychologist.

The described contexts of psychological diagnosis of deaf parents of a deaf child can be summarized by signalling good practices and necessary standards in the field of professional and ethical diagnosis:

1. The psychologist should be aware of their own cultural affiliation and its influence on the assessment decisions made.
2. It seems advisable to go through appropriate anti-discrimination workshops. They can identify unconscious prejudices and stereotypes about Deaf people.
3. The key to proper reasoning is to ensure full and free communication between the psychologist and the child and their Deaf parents, through the presence of a certified interpreter of the Polish sign language or its knowledge by the psychologist.
4. Knowledge of the Deaf culture and its impact on behaviours, beliefs and ways of expressing emotions by the hearing child of Deaf parents will allow to separate clinical symptoms from the manifestations of Deaf behaviour typical in the culture.
5. Psychological diagnosis should be prepared and understood in the context of the Deaf culture, without stigmatization, respecting the differences with the culture of the hearing.
6. Knowledge of the specifics of intergenerational transmission: hearing grandparents – deaf parents – hearing children, will allow the psychologist to deepen understanding of relationships in the KODA family.
7. Forwarding a written opinion to Deaf parents requires first to translate it into Polish sign language and to clarify the consequences of its provisions.

SUMMARY

It is impossible to make a good diagnostic inference without knowing the specifics of how people from the Deaf culture are functioning. The psychologist, apart from general knowledge about intercultural psychology, should get to know the Deaf culture well or use support in the interpretation of results, observation of a competent person in this respect (see Kwiatkowska, Grzymała-Moszczyńska, 2008; Mohamed, 2013; Schwartz, Zamboanga, Weisskirch, Wang, 2009). Hearing children of Deaf parents are brought up in a specific context, a cultural minority with an additionally stigmatized form of communication, which is the Polish sign language. They may experience minority stress in this respect. The communication barrier that their Deaf parents struggle with causes them to remain alone in many social situations. They need the diagnostician's emphatic attitude and understanding for the difficulties they face.

REFERENCES

- Bartnikowska, U. (2010). *Sytuacja społeczna i rodzinna słyszących dzieci niesłyszących rodziców*. Toruń: Wydawnictwo Akapit.
- Bartnikowska, U. (2011). Stygmat rodzinny słyszących dzieci niesłyszących rodziców. *Niepełnosprawność*, 6, 88–100.
- Barzykowski, K., Grzymała-Moszczyńska, H. (2015). *Wybrane zagadnienia diagnozy psychologicznej dzieci i młodzieży w kontekście wielojęzyczności i wielokulturowości*. Warszawa: ORE.
- Barzykowski, K., Grzymała-Moszczyńska, H., Dzida, D., Grzymała-Moszczyńska, J., Kosno, M. (2013). *One są wśród nas. Wybrane zagadnienia diagnozy psychologicznej dzieci i młodzieży w kontekście wielokulturowości oraz wielojęzyczności*. Warszawa: ORE.
- Benedict, B., Sass-Lehrer, M. (2007). Deaf and hearing partnerships: Ethical and communication considerations. *American Annals of the Deaf*, 152(3), 275–282.
- Bishop, M., Hicks, S. (2005). Orange eyes: Bimodal bilingualism in hearing adults from deaf families. *Sign Language Studies*, 5, 188–230.
- Bishop, M., Hicks, S.L. (Eds.). (2009). *Hearing, Mother-Father Deaf: Hearing People in Deaf Families*. Washington, DC: Gallaudet University Press.
- Błeszczeńska, K. (2010). *Dzieci obcokrajowców w polskich placówkach oświatowych – perspektywa szkoły. Raport z badań*. Warszawa: Ośrodek Rozwoju Edukacji.
- Boski, P. (2009). *Kulturowe ramy zachowań społecznych. Podręcznik psychologii międzykulturowej*. Warszawa: WN PWN–Academica Wydawnictwo SWPS.
- Czajkowska-Kisil, M., Klimczewska, A. (2016). *Coda – imność nierozpoznana. Słyszące dzieci – niesłyszący rodzice. Pakiet informacyjny dla szkół i poradni*. Warszawa: Biuro Rzecznika Praw Obywatelskich.
- Grzymała-Moszczyńska, H. (2000). *Uchodźcy. Podręcznik dla osób pracujących z uchodźcami*. Kraków: Nomos.
- Hays, P.A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy*. Washington: American Psychological Association
- Hintermair, M., Albertini, J.A. (2004). Ethics, deafness, and new medical technologies. *Journal of Deaf Studies and Deaf Education*, 10(2), 184–192.
- Kamińska, M. (2007). Moi rodzice nie słyszą, a ja... Słyszące dzieci głuchych rodziców. In: E. Pisula, D. Danielewicz (Eds.), *Rodzina z dzieckiem z niepełnosprawnością* (pp. 31–46). Gdańsk: Harmonia.
- Krzyżanowscy, T. i M. (2011). Okiem asystenta edukacji romskiej w Bydgoszczy. In: B. Weigl, M. Różycka (Eds.), *Romowie 2011. Życie na pograniczu* (pp. 24–28). Warszawa: Wydawnictwo SWPS.
- Kwiatkowska, A., Grzymała-Moszczyńska, H. (2008). Psychologia międzykulturowa. In: J. Strelau, D. Doliński (Eds.), *Psychologia. Podręcznik akademicki* (pp. 451–487). Gdańsk: GWP.
- Levy, N. (2007). Must Publicly Funded Research Be Culturally Neutral? *Virtual Mentor*, 9(2), 140–142. doi: 10.1001/virtuallmentor.2007.9.2.oped1-0702.
- Line, H. (2005). Ethnicity, Ethics i Deaf-World, *The Journal of Deaf Studies and Deaf Education*, 10(3), pp. 291–310, <https://doi.org/10.1093/deafed/eni030>.
- Line, H., Hoffmeister, R., Bahan, B. (1996). *A journey into the Deaf – word*. San Diego, CA: Dawn Sing Press.
- Mirga, S., Łój, M. (2013). Edukacja dzieci romskich – praktyczny informator dla rodziców. In: B. Weigl, M. Różycka (Eds.), *Romowie 2013. Od działań systemowych do rozwiązań lokalnych* (pp. 184–208). Warszawa: Wydawnictwo APS.
- Moroń, E., Zarzeczny, G. (2014). Głuchy – językowe podstawy stereotypu. In: M. Sak (Ed.), *Edukacja głuchych*. Warszawa: Biuro Rzecznika Praw Obywatelskich.
- Mohamed, C. (2013). Terapia wrażliwa na różnice kulturowe. In: C. Feltham, I. Horton (Eds.), *Psychoterapia i poradnictwo* (vol. 2, pp. 406–422). Sopot: GWP.
- Nikitorowicz, J. (2004). *Kreowanie tożsamości dziecka. Wyzwania edukacji międzykulturowej*. Gdańsk: GWP.

- Nowak, M. (2015). *Szkola wobec wyzwań migracyjnych: uchodźcy w szkole*. Warszawa: ORE.
- Preston, P. (1994). *Mother Father Deaf: living between sound and silence*. Cambridge, MA: Harvard University Press.
- Ratyńska, C. (2019). Rodzina KODA z perspektywy asystenta rodziny. Referat wygłoszony podczas konferencji KODA – słyszące dzieci Głuchych rodziców – jak funkcjonują w domu i w szkole? 08.05.2019, Warszawa: Biuro Rzecznika Praw Obywatelskich.
- Schwartz, S.J., Zamboanga, B.L., Weisskirch, R.S., Wang, S.C. (2009). The relationships of personal and cultural identity to adaptive and maladaptive psychosocial functioning in emerging adults. *The Journal of Social Psychology, 150*, 1–33.
- Singleton, J.L., Tittle, M.D. (2000). Deaf parents and their hearing children. *Journal of Deaf Studies and Deaf Education, 5*, 221–236.
- Stemplewska-Żakowicz, K. (2011). *Diagnoza psychologiczna. Diagnozowanie jako kompetencja profesjonalna*. Gdańsk: GWP.
- Teper-Solarz., Z. (2016). Głusi – na marginesie „Świata słyszących”. *Uniwersyteckie Czasopismo Socjologiczne, 14*(1), 37–45.
- Tomaszewski, P., Kotowska, K., Krzysztofiak, P. (2017). Paradygmaty tożsamości u g/Głuchych: przegląd wybranych koncepcji. In: E. Woźnicka (Ed.), *Edukacja niesłyszących – wczoraj, dziś i jutro*. Łódź: Wydawnictwo AH-E.
- Tomaszewski, P., Moroń, E., Sak, M. (2018). Kultura tudzież rehabilitacja: Ku zmianie paradygmatu w edukacji głuchych i słabosłyszących w Polsce. *Kultura i Edukacja, 1*(119), 99–114.
- Wakefield, M.A., Garner, D.L., Pehrsson, D., Tyler, T. (2010). A model for analyzing critical cultural domains in counselor development. Retrieved: 07.01.2019 from http://counselingoutfitters.com/vistas/vistas10/Article_72.pdf.
- Wądołowska, M. (2014). *Praca z tłumaczem w terapii i diagnozie psychologicznej. Specyfika pracy oraz zalecenia dla psychologów i terapeutów pracujących z tłumaczami na rzecz osób obcojęzycznych*. Warszawa: Stowarzyszenie Centrum Inicjatyw Międzykulturowych.
- Weigl, B., Wiśniewska, D. (in press). Wychoowanie w grupach mniejszościowych. In: H. Liberska, J. Trempała (Eds.), *Podstawy psychologii wychowania*. Warszawa: PWN.
- Wiśniewska, D. (2012). Etyczne aspekty badań klinicznych. In: J. Bałachowicz (Ed.), *Dziecko w koncepcjach pedagogicznych Marii Grzegorzewskiej i Janusza Korczaka* (pp. 219–230). Warszawa: Wydawnictwo APS.
- Wiśniewska, D. (2015). Wsparcie w kształtowaniu własnej tożsamości osób głuchych. Konferencja: *Można być głuchym, szczęśliwym człowiekiem*. Centrum Projektów Społecznych BRPO we współpracy z Polską Fundacją Pomocy Dzieciom Niedosłyszącym ECHO, 2.12. 2015 r., Warszawa.
- Wiśniewska, D. (2016). Psychologiczne następstwa bycia dzieckiem słyszącym rodziców głuchych. Referat wygłoszony podczas Pierwszej Międzynarodowej Konferencji CODA Polska. Słyszzące Dzieci – Niesłyszący Rodzice: *CODA – Podwójny Potencjał*. 15.10.2016, Warszawa.
- Wiśniewska, D. (2019a). *Dwukulturowość KODA – dzieci słyszących niesłyszących rodziców*. Referat wygłoszony podczas konferencji: *Dziecko w świecie języków i kultur*, Wszechnica Polska Szkoła Wyższa w Warszawie, 28 marca 2019, Warszawa.
- Wiśniewska, D. (2019b). Dziecko KODA w szkole i w domu – problemy edukacyjne i społeczne. Referat wygłoszony podczas konferencji: *KODA – słyszące dzieci Głuchych rodziców – jak funkcjonują w domu i w szkole*. 08.05.2019 Warszawa: Biuro Rzecznika Praw Obywatelskich.
- Wiśniewska, D. (2019c). Nie jestem głuchy, nie jestem też słyszący – słyszące dzieci głuchych rodziców. Referat wygłoszony podczas konferencji: *KODA – słyszące dzieci Głuchych rodziców – jak funkcjonują w domu i w szkole*. 08.05.2019 Warszawa: Biuro Rzecznika Praw Obywatelskich.

Transl. Joanna Siemieniuk