

SIGNS OF THE TIMES

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When Micah turned two years old, his parents learned that he was profoundly deaf. After processing this information, they decided to get him cochlear implants, devices that are surgically implanted into the skull and send electrical signals to the brain in order to replicate hearing. However, Micah did not react well to his cochlear implants. When he heard his mother's voice for the first time, "his hazel eyes widened and he screamed with terror, his body trembling" (Engelman). His parents continued his various speech and auditory-verbal therapies, but after realizing that he had a severe language delay, they decided to enroll in American Sign Language classes and cease their use of the cochlear implants altogether. With American Sign Language, "Micah blossomed" (Engelman). He told stories with rapid signs and animated expressions. He communicated excitedly with his family. And in the dark, with a flashlight shining on the wall, his mother could "see his voice" and "hear his face. His pristine silence fill[ed] a room far more than sound" (Engelman). For Micah, cochlear implants were not the best solution; instead, he found success through the use of American Sign Language and involvement in Deaf culture.

Every day, parents like Micah's must make the same choice: to implant or not to implant. In the United States, about three out of every 1000 children are born with some level of hearing loss ("Quick Statistics"). In the past, children with mild levels of hearing loss could receive hearing aids, but those with profound deafness did not have any options at their disposal. In the last thirty years, however, audiologists have developed the cochlear implant, a new hearing technology for the profoundly deaf. Unlike hearing aids, which amplify the sounds already reaching the brain, "cochlear implants bypass damaged portions of the ear and directly stimulate the auditory nerve" ("Cochlear," National Institute). In addition, while hearing aids sit on the outside of the ear, cochlear implants require invasive surgery to implant the device inside the skull. They also do not replicate natural

hearing; instead, they electronically produce a recreation of the sounds in the environment. The total cost of a cochlear implant, including screenings, the surgery, and rehabilitation, can amount to almost \$100,000 (“Cochlear,” American Academy). While most insurance companies cover some if not all of these costs, a financial burden still exists if parents choose cochlear implants for their deaf children. The invention of cochlear implants is a breakthrough in the world of hearing technologies, but there are both benefits and shortcomings to the devices. This begs the question: just because scientists invented cochlear implants, should every deaf person use them?

The invention and rising popularity of cochlear implants has ignited a debate regarding parents choosing cochlear implants for their deaf children. This debate pits the argument that all deaf children should receive cochlear implants against the idea that other options, such as Sign language, are better for a child’s growth and well-being. Those arguing for options other than cochlear implants focus largely on Deaf culture and the Deaf community. It’s important to note that Deaf (with a capital D) and deaf (with a lowercase d) carry two different meanings. The latter refers to the medical definition of deafness: lacking the ability to hear. The Deaf community, on the other hand, is a group of people—both hearing and Deaf—who use Sign language and have a common understanding of Deaf culture, which includes its own history, struggles, and values (Ludden). According to the National Association of the Deaf, most Deaf individuals in the United States use American Sign Language, a visual language that uses hand shape, placement, facial expressions, and other body-driven cues to convey information (“What”). For members of the Deaf community, Sign language, along with the richness of Deaf culture, constitutes an important part of the Deaf experience that may not be provided to deaf children if they receive cochlear implants.

Those advocating for cochlear implants acknowledge Deaf culture and the merits of Sign language, but they argue that cochlear implants allow for a fuller life through increased opportunities for communication, connection to family and the rest of the hearing world, and greater capacity for cognitive development. One such proponent, Jennifer Rosner, discusses the importance of communication

between parent and child in her article “Teaching a Deaf Child Her Mother’s Tongue.” She asserts that in order for a baby’s brain to develop rapidly, particularly in the language regions, the child needs access to language immediately. For most parents, they can “whisper and coo to their children in their native tongues,” but Rosner’s two daughters are deaf; she had to decide if she would coo in Sign language or find a way to speak to them in spoken English, her mother tongue (Rosner). Rosner ultimately decided on spoken language and chose cochlear implants for both of her daughters. Many parents make the same choice, because over 90% of deaf children are born to hearing parents who most likely have no knowledge of Deaf culture, the Deaf community, or Sign language (Rosner). For Rosner’s daughters, cochlear implants allowed them to thrive and communicate effectively with their family and peers as well as with the rest of the hearing world. Cochlear implant supporters also contend that the implants increase a child’s ability to grasp spoken language, something that is much more difficult when one cannot hear at all (Rosner). Finally, many choose cochlear implants because learning Sign language is not possible for every parent or every family. This consideration suggests that a child with implants can communicate easily with their family and other non-Sign language literate people, while a child without implants may or may not have that ability. Overall, those who argue for cochlear implants value spoken communication and the ability to connect with their family and peers using their mother tongue.

Opponents of the cochlear implant, on the other hand, argue that the richness of Deaf culture and the use of Sign language allow for greater cognitive development and increased psychological well-being. While supporters of cochlear implants claim that learning Sign language slows the acquisition of spoken language, opponents of cochlear implants argue that learning any language—spoken or signed—allows for equal cognitive development and capacity to learn another language if, for example, a child receives cochlear implants in the future. In a 2015 commentary in *Pediatrics* entitled “Language Choices for Deaf Infants: Advice for Parents Regarding Sign Languages,” Tom Humphries explains that “the starting point is acquiring a language, not speech per se. Languages can be spoken or

signed, and both modalities are 'equal citizens' in a cognitive sense; that is, they fully support all human communicative needs in daily interactions and academic endeavors" (Humphries). In other words, Sign language can only help, not hurt, language acquisition and development of communicative skills. Therefore, if a deaf child does receive a cochlear implant at some point in their life, they will have the cognitive ability to interpret and learn a spoken language based on their first language, American Sign Language. Opponents of cochlear implants contend that the only thing that separates deaf children with cochlear implants and deaf children without cochlear implants is their ability to hear.

The opponents, then, argue not against cochlear implants, but against the idea that children who can hear are inherently better than children who cannot hear. This form of discrimination, called audism, can also be defined as "the notion that one is superior based on one's ability to hear or to behave in the manner of one who hears" (Humphries qtd. in Gertz). Proponents of cochlear implants often argue that the devices make it easier for children to learn spoken language, but this implies that all children *should* come to speech through surgery. This represents an example of individual audism and can lead to a more pervasive form of discrimination called institutional audism—individual audism "reinforced through the dominant culture's system of policies and practices meant to grant privilege to members of the dominant group, and oppress members of minority groups" (Gertz). Much like institutional racism, institutional audism prevents those who cannot hear from succeeding to the same degree as their hearing peers due to the dominant group's control over the minority group. For instance, hearing people hold many positions of power in institutions. Their authority affects the lives that deaf individuals lead in hospitals and deaf institutes, creating an unfair balance of power between the dominant hearing group and the minority deaf group.

The final and most damaging form of audism is ideological audism, "the belief that the unique feature of human identity and being is the human ability to use language, where language is defined as speech" (Gertz). In other words, ideological audism refers to the idea that spoken language marks the superiority of humans, therefore

those who use spoken language are superior. This sentiment often arises from proponents of cochlear implants—particularly hearing parents—but it is not always a conscious bias. As David Ludden points out in his article “Is Deafness Really a Disability?,” “It’s only natural to want to raise your child in your own language and culture, and it can be heart-wrenching to see your deaf child seek out a sign-language community that seems so alien to you” (Ludden). Hearing parents most likely do not have any experience with the Deaf community or Sign language, so to them, the ability to communicate through spoken language is unfamiliar and possibly overwhelming. However, the decision to give a deaf child cochlear implants should not be based on the parents’ comfort. Instead, we must consider the deaf child and how cochlear implants, language, and audism will affect a child’s cognitive, social, and psychological development and well-being.

Individual, institutional, and ideological audism represent external opinions projected onto deaf individuals. These biases do harm individually, but they become more harmful when they incite dysconscious audism, defined by the *SAGE Deaf Studies Encyclopedia* as “the acceptance of dominant hearing norms, privileges, and cultural values by deaf individuals, and the subsequent perception of hearing society as being more appropriate than Deaf society” (Gertz). Deaf individuals experiencing dysconscious audism realize the oppression they face, but in not rejecting all of its forms they limit their ability to “develop their own deaf consciousness and identity” (Gertz). If deaf children cannot escape from both the internal and external audist mindsets—whether or not they have cochlear implants—they will not have the tools to overcome and work to eliminate audism in the future, thus giving more power to their oppressors. Dysconscious audism exacerbates the effects of external audist oppression and inflates the unequal power dynamic between the hearing majority and deaf minority.

This unequal power dynamic, along with the continuation of hearing-centric norms, has led to “deafness through a disability model” or “the pathological view of deafness” (Gertz). The pathological view frames deafness as a disease, something that needs to be ‘cured’ or ‘fixed’; this mindset only furthers the audism we see today. It also brings up the idea of ‘disability,’ a term with which deaf indi-

viduals often identify, but culturally Deaf individuals do not. In common practice, disability “refers to a physical impairment that prevents one from successfully engaging in one or more major life activities . . . ‘Major life activities’ is generally interpreted as seeing, breathing, hearing, walking, speaking, using limbs, involuntary bodily functions, as well as mental and emotional health” (Wright). Many Deaf individuals reject the ‘disabled’ label because their lack of hearing does not prevent them from successfully living their lives, but other individuals with characteristics suggesting disability stray from society’s standard and experience discrimination. Just as deaf individuals experience audism, people with disabilities experience ableism, which “stems from the belief that being able-bodied or ‘normal’ is more desirable than being disabled or ‘abnormal’” (Bacon). Ableism manifests itself in many forms, but they all feed into the idea that individuals with disabilities are inadequate human beings. In fact, the psychological damage from classifying someone as disabled can influence a person’s daily life more than the characteristics causing that classification in the first place. This dilemma has proven so paradoxical that it has inspired the development of an entirely new field known as disability studies.

Disability studies, according to the *Encyclopedia of Diversity in Education*, investigates the origins and “status quo assumptions about disability that have” led to ableism and today’s dominant understanding of disability (Ware). One of the commanding concepts in the field of disability studies is disability critical theory, which focuses on the idea that disability does not stem from impairment, but rather from a combination of personal, institutional, and social factors. According to the theory, disability is a social construct. Thus, “the social disadvantage experienced by disabled people is the result of the failure of the social environment to respond adequately to the diversity presented by disability” (Hosking). In other words, our social environment has not embraced the positive diversity of disability to the degree that is needed in order to remedy the disadvantages that ‘disabled’ individuals still face today; the continued disadvantages only further the divide between the dominant and inferior groups. Raising awareness about ableism and ableist practices represents a step in the right direction, but true progress will require a shift in how we view disability as

a whole. If we want to begin the improvement process, we first need to reframe the concept of disability into a spectrum of *ability* and cultivate a society based on qualities and aptitudes, not the lack thereof.

Disability critical theory seeks to understand the workings of ableism. A similar theory could exist for audism. Deafness critical theory, then, would suggest that social and institutional factors, not deafness itself, has led to audism and the resulting discriminatory behaviors and mindsets. One of the most influential institutions for parents of deaf children is the medical community, often the doctor who first tells them that their child is deaf. Unfortunately, many doctors subscribe to the pathological view of deafness and present cochlear implants as the “cure” without providing any information about Sign language or the Deaf community. This unequal dissemination of information only promotes audism and the idea that children are inherently better if they can hear and communicate through spoken language. While cochlear implants may be the right choice for some children, our institutions need to accurately provide parents with information about both options in order to combat the pervasive audistic mindset. Deafness critical theory could represent a turning point in the cochlear implant debate, allowing parents to focus on how to create an accepting and interactive world for their deaf (or Deaf) child as opposed to determining which option will make it easier for them to simply get through life.

Ultimately, this debate is not about whether or not parents should choose cochlear implants for their deaf children; it is about the fact that this choice could lead to a life of discrimination. Today, audism and ableism paint deaf individuals as inferior in the hearing community, but a child raised within the richness and diversity of the Deaf community would have the means and motivation to tackle those prejudices. Deaf culture will only enrich, not muddle, the world’s ever-growing array of cultures and abilities, and can foster the next generation of critical theorists to attack audism head-on. In 1857, a group of hearing men signed the charter for one of the first schools for the deaf, the Columbia Institution for the Instruction of the Deaf and Dumb and the Blind. The school’s name alone illustrates the embedded ableism the deaf and disabled community must confront. We can let that mindset endure another 160 years, or we can recog-

nize the signs of the times: all children need a supportive, accepting environment, not necessarily a hearing one, in order to succeed.

WORKS CITED

- Bacon, Jessica. "Ableism." *Encyclopedia of Human Services & Diversity*, edited by Linwood H. Cousins, 1st ed., Sage Publications, 2014.
- "Cochlear Implants." *American Academy of Otolaryngology-Head and Neck Surgery*, 3 Jan. 2018, www.entnet.org/content/cochlearimplants.
- "Cochlear Implants." *National Institute of Deafness and Other Communication Disorders*, U.S. Department of Health and Human Services, 6 Mar. 2017, www.nidcd.nih.gov/health/cochlear-implants.
- Engelman, Elizabeth. "My Deaf Son Fought Speech. Sign Language Let Him Bloom." *The New York Times*, 26 May 2017, www.nytimes.com/2017/05/26/well/family/my-deaf-son-fought-speech-sign-language-let-him-bloom.html.
- Gertz, Genie, and H-Dirksen L. Bauman. "Audism." *The SAGE Deaf Studies Encyclopedia*, edited by Genie Gertz et al., 1st ed., Sage Publications, 2016.
- Hosking, David. "The Theory of Critical Disability Theory." Lancaster University, 2008, www.lancaster.ac.uk/fass/events/disabilityconference_archive/2008/abstracts/hosking.htm.
- Humphries, Tom et al. "Language Choices for Deaf Infants." *Clinical Pediatrics*, vol. 55, no. 6, 2015, pp. 513–517, doi:10.1177/0009922815616891.
- Levi, Sandra J. "Ableism." *Encyclopedia of Disability*, edited by Gary L. Albrecht, 1st ed., Sage Publications, 2006.
- Ludden, David. "Is Deafness Really a Disability?" *Psychology Today*, 1 Feb. 2018, www.psychologytoday.com/us/blog/talking-apes/201802/is-deafness-really-disability.
- "Quick Statistics About Hearing." *National Institute of Deafness and Other Communication Disorders*, U.S. Department of

- Health and Human Services, 20 Dec. 2017, www.nidcd.nih.gov/health/statistics/quick-statistics-hearing.
- Rosner, Jennifer. "Teaching a Deaf Child Her Mother's Tongue." Motherlode Blog, *The New York Times*, 27 Mar. 2018, parenting.blogs.nytimes.com/2012/05/08/teaching-a-deaf-child-her-mothers-tongue.
- Ware, Linda P. "Disability Studies." *Encyclopedia of Diversity in Education*, 1st ed., Sage Publications, 2012.
- "What Is American Sign Language?" *National Association of the Deaf*, 6 Dec. 2016, www.nad.org/resources/american-sign-language/what-is-american-sign-language.
- Wright, S.J. "Diversity: Disability and Deaf Studies." *The SAGE Deaf Studies Encyclopedia*, edited by Genie Gertz et al., 1st ed., Sage Publications, 2016.