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When community members fail to conform to community mores, they are in for some old-fashioned schoolyard ridicule. When a nonconformist is in a position highly visible to the hearing, however, he or she may actually be shunned, snubbed, excommunicated. Unfortunately, since the hearing world doesn't get to watch these public stonings, the technique is stunningly ineffective in silencing dissent and may actually be breeding an underground.

Cochlear Implants vs. Deaf Culture?

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Cochlear implants are hearing aids. In the cochlea—a part of the inner ear—of a hearing person, sound waves are translated into nerve signals. Some types of deafness result from sound waves not reaching the cochlea, or the cochlea failing to make this transformation. In these types of deafness, advocates propose using a cochlear implant to bypass the malfunction.

Part of the device is a bundle of electrodes of different lengths, surgically implanted into the cochlea. A microphone and body-worn speech processor pick up the sounds from the environment. The speech processor determines which of the electrodes to stimulate to relay each specific sound. The electrodes, spaced at intervals along the cochlea, then apply electric current directly to the auditory nerve. The nerves transmit the signals to the brain, creating perception of sound of different frequencies. There is no advantage to a cochlear implant in deafness where the auditory nerve has been damaged.

Auditory therapy is an important component of the implant process, to teach the implantee how to interpret the new combination of "sounds." Many professionals and implantees will say that the auditory therapist plays a more important part than the surgeon, in assuring the success of the procedure. Therapy is thought to be easier—therefore, more likely to succeed—when the implantee remembers what speech sounds like, when the new sounds can be taught as counterparts to the old sounds. However, advocates also argue that early implantation of deaf children should be considered as a way to expose them to the spoken word, enable them to learn spoken languages, and develop better speech skills.

Many deaf adults claim cochlear implants, especially implanted in children, threaten Deaf Culture. It is reasonable to worry about threats to a culture that has been continuously challenged over the years. I argue that cochlear implants represent no such threat. We feel an insult when we see cochlear implants as a high-tech

statement that we are not good enough in our natural deaf state. However, I do not believe that this technology can ever be a threat to Deaf Culture. We must not be misled into a spurious argument that can only fragment us.

As an adult who became deaf progressively, I have a broad experience with the hearing world, with fifteen years of being hard of hearing, and with deafness. Although I have good speech and good English skills, my preferred method of communication, especially for reception, is American Sign Language, which I began learning at the age of thirty. Despite my late start, the "Deaf World" is where I find my friends, my recreation, and my only true sense of belonging. I appreciate (and exploit) the employment and commercial opportunities that the hearing world provides for me, but I am never able to relax with Hearing people, so I am not comfortable socializing with them. I have a fair amount of memory of sound. Sometimes, for example, I find a particular song running through my mind, or imagine what a person's voice sounds like when I read their captions on a TV program. But I am not interested in a cochlear implant for myself. If had a deaf child, I would not choose an implant for her. But I argue that the Deaf community's perception of cochlear implants as a cultural threat is misplaced.

• Deaf Culture

What is the basis for Deaf Culture? When I realized I was deaf, I enrolled to study ASL at the Canadian Hearing Society. As in many ASL courses taught by Deaf teachers, Deaf Culture is an important part of the course of study. Finding myself in a visual environment where I could receive information unhindered for the first time, I devoured my classes, and read as many books about Deaf history and culture as I could find. In addition, I was in the middle of my second term of ASL when the Gallaudet protest occurred. This was a dynamic time to become exposed to Deaf Culture.

My teacher explained that deafness plus acceptance of sign language and Deaf Culture would make a person a member of the culture. Hard-of-hearing people raised in ASL would be accepted as Deaf, while non-signing oral deaf people would not. Being "Deaf"—that is "culturally Deaf"—did not depend on how much a person could hear. This was reinforced by statements I found in my growing library on deafness: "People who are Deaf can have a range of hearing abilities from 'hard of hearing' to 'profoundly deaf,' and, conversely, there are people with severe or profound hearing impairments who do not participate in the community of Deaf people" (Padden and Humphries, 1988). Markowicz and Woodward (1978) suggested self-identification with the group and skill in ASL should be important criteria for labeling someone as Deaf. Surely, these considerations are true whether the person uses unaided hearing or a hearing aid. And surely it does not matter what physical form the hearing aid takes: body aid, behind-the-ear, in-the-ear—or implanted.

We know that many Deaf people use hearing aids, even at deaf clubs and parties.

This cannot be due to the sheer comfort of the earmolds! There seems to be subtle pressure from some Deaf people to give up hearing aids—sort of a Deaf-liberation equivalent to bra-burning. Despite this peer pressure, many Deaf people continue to use them because they find some sort of advantage to the sound they are able to hear using the hearing aids. However, as the peer pressure to discard hearing aids shows, there is prejudice in the Deaf community against any form of listening. At this point in my progressive hearing loss, I can usually still hear a firm, multiple knock on the door of a quiet room. Several times, this has earned me suspicious glances and even overt queries as to why I am present in a deaf group. I can't hear a fire engine siren at twenty feet! I can't understand speech without lipreading—or, preferably, ASL interpreting. But because I can hear a door knock in a quiet room, my entitlement to the Deaf label is challenged. This is absurd.

Padden and Humphries (1988) spent a chapter discussing the "uses," recreational and otherwise, of sound in the Deaf world. But appreciation of sound, and using the sound to hear language are two different things. That is why it does not conflict with membership in the Deaf Culture.

- Opposing Views of the Implant, Accurate and Inaccurate

There are uninformed people among both advocates and opponents of implants. The oversights of each group are most evident and aggravating to the other. The arguments, rather than convincing the opposing group to the preferred point of view, merely raise already acute sensitivities.

Three-quarters of the Deaf people in my unscientific opinion-sampling identified concerns about the safety of the surgery, and particularly about the integrity of the skull after an implant, whether the fitness to participate in active sports was jeopardized (active sports being highly valued in the Deaf culture). They viewed the cochlear implant as a largely experimental procedure with unproven safety or efficacy. Most of these concerns could be resolved by simple question and answer from the professionals, if only the Deaf adults trusted the professionals.

I believe what really concerned the Deaf people I spoke with was the interpretation of implantation as proof that hearing people want to eradicate deafness and, by implication, wish that they—Deaf people—didn't exist. That's a pretty difficult message to accept equably. By the time these Deaf people have reached adulthood, I suppose they are weary of being told they should be more like hearing people. I am not aware of any major initiatives to provide support groups for deaf adults to deal with these pains in a constructive way. In the absence of other therapeutic outlets, it seems that these demons are combated by opposing contemporary incidents of what they recall as oppression from their own past. However, rather than eliminating the messages that tell deaf youngsters that deafness is "no good," the hearing "establishment" now offers the cochlear implant, which goes a step beyond the old hearing aids. It consists of being surgically altered on account of being defective. To the deaf

adult who carries the hurts of his own childhood, this is escalation of a self-esteem war which he is struggling not to lose. How can professionals gain the trust of Deaf adults when this is perceived as their main message?

Some advocates for implantation of children believe that the implant will restore or impart the ability to hear, or significantly enough of the ability to hear, to allow the child to function in the hearing world, avoid the perceived "confines" of the Deaf world and live a "better life." It is not surprising that Deaf people who oppose implants, who are proud of their culture and satisfied with their lives, would interpret this motivation as somewhat insulting. They believe that parents make this decision too hastily, unfairly characterize Deaf adults as failures unworthy of their child's emulation, remain ignorant of the richness of Deaf Culture, paying only lip-service to consideration of a deaf-positive upbringing for the child. If they interpret the motivation as a statement that "My child will succeed in the hearing world, because she will not be a failure like these signing Deaf adults," they may not be misinterpreting the intent; I have actually been told this by one parent of one already-implanted deaf child under two years of age.

Some deafened adults hope that an implant will restore the lifestyle they formerly enjoyed, replete with music, the charming prattle of toddlers, and whispered sweet nothings, and allow them to avoid having to make major changes in response to becoming deaf. The majority of deafened adult members of ALDA—the Association of Late-Deafened Adults—responding to an invitation for anonymous comment indicated that they were uninterested in cochlear implants. They exclaimed "stop pathologizing my deafness!" "it wouldn't do anything my body aid can't do," and "I'm afraid it is just another instrument of denial." A deafened audiologist: "[to state that] we know by the end of an assessment, that a good implant candidate will hear more with the implant that with hearing aid(s) . . . is at best grossly unethical, irrespective of the fact that it is totally false."

However, among the implanted ALDAns responding, the majority believed their implant was "worth it," even though some were not as impressed as they expected to be. One happy implantee added "it does not make you a hearing person" and emphasized that an implantee could still be a proponent of and participant in Deaf Culture. One ALDAn responded to a skeptical editorial: "I would think you would be more encouraging to those of us who choose this 'alternative to deafness' which is what the implant actually is . . . You seem to be pointing at a refusal to accept deafness as the sole reason for most adults taking the opportunity that has presented itself to hear again." Another spoke out: "For me, choosing an implant was easy, because I fought deafness all the way" (excerpted from *ALDAcon III Reader*, 1991). My subjective impression has been that the most "functional implantees"—those who can communicate best and seem to be happiest—are those who have added an implant to a full complement of skills for coping with deafness—including a deaf-positive attitude and acceptance of sign language.

While it can create the perception of sound, a cochlear implant does not make a person become "hearing." With the cochlear implant and good rehabilitation, the deaf person might be able to function in the hearing world as a hard of hearing

person. This might mean that Hearing people are unaware that the person is deaf with an implant, but it doesn't mean that the person can function without difficulty. Unfortunately, I learned as a hard of hearing person that "passing for" hearing is a greater advantage for one's hearing associates than for oneself. It enables them to "forget" to keep their lips in view, leave meeting room lighting adequate, and so on. They excuse their lack of consideration with what they believe is a compliment: "you have such good speech." My ability to pass for hearing ensures that I don't impose much on the hearing people, allows them to convince themselves that I really am fitting in, participating as much as I would if I were hearing or they were all deaf. In fact, I have enjoyed much more "access" in the hearing world, including accommodations that ensure that I really do understand and can participate, when I made my deafness more obvious. This has included using ASL interpreters and occasionally feigning a "deaf accent," dropping my "perfect speech." I regret that I only learned this recently. For two decades, I directed a great deal of my intellect to lipreading, situational reconnaissance, mind-reading, and dominating conversations in order to pass for hearing, instead of applying it to concrete achievements.

The second way that hearing world success disadvantages the deaf youngster is that they may not have occasion to come into contact with the Deaf World at all. Succeeding academically is only part of growing up, and in many other ways, the oral-success deaf child is not just like her hearing contemporaries. Until I met another deaf person for the first time when I commenced sign language classes at the age of thirty, I thought I was utterly peculiar in so many ways when in fact I was merely behaving in characteristic "Deaf" ways. Feeling "normal" is an important emotional strength. Passing for hearing may hinder opportunities to discover this other point of reference that awaits in the Deaf world. Like deaf adults with their emotional baggage from deaf schools, my personal dread is that parents of implanted children will convince themselves that the child is not deaf, but indeed can function as hearing, and another child will go through the waste of intellect and access that I did.

Amidst all the controversy, it is easy to lose sight of what the real decision is: what are the potential rewards, what are the costs, and does the balance between them make it worthwhile to me to have an implant?

Some comments published about evaluations of the twenty-two-channel cochlear implant in children are: "Children are able to *detect* conversational level sounds, including speech, at comfortable loudness levels when wearing the Nucleus implant. *Some* children can identify everyday sounds such as car horns, doorbells, and birds singing. The perception of speech *may* also be improved. Although the implant does not restore normal hearing, words *in small sets* can be identified by *some* children, and *a few* children can recognize words in conversation, without lipreading. Lipreading also is improved for *some* children when using the implant" (emphasis added) (Steve Staller, Ph.D., in *Soundings*, a newsletter published by the Cochlear Corporation, July 1990).

A careful reading of the paragraph reveals that the benefits are limited. The first thing we should notice that this honest description comes from a supporter of implants for children. It does not seem as though the manufacturers are trying to pull

the wool over the eyes of deaf people or parents. I don't see aggressive recruitment or implants being misrepresented as a means to fully reverse deafness. If there are misunderstandings or unrealistic expectations about the implants, they arise in the marketplace. Hearing or deaf, when there is something that is important to us, we "hear" what we want to "hear." The manufacturers and professionals involved with the implant programs obviously believe that the limited rewards are worth the costs of the procedure. But then, so do many people who have already had or requested implants.

We must respect and recognize that the limited benefits might be completely satisfactory for the person making the decision about an implant—deaf adult or deaf child's parent. Most implantees have increased ability to hear environmental sounds and lipread better. Just as I find it useful to hear door-knocks, some people might find environmental sounds and enhanced lipreading to be adequate payback for the prospect of surgery, therapy, expense, wires and a body aid, and potentially prodigious consumption of batteries.

Maybe this is because they have been informed of all the facts and truly don't find the surgery and therapy too burdensome. Or they may be assuming very certain and very high rewards. We do know that people tend to differentiate themselves from others: I can drive above the speed limit and I don't consider myself to be "asking for" a collision, but when someone else does it, he is a menace on the road. This "self-other" phenomenon colors much decision-making. Nobody requesting the surgery assumes their implant will be a failure. There are some implantees who are phenomenally successful, able to recognize spoken words blindfolded. People who fiercely want implants for themselves or their children will tend to assume or at least hope that their case will be another success.

This is supported in part by the tendency for testimonials and personal-experience articles to be written by people who are pleased, if not overjoyed, with their implants. The article "How Can I Keep From Singing?" (Clickener, 1989) gives an example of a person who can hear very well with her implant, who can even understand perfect strangers over the telephone, whose next aspiration is to restore her appreciation of music.

• Deaf Protectionism

Deafened adults in their support groups share stories of becoming deaf and being rejected and criticized by their local Deaf communities as "not really deaf," "not deaf enough," "Think-Hearie," "hard of hearing," and so on. Through the process of becoming deaf, we lose membership in the hearing group, but the Deaf group won't let us in. Deaf outsiders arriving in a new community are similarly marginalized until they have proven their membership (Padden and Humphries, 1988). The same thing can happen to orally-educated deaf people past the age of majority deciding to explore the Deaf world. An oral upbringing, let alone the former ability to hear, is rarely the decision of the person. Yet the Deaf community treats this as a transgres-

sion, if not a threat. And we have the future generations of children being implanted today, who will likely suffer this same shunning as a result of a decision made by their parents, not themselves. Shunning (by brushing off and not befriending) or outright excommunication (by denial of the "deaf" label) is the punishment. The transgression seems to be the violation of some of Deaf culture's value structure that says sound and speech have no value.

This value seems only to have protectionist intent. Valuing sign language, visual art forms, deaf history and heritage, eye contact, unobstructed sight lines, and illumination are "deaf-positive" values. Disdaining sound and spoken language is "hearing-negative," enhancing deaf status only by discounting the status of the hearing. In my opinion as someone who has discovered the Deaf world after fifteen years of being hard of hearing and a couple of years as deaf—oral, by default—the Deaf world does not need to denigrate the hearing world to be a treasure for all deaf people.

There are only two main explanations that I have heard from deaf people who are not part of the Deaf world: "They won't let me in" and "We live in a hearing world." I think the first reason reflects narrow-mindedness on the part of the deaf communities. The second reason reflects short-sightedness on the part of the person making the excuse. Even those who are passionately committed to Deaf Culture live in a hearing world. Even if they work among deaf people all day, they still shop at hearing grocery stores, buy gasoline at hearing service stations, and have to call hearing fire departments and ambulances when emergencies arise. We do live in a hearing world. But each of us really "lives" in only a small part of it. Some of us live in the Jewish world, the rural world, or the bodybuilding world. We make our friends from those people who are most like us and who make us feel most comfortable about ourselves. Choosing to accept the Deaf world and make it one's "home" is no more denial of the real world than it is to have mostly women friends or vegetarian friends. Whom we are able to interact with is different from whom we prefer to interact with.

A successful cochlear implant can assist the implantee to interact more effectively with hearing people. The implant does not need to preclude finding one's social and recreational needs better met in the Deaf world. However, this will certainly be the case if the Deaf community continuously insults or ignores those who dabble in the "other" world.

Deaf pride has grown considerably since the days of signing under the table. If the Deaf community was proud and welcoming instead of proud and defensive, it could grow even further apace. Suppose the Deaf community said: "We are confident in the merits of our culture and our Deaf values. We believe that anyone who is deaf will find something of great value among us. And we welcome any new members to our culture. Regardless of whether you might have been hearing or hard of hearing in the past, your present deafness makes you a brother or sister to us. Whether you chose it for yourself, or whether your parents chose it for you, your use of amplification (hearing aids or implants) and your use of speech to communicate with hearing people outside the Deaf world does not threaten us, because what we have is truly the best."

The message I wish the Deaf community would send to other deaf people (oral, deafened, implanted) is: "What we have is good, and we think it could be good for you." Instead, the message it seems to send is: "What we have is good, but you aren't good enough for us."

• Summary

The cochlear implant does not represent a threat to Deaf Culture. What is a threat is the Deaf community's overeagerness to reject prospective members just because they used to hear, because their parents chose an implant for them, because they find environmental sounds useful, etc. This protectionism doesn't make Deaf Culture strong; it perpetuates its marginality in the eyes of the hearing world, and makes every one of its interests automatically an "outside" point of view. And ironically, this works against the credibility of the very campaign that is foremost in many deaf communities today: discouraging parents from premature decision-making about pediatric cochlear implants. The Deaf Culture would be wise to realize that it has a lot to offer without having to oppress or malign other backgrounds or points of view. If it were more welcoming, many more people would use that freedom to choose a home in it.

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