


Cyborgization: Deaf Education for Young Children in the Cochlear Implantation Era

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Abstract

The author, who was raised oral deaf himself, recounts a visit to a school for young deaf children and discovers that young d/Deaf children and their rights are subverted by the cochlear implantation empire. The hypercapitalist, technomaniac times of cochlear implantation has wreaked havoc to the lives of not only young children with deafness but also the parents themselves are indoctrinated into a system that first strips them of their competency through the diagnosing ritual to finally stripping the parents of their own rights to make fully informed choices for their children. The genre of this exposé is DeafCrit, drawing on journalistic traditions of muckraking and the methods of new journalism to report on, deconstruct, and critique the involvement of audist/ableist medical, business, welfare, and education stakeholders in the rise of cochlear implants in young children and how this operation is altering the landscape of deaf education.

Keywords

DeafCrit, deaf education, deaf children, cochlear implants, counter storytelling

Something is Fishy Here: Fieldwork in a School for the Deaf

By mid-August, I'd been visiting deaf early education schools throughout the country, making contacts in my search for potential research sites to study the impact of cochlear implants on early childhood education. As I was raised oral deaf¹ and mainstreamed, I'd been wondering what schools for the deaf were like. Doing this fieldwork was a way to satisfy my curiosity about deaf education. During one such visit, I arrive at a small brick building that houses an infant-toddler program and preschool for deaf children. Noticing the sign that reads "Birth to Age 3 Program," I follow in the direction of the red arrow pointing eastward.

As I approach the preschool classroom door, I see a mother come out signing to a woman I take to be the teacher because of the identification card hanging from her neck on a lanyard. I wait patiently and watch this exchange in wonderment because this is one of the few times I've come across a Deaf parent—most parents of deaf children are hearing. I am cautiously excited that this program uses American Sign Language (ASL) because the teacher obviously knows how to sign.

When the woman teacher and parent finish signing, the teacher looks to me and with her mouth and hands moving in chorus, she asks, "Can I help you?"

"Yes, my name's Joe. I'm from the university, and I'm here to meet Pam,² the director."

We exchange pleasantries as she takes me around the corner, to the other side of the school, and into a small office. The teacher tells me, again both in English and sign, to sit in the waiting area, and she disappears around the corner.

A few minutes go by and I am uncomfortable. Finally, a woman comes from around the corner who I presume is the director I'm here to meet.

She approaches me with a hurried look, "Hi, Joe, sorry, I've had meetings all morning. Are you ready?"

Pam leads me around the corner to her office a few doors down. Her office is like the main office, small in size, and we squeeze into chairs near her desk. She leans in real close and says, "How can we help you?"

"Well, first of all, I want to thank you for making time in your busy schedule to meet with me," I say.

"I appreciate you traveling to visit us. . . we are excited about what you've told us about your project so far." Pam seems to realize I'm wearing a hearing aid and makes no effort to conceal that she is looking at it.

She looks at me, "How much of a loss do you have?"

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I tell her, like everyone else I meet, about my deafness. Inevitably, Pam wants to know about the etiology, my school years, and how I speak so well. These interviews seem to repeat themselves everywhere I go. Everyone seems to struggle to reconcile what they think and know about deafness and deaf education with my life story and my way of communicating.

I ask her about the infant-toddler program and preschool, and Pam tells me about the families, her staff, and the children. After talking for a short time, she asks, "So what do you want to do, Joe?"

"I'd like to have a chance to talk with your birth to three program parents about the choices they make for their deaf children," I say, completely unprepared for Pam's response.

"What choice?" She replies in an annoyed tone. I start to wonder if I chose the wrong words to explain my project.

I respond in quick succession, "Language choices, school choices, technology choices. . . I want to know why parents make the decisions they make."

"Joe, you can't ask my parents about their choices. There are none. Each child here meets with a team of specialists from the cochlear implant team and our speech and education experts," Pam seems to withdraw some, as her arms cross, as if she is protecting something, and then goes on, "When a parent finds out their child is deaf—to a parent it is like a death sentence. They grieve for their loss. We help them through this process of grieving. We tell them we can fix their child. "And," she adds with emphasis, "we do."

My heart breaks. I wonder if she realizes that I'm shocked, realizes that she is also talking about me. I do my best to turn on the detached ethnographer role, but I feel anger slither into me, wanting to scream: "I don't need to be fixed! How could you compare being deaf to death?" I think about her use of the word "grieve" and my heart aches more.

She looks at me directly and deadpans, "No. You can't ask my parents about choices. There are no choices. I don't feel comfortable with you doing this study here."

My head starts to reel, intermingling images of the teacher and parent signing earlier with the hurtful things Pam has said swirl around and around. I can't help but to think about the trajectory of my life: the hard struggles growing up oral deaf all the way up to the still incomplete search for my big "D" Deaf identity and finally realizing as an adult that I need to learn ASL to be able to communicate effectively. My mind swirls and I think to myself, "If cochlear implants were around in the 1970s, would *my mom* have done this to me?"

I slowly comprehend this is my cue to leave. We exchange a few more meaningless words so everything seems civil. But now all I'm hoping hopelessly for is for her to take those words back. I thank her and walk out the door into daylight. I drive the car around the corner, pull over, and cry.

I sit there wondering: Did my mom grieve?

After arriving home from my trip to meet with Pam, I call my mom. She answers the phone, always already knowing who is calling, thanks to caller-ID.

"Hi, Joey," she says.

I'm not in a good mood, "Hey, mom."

"Is everything, OK?"

"I'm not sure," I say, hesitating to ask her the question I called to ask.

"What's the matter?"

"Just back from one of my sites, something the lady I met said made me wonder what you would think," I talk slowly, trying to hold in my feeling of injury.

My mom can sense I'm setting up a trap, "What did the lady say?"

"She said all parents grieve when they find out their child is deaf. Did you grieve when you found out I was deaf?"

"No," she responds quickly, aware I'm seething with hurt, "I always felt blessed to have you, Joey—you were always so special to me."

The word "special" doesn't make me feel better, so I go in for the kill, "Would you have gotten me a cochlear implant if they had them back in the 70s?"

I can hear in her voice a struggle to say what she knows I want to hear but also to be honest: "I don't know, Joey. If they told me to, I probably would have."

Problematizing Cochlear Implantation Stakeholders

Cerebrospinal fluid leakage, meningitis, perilymph fluid leak, facial nerve damage—these are just some of the risks associated with cochlear implantation surgery that have been posted on the United States Food and Drug Administration (FDA) website, risks that are reported on ineffectually if at all by the media and in scholarly journals. In the contemporary U.S., atrocities have been and continue each day to be perpetrated against thousands of children with deafness through these unnecessary and highly-invasive surgeries, while known risks are largely ignored and unknown future threats to young lives continue to remain uncertain. In 1984, the U.S. FDA approved cochlear implant surgery for adults. By 1990, the FDA reduced the approved age to 2 years, then in 1998 to 18 months, and then to 12 months in 2002. If parents seek special approval, surgery can be permitted for 6-month-olds. With the influence of recent brain research showing evidence that birth to age 3 are critical years for language development, the popular media, medical, business, welfare, and education communities have effectively silenced critics of implant surgeries for young children. Schools for the deaf are at the frontlines of this battleground.

Gallaudet University professors Christiansen and Leigh (2002) describe the Deaf community as strongly opposed to pediatric cochlear implantation, though not necessarily about adult decisions to do so. Major concerns of the Deaf community about cochlear implants include young children delaying their acquisition of sign language, considered a deaf child's natural language (Christiansen & Leigh, 2002).

Crouch (1997) argues,

... the use of cochlear implants in prelingually deaf children may be conceived of as an intervention that can determine community membership. In other words, the cochlear implant is intended to help the deaf child ultimately learn an oral language and, in so doing, to facilitate the assimilation of the implant-using child into the mainstream hearing culture. When the child receives a cochlear implant, he or she is put on a lifelong course of education and habilitation, the focus of which is the acquisition of an oral language ... (p. 15)

In discussions of cochlear implants, the loudest, most authoritative voices in international popular and academic discourses are not those of the Deaf community but of professionals. This lineup of professionals includes audiologists, speech therapists, teachers of the deaf, psychologists, and, especially, the medical community. Cochlear implant critics point out this is problematic “as the position of clinicians (otologists) is highly compatible with that of the manufacturer” (Lehoux & Blume, 2000, p. 1095). Both medical and rehabilitation professionals and manufacturing stakeholders have the same end goal, that is, to curb or altogether “cure” deafness. In response, Lehoux and Blume (2000) explain how

Deaf communities are also deeply concerned about cochlear implantation. Although there are considerable national differences in the eloquence of organizations and in the extent to which they voice their concerns, deaf communities are agreed on one thing: the large-scale implantation of deaf children (and some clinicians argue for implantation of all deaf children) is seen as a terrifying threat to the future of their community and to the well-being of deaf children. (p. 1096)

Blume’s (2010) timely ethno-historical account, *The Artificial Ear: Cochlear Implants and the Culture of Deafness*, illustrates the many layers of complexity surrounding debates on large-scale implementation of cochlear implants in young deaf children. It features not only concerns from members of Deaf community about the ethnocidal legacy cochlear implants has had on Deaf culture as each new generation of deaf children are unquestionably led down a path toward this artificial ear but, Blume with the help of researchers whose work were instrumental in the development of cochlear implants, also unpacks the more troubling artificial folktale narratives of cochlear implants, which are often presented to young deaf children’s parents as an uncomplicated medical miracle cure. Blume’s and similar bioethicist criticisms are part of a groundswell of often-underreported research on cochlear implant technology and its deleterious effects on young deaf children.

In the pages ahead, this exposé draws on journalistic traditions of muckraking and the methods of new journalism inspired by Wolfe and Johnson (1974) and Douglas (1976) to report on, deconstruct, and critique the involvement of audist³/ableist medical, business, welfare, and education stakeholders in the rise of cochlear implants in young children and how this operation is altering the landscape of deaf education. The genre of this article is Critical Deaf Theory. Rather than define this field, I perform it here. Like its allied fields of critical race theory, TribalCrit, or LatCrit—“DeafCrit” also uses the weapons of the weak as tactics to counter, resist, and destabilize dominant discourses. This exposé does not attempt to provide a “balanced argument” of fiercely contested debates on cochlear implants. I see myself as a member of a Deaf ethnic group who have been/are victims of horrible crimes. Use of emotion in this investigative exposé is both appropriate and strategic. The emotional and subjective tone is an intentional tactic, grounded in muckraking methods and the tradition of counternarratives used by marginalized communities (Delgado & Stefancic, 2001; May & Ferri, 2005; Mutua & Swadener, 2004; Solorzano & Yasso, 2002; Widdowfield, 2000) to uncover the terrible ethnocidal and linguicidal crimes being perpetrated against the Deaf community and young deaf children (Komesaroff, 2007; Ladd, 2003, 2008; Lane, 1993; Lane & Bahan, 1998). Theoretically informed by Ladd’s (2003) conception of Deaf epistemology and Haraway’s (2004) notion of cyborg ontology, this article uses the detective novel metaphor that something here is “strange, rummy, off, fishy” as a decolonizing tactic to critique cultural constructions and artifacts of the cochlear implantation phenomenon (Kaomea, 2005a; Marcus & Fischer, 1986; Tobin, 2000; Žižek, 1991). I use a version of Bakhtinian discourse analysis (Tobin, 2000) to interpret popular websites and online testimonials about cochlear implants and early education and then use this reading to provide a snapshot of the cultural worlds of young children with deafness in today’s hypercapitalist, techno-maniac times. A rich source of clues can be found on popular websites discussing cochlear implants. I conclude with a discussion on new directions for pediatric cochlear implant research that places an added emphasis on the “voices” of cochlear implant recipients themselves. To get to the bottom of this, we have to trace the path from diagnosis of deafness to programs in schools serving the deaf and see how both are connected to cochlear implants.

Assault and Battery on Deaf Culture: A Mini Genealogy of A. G. Bell’s Oralist⁴ Legacy

The word I would give to the crime I am investigating is “cyborgization.”⁵ As cochlear implant surgeries become progressively more popular at earlier ages, the cyborgization of children with deafness under the guise of humanization

poses new challenges for Deaf communities and schools serving young deaf children (Cherney, 1999; Foucault, 1992; Haraway, 2004; Lane, 2005). I take a brief detour from the cochlear implant to go back over a century to investigate earlier attempts to “treat” deafness with technology. Alexander Graham Bell’s legacy makes him the ur-criminal here, in the dual roles he played as an inventor and as arguably the most prominent supporter of modern oralist deaf education. Wielding his wealth and status as a public intellectual, A. G. Bell’s life mission was to enculturate people with deafness into the “hearing” world by using “scientific” methods (Baynton, 1996, 1999; Groce, 1985; Lane, 1989).

Bell and his fellow oralist crusaders created phonocentric colonialism,⁶ reigning over deaf children, their families, and schools for over 200 years. Critic Bauman (2008) reveals how the field of “Deaf studies provides what is perhaps the farthest reaching historical examples of the violence of phonocentrism as it becomes institutionalized in the medical and educational discourses to normalize deaf people” (p. 2). Bell’s act of phonocentric violence is in creating the need for schools to “save” the deaf, and it’s a colonialist legacy that can now be evidenced by modern followers of his oralism methods, who are staunch cochlear implantation supporters and are driving cyborgization as a crusade. These violently phonocentric acts by the likes of Bell discard the basic human rights of children to be anything other than “hearing,” as defined by the majority phonocentric society.

Oralism’s supremacy over Deaf culture and sign has steadily increased over time as technology and scientivism gradually but inexorably became ingrained in life as it progressed from the preindustrial to the industrial to the modern information age. Historian Baynton (1999) says of the impacts on Deaf culture and signing by the oralist movement: “For the oralist generation. . . sign language came to be in itself a subhuman characteristic” (p. 107). Baynton (1999) explains, “The value of speech was, for the oralists, akin to the value of being human. To be human was to speak” (pp. 107-108). A. G. Bell himself ostensibly anticipates and addresses 21st-century ethical dilemmas about the dangers of cochlear implants when he says to “ask the value of speech. . . is like asking the value of life” (Baynton, 1999, p. 108). Bell’s musings about the value of deaf lives was not simply an oralist rhetorical deliberation or fantasy. Questions about the value of deaf lives and techniques for remedying what oralists perceived as broken ears and tongues got its start even before A. G. Bell came along.

Oralist methods and deaf education were joined together in partnership a century earlier with the help of Jean-Marc Itard of The Wild Boy of Aveyron fame. Jean-Marc Itard, then a resident physician of the Paris school for the deaf and who today is often considered the father of the field of otology, spent a good part of his career on a quest to cure the Deaf. Using a series of injurious and even fatal

experiments on deaf students, Itard applied what was then considered revolutionary technologies including electricity, leeches, ear-drum piercing, Eustachian tube probes, skull fracturing, sickly brews, blistering agents, and branding, all in an effort to cure deafness and make students hear (Lane, 1993). The only students spared these gruesome medical procedures were those that couldn’t be restrained. In the end, all of the experiments failed as Itard later laments, “Medicine does not work on the deaf” (Lane, 1993, p. 283). However, Itard’s failures did not deter the next generation of oralist scientists.

Bell’s generation—heavily influenced by Darwinian and Mendelian scientific developments—were savvy at exploiting scientific dogma to influence and inform popular media and political discourses. Scientists of this generation inserted themselves into discussions of deaf education policy, sterilization and immigration legislation, eugenics movements, and even debates about Deaf-Deaf marriages, their offspring, and the formation of a “deaf-mute race” (Greenwald, 2010; Lane, 1993; Murray, 2004). More and more scientists and their science come to be seen as a panacea for society’s perceived ills.

By the beginning of 20th century, deafness had progressively moved further under the purview of the scientific/medical establishment and early schools serving the deaf, where sign languages had previously flourished, changed accordingly. From the days that the American Asylum for the Deaf was established in 1817, schools of the deaf were the key sites for the transmission of Deaf culture and sign (Baynton, 1999). In 1850, almost half of the teachers of the deaf were deaf themselves, and schools for the deaf were steadily emerging as sites of enculturation into Deaf culture. A. G. Bell and his contemporaries armed themselves with science to stake their claim to deaf education in the United States. Bell’s ideas for deaf education essentially drove deaf teachers out of the schools for the deaf, as their numbers decreased to 25% in 1900 then to 12% in 1960 (Lane, 1989; Sacks, 1990). A study in the late 1990s found 15% of teachers in schools of the deaf were themselves deaf (Andrews & Franklin, 1997). Bell’s legacy is that mainstream and oral-only schools would serve as sites of enculturation into the hearing world. The ethnocide and linguicide had begun.

There are multiple books, articles, and materials on Bell’s oralist legacy in deaf rehabilitation and education that provide rich historical background information on what motivated him, what he did that helped and hindered the deaf community, and how he lives on to today, both in technology and schools that serve deaf students (most notably, Baynton, 1996; Greenwald, 2006, 2010; Groce, 1985; Lane, 1989; Murray, 2004; Winefield, 2002). Our purpose here is to use Bell’s vision of “curing” deafness as a marker for the historical reign of oralism and his legacy of audism. Bell’s vision of the future was pointed: the eradication of the Deaf community through eugenic aims such as ethnocide and

linguicide. Bell's vision lives on today in the form of oralism's dominance of deaf schools and programs.

Today U.S. schools serving children with deafness looked dramatically different than they did in the mid-19th century, when the lingua franca of the Deaf community was ASL. In the 21st century, ASL is rapidly disappearing from schools, ASL-friendly programs discontinued, and, overall, many schools for the deaf themselves are closing. Padden and Humphries (2005) note there were 87 schools for the deaf in the United States at the conclusion of the 19th century and since then one third of these schools have shut down. There is even discussion of more closings in the very near future due to declining enrollments, largely a result of the least restrictive environment (LRE) provisions stemming from the Individuals with Disability Education Act (IDEA; Moores, 2009). When comparing statistical evidence from the Gallaudet Research Institute's "Annual Survey of Deaf and Hard of Hearing Children and Youth," the records between 1999-2000 and 2007-2008 makes it clear that there is a noticeable trend over the past 8 years toward oral-only classroom environments: deaf students attending mainstream settings increased by 15%, classrooms using sign with speech decreased by just above 14%, and speech-only classes increased by 8%. The convergence of legislative mandates, technologies, and phonocentric cultural climates has transformed the landscape of deaf education from sites of enculturation into Deaf culture at deaf schools to sites of colonization into a hearing-dominated world through mainstreaming and oralist deaf education programs. It all begins with diagnosis of the child, which sets into motion the initiation process.

Phonocentric Colonialism's Initiation Process

I use the term *phonocentric colonialism* to refer to the invasion of unruly, young deaf bodies that attempt to eradicate deafness and, by extension, Deaf culture and ASL, replacing these bodies with hearingness. It is a form of colonialism that exploits young deaf children through hypercapitalist and neoliberal structures. These structures (e.g., medical, rehabilitative, educational, business, etc.) work to normalize deaf bodies and further "self-sufficiency" discourses that only perpetuate the cycle of dependence on audist colonists. This is not a colonialism of land conquest but instead a colonizing of young deaf bodies and minds. It all starts when the whirlwind oralist diagnosing ritual begins, usually with parents realizing something is amiss, moving next to the pediatrician, who diagnoses and refers, then on to speech and hearing specialists, and finally to the cochlear implant "support" teams and oral deaf rehabilitation programs.

In the United States, more than 90% of deaf and hard of hearing children are born to "hearing" parents who seldom have contact with Deaf culture or with ASL (Mitchell &

Karchmer, 2004). Researchers Mitchell and Karchmer (2004) found that as intergenerational deafness across the population is uncommon, deaf children born into "hearing" families have little or no help to navigate the difficult and sometimes inaccessible "hearing world" that will shape them culturally, socially, and linguistically. Caught in the snare of "professionals"—"experts" who are the normative cultural authorities on matters of the body and schooling, most parents acquiesce to the sway of audism and soon are caught up in the web of the phonocentric colonial empire, which is the source of their "grief."

In her comparative study of diagnosing rituals in the United States and Denmark, Fjord (2001) found that the "initiation rites of passage consist of three major, overlapping stages—separation, liminality and reincorporation (Turner, 1969)—that are not bounded nor linear, as the grief process is not, but are a flow. The separation occurs when hearing parents receive the first naming of their child's deafness" (p. 112). Alarming, Fjord (2001) adds,

. . . before diagnosis, hearing parents had already, and without knowing they were doing so, adapted to the visual needs of their deaf child—they were visually engaging him or her, using gesture and touch in satisfying ways. However, after diagnosis, these same parents experienced what she calls "loss of competence" in their ability to use these practices—they were now officially the parents of a "deaf" child. So parents "lose their voice" after diagnosis first when their experiential expertise counts for nothing, as when they are "patted on the head" and told not to worry. Even more worrisome, they lose their sense that they can "do it"—parent this child—that they once spontaneously acted upon competently." (p. 112)

A common tactic by colonists is to use scientivism and medicine to control and subjugate marginalized populations. Kaomea's (2005b) personal reflections on experiences of being an "always already" failing native Hawaiian mother during her hospital stay at the birth of her first child provides chilling insights into the workings of medical colonization. Kaomea (2005b) explicates through decolonizing lenses the workings of these medicalized colonizing rituals, where parents become subjects to Westernized constructions of parenting and cultural deficit viewpoints (of Hawaiian culture and Hawaiian parenting) that work to take away feelings of parental competence and expertise. In the case of young deaf children and their hearing parents, normative constructions of parenting are driven by scientivism (to disguise audism) and parental fear that they are not doing the right thing for the child if they deviate from the experts' "professional" recommendations. The parents are forced into a position where their own skills are belittled and that of the medical, rehabilitation, educational, and business communities are raised to the

status of unquestioned authority. This is how phonocentric colonists start to monopolize the early life of young deaf children—through the parents who then seek out medical and educational specialists.

Cyborg Ontology Meets Deaf Epistemology and Anthropocentric Axiology

In this exposé, I mesh cyborg ontology with Deaf epistemology to think about cochlear implants in a novel, critical way. By merging techno-theoretical ideas with Deaf ways of knowing, thinking, and living, I aim to expose the hyper-capitalism and the naive technophilia that support the cochlear implant movement. As cyborg ontology and Deaf epistemology converge, questions of axiology come to the forefront in the debate on cochlear implants and young children. Complex issues of body, language, and cultural rights unearth phonocentric colonialism's hold on young deaf children and their hearing parents. The result of phonocentric colonialist ontology, epistemology, and axiology (or lack thereof) is the cyborgization of young deaf children.

Ontology is the awareness or study of the world around us. For Haraway (2004), "the cyborg is our ontology; it gives us our politics," as well as ". . . the tradition of reproduction of the self from the reflections of the other—the relation between organism and machine has been a border war" (p. 8). What is at stake in this border war are deaf bodies, Deaf culture, and signing. Epistemology is how we view the world. In concrete terms, Deaf epistemology is rooted in "how visually oriented beings think and view the world," and it "value[s] visual beings as much as auditory beings" (Hauser, O'Hearn, McKee, Steider, & Thew, 2010, pp. 486-490). If ever Deaf epistemology had an archrival, it would be phonocentric epistemology. Phonocentric epistemology is at the root of how hearing colonists justify their cause—to fix the deaf and shape them in the image of the hearing. Haraway's (2004) concern that "all 'epistemologies' as Western political people have known them fail us in the task to build effective affinities" contextualizes the knowledge and power claims of phonocentrism with its inherently biased normative constructions of body and quality of life. Axiology is values and morals. Bayles (1967), using John Dewey's pragmatic axiology, notes that it "is anthropocentric," meaning that it views the world more humanistically (p. 659). Together, ontology, epistemology, and axiology are tools for elucidating constructions of deaf children and the first-generation cyborgs.

It is important to note here that the use of the term cyborg is not intended as a verbal strike against the cochlear implant recipient. I'm not interested in policing the boundary between humans and technology or in taking a Luddite stance against

the use of technological aids to the body. There is no point debating if someone wearing a hearing aid is more of a cyborg or less of a cyborg than someone who has a cochlear implant. Just as equally, there is no point in debating whether someone who has cochlear implants, is an active member of Deaf culture, and uses sign language is more or less of a cyborg (or more or less authentically "Big D" Deaf). Such arguments about who is more or less of a cyborg based on technology or language use would lead us down a fruitlessly divisive path and be entirely counter to Haraway's aim of seeking affinities.

My goal instead is to use the concept of the cyborg as a way of agitating constructions of cyborg perfection (for the deaf child that would be to become fully hearing) that are perpetuated by audist colonists. Haraway (2004) tells us that "we are all chimeras, theorized and fabricated hybrids of machine and organism; in short, we are cyborgs" (p. 8). As you read the word cyborg in the pages ahead, read it as the phonocentric version of the ideal cyborg, a deaf-turned-hearing cochlear cyborg, a chimera. Cyborgization of the deaf is the internalizing of the normalizing expectations of hearingness and the physical internalizing of the cyborg subject position.

Phonocentric colonialist exploit "science's" cyborgization to create an army of "success-story" mercenaries, or poster children, to increase the sphere of influence phonocentric colonization and control has on schools serving deaf children. So-called "success stories" or testimonials are touted by popular and scholarly outlets, whereas deaf children (and their families) who do not meet normative expectations after implantation are hidden or written off as too little committed to the rehabilitation process. As long as science controls the discourse debate, these stories will not be made widely enough available to the general population and those making policy decisions.

Ladd (2003) argues for the development of the concept of Deaf epistemology as a framework for viewing not only Deaf cultural or other marginalized communities but also majoritarian society as well, suggesting, "perhaps instead of continuing to see [the Deaf] as objects to be pitied or 'cured,' we might begin. . . the process of developing our new cultural literacy by actively seeking out what it is [the Deaf] have to say to teach us," all (p. 25). Once Deaf culture is understood as "a bona-fide culture. . . that there exists a 'Deaf Way,' or ways, of thinking, of viewing the world; in short, Deaf epistemologies," phonocentric colonialism will cease to have a stranglehold on the lives of children with deafness, their families, schools, and communities (p. 18). Ladd's work on Deaf epistemology challenges phonocentrism's presumptions that hearingness is superior, the presumption that a life lived in the hearing world is more valuable than the Deaf-World; his work challenges the privileging of deficit constructions of deafness, Deaf culture, d/Deaf people, and deaf education.

In our schools, Ladd (2003) warns, “the U.S. Deaf community has become increasingly concerned that instead of using Deaf people’s own sign language, cultures, and epistemologies at the core of the education process,” this is because, he continues, “many professionals in the field still cling to. . . ‘Hearing’ perception of deafness,” desiring “achieving normalcy” (p. 25). Ladd writes about how oralist goals undermine holistic assimilation strategies that are reflective of Deaf community values, writing this “can be read as colonialism in the same way as oralism, that is, where the colonizer’s language (in this case English) is imposed on the colonized” (p. 25). Cyborgization, under the guise of humanization, is the goal of cochlear implant colonizers, with early intervention and early schools serving as reproductive apparatuses.

Critiquing www.agbell.org and www.cochlearamericas.com

I will now apply cyborg ontology and Deaf epistemology to explicate and critique two Internet websites on cochlear implants and early schooling. The websites www.agbell.org and www.cochlearamericas.com were chosen. There exists more than 100,000 websites dedicated to cochlear implants and early schooling by and for lay and professional audiences. A quick look on web will show these two examples are notable only for their ordinariness as audist/oralist websites. Using cyborg ontology and Deaf epistemology as an axiological compass, what can www.agbell.org and www.cochlearamericas.com tell us about hearingness, ability, and schooling?

My investigative approach here is that of a detective examining a crime scene. That crime scene is the virtual world of www.agbell.org (agbell.org). In combination with Žižek’s detective metaphor and Bakhtin’s (1981) dialogic approach to content and discourse analysis, this exposé will provide a telling look into the cyber world of [agbell.org](http://www.agbell.org). Expanding on these combined ideas in their research, Tobin (2000) and Kaomea (2005a) have used the detective metaphor that something is “strange-fishy” as a decolonizing tactic to deconstruct artifacts and discourses, looking for critical cultural clues. Borrowing the decolonizing detective concept allows for an unmasking of the phonocentric colonialist websphere, [agbell.org](http://www.agbell.org).

A quick look at [agbell.org](http://www.agbell.org), illustrates the cochlear implant discourse on the website is representative of much of the audist, or oralist, discourse that is seen (and interpellated) by parents of children with deafness who view this and other like-minded sites. An animated segment featuring Medical Electronics, or Med-El for short, is advertised on the home page, whereas competitors Advanced Bionics and CochlearAmericas are mentioned further down the page as “circle alliance founding partners.” The presentation of the A. G. Bell board of directors’ names and associated titles

reads like a list of phonocentric cultural authority figures, with their names followed by the official “letters” MD, MBA, JD, EdD, PhD, and Cert-AVT (certified auditory-verbal therapy). There is also the claim that there are board members who are deaf or hard of hearing. This list has the effect of indoctrinating parents into the hypercapitalist and technologist social formation of audist colonialism that is the medical, rehabilitative, educational, and business establishment. However, this is just the surface.

Tobin (2000) suggests that following Bakhtin/Volosinov, “we read slips and other ‘double-voiced’ speech acts as windows onto the conflicts and tensions of larger society to which the speaker belongs” (p. 13). Double-voiced-ness is Bakhtin’s (1981) term to refer to the tension, contradiction, and uncertainty that exist in discourses that necessarily are composed of the utterances and axiological horizons of multiple speakers.

Bakhtin (1981) distinguishes between two kinds of discourse: authoritative and internally persuasive. Authoritative discourses come to us as always already existing and unchallenged—one either accepts or rejects this construction of knowledge. In contrast, internally persuasive discourses are split between being owned by the self and those in the sphere of influence. Within internally persuasive discourses, there are two possible paths toward the meaning making of these discourses: one is through control and the other is through the self. These competing discourses are representative of Bakhtin’s dialogic tensions, which produce what Freud calls the “slips” and what Derrida calls the aporia that provide ways into the text and for what Tobin calls “a window onto the conflicts and tensions of larger society.”

If we come from the standpoint of merging cyborg ontology with Deaf epistemology, we can see the workings of slips that illustrate audism/ableism and the end aim of cyborgization of deaf children by oralists. Slips abound on [agbell.org](http://www.agbell.org). Click on the link “Who We Are,” a description reads that the organization “helps families, health care providers and education professionals understand childhood hearing loss and the importance of early diagnosis and intervention.” Audism comes to the surface here in the choice of words and wording: “understand childhood hearing loss” and “importance of early diagnosis and intervention.” Reading these lines from the phonocentric viewpoint, the words convey a sense of authority about the diagnosing ritual and rehabilitative interventions of oralism. From the view of cyborg-Deaf epistemology, we can see the workings of cyborgization and audism with the equation of deafness with “loss,” “diagnosis,” and “intervention.” The cyborgization, the humanization begins.

Following Žižek’s advice, we must unmask the imaginary unity of the crime scene looking for clues, beginning with the word “understand,” which assumes that those who are health care providers, education, and business professionals (the “Who” in “Who We Are”) have gained through experiences

working with young deaf children an insider's status as experts. The word "understand" is representative of an adult and hearing-centered world's conjecture that they know best. This has the effect of making parents trust these cultural authority figures in the decision-making process that may or may not include choices for language modality, technology, education, and cultural positioning (think back to the vignette about Pam saying to me, "there are no choices"). I would argue that no one can fully understand childhood deafness unless they've lived such a life themselves, but this is a different notion of understanding than the one presented on the agbell.org website. Likewise, the word "loss" implies a sense of justifiable grief, something one wishes they could take or have back. The people who control this grief and "loss" are those that wear the mask of benevolence (Lane, 1992).

Moving across the crime scene, we come across the line about "the importance of early diagnosis and intervention" which also seems to be a "strange-fishy" clue that suggests that something is awry. Fjord (2001) told us earlier about how parents of deaf children are robbed of their sense of competence. The medical-rehabilitative, educational, and business stakeholders are all too eager and willing to take over as competent authorities for deaf children's quality of life decisions. The term "early diagnosis" is a mirror reflection of phonocentric colonist cultural climates that seek to normalize this always already failing deaf body that needs to be labeled and controlled as early as possible. There are other "slips" and aporia: "every child. . . has the opportunity to listen, talk and thrive in mainstream society" (the myth that every child benefits from oralist methods is one that vastly overstates potential benefits that children will indeed become enculturated into the hearing world); "Advocating Independence Through Listening and Talking!" (a perpetuation of the self-sufficiency discourses that places a monetary and quality of life value based on hearingness on a child's ability to listen [hear, not read lips or sign language] and talk [with the mouth, not the hands]).

Hearingness and (auditory) ability are constructed as something that can be achieved with hard work and devotion to the rehabilitation process. The process of cyborgization is never ending. Early schooling, however, is another matter. According to agbell.org "Basic Elements of Early Intervention," there is a laundry list of items that need to be completed to facilitate the best educational opportunity for the young deaf child. The local school system, the website explains to parents, evaluates the child and helps parents come up with an Individual Family Service Plan (IFSP). The next services from the school includes a consultation on technology choices (hearing aids or cochlear implants), parent counseling (for grief and oralist indoctrination), and an explanation of communication options and training to go with that option. Again, something seems awry when we look at www.cochlearamericas.com.

"Meet Colton Sackett, the first bilateral Nucleus® Freedom™ baby in the U.S.," reads the opening line of the testimonial. Immediately, my detective instinct raises an alarm: Haraway (2004) warns how the phenomena of "technobabble" moves into corporate identity marketing, "the discourse of biopolitics gives way to technobabble, the language of the spliced substantive; no noun is left whole by the multinationals. These are their names. . . Tech-Knowledge, Genentech, Allergen, Hybritech," and so on (p. 11). What is the technobabble in this first sentence?

Reread: Nucleus® Freedom™ baby. From the merged standpoint of cyborg ontology and Deaf epistemology, we know something is awry: the corporatization (marketing savvy and audacity) of a child; the trademarking of a child. The slip is in the discourse of humanization where the cochlear implant-baby cyborg is constructed by Cochlear, Ltd., who name, own, and capitalize on "Colton Sackett, the first bilateral Nucleus® Freedom™ baby in the U.S." The construction of this cyborg branding imagery is illustrative of audist and capitalist aims to mesh together the ideal cyborg with the marketing not just of Nucleus® Freedom™ but also of the oralist belief system. Haraway (2004) aptly states, "Modern production seems like a dream of cyborg colonization of work, a dream that makes the nightmare of Taylorism seem idyllic" (p. 8). This oralist system sets up the structures that perpetuate the mass production of generations of young children with deafness as cochlear cyborgs, working under the reign of phonocentric colonists from childhood to adulthood in oralist schools and rehabilitation programs. There is big money in the cochlear implant and oralist industry.

Jameson (1999) discusses the postmodern condition in terms of anxiety, alienation, the fragmentation of the subject, the breakdown of the link between the signifier and the signified, and the rise of simulacra. To uncover "conceptions of a new systemic cultural norm and its reproduction," Jameson views "'postmodernism' not as a style, but rather as a cultural dominant" (pp. 56-57). Jameson is claiming the inseparability of the cultural with the economic, the everyday lived experience with the consumerism of late capitalism. In the example of Nucleus® Freedom™, examining the commoditization of Colton Sacks, we can see the hypercapitalist environment of Cochlear, Ltd., where meaningful testimonials have been replaced by capitalist and marketing showmanship.

The cochlear cyborg term "hooked up" has been created for cochlear implant testimonials, meaning the child transforms from deaf to hearing. The construction of deafness is physical social reality realized by audist stakeholders and parents under their sway. This is a science (fiction) too. Deafness is not "cured" as science would lead us to believe; deafness is deferred (until the cochlear implants are turned off). "Hooked up" illustrates the fiction constructed by oralist believing the deaf can and should be cured.

Another “strange-fishy” clue is the mother’s closing comment, “We thank goodness for technology and aggressiveness on the surgeon’s part to realize that time was of the essence for our little ‘one.’” We can see the workings of phonocentric colonialism in the mother’s unquestioned gratefulness for the “aggressiveness on the surgeon’s part” and relinquishing of her parental authority and control.

Cultural Climates, Deaf Early Education, and the Voices of Generation CI

Cultural climates, as in the past, will drive the future of deaf early education. With the process of diagnosis and initiation already moving along, parents move from the doctor’s office to rehabilitation-oriented educational programs. These programs operate from a medical-model perspective of deafness and disability. Linton (1998) contends that “society, in agreeing to assign medical meaning to disability, colludes to keep the issue within the purview of the medical establishment” (p. 11). The assigning of medical meaning to deafness is both like and unlike the contemporary discourses on disability. Both Deaf community members and people with disabilities share a sense of being marginalized by normative constructions of able-ness. However, disability culture is not Deaf culture; the former is a sociopolitical position, whereas the latter is a cultural-ethnic standpoint. Deaf culture members identify themselves as an ethnic group linked socially and linguistically by ASL and by cultural, historical conceptions of deafness (Erting, 1978; Lane, 2005). Erting (1985) explains how constructions of Deaf ethnicity compete with hearing views of deaf early education:

Deafness has been compared to ethnicity. The socio-cultural processes involved when Deaf individuals interact with each other and with members of the larger hearing speaking society resemble ethnicity phenomena described by anthropologists such as Barth (1969), Cohen (1974), and others (Erting, 1978; Johnson & Erting, 1984; Markowicz & Woodward, 1978). From such a perspective, schools for deaf children are fascinating sociocultural environments in which to study the interaction of language and social life. They also are frustrating environments because of the conflict between two very different cultural systems—those of Deaf people and of hearing educators. (p. 225)

These competing cultural systems view deaf education in fundamentally different ways. A Deaf ethnicity perspective values cultural norms of Deaf culture and sign language, whereas the medical model values normative

constructions of deafness that seek to normalize Deaf bodies. Lane (1993) is more pointed, adding the “conceptual framework society has been using with regard to Deaf people,” is a self-serving discourse that does not question “the normativeness of medicine,” and “needs to be replaced with the curiosity of ethnography” (p. 274). Lane argues that research on Deaf lives needs to recognize this status as an ethnic group. Ethnography, being the study of cultures, is fundamentally different from traditionally normative medicalized research discourses that view deafness as a deficit in need of “fixing” or rehabilitation. Lane (2005) connects Deaf ethnicity to human rights:

Classifying the Deaf-World as an ethnic group should encourage those who are concerned with Deaf people to do appropriate things: learn their language, defend their heritage against more powerful groups, study their ethnic history; and so on. In this light, the Deaf-World should enjoy the rights and protections accorded other ethnic groups under international law and treaties, such as the United Nations Declaration of the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities. (p. 295)

For this reason, ethnography’s curiosity about cultural constructions, as Lane suggests, can be used as a counter tactic against phonocentric colonists by focusing on Deaf culture as a cultural phenomena, as opposed to audist constructions of deafness that view Deaf people as having a medical condition. These are questions of epistemology and axiology that are in need of being addressed by those studying deaf education. Reagan (1990) tells us, “Such an approach to deaf education, while still far from widely accepted, has been gaining credibility and support since the 1970s” (p. 73). This credibility has since become more challenging as cochlear implants have come of age since the 1990s.

Over the last 30 years, various scholars have been debating how schools can integrate young deaf children to become members of both the Deaf community and the larger society (e.g., Bailes, Erting, Erting, & Thumann-Prezioso, 2009; Hyde, 2009; Jaeger & Bowman, 2002; Johnson, Liddell, & Erting, 1989; Keating & Mirus, 2003; Mather, 1989, 1996; Minow, 1991; Padden & Humphries, 2005; Ramsey & Padden, 1998; Stokoe, 1980). These researchers view schools as valuable cultural sites, recognizing the important work schools do to integrate deaf students. However, to date, there are only a small number of published studies of preschools for the deaf from a cultural anthropological standpoint conducted by Erting (1982/1994, 1985) and Keefe (1982). Erting’s (1984) study of preschool children with deafness explores the experiences of parents and a teacher as they navigate the early schooling experience, finding views on Deaf

culture and deafness largely influence parents' decisions about placement, language, and identity. Keefe's study uses social justice perspectives to investigate the hidden curriculum of preschools for the deaf to expose the harmful, contradictory deficit and cultural conceptions of deafness that are sent to young children by school teachers and staff as they become enculturated in preschools. The major limitation of both these studies is the passage of time, as cochlear implants have since changed the landscape of Deaf culture and education.

Thumann-Prezioso's (2005) article on Deaf parents' perspectives of deaf education opens with a statement of what needs to be done to make schools serving the deaf become a liberatory experience: "There is a need for the field of deaf education to hear from Deaf people. It appears that the field has not taken advantage of the cultural knowledge and experience of Deaf people or Deaf parents and asked them for their advice" (p. 415). Two Deaf scholars have taken notice of this limitation and conducted studies of preschools for the deaf using ethnographic methods to get insider explanations of contemporary deaf preschool education during the age of cochlear implants. Through interviews with Deaf educators, Valente (2008) unravels the conflicting cultural constructions of dis/ability and d/Deaf identity that are imposed, resisted, and transformed by young deaf children. Horejcs (2009) investigates two preschools that use ASL or oral methods, explicating how pedagogy and technology choices are driven by polarizing views of what it means to be "normal." In addition, Deaf researchers and those that sign at the Skådalen Resource Centre in Oslo, Norway are using video ethnography to examine early schools for the deaf and their educators (Hjulstad, 2009; Simonsen, Kristoffersen, Hyde, & Hjulstad, 2009). And yet, perhaps most importantly and tellingly, very little is known about children who did receive cochlear implants and what they think about their experiences with deafness, their sense of identity as either deaf or Deaf (or in-between), or their thoughts about cochlear implant surgery.

What do deaf children think about cochlear implants and schooling? By 2002, over a decade after cochlear implants were approved by the FDA, studies on children that found cochlear implants to be a positive experience had not included the children's own attitude (Preisler, Tvingstedt, & Ahlstrom, 2005 referencing Blume, 2002). A 2002 study by Wald and Knutson of 45 adolescents who did and didn't have cochlear implants found respondents "tended to give the highest ratings to a 'bicultural' identity" (Preisler et al., 2005, p. 266). In 2005, Preisler et al. interviewed 11 deaf children with implants between the ages 8.5 and 10.5 about their experiences, finding "The children had become used to living with their implants. But they were well aware that they were still deaf and that they needed sign language in order to fully understand what was said" (p. 266). The study concludes with suggestions to further maximize sign language skills

and recognizes that most children respondents from this study wanted a bicultural identity as both hearing and Deaf. Interestingly, Wheeler, Archbold, Gregory, and Skipp (2007) studied 29 cochlear implants informants aged 13 to 16 years old, finding that constructions of identity are not fixed with several reporting

- "I can't hide the fact that I'm deaf." (male; 15 years; spoken language)
- "Some days deaf, some days hearing." (female; 13 years; spoken language)
- "Sometimes I feel like I'm hearing, sometimes I feel like I'm deaf. I can't feel it (gestures to implant)." (male; 15 years; sign and speech) (p. 310).

Recent investigations from the points of view of implanted children and adolescents, their parents, and educators have mixed and conflicting results. There are reports on the benefits and costs of cochlear implants for language and education, psychosocial development, issues of identity, and decisions not to use cochlear implants (Dammeyer, 2010; Fellingner, Holzinger, Sattel, & Laucht, 2008; Leigh, Maxwell-McCaw, Bat-Chava, & Christiansen, 2009; Most, Wiesel, & Blitzer, 2007; Schorr, 2006; Watson & Gregory, 2005). Most notably, Watson and Gregory (2005) count more than 20,000 children to have been implanted since 2000 and discovered 47% of implanted children do not use their cochlear implants. Researchers also note the major limitation of studies on nonuse is the scarcity and inconsistency of collected data (Watson & Gregory, 2005). Children's reported reasons for nonuse include severe pain from the sounds and equipment, facial twitching, postsurgery scarring, and feelings of stigma (Watson & Gregory, 2005).

In response, scholars provide a plan to respond to nonuse with suggestions to encourage bilingual education (use of both sign and speech) and an added emphasis on more frequent follow-up care (Archbold, Sach, O'Neill, Lutman, & Gregory, 2006; Archbold & O'Donoghue, 2007; Berezon, 2008; Swanwick & Tsvetrik, 2007). However, what is most problematic with these discussions (or lack thereof) is that they ignore or undermine the physical and emotional costs of this highly invasive surgery while also underutilizing or excluding the expertise of the Deaf community, particularly those who have received implants. This has the effect of making the decision about cochlear implants only a medical issue and at the same time devaluing social, cultural, and linguistic perspectives, especially counter standpoints that do not support implantation (Berg, Herb, & Hurst, 2005; Berg, Ip, Hurst, & Herb, 2007; Hyde & Power, 2006; Okubo, Takahashi, & Kai, 2008; Young et al., 2006). Researchers have also found "fewer than half (45%) [of the cochlear implant teams] presented Deaf culture and emerging autonomy/identity issues to parents" (Berg et al., 2007, p. 13). Parents are ill informed about alternatives and even less informed about cochlear

implant recipients who have either rejected them entirely or do not use them. Finally, these studies also ignore a most fundamental ethical issue: quality of life. That is, a quality of life free from pain, both physical and emotional.

Beyond the limited empirical data collected on cochlear implant recipients' own perspectives, there also exists a conspicuous gap in literature that values the experiential in research (in comparison with medical and rehabilitative literature). Recent narratives and blogs about successful restoration of hearing through cochlear implantation include authors Bonnie Poitras Tucker, Elizabeth Thompson, Josh Swiller, Michael Chorost, and Fille Sourde. Snoddon (2005) is another author who has written about her experiences. However, her story serves as a cautionary tale about the dangers of cochlear implants. Snoddon was one of the first recipients of a cochlear implant in Canada (and the world). After Snoddon was implanted, she wrote an autobiographical account of her experiences and her later rejection of it. Snoddon describes the backlash she received after writing an opinion-editorial responding to a newspaper article celebrating the 100th cochlear implant recipient at a Toronto hospital. She called herself the hospital's first victim, explaining "I described the infection that later developed inside my skull as a result of the procedure that could have led to brain and nerve damage, facial disfigurement, or death" (p. 180). It shocked the community. Snoddon's critique of cochlear implants instigated multiple angry articles in response in the newspaper. Each article dismissed her as either bitter or insensitive. Privately, a major journal editor chided her for being too critical of the very people who wanted to help her most.

Research into deaf children's perspectives of their quality of life with cochlear implants needs to be more actively investigated, considering the small size of the informants being interviewed for these studies. None of the studies suggests that there is any cause for alarm. However, therein lies the "strange-fishy-ness" of what is happening with young children and their parents who are under the sway of audism, as children and parents become unquestioning subjects of the ubiquitous phonocentric colonial empire.

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Notes

1. An oral deaf person refers to one using spoken language and its accompanying technological aids (e.g., hearing aids or cochlear implants), lip-reading techniques, and speech therapy treatments.
2. Pseudonym
3. Audist/audism, originally defined by Humphries (1975), is the belief that being able to hear is superior to being Deaf. The word "audism" for Deaf people has been compared with "racism" for Blacks, "sexism" for women, and "ableism" for people with disabilities.
4. Oralist/oralism is the use of spoken language as the primary communication modality for deaf people. Oralist methods usually include lip reading and/or use of technological aides and speech for communication.
5. "Cyborgization" is an attempt to codify the crime of humanization, or normalization through cochlear implantation, perpetrated against young deaf children. It also updates and merges Foucault's ideas of humanization with Haraway's notions of cyborg ontology to look at the borders of man and machine that are fast becoming blurred in today's technological age. See section Cyborg Ontology Meets Deaf Epistemology and Anthropocentric Axiology.
6. I draw on, combine, and expand on the terms *phonocentric* (Bauman, 2004, 2008) and *colonialism* (Beresford & Omaji, 1998; Ladd, 2008 citing Lane, 1992; Merry, 1991) to describe the metaphysical conditions and institutionalized systems that oppress deaf people, especially in our increasingly hyper-technological, capitalist, and neoliberal world. See section Phonocentric Colonialism's Initiation Process.

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Bio

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