

## 17. Do Deaf People Have a Disability?

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RECENTLY I ASKED A COLLEAGUE, a university professor I'll call Archibald, whether he thought that Deaf people have a disability. "Of course they do," he answered. "It's common sense." I believe that most hearing people and some Deaf people, too, would say the same thing. When my colleague called the conclusion common sense, he implied that the meanings of the words themselves answered my question. A *disability* is a limitation of function because of an impairment. *Deaf* people are limited in some functions because of an impairment of hearing. Therefore, Deaf people have a disability. That nicely closes the issue for my colleague, but it closes it too soon for us. To travel this issue with the commonsense meanings of the words is to travel with too much a priori baggage. In particular, these meanings take *deaf* and *disability* to be physical attributes of individuals, like their blood pressure or eye color. A great deal follows from this biological understanding of *deaf* and *disability*, including much that Deaf people find hurtful and inimical to their interests. I propose, therefore, to suspend common sense on this issue long enough to explore the concepts of *deaf* and *disability* so we can see what was buried in both the question and the answer.

How did the concept of *disability* arise and what purposes does it serve in our societies? In several of his works, the French philosopher Michel Foucault showed how "bodies are the battlefield"—that is, how political and economic forces in the history of the Western world have fought for control of the human body and its functions.<sup>1</sup> By the eighteenth century, the Western tradition of esteeming the poor was replaced by a political analysis of idleness that continues to the present. To make productive citizens out of idle burdens on the state, it was necessary to distinguish those who *could* not work (the sick and disabled) from those who *would* not work (beggars, vagabonds, and thieves). In 1994 presidential aspirant Phil Gramm, a senator from Texas, confirmed this policy objective of separating the infirm from the indolent: "[We want able-bodied] people riding in the [welfare] wagon," he said, "to get out . . . and help the rest of us pull." The incoming Speaker of the House, Newt Gingrich, agreed.<sup>2</sup> Likewise, the British government has stated that the products of special education "should be productive if possible and not a burden on the state."<sup>3</sup> A 1993 Japanese law similarly aims to make people with disabilities independent and thus employable.<sup>4</sup>

To reduce the numbers of those who could not work and must be given a free ride, the state, starting in the eighteenth century, assumed great responsibility for ensuring the health of the population and could even penetrate the tightly knit family unit and prescribe what should happen to the child's body: hygiene, inoculation, treatments for

disease, and compulsory education.<sup>5</sup> These practices are generally quite desirable, and they thus formed a continuing basis for the state's claim on the control of bodies. During this era of the rise of modern medicine and the growing intervention of the state in the health of the family, the first national schools for deaf people were founded. In order to ensure that those who could work would do so, a central purpose of those schools was to teach the deaf pupils a trade, removing them from their families where they were poor dependents and converting them into productive members of society. The deaf schools in Europe contained shops to teach trades such as printing, carpentry, masonry, gardening, tailoring, and so on. When schools for deaf people were founded in the United States, they followed this model.<sup>6</sup>

With the arrival of the Industrial Revolution, much larger numbers of people were marginalized; machinery, buildings, and transportation were designed for the normative worker. To separate the able-bodied who could work in these settings from those with disabilities who could not and to regulate the health of children and adults, it was necessary to measure, evaluate, create hierarchies, and examine distributions about the norm. For example, "mental defectives" were considered able to work at simple repetitive tasks, provided their impairment was not too severe. Moderate hearing loss (or unilateral loss) was not an obstacle to most employment, but severe bilateral loss was. Hence the state exercised a more subtle "technology of power" that replaced the brazen power of the king and nobles in feudal society. The technology that has been developed to aid in regulating and rehabilitating includes disciplines such as medicine and surgery, paramedical fields such as optometry and audiology, population studies and applied genetics, psychological measurement, physical anthropology, and rehabilitation and special education. In order to classify people as mentally handicapped, mentally ill, blind, deaf, lame, and so on and hence unable to work in varying degrees, the state requires techniques of measurement and specialists organized into agencies for making those measurements. The more elaborate these special services and benefits are, the greater the need for complex measurements.<sup>7</sup>

The Social Theory of Disability maintains, then, that the category of "people with disabilities" arises out of the work ethic of our capitalist society: People who are not working legitimately are those whose disability precludes employment; they have needs that the rest of society should meet. All other people, such as thieves, vagabonds, and the lazy, are not working for reasons that are illegitimate; they have no claim on our social solidarity, and they should work and be self-sufficient.<sup>8</sup> Over seventeen million Americans are considered disabled for work, so it is easy to see that the construct of "legitimately not working because of disability" is crucially necessary in our capitalist society.<sup>9</sup> Clearly, then, disabilities are not simply physical characteristics of the people who have them—they are not like blood pressure, for example. Social issues such as disability are constructed in particular cultures and at particular times in response to the efforts of interested parties. In the United States at present, we designate some forms of human variation as functional limitation arising from an impairment—therefore, a disability—whereas we consider other forms of human variation normal and not a disability at all. Thus we accept as normal human variation—and not disability—wide differences among people in height, but we consider very short people to have a disability;

we accept differences in weight as normal, but gross obesity is a disability; we accept differences in skin color as normal variation, but we consider albinos to have a disability. Differing degrees of alcohol consumption are not a disability, but alcoholism is. We all learn at different rates—that's normal human variation—but mental retardation is a disability. The following are not considered disabilities in the United States today: baldness, nearsightedness, halitosis, and addiction to cigarettes. Mood variation is normal, but we consider mania and depression as mental illnesses. An addiction to pipe smoking is not a disability, but an addiction to crack smoking is. Not only is it hard to tell disabilities from normal variation, but today's disability may be tomorrow's normal variation and vice versa. Alcoholism has gone from moral flaw to disability. Homosexuality from moral flaw to disability to minority rights. Child abuse from moral flaw to disability. Mild mental retardation from normal human variation to disability.

What then determines whether some form of human variation is a disability? The answer is—norms and the technologies of normalization. Take height, for example. What matters to a culture is not so much the physical attribute of so many feet or meters from head to toe but rather the cultural counterparts *short* and *tall*, which are relative to a norm. People who are much shorter or taller than the average *in a particular culture and a particular era* are viewed as having a disability in that culture and era. That is, they are seen as having an impairment—their very short or tall stature—that leads to restricted functioning. Very short people cannot readily reach keyboards, objects on standard countertops, parts of machinery, and so on. Very tall people cannot fit into airplanes readily, have difficulty driving standard cars, and the like. The view that people with abnormal heights have a disability sets the stage for the intervention of experts—the technologies of normalization. These experts will investigate the problem, teach others how to do so, propose remedies, administer medical and surgical treatment and rehabilitation, teach others how to do that, measure the remaining problem and determine eligibility for government-prescribed benefits, lobby government for those benefits, and so on.

Here is how the technologies of normalization have operated in the arena of height. In the United States and Great Britain nowadays, a large number of children are receiving injections of growth hormone, costing over \$20,000 a year per child. Shortness was never viewed as a medical condition until the technologies of normalization came up with a treatment. Thus the disability did not lead to the treatment; rather, the treatment led to the disability. Shortness became a disability, once a treatment was available, because if doctors administered a treatment, there must be a disorder to treat. The synthetic growth hormone has some nasty side effects and is expensive. Nevertheless, the market for it in the United States is estimated to be \$350,000,000 annually and growing.<sup>10</sup> Doctors working for Genentech, Inc., which manufactures the hormone, claim that the shortest 3 percent of the population needs their treatment. Ninety thousand children born annually make up the shortest 3 percent of the U.S. population, which corresponds to a potential annual market of \$8–10 billion. Best of all for Genentech, there will always be children with this so-called impairment of growth, for no matter how tall our whole population becomes, there will always be a shortest 3 percent. According to Genentech doctors, however, treating these children is not a minor matter

of cosmetics: statistics show that our society is “heightist,” and short people do not get a fair deal.<sup>11</sup> Thus what sustains the whole enterprise is the biologizing of a social state of affairs. Discrimination against short people becomes rooted in *them*, not us, but we can treat the problem *they* have. Thus, socially rejected difference is reified as a treatable biological condition, and the responsibility for social inequality is shifted onto the individual who is said to have that treatable condition. This minimizes the need for change in the society at large, which pleases both the public, happy to leave the problem to the technologies of normalization, and also the technologies themselves, which, like all professions, tend to be self-perpetuating and self-promoting (audiology, for example, is on the threshold of having its services mandated for every child born in the United States from here on out).

The only group that clearly doesn't gain from the medicalization of social difference is its targets. In 1998 the British medical journal *Lancet* reported that short children whose height was increased two to three inches by treatment with the synthetic product Somatropin received no psychological benefits.<sup>12</sup> Researchers at Southampton Hospitals in England treated seven short girls with daily injections from age eight to fourteen. The cost of the treatment, paid for by drug companies, worked out to \$46,000 per stimulated inch of growth—not to mention some 2,500 injections per child. A comparison group of short girls who did not receive the treatment was just as happy and well balanced as the treated girls although they were three inches shorter at age sixteen. The team is now repeating the investigation on short boys.<sup>13</sup>

Consider another example of a socially rejected difference reified for gain, thereby shifting the responsibility for inequality onto the individual. In this case, the socially rejected differences are differences in social class and skin color. In the late 1800s Francis Galton, son of a Birmingham banker, undertook a study of wealthy British families like his own and found that eminence ran in such families, which he attributed to superior heredity. He rejected the idea that a family with three generations of lawyers, for example, owed that success to superior education, family connections, and other such environmental explanations. Instead, much inspired by Charles Darwin's theory of evolution, Galton thought eminence to be mainly the result of biological differences in intelligence, the result of family heredity, and he tried to find biological correlates of eminence, such as head size, but was unable to. With the invention of Binet's IQ test at the turn of the century, scientists such as Galton, who believed that class differences were the result of innate differences in intelligence, finally had a measure of innate ability, and they found widespread evidence of a correlation between IQ scores and social success. For example, the unemployed and uneducated generally scored lower in IQ than people in the professions. Some modern-day scientists offer the same explanation for the disadvantaged condition of many blacks, attributing it to an innate deficiency in black intelligence.<sup>14</sup> To validate their claim, these scientists cite a fifteen-point difference in black and white scores on IQ tests. However, if such a difference exists, after correcting for the cultural bias in the tests, it may simply reflect the effects of being classed in our society as black rather than white: it may reflect social discrimination rather than heredity. Thus, a socially rejected difference—lower social class—has been reified as diminished innate intelligence, thereby shifting the responsibility for that difference onto the individual and minimizing the need for social change.

The technology of normalization organized around IQ is large indeed. IQ testing, especially the massive testing of two million recruits during World War I, changed psychology from a largely academic subject to one that was widely respected as having real social utility.<sup>15</sup> The IQ test was created by experts, administered by experts, and interpreted by experts. IQ testing of nearly two million World War I recruits yielded an alarming result: the average white American had the mental age of a thirteen-year-old; black Americans scored even lower. The IQ test, with these alarming results, helped to lay the foundations for special education. The experts in this technology of normalization computed a distribution around a norm and assigned those children who fell a specified number of units below the norm to specialized institutions on the grounds that technology had revealed their inner deficit, although that deficit frequently lacked any outer sign. The norm was arbitrary. In fact, other IQ tests would have classed as normal more than half of the children labeled as morons requiring institutional care.<sup>16</sup> The aggrandizement of the new “special education” proceeded rapidly in the following decades, encouraged by regular classroom teachers who were delighted with the resulting homogenization of their classrooms. The proportion of children enrolled in special education has grown a hundredfold in Finland in the last five decades;<sup>17</sup> in some states in Australia, it has grown fifteenfold.<sup>18</sup> In Great Britain, the *Warnock Report*, a comprehensive survey of special education “needs” in 1978, concluded that as many as one in five children would need those services and called for a major expansion of the special education establishment.<sup>19</sup> Thus is the majority protected from social deviation to the advantage of the technologies of normalization.

The technologies of normalization that developed around this particular reification in biology of social differences—IQ—included not just research, measurement, institutionalization, and rehabilitation but also eugenic measures to purge society of this unwanted burden. Early in this century, American psychologists found that the average intelligence of immigrants was declining now that their origins had shifted from northern to southern Europe—two out of five in steerage were feeble-minded, they claimed—and they successfully urged stricter immigration policies.<sup>20</sup> They claimed that poorer people had not only lower IQ but also larger families so that over time the “bad germ plasm” would gain ground over the innate intelligence of the better classes. Thus, numerous eugenic societies sprang up in the United States and Great Britain, and many discussions of proposals for improving society through selective breeding ensued. Among them were sterilizing the unfit; educating the unfit so they would agree to voluntary sterilization; restricting marriage among the unfit and encouraging it among the fit; and tax rebates for maternity costs and child rearing in meritorious families.<sup>21</sup> The eugenic principle of selection on the basis of individual biological and mental quality was transformed into a principle of racial or ethnic-group selection in immigration, and behavior that was outside the bounds of prevailing middle-class standards was taken as evidence of biological and hence hereditary lack of fitness.<sup>22</sup>

With these reflections and the examples of height and IQ, we are in a position now to characterize *disability* more accurately and as it turns out in quite a different way from its dictionary definition. A disability is a classification of a physical, behavioral, or mental difference from the norm that is attributed to biological causes in a particular culture in a given era, as a result of the interventions of interested parties.

As with *disability*, we want to unpack the meaning of *deaf* and observe what the commonsense meaning of the word fences in and fences out. In everyday discourse, when we say that someone is deaf, we call on a socially constructed set of meanings. One of those meanings in common parlance is that deaf people lack a vital sense. Another meaning is that these are people whose choices are restricted. In many cultures when you say someone is deaf, you are understood to mean that that person can aspire to only a limited education and that their choices in employment will be severely restricted, too. In some countries, deaf is an explanation of why a child cannot go to school at all. In others, it is an explanation of why a child can profit from only elementary education; in still others it explains why university studies are not possible. Even in the United States, with its uniquely long history of higher education for deaf people, sentences such as “John didn’t go to the university because he’s short” strike us as illogical, but sentences such as “John didn’t go to the university because he’s deaf” do not. Likewise for the world of work. Sentences of the type “Because she’s deaf, Mary couldn’t be a politician like her mother” do not give most Americans pause. The underlying meanings that these explanations refer to have been called *audism*.<sup>23</sup> Like racism and sexism, audism insists that inherent biological factors determine individual traits and capacity. One of the greatest handicaps in being deaf is the reduced range of choices that is open to the deaf person. In many countries deaf people do not have the right to an education, to social services, to drive a car, to employment at the level of their skills, or to the free use of their language.<sup>24</sup> The loss of choices is largely the result of the social construction of what it means to be *deaf*—the result of audism—rather than of any sensory limitation that deaf people have. In that sense, our society largely creates the problems of being deaf.

The widespread tendency in our society to reify in individual biology what are in fact social conditions—the discrimination against short people, poor people, black people, Southern Europeans—alerts us at once to the hidden meanings of audist claims. In 1996 a leading American journal of ear surgery published the most extensive defense yet of the ethics of cochlear implant surgery on deaf children. Explaining why such surgery is necessary, the authors claim that deafness is “the most disabling of disabilities,” that deaf children incur very high costs in education, and that deaf adults cost society a lot of money, too, because they need help gaining access to events and other help such as interpreters.<sup>25</sup> The message is that there is a serious problem because of the deviant physical makeup of the deaf child, and surgery is justified. The aim of normalizing surgery is to reduce human variation: to reduce or eliminate not only those differences that cause physical suffering but also those that underpin ways of life with which the concerned people are happy, people such as intersexuals, conjoined twins, dwarfs, and Deaf people.<sup>26</sup> Likewise blaming the child’s hearing and asserting the need for technological services, a British audiology text contends that the entire family with a deaf child is a family with a disability and that the disabled family requires “saturation services” from numerous professionals like the authors of the book.<sup>27</sup> This is indeed claims making, the “politics of description.” Nothing is said here of Deaf Culture, of the power and beauty of sign language, of the history of oppression of Deaf difference, of culturally Deaf people’s above-normal abilities in spatial perception and cognition,<sup>28</sup> and so on.



Never is it mentioned that Deaf parents (and many hearing parents) raise Deaf children very well without surgery, without saturation services, and indeed without any special intervention.

The explanatory power of *deaf* is reinforced by the media. Movies and books have tragic deaf characters whose predicament is attributed to their being deaf. But positive images also reinforce the explanatory power of *deaf*. Deaf people are held up as admirable for having overcome or minimized their deafness. They took their deafness as a challenge that they successfully confronted. This image, too, reinforces the idea of *deaf* as an explanation. Both negative and positive images are emergent constructions of audism. What can this concept of *deaf* really explain? It cannot justify limited career choices because deaf people are found in virtually all fields. It cannot explain limited educational achievement because there are deaf PhDs, deaf professors, and so on. It cannot justify the livelihood of countless hearing professionals because, as mentioned, Deaf parents commonly raise Deaf children quite successfully without those professionals. The underlying idea is that mere sensory difference has vast explanatory power, yet it does not. The assumption that it does is reinforced by hearing politicians, doctors, and parents.

The stereotypes of audism are an expression of audism but not the audism itself. What is the source of the belief that being a deaf person entails an inherent biological limitation? Why is *deaf* associated with loss rather than difference and gain (different language, different culture, etc.)? I submit that it is because the society that has elaborated the concept of *deaf* is largely hearing and conceptualizes *deaf* as a loss of hearing. Indeed, the difference in hearing of a person born deaf and one born hearing is called "hearing loss," although the deaf person didn't lose anything. The idea that sensory difference is loss is reinforced by the limitations of hearing people who lose their hearing. Then, too, some authors have argued that deafness cannot just be mere difference because it involves the loss of a sense that is essential for survival. They believe that our species has survived because of its common features, including the five senses. In fact, the common features of our species, such as hearing, may reflect the vicissitudes of evolution eons ago, and, in any event, do not individuals with fewer common features have equal claim on our allegiance? Do they not have the right to value their atypical physical constitutions even if they were associated with less reproductive fitness?

Deaf organizations sometimes attack the manifestations of audism. They campaign against mainstreaming, against cochlear implant surgery on deaf children, and against discrimination in employment. The activism attacks the expressions of the audist beliefs but not the beliefs themselves, which are part of the meaning of the word *deaf* (deaf people are lacking; they have a biological flaw) and thus will continue to fuel oppressive practices. A similar sort of analysis applies to sign language. When people say that sign language is primitive or they express surprise that it is not universal, they are simply unfolding the socially constructed meaning of *sign language*, which is, according to *Webster's New Collegiate Dictionary*, "a system of hand gestures used for communication (as by the deaf); an unsystematic method of communicating chiefly by manual gestures used by people speaking different languages." Similarly, a campaign to allow sign language in the classroom can encounter determined resistance because it does

not attack the source of the exclusion, which is the culturally constructed meaning of *sign language*.

Deaf organizations today have embraced the term *Deaf*, perhaps in part in the same “in your face” spirit that black people adopted *black* or that an organization of gay activists has adopted the name Queer Nation. Some Deaf leaders try to mark the distinct significance of *cultural* deafness—to set it apart from the general English usage of the word *deaf*—by capitalizing the *D*. The older terms for this cultural group were *deaf-mute* (as in the *Deaf-Mute Journal*) and *Silent* (as in the magazine *Silent Worker*). These terms, like the capital *D*, made a helpful distinction. Mute or Silent people are those who, for the most part, do not speak. This accurately excluded from the group hearing people who lost their hearing but who continued to speak and did not change cultural affiliation. An advantage of *mute* and *Silent* over the capital *D* is that the capital *D* is perceptible only in writing. Some culturally Deaf scholars have referred to the members of their culture as “the Visual People,” but that label has not made inroads against *Deaf*.

I have argued that, for most hearing people, the term *deaf* has at the core of its meaning a loss, a flaw. Now, what does *deaf* mean to Deaf people? Because Deaf people have their own language and culture, and such ideas are culturally constructed, it is not surprising that different meanings, positive ones, are embedded in the term *deaf* in Deaf Culture. (If cultures dominated by hearing people value being hearing, must we not expect that cultures dominated by Deaf people value being Deaf? Indeed, is there any culture in the world that does not value the predominant physical makeup of its members?) According to my Deaf informants, *Deaf* means “like me”—one of us—in significant cultural ways. A Deaf person values being Deaf and possesses the other attitudes, values, mores, and knowledge particular to that culture. Thus, something positive lies at the core of the meaning of Deaf, and there is no implication of loss.

With these reflections and examples, we are in a position to characterize *deaf*, as it applies to members of the Deaf world, in quite a different way from its dictionary definition. *Deaf* refers to a member of a linguistic and cultural minority with distinctive mores, attitudes, and values and a distinctive physical constitution. We refer to the members of that culture as Deaf and to the culture itself as the Deaf world; these are glosses of the signs in American Sign Language (ASL) with which Deaf people refer to themselves and their culture, respectively. We also follow the Deaf world practice in referring to children of any age as capital-D Deaf who have, for whatever reason, the physical constitution characteristic of this minority—that is, they rely so much more on vision than on hearing that they communicate most readily, given the opportunity, in a natural sign language. This practice also reflects the logic of cultural attribution in hearing society, which is based on the child’s likely life trajectory given its physical makeup. We call children Native American, African American, Asian American, and so forth long before they have learned any language or culture, and we do not ask to see their parents before deciding on their cultural membership, so such attributions are clearly based on physical makeup.

Poor Archibald! Asked “Do deaf people have a disability?” he answered that common sense says they do. But now we see that, far from common sense, the question makes no sense. A disability is a social classification in a particular culture at a particular



time, the outcome of a power struggle among interested parties. And we see that Deaf, in the context of our present concerns, refers to a distinctive culture, not to loss or incomprehension. Perhaps Archibald would have been wiser to answer my question, “Do deaf people have a disability?” by saying “I can’t answer your question because a disability is not something you have; it’s a label you acquire.” Well, then, *should* Deaf people seek this *disability* label assigned to them by the technologies of normalization or at least acquiesce in it, or should they actively resist it?

It seems to me (but then I’m not Deaf) that there are many reasons to resist the label of *disability*. In the first place, in the framework of their culture, Deaf people reject the suggestion that they have an impairment or a disability (the ASL sign that translates roughly as *disability* does not include being Deaf). In contrast, leaders in the disability rights movement say they themselves do have a disability (of course, there are exceptions in each group). These disability rights leaders call for ambivalence about their impairment; individually they want it positively valued as a part of who they are. At the same time, it is the result of poverty, war, disease, or accident, so they want it negatively valued and support measures that reduce the incidence of the impairment.<sup>29</sup> But the Deaf world is not ambivalent; its members characteristically think it is a fine thing to be Deaf and favor more of it. Unlike most expectant parents with disabilities, expectant Deaf parents characteristically hope to have children with whom they can share their language, culture, and unique experiences—that is, they hope to have Deaf children.<sup>30</sup>

So Deaf people are fundamentally unlike people who say they have disabilities, for to Deaf people the proposal that they have a disability “just doesn’t compute.”<sup>31</sup> Disowning the disability label would therefore be the honest thing to do. In the second place, consider what the disabilities rights movement seeks: above all, better medical care, rehabilitation services, and personal assistance services (e.g., help with personal hygiene, dressing, and eating).<sup>32</sup> Deaf people do not attach particular importance to any of these services—no more than any other able-bodied group. Whereas the disability rights movement seeks independence for people with disabilities, Deaf people do not have any more concern with independent living than people in general. Deaf people cherish interdependence with other Deaf people. Whereas people with disabilities seek total integration into society at large, Deaf people cherish their unique identity and seek integration that honors their distinct language and culture. Integration of Deaf children into hearing schools and classes is an anathema to the Deaf world. The specialized schools for Deaf people, especially the residential schools, were the setting in which most Deaf adults acquired fluent (manual) language and socialization. Those specialized schools and, after graduation, the Deaf clubs with their athletic, literary, political, and social programs have provided most Deaf people in America, despite their having hearing parents, with the generational continuity that is essential for a rich culture.

So Deaf people generally do not see themselves as disabled nor do they seek what people who say they are disabled seek. Disowning the disability label is therefore the prudent thing to do because the provisions that society makes for people with disabilities often do not suit the interests of Deaf people and may even run counter to them. Furthermore, because of the commonsense meaning of disability, when Deaf people embrace that label they encourage the untiring efforts of the technologies of normal-

ization to reify in biology what are in fact social disadvantages of Deaf people. This deflects attention from the need for social reforms. Worse yet, this disability label encourages the technologies of normalization in their eugenic and surgical programs aimed at eliminating or severely reducing the ranks of culturally Deaf people. Because the hearing agenda for Deaf people is constructed on the principle that members of the Deaf world have a disability and because our society seeks to reduce the numbers of people with disabilities through preventative measures, hearing people have long sought measures that would reduce the number of Deaf people, ultimately eliminating this form of human variation and with it eliminating the Deaf world. The chairman of a U.S. National Institutes of Health planning group acknowledged this in an interview with the *New York Times*: "I am dedicated to curing deafness. That puts me on a collision course with those who are culturally Deaf. That is interpreted as genocide of the Deaf."<sup>33</sup>

Two measures that would reduce the numbers of Deaf people and are actively pursued today in many lands are eugenics and cochlear implant surgery on young Deaf children. The professions that advocate such extreme measures are clearly calling on the commonsense understanding of *deaf* as disability in promoting their programs.

Hearing efforts to eugenically regulate childbearing by Deaf people have a long history. The central purpose of the large-scale oral education of Deaf children that began in the last century and continues today in many lands was, according to U.S. leaders, to discourage reproduction by Deaf people by discouraging their socializing and marriage.<sup>34</sup> This was also a central goal of the day-school movement, a goal championed by one of the leaders of the American eugenics movement, Alexander Graham Bell. At first Bell saw in the oral education of Deaf people—based on speech and lipreading and prohibiting sign language—a means of encouraging them to marry hearing people. But it soon became clear that Deaf schoolmates intermarried no matter whether their residential school used ASL or spoken English. Thus, measures would be required to keep Deaf schoolmates apart physically so they would not marry and procreate more Deaf children. That meant boarding the Deaf pupils at home and instructing them in small classes to minimize contact among Deaf people. Bell told lawmakers that day schools allow "keeping deaf-mutes separated from one another as much as possible."<sup>35</sup> He warned of the dangers of Deaf congregation at the state residential schools.

Oral education and day-school classes are rather indirect methods of regulating Deaf childbirth. Hearing people have embarked on direct eugenics of Deaf people as well. The twentieth century witnessed movements in the United States and Germany, for example, to sterilize Deaf people by law and to encourage them to seek voluntary sterilization or abstain from childbearing. The legal initiative in the United States had limited success, but its well-publicized pursuit led untold numbers of Deaf people to abandon plans for marriage and reproduction or to submit to voluntary sterilization, and the clamor about Deaf eugenics also led untold numbers of hearing parents to have their Deaf children sterilized. Alexander Graham Bell, head of the Eugenics Section of the American Breeders Association (later the American Genetics Association), laid the groundwork for such efforts in his numerous statistical studies and censuses of the Deaf population in the United States and especially in his 1883 *Memoir upon the Formation of a Deaf Variety of the Human Race*, which he printed privately and distributed widely.

Moreover, he presented this broadside against Deaf Culture and Deaf intermarriage to the National Academy of Sciences on his election to that body, giving the false impression that it was sanctioned by the academy and was scientifically valid. In this memoir, Bell warned that “the congenital deaf-mutes of the country are increasing at a greater rate than the population at large; and the deaf-mute children of deaf-mutes at a greater rate than the congenital deaf-mute population.” Bell attributed the problem to sign language, which “causes the intermarriage of deaf-mutes and the propagation of their physical defect.”<sup>36</sup> The Eugenics Section prepared a model sterilization law and promoted it in the nation’s state legislatures; it called for sterilization of feeble-minded, insane, criminalistic, deaf, and other “socially unfit” classes.<sup>37</sup> By the time of the German sterilization program, some thirty states in the United States had sterilization laws in force. However, Bell’s lobbying efforts were unsuccessful, and none of the laws specifically included Deaf people.

The purpose of the eugenics movement with respect to Deaf people, the measures aimed at discouraging their socialization, intermarriage, and reproduction, was not so much to achieve those goals, which were largely unachievable and would be ineffective if achieved. After all, most Deaf children have hearing parents, as Bell well knew, so even if he had had his way and no Deaf adults had Deaf children that would not seriously reduce the numbers of Deaf children. What then was Bell’s purpose in promoting eugenic measures with Deaf people? I submit that it was to reinforce a certain conceptualization or “construction” of Deaf people, one that was linked to the construction of people with impairments such as feeble-mindedness and to a particular technology of normalization—oralism—with its own authorities, legislation, institutions, and professions. Moreover, the eugenics campaign marked the Deaf world as an important social problem requiring expertise, one that had been previously overlooked, much to the danger of society. In this respect, the claims making closely paralleled the movement to awaken society to the dangers of mentally retarded people in our midst. As psychologists and superintendents of institutions for the feeble-minded stood to gain from the recognition of the newly discovered social problem of mild retardation, so a competent authority that stood to gain from the construction of Deaf people as a newly discovered menace was the burgeoning organization Bell had founded, the American Association to Promote the Teaching of Speech to the Deaf (AAPTSD). In 1969 this association, now known as the Alexander Graham Bell Association for the Deaf, republished Bell’s *Memoir*, praising its “perceptive insights.”<sup>38</sup> The eugenics movement as it concerned Deaf people worldwide has received regrettably little study.<sup>39</sup> When National Socialism came to power in Germany, fully forty organizations of Deaf people in Berlin were combined into two; the treasuries of the original organizations were confiscated; the Jewish Deaf Association was prohibited; and Jewish members of all other Deaf organizations were expelled. Teachers of Deaf students advocated adherence to the hereditary purity laws, including the sterilization of congenitally Deaf people. Deaf school children were required to prepare family trees, and the school reported those who were congenitally Deaf or who had a Deaf relative to the department of health for possible sterilization. Leaders of the unified Deaf organization and the Deaf newspaper, themselves late-deafened, endorsed the sterilization campaign.<sup>40</sup>

The German sterilization law that went into effect in 1934 provided that "Those hereditarily sick may be made unfruitful [sterilized] through surgical intervention. . . . The hereditary sick, in the sense of this law, is a person who suffers from one of the following diseases . . . hereditary deafness."<sup>41</sup> The 1933 census showed forty-five thousand "deaf and dumb" persons in a total population of over sixty-six million. An estimated seventeen thousand of these Deaf Germans, a third of them minors, were sterilized. In 9 percent of the cases, sterilization was accompanied by forced abortion. An additional sixteen hundred Deaf people were exterminated in concentration camps in the 1940s; they were considered "useless eaters," with lives unworthy of being lived.<sup>42</sup> As in the United States, the medical profession was the certifying authority for forced sterilization. And as in the United States, such legislation may have been concerned more with constructions of social problems and the identification of competent authority than with measures for their practical resolution.

In 1992 researchers at Boston University announced that they had identified the "genetic error" responsible for a common type of inherited deafness. The director of the National Institute on Deafness and Other Communication Disorders [*sic*] called the finding a "major breakthrough that will improve diagnosis and genetic counseling and ultimately lead to substitution therapy or gene transfer therapy."<sup>43</sup> Thus a new form of medical eugenics applied to Deaf people was envisioned, in this case by an agency of the U.S. government. The primary characteristics of Deaf people with this genetic background are numerous Deaf relatives, sign language fluency, facial features such as widely spaced eyebrows, and coloring features such as a white forelock and freckling.<sup>44</sup> For such characteristics to be viewed not as normal human variation in physiognomy, coloring, and so on but as a "genetic error," some of the common features must clearly be construed as signs of a disease or infirmity. However, according to a leading medical geneticist, the "sole detrimental feature" of the syndrome is that some people with this gene are Deaf.<sup>45</sup> Within the culture of the Deaf world, then, this cannot be a disease.

The technologies of normalization seek not only to reduce Deaf births but also to change the physical makeup of the Deaf child through surgery so that that child is, to whatever extent possible, a little more like a hearing child or, to be more accurate, like a child with a hearing impairment. There is consensus among ear surgeons and audiologists that a child with a cochlear implant is "severely hearing-impaired,"<sup>46</sup> and some comparisons with hearing-aid users even place many of them in the category of those with a profound hearing impairment.<sup>47</sup>

If the Deaf child has a serious disability, then surely an operation that tries to reduce that disability is justified, even if it has limited success, even if its risks are not well understood, and even if it is very expensive. This consequence of the disability classification applied to culturally Deaf children is fraught with danger for those children and the Deaf world. The surgery is of unproven value for the main benefit sought, spoken language acquisition, while the psychological, social, and linguistic risks have not been assessed but appear ominous.<sup>48</sup> Thus the surgery is innovative, but innovative surgery on children is unethical.<sup>49</sup> Moreover, if there were highly effective implants—and one day there may well be—the ranks of the Deaf world would presumably diminish. It is unethical to take steps that tend to reduce the ranks of a minority culture, and it violates

international law,<sup>50</sup> but the disability categorization of *deaf* is so intuitive here that few hearing people see the danger in allowing cochlear implant programs to proceed at an accelerating pace.

All in all, then, there are many powerful arguments in favor of Deaf people's resisting the disability classification that the technologies of normalization seek.<sup>51</sup> But therein lies a dilemma. Government and the technologies of normalization have linked granting Deaf people their fundamental rights as citizens to their colluding in classifying them as people with a disability. In those countries where Deaf people can get interpreters, those services are organized under a disability umbrella. In fact, able-bodied Deaf people in the United States and some other countries can get cash merely for agreeing that they are disabled and registering as such. Likewise, Deaf children can get schooling only under the disability classification. The dilemma is that Deaf people want access and as citizens in a democracy have a right to access—access to public events, government services, and education—but when they subscribe to the disability definition in order to gain access,<sup>52</sup> they undermine their struggle for other rights, such as an education for Deaf children using their best language, an end to implant surgery on those children, and an end to efforts to discourage Deaf births in the first place. The technologies of normalization, through extensive lobbying, have shaped those government policies that have created this dilemma for Deaf people. With enough disincentives to change, Deaf people may tolerate the misclassification and indeed may even appear to support it, as when they demand their rights under the Americans with Disabilities Act. The stronger the link between Deaf and disability, the better the prospects for the professions predicated on that link.

Yet, Deaf activism may turn things around. The constructions of numerous social groups are different today from what they were generations ago because of the groups' activism in changing social understanding. Blacks in America are no longer property—they are citizens. Gays and Lesbians are no longer distinguished by a defect but rather are seen as a minority set apart by a characteristic of their birth, like blacks and women. Native Americans are no longer understood as savages; women are no longer thought to be inherently the weaker sex, whose life roles must center around child rearing. Deaf people can come to be understood not as a disability group but as the possessors and protectors of a great cultural heritage, a beautiful language, numerous art forms, and an eloquent history. That will require Deaf people to mount a vigorous effort to oppose the claims making of the technologies of normalization. Indeed, many in those professions and in the social sciences and humanities would join Deaf people in their opposition. Is an antidefamation league needed to promptly rebut such self-serving disparagement of Deaf people as “a catastrophe,”<sup>52</sup> a people in need of saturation services, implant surgery, and eugenic gene therapy? Is the time right for Deaf people to mount a major marketing effort, one that involves, for example, advertising, public service announcements, celebrity spots on TV, stories for the media, and a source of pro-Deaf information for the nation? Such an effort would target outreach to parents, doctors, and legislators as well as the general public, helping them to understand the positive value of this form of human variation. In the nineteenth century, black leader Frederick Douglass said this about a comparable effort for his minority: “Oh, had I the

ability, and could I reach the nation's ear, I would today pour out a fiery stream of biting ridicule, blasting reproach, withering sarcasm, and stern rebuke. For it is not light that is needed, but fire; it is not the gentle shower, but thunder."<sup>53</sup> Unless Deaf people challenge the culturally determined meanings of *deaf* and *disability* with at least as much vigor as the technologies of normalization seek to institutionalize those meanings, the day will continue to recede in which Deaf children and adults live the fullest lives and make the fullest contribution to our diverse society.

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## 18. *Beyond Culture: Deaf Studies and the Deaf Body*

DOUGLAS C. BAYNTON

THE CONCEPT OF DEAF CULTURE is fundamental to the field of Deaf Studies. In recent decades, the distinctive cultural attributes of the American Deaf community have been documented and described at length, among them a shared history, a rich literary culture, rules of etiquette and naming practices that differ from those of the larger hearing society, a strong tendency to marry within the group, a unique means of transmitting cultural knowledge between generations, and of course a complex visual language. In addition, like other cultural minority groups, Deaf people have established a variety of social, political, and economic organizations, as well as a periodical press, dating from the mid-nineteenth century. Perhaps most importantly, Deaf people share fundamental values that differ from those of the hearing Americans around them, in particular having the value of American Sign Language (ASL) and the Deaf world. The existence of a deep, rich, and long-standing culture of American Deaf people is now beyond reasonable dispute.<sup>1</sup>

As important and useful as it has been, however, the concept of Deaf Culture increasingly appears inadequate by itself as an explanation of the Deaf community and the experiences of Deaf people. For example, recent research has shown that Deaf people process visual information differently than hearing people, and in some ways more efficiently. This has complemented a growing emphasis in recent years on the centrality of vision to Deaf experience, with some Deaf people suggesting that they instead be referred to as “Seeing people” or “Visual people.”<sup>2</sup> The statement by George Veditz that Deaf people “are facing not a theory but a condition, for they are first, last, and all the time *the* people of the eye,” has become a popular aphorism among Deaf activists.<sup>3</sup> Deaf people now often speak of “deaf eyes,” a characteristic and recognizable way Deaf people have of using the eyes. Under an exclusively cultural model, how do we discuss such phenomena? What, moreover, is the implication of arguing, as Deaf people long have argued, that it is in the *nature* of deaf people to use signed languages, a view that has been given support by linguistic research into language acquisition and development among deaf children? All of these suggest that Deaf people differ from hearing people in physical (or, more precisely, sensory) ways that are not explained by culture.

This is not to say that sensory difference by itself is sufficient to explain Deaf identity. For example, many people identify themselves as hearing impaired, hearing disabled, deaf, or hard of hearing who are not culturally Deaf: they do not share the values of Deaf people, they are not (or only partially) fluent in the language of the community, and

they do not identify as Deaf and are not seen as Deaf. The cultural distinction between deaf and Deaf, while sometimes ambiguous, is nevertheless a crucial one.

Consider, however, another kind of outsider to Deaf identity: hearing people who grow up within a Deaf family, marry into the Deaf community, or for whatever reason immerse themselves in the Deaf world. They may be as fluent in ASL, cognizant of Deaf cultural beliefs and etiquette, familiar with Deaf folklore, and involved in the social life of the Deaf community as any Deaf person. They may be accepted, respected, well liked, included in the community “as if” they were Deaf, and they may even be referred to as “Deaf” in certain circumstances. Yet they are recognized as not *really* Deaf. As Padden and Humphries note in *Deaf in America*, “Hearing children of Deaf parents represent an ongoing contradiction in the culture: they display the knowledge of their parents—skill in the language and social conduct—but the culture finds subtle ways to give them an unusual and separate status.” Cultural explanations by themselves are insufficient to explain Deaf identity.<sup>4</sup>

The cultural model also fails to adequately account for the stories Deaf people commonly tell of their first weeks at the residential school, of feeling that they had found their true home. Culture cannot explain that experience, for they are not yet “Deaf” when they arrive. Similarly, many young deaf people grow up in oral schools or in mainstream programs who do not encounter ASL or Deaf Culture until adulthood, yet as young adults (often as students at Gallaudet University) choose to learn ASL as best they can, to principally associate with Deaf people, and to identify themselves as culturally Deaf. This includes many people who were considered to be “oral successes” by their teachers and parents. Under a simple cultural model, this ought not to happen with such frequency. Children raised in the hearing world are culturally hearing, not Deaf, yet in large numbers choose to join the Deaf world. An explanation of why they make this choice must point beyond culture.

Moreover, how do we explain the strong connections that Deaf people often feel to other Deaf people from outside their own country, to people from very different and distant cultures? Deaf cultures, like hearing cultures, vary a great deal from country to country.<sup>5</sup> Carol Padden is currently studying the Bedouin deaf, who are fully integrated in a hearing community where everyone signs, and who consequently have not created a distinct Deaf Culture. Yet Padden sees her research as part of Deaf Studies and of interest to American Deaf people. Why should that be, if culture alone is what defines Deaf people and binds them together? Indeed, in spite of major cultural differences, Padden tells me that upon meeting the Bedouin deaf, she felt the same sense of commonality and connection that Deaf people typically feel upon meeting.<sup>6</sup> The cultural model needs a great deal of stretching to cover such phenomena. A more plausible and straightforward alternative is to posit that Deaf people are different from hearing people in ways other than cultural.

It has become standard practice in Deaf Studies to speak of the Deaf community as an ethnic group. While that term fits in many ways, in other ways it can be misleading. As Jeffrey Nash pointed out in 1987, “in conventional ethnic groups, members of the first generation have the ethnic mother tongue as native, and . . . second and third generations shift from the ethnic to the dominant language.”<sup>7</sup> In other words, ethnic

groups in America typically assimilate during the second and third generations. Deaf people do not. Nor do Deaf people tend to marry outside the group, as do second- and third-generation children of ethnic groups. Furthermore, ethnicity is typically an identity shared within families, while deafness is typically not. Recent research estimates that only about 3 percent of Deaf people have two Deaf parents. Ethnicity, then, offers a misleading model for the childhood experiences of 97 percent of Deaf people (and of that 3 percent, a majority have hearing siblings, again an experience unlike that of most ethnic groups).<sup>8</sup>

When I wrote my book *Forbidden Signs: American Culture and the Campaign against Sign Language*, I worked within the cultural model. One of the criticisms I encountered from historians who read my early drafts, however, was that I argued that deafness was a cultural construction while simultaneously contending that oralism was *necessarily* harmful to deaf people. They pointed out to me that if deafness was truly just a cultural construction, there were no grounds for taking the position that deaf people everywhere in all times *needed* signed language. In making that claim I was necessarily making a claim about the *nature* of deafness. In response to that criticism, I wrote the following in my introduction to the book:

Deafness is . . . very much a cultural construction that changes over time. But it is also a physical reality. The hearing people who have traditionally made most of the decisions concerning the education of deaf children can spend entire careers contented within these constructions of deafness, unconstrained by physical reality, but deaf people cannot. When the cultural climate of the nineteenth century changed to make sign language objectionable, hearing people could simply say, "Away with sign language," and imagine that this could be accomplished. Deaf people could not, for they are both members of a species that by nature seeks optimal communication, and inhabitants of a sensory universe in which that end cannot be achieved by oral means alone.<sup>9</sup>

In the book's conclusion I added that being deaf "is more than a cultural construction. It means most fundamentally that one occupies a different sensory world from those who hear, and this has certain consequences that cannot be *constructed* away. This physical reality (upon which culture works, certainly, and with which culture intertwines and interacts) transcends culture."<sup>10</sup> I did not pursue the matter any further, however. Constrained by the cultural model, I simply did not know what to do with these ideas. Increasingly, I have become convinced that if the field of Deaf Studies is to progress, it must move beyond the culture model to talk about the body, about the significance of living in a different sensory world.

There is an understandable resistance among Deaf people and Deaf Studies scholars to focusing on the physical aspect of deafness. In the past, such a focus has meant defining deafness in terms of defect and deficiency. It has meant talking about what Deaf people have in common with other disabled people, which has seemed a dangerous path to start down, given that most people think of disability in terms of inability, absence, and loss. Many Deaf people have tried to distance themselves from this image by distancing themselves from any notion of disability and insisting that their identity is based on cultural rather than physical difference from the hearing majority. They

explain that being Deaf is not a defect, that being Deaf offers no less rich and rewarding a life than being hearing, and that being Deaf is neither a pathology nor a medical matter. Most of us in Deaf Studies have correspondingly defined our work as a branch of ethnic studies, separate and distinct from disability studies.

However, what most people have in mind when they think of disability is a medical model (a.k.a. the functional limitations or pathological model). According to this model, disability is simply a physical, mental, or sensory impairment. It resides solely or largely in the individual with the impairment. Prevention, cure, and rehabilitation are of primary importance. When Deaf people say that “disabled” does not describe them, it is generally this model that they reject.<sup>11</sup> It is precisely this model, however, that Disability Studies scholars (and disability rights activists) also reject. In recent decades they have advanced a social model that locates disability not in individual bodies but rather in social structures and practices that do not take account of normal human variation. Just as gender and race are not merely matters of bodily difference, so is disability not simply inherent in bodies but rather a way of interpreting human differences. People with particular physical differences from the majority are *disabled* by the prejudicial beliefs and actions of the majority. When buildings, technology, and media are designed for certain types of people but not others, when communication is carried out in ways accessible to certain types of people but not others, or when school curricula are designed for certain types of learning but not others, disability results. Disability, in short, is a product of oppression.<sup>12</sup>

In this, disabled people have followed a trajectory similar to other oppressed groups. It was once also generally accepted that the bodies of women and members of “inferior races” limited their capacity to participate in social and economic life. As Harlan Hahn has noted, “unlike other disadvantaged groups, citizens with disabilities have not yet fully succeeded in refuting the presumption that their subordinate status can be ascribed to an innate biological inferiority.” They have made considerable progress in recent years, however. People with physical differences from the majority have increasingly moved away from the notion that they *have* a disability, or are persons *with* a disability, and instead refer to themselves as *disabled people* to indicate its centrality to their identity, and speak of “disablement” to refer to the social process of becoming disabled. Many people find it difficult to understand that anyone would willingly embrace the identity of “disabled person,” since disability in our culture seems self-evidently a personally discrediting label. Just as most hearing people simplistically translate “deaf” into “cannot hear,” so do most people equate *disabled* with *unable*. By claiming disability as an identity, however, disabled people name the oppression under which they live, declare solidarity with others similarly oppressed, and set themselves in opposition to it.<sup>13</sup>

Our bodies matter because they shape how we experience, understand, and interact with the world, and because they affect how others view us. On both counts, the body is intensely relevant to Deaf people. The appropriate vocabulary is that of difference, however, not loss. Just as deafness brings into being new ways of using the other senses, so does any physical difference result in a new configuration of abilities. Merely



equating disability with impairment reduces a way of life, a complex relation to the environment, and a web of social relationships and cultural meanings to a simple and concrete absence. It fails utterly to account for the human experience of disability. Like Deaf people, disabled people experience disability in terms of social relations rather than as personal deficiency, and it becomes just one aspect of the world in which they live, in all its complexity.

This does not mean that disabled people experience no limitations, but rather that the experience of limitation is a universal one, not characteristic merely of a subset of humanity. Relative to most of the animal kingdom, after all, humans live in a flat and unvariegated scent world. Their vision is severely impaired by the standards of, say, a hawk, and their night vision is abysmal compared to an owl or a cat. They are deaf to frequencies heard well by dogs, bats, whales, and elephants. They are poor swimmers, slow runners, and incapable of flight absent assistive technology. The list of abilities that other creatures enjoy and that humans lack is long indeed, yet somehow the human species manages to limp along without nursing feelings of grief or loss. The reason we do not consider ourselves disabled is that the term is relative to notions of normality around which we structure our societies. Radio programs do not employ frequencies beyond normal human hearing, jobs do not demand the eyesight of an eagle, and schools do not require students to stand all day like horses without sitting. We establish expectations based on what is normal for the majority and design our built environment to serve that norm—and to exclude, often, any who fall outside it. Deaf people are disabled in the sense that they fall outside most cultures' notions of normality and are on that basis denied equal access to social and economic life.

## Culture

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The common argument that Deaf people are a cultural and linguistic group and *therefore* are not disabled wrongly characterizes culture and disability as mutually exclusive. Saying that Deaf people share a culture says nothing about the usefulness or validity of speaking of Deaf people as disabled. The social model of disability is entirely compatible with an understanding of Deaf people as a cultural minority group and, as a complement to the cultural model, accounts for much about Deaf experience that the cultural model cannot. Not only is it entirely possible for Deaf people to be both a distinct cultural group *and* disabled, it is necessary if Deaf and Disability Studies scholars are to provide a coherent account of the Deaf community.

What do we mean when we say that people “have” a culture? If there are any words with fixed, definite, and unchanging meanings, this one is certainly not among them. Until fairly recently, “culture” referred to a quality acquired through education, an elevated and learned ability to discern the finer from the baser aspects of the world. It was acquired through *cultivation*. Only in the twentieth century did its current anthropological meaning become prevalent, and that meaning is still by no means standardized. Speaking of *a culture* is a shorthand way of saying that a defined group of people share certain distinctive beliefs, practices, and ways of interpreting the world that per-

sist across generations. It refers, in essence, to what a group of people typically think (as expressed in language) and what they typically do.

Some have resisted the term Deaf Culture, arguing that Deaf Americans partake in the larger American culture and therefore constitute a *subculture* within it. The flaw in this reasoning is that it assumes the nation-state to be the natural level on which culture operates, and cultures on a smaller scale to be necessarily subordinate. The concept of culture, however, has no necessary affiliation with the nation-state. It would make equal sense to speak of “Western culture,” to assume “the West” to be the level on which culture resides and national cultures as subcultures. Alternatively, one might situate “culture” on the level of region or ethnicity, and argue that modern nations are too diverse to claim a unitary and cohesive culture. The distinction between culture and subculture is an arbitrary one. We make the distinction as a matter of practical utility not of logical or natural necessity. “Culture” is variously used to describe national linguistic groups (even when these share languages with other, distinct national cultures), stateless linguistic groups, supranational and subnational groups with or without shared languages (including *movement cultures* when these involve significant, shared structures of thought). It has been used in these diverse ways because in each case *it has proved useful* in understanding the attributes of a given group. Describing the distinctive beliefs and practices of the American Deaf community in terms of culture has been tremendously productive in a variety of ways, both for Deaf people themselves and for the academic study of their community. It is a powerful idea and therefore has, in the pragmatic sense, truth value. While there is still resistance to the idea of Deaf Culture in some quarters, it now seems to be an idea that is here to stay.<sup>14</sup>

It may also turn out to be useful to speak of a disability culture. A number of disability activists and scholars think so and have been busy developing an argument for it in recent years. If it helps us to understand the experience of disability and the lives of disabled people—if it turns out, that is, to have truth value—then the idea will have staying power. If it does not, if it distorts or obscures more than it clarifies, then it will not. The evidence for such usefulness is not very strong yet, in my opinion, but it is still a relatively new idea and its proponents have not yet elaborated it to any great extent, so it is too early to judge. The idea of Deaf Culture, after all, took a couple of decades to work out and to begin to make sense to both scholars and Deaf people. And unlike Deaf Culture, which is understood to date in the United States from the nineteenth century, disability culture is usually understood as something that has emerged only in recent decades, in part as a movement culture.<sup>15</sup>

Whether or not the concept of disability culture turns out to have merit, the point here is that there is no inherent contradiction in identifying a group as both disabled and as a cultural group. The terms do not describe mutually exclusive states of being. “Disability” describes a particular kind of relationship between a majority and a minority, between socially constructed notions of normality and deviance. “Culture” describes a set of values and beliefs within a group. Saying that Deaf people share a culture says nothing about the usefulness or validity of speaking of Deaf people as disabled. It is not necessary to say that Deaf people are *either* a cultural group *or* disabled. It is entirely possible to be both.

## Pragmatic Considerations

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Considered as a purely practical matter, what good and what harm come from Deaf people aligning themselves with disabled people and the concept of disability? This is by no means a simple question. In the past, the emphasis of the disability rights movement on educational inclusion or mainstreaming has been a point of serious contention. Disability rights activists have increasingly come to understand and respect the Deaf position on this question, in addition to increasingly questioning the often ideologically rigid, one-size-fits-all approach of the early years of the movement. *Disability Watch*, the periodic assessment of the status of disabled people in the United States published by Disability Rights Advocates, pointed out that while inclusion has been good for most disabled people, it “is proving disastrous for deaf children.” It went on to describe how “the Deaf community has vigorously opposed these ill-considered practices, but its cogent dissent has gone largely unheeded” by school authorities.<sup>16</sup> Of course, as with any coalition made up of groups with diverse interests and experiences, disagreements are unavoidable. Still, cooperation between Deaf and disability rights groups has accomplished much good, most notably the Americans with Disabilities Act. The constant refrain heard from the Deaf community that “we are not disabled,” however, threatens to undermine the basis for that cooperation. Disabled and nondisabled people alike increasingly respond that if Deaf people really don’t want to be considered disabled, then they ought not to claim the protections of that designation.

In any case, alignment with disabled people clearly holds more promise than one with ethnic groups. If there are differences among disabled groups, they pale in comparison with the distance between Deaf and other ethnic communities. Can we imagine the Chinese American community agitating in favor of Deaf teachers? What reason would hearing Spanish speakers have for supporting residential schools for deaf children? (After all, in California a majority of Hispanic-American voters recently joined other citizens in voting to end bilingual education.) In battling the resurgence of eugenics, are disabled people or Cuban Americans going to be more steadfast allies? Who have been powerful allies of Deaf people in the past, ethnic Americans or disabled Americans?

If the disability model tends to have a bias toward assimilation, contrary to the interests of the Deaf community, the ethnic model in the United States does as well, but without accommodations for physical differences from the majority. The rights and services that Deaf people demand are of the kind demanded by disabled people not ethnic groups. Interpreters, for example, are provided to linguistic minorities in the United States only in a limited number of unusual situations, such as court appearances and medical emergencies. Those who wish to attend college or take up a profession are expected to master and use the national language. College instructors and graduate students whose first language is not English must pass an exam demonstrating their ability to make themselves clearly understood in spoken English before they are permitted to teach. Deaf people, on the other hand, rightly demand subsidized interpreting services that allow them to participate in cultural, social, and economic life on an equal basis with hearing people. The demand for captioning and relay services is even less

compatible with the ethnic group model. To the extent that these services are provided, it is in the name of disability rights, not ethnic group rights, since no other minority requests, let alone asserts a right to, such services. The principle at work in the provision of these services is that it is wrong to construct, for example, a phone system that serves some people and excludes other, or to offer a college education that is accessible to some but not others, merely on the basis of physical, sensory, or mental differences. As far as I am aware, every useful law in the United States protecting Deaf rights has been based on this principle, rooted in the demand for disability rights rather than in protections for ethnic minorities. Furthermore, aside from the pragmatic considerations of political efficacy, the ethnic model fails conceptually even to explain the kinds of rights that Deaf people assert.

In the struggle to provide a decent education for deaf children, the cultural model also falls short, and in fact is counterproductive. Hearing parents of deaf children are rarely persuaded of the value of ASL by being told about Deaf Culture, and often resist the notion that their children ought to be part of a culture other than their own. In fact, they frequently express fears of “losing their children to the Deaf Culture.” More persuasive arguments stress the importance of ensuring linguistic input via the eyes while children are still very young, to achieve their fullest social and intellectual development. That is, it focuses on the ways in which their children’s sensory needs differ from those of hearing children.

The Deaf Culture model by itself has always posed a troublesome incongruity when used to discuss deaf children. When we speak of deaf adults who are not culturally Deaf, no one objects to referring to them as disabled. However, when we speak of mainstreamed deaf children in hearing families, we often speak of them as Deaf even when they have had no contact with Deaf Culture, in part because we think that they *ought* to be Deaf, and in part because they are likely to become Deaf at some point in the future. Some of them, however, will never be culturally Deaf, and it is clearly contradictory to speak of deaf children as Deaf, only to reclassify some of them as disabled when grown, when nothing substantive has changed other than their age. We are stuck with making this incoherent argument because, under the cultural minority model, there is no other logical way to assert their linguistic rights as children. To claim, however, that children who have no connection to or even knowledge of the Deaf community are culturally Deaf is unpersuasive to say the least. It is utterly unpersuasive to their hearing parents, who often view it as presumptuous as well as absurd, and it is intellectually implausible to scholars to suggest that Deaf people, unlike any others in the world, might somehow be born with a culture inherent within them.

An alternative that resolves the incongruity, as well as offering a more plausible line of argument in favor of early ASL for all deaf children, is to take seriously the truism that (in Padden and Humphries’s words), “Deaf people are both Deaf and deaf.”<sup>17</sup> That is, Deaf people are both a cultural minority *and* disabled. This allows us to say that a deaf child is physically different from hearing children, therefore has fundamentally different needs from hearing children, and therefore if denied access to effective bilingual education *is disabled by that denial*. It allows us to say, further, that both Deaf and hard-of-hearing persons are disabled by social practices designed to accommodate

only hearing people, and to demand arrangements that accommodate them as well as hearing people.

Indeed, those writing within the Deaf Culture model often do say that deaf children who are denied access to ASL and to the Deaf community by parents and schools are disabled by that denial.<sup>18</sup> This is precisely in line with the social model of disability. The Disability Studies model would go further, however, to argue that even Deaf children who attend bicultural/bilingual educational programs and are fully acculturated in the Deaf community *continue* to be disabled by discriminatory practices that extend beyond secondary school. It is disabling to be denied equal access to television, movies, theater, or civic and public events. It is disabling to be denied reasonable accommodations, in higher education or on the job, such as competent interpreting services. According to the social model of disability, both deaf and Deaf people are disabled not because they do not hear, but because society is structured and everyday business is conducted in ways that exclude them: mass media and public services are often inaccessible; education is generally inferior; information in public places comes over aural but not visual channels; prejudice, demeaning stereotypes, and discrimination are widespread; and in general the hearing majority assumes a hearing norm and doesn't accommodate those who deviate from it.

Thus when disability activists claim that Deaf people are in the same boat with them, they do *not* mean to suggest that Deaf people are afflicted with a defect that ought to be fixed or eliminated, or that they are not whole, or that something is wrong with them, as Deaf people often seem to assume. Rather, they mean that Deaf people have a sensory difference from the majority that requires a different way of life; that the majority hearing population often tries to obstruct or thwart that way of life, or at the least does not make reasonable accommodations for it; and that the hearing majority thereby disables Deaf people. It is understood that if Deaf people were to live entirely in a Deaf world they would not be disabled, just as it is understood that the same is true of many other disabled people. This way of understanding disability does not seem to contradict in any fundamental way how Deaf people already view themselves.

The cultural model also has had little practical relevance to the debate over cochlear implants. Even if all hearing people were to become convinced that Deaf people are "not disabled" and constituted a cultural minority, would that affect the implanting of deaf children? After all, minority cultures in the United States come and go without much fanfare. There used to be strong Italian American communities in many cities, for example, that have mostly disappeared. There were once thriving Scandinavian cultures across the rural upper Midwest and Polish American communities in the cities. Asian Americans and Jewish Americans are increasingly assimilating today. A marked and distinct ethnic identity usually persists only to the extent that majority prejudice prevails over the tendency toward assimilation, as has been the case for most African Americans. The charge of "ethnocide" sometimes raised in the case against cochlear implants is not a persuasive one in the United States, for the disappearance of minority cultures—whatever opinion one may hold about this—is not only commonplace but has often been held up as an ideal. Not only are Americans generally unwilling to offer bilingual education for the purpose of preserving ethnic cultures, opposition to

the persistence of minority cultures is one of the main arguments deployed against bilingual education, which is on the defensive and in decline across the country. If it is true that implants threaten Deaf Culture (which is a subject of debate within the Deaf community), hearing Americans seem unlikely to support the idea of preserving deafness in order to preserve Deaf Culture when they have shown no widespread concern for preserving other minority cultures.

Medicalization of difference is as much an issue for disabled people generally as it is for Deaf people. Disabled people are equally concerned about the attitudes that lead to excessive, risky, and often ineffective surgeries performed on children in valiant attempts to restore “normal function”—for example, to enable someone to walk about with difficulty, rather than modifying public spaces in ways to enable them to roll about with ease. The problem Deaf people face is not that they are not recognized as an ethnic group, but rather, as Alice Dreger has written, that in the modern West “the most prevalent myth is that an unusual anatomy must be considered a medical pathology.” It is equally a problem for deaf and all disabled people that “most children with unusual anatomies are born to parents who do not share the unusual trait, and so the parents’ reaction often involves fear, confusion, shame, guilt, and distress. . . . The parents often can’t imagine living ‘that’ way.”<sup>19</sup>

Like Deaf people, many disabled people see disability as central to their identity and have no desire whatsoever to join the nondisabled “other.”<sup>20</sup> This is particularly true of those born disabled or disabled from an early age. Disabled people are in fact very similar to Deaf people in this way, and use similar language when they speak of disability as their norm, as something in which they have pride, as essential to their identity. The question is not so much whether one is Deaf, blind, or a wheelchair user, but rather whether that is an integral part of one’s identity, which is in large part a question of time and life stage. People who grew up with an atypical body or set of senses tend to see themselves as “normal” and experience little or no desire to change. Those who experience a dramatic change in bodily or sensory configuration go through a period, some longer than others, of wishing they could return to their earlier norm, but in most cases this sense of inhabiting an abnormal body passes with time. As Susan Triano told a reporter at the 2004 International Disability Pride Parade in Chicago, “We’re trying to unite all people with all different kinds of disabilities to send a message that disability is a natural and beautiful part of human diversity. We don’t need to be cured. We don’t need to be fixed. We are whole human beings just the way we are.”<sup>21</sup>

Although I have long known that disabled people routinely express satisfaction with their identity and way of life, I was nevertheless surprised to learn recently that only once in history have conjoined twins expressed a desire to be separated. Of course, parents and surgeons routinely decide to surgically separate them in infancy, but when conjoined twins reach an age at which they can speak for themselves, they nearly always express satisfaction with their lives. Why was I surprised? Because I had imagined what it would be like to live such a life and concluded that it would be intolerable. That is the problem. Hearing people imagine what it must be like to be deaf, and envision a gray and lonely existence. Walking people imagine life as a wheelchair user, and see only limitation and constraint. Deaf people know that deafness is not deprivation, but imagine other disabilities much as hearing people do. Blindness looms especially large



in the Deaf imagination as the negation of their identity as visual people, and has been a felt presence in the Deaf community in the form of Usher Syndrome. John Lee Clark, however, writes that while Deaf people fear blindness and blind people fear deafness, they need not, for “we all share the same capacity for human experience. And that capacity can be filled in infinite ways, from a bank of small spigots to a fewer but larger ones. However the reliance on senses are distributed, we all hold equal access to living full lives.”<sup>22</sup>

Resistance to technological normalization flies in the face of powerful social forces and is an uphill battle no matter what arguments are deployed. Nevertheless, the disability critique of the modern tendency to homogenize human experience, to regulate human appearance and behavior, and to lessen human variation is a broad and powerful argument. Claiming that implanting deaf children constitutes ethnocide is not, for the children who are implanted are neither culturally Deaf nor members of an ethnic group. As individuals, they possess no elements of a minority culture. What they do possess is a different sensory relationship to the world around them. It is the value of *that* difference that is at issue. If an effective counterargument is to be constructed, it is more likely to be based upon the good that comes from preserving sensory and physical diversity rather than upon ethnic identity.

## Ethnicity

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The desire among Deaf people to be defined only by cultural and not physical difference has striking parallels with the mid-twentieth-century campaign by European immigrants to be redefined as ethnic groups. In the nineteenth and early twentieth centuries, what we now term “ethnic groups” were typically referred to as “races.” It was common to speak of a multiracial Europe populated by the Irish race, the Italian race, the Jewish race, the Slavic race, and so on. The concept of race denoted *both* body and culture, inherited *and* environmentally influenced characteristics, nature *and* nurture, which were all seen as inextricably linked. A study of immigration in 1926, for example, identified fifty-six races of people employed in American industry. Among those described as distinct races were Poles, Slovaks, South Italians, North Italians, Magyars, Lithuanians, Croatians, French-Canadians, Hebrews, Spanish, and “native-born White Americans.” The study described how the “bodily form” and “shape of the skull,” as well as the temperament and personality, varied from race to race.<sup>23</sup>

Proponents of immigration restriction, such as Edward Ross, sociology professor at the University of Wisconsin, maintained that recent immigrants to the United States tended to be physically inferior: “South Europeans run to low stature,” he wrote. “A gang of Italian[s] . . . filing along the street present, by their dwarfishness, a curious contrast to other people. The Portuguese, the Greeks, and the Syrians are, from our point of view, undersized. The Hebrew immigrants are very poor in physique . . . the polar opposite of our pioneer breed. . . . The physiognomy of certain groups unmistakably proclaims inferiority of type.”<sup>24</sup> This is why restricting the immigration of these “inferior types” was so important to eugenicists at the time, because their “defects” were seen as inherent racial traits. Eugenicists stigmatized both disabled people and “inferior races” as prisoners of defective bodies, and sought to exclude immigrants who were “degenerate,”

whether due to racial characteristics or to individual disabilities. In effect, both racial and disabled minorities came under the purview of a medical model. From this medical model came increasing attacks on the liberties of disabled people and racial minorities, including widespread institutionalization, sterilization, and exclusion from American economic and social life.

A similar kind of medicalization of difference was prominent in the justification of slavery and, after slavery's demise, of other forms of racial oppression. For example, an article on the "diseases and physical peculiarities of the negro race" in the *New Orleans Medical and Surgical Journal* explained, "It is this defective hematosiis, or atmospherization of the blood, conjoined with a deficiency of cerebral matter in the cranium, and an excess of nervous matter distributed to the organs of sensation and assimilation, that is the true cause of that debasement of mind, which has rendered the people of Africa unable to take care of themselves."<sup>25</sup> African Americans were assumed to become ill or disabled more easily than whites, especially under the stressful conditions of freedom. Diseases of blacks were generally attributed to "inferior organisms and constitutional weaknesses," which were claimed to be among "the most pronounced race characteristics of the American negro." Women's physical differences, as well, have been endlessly medicalized (to a lesser degree still are today). One of the important strategies of the opponents of women's suffrage was to attribute various disabilities to women, among them irrationality, uncontrolled emotionality with a tendency to hysteria, and constitutional weakness. The supposed tendency among "inferior races" to feeble-mindedness, mental illness, deafness, blindness, and other disabilities has been repeatedly invoked in arguments for racial inequality and discriminatory immigration laws. Time and again, when categories of citizenship are in question, a medicalized notion of disability has been called upon to discredit and to stigmatize.<sup>26</sup>

European American minorities began arguing that they should be considered ethnic groups rather than races in the 1930s to escape the imputation of physical and biological inferiority. Ethnicity suggested that all European Americans were members of the "white race," and therefore culturally but not biologically different. The ethnicity model excluded African, Asian, and Native American minorities, who continued to be stigmatized by a medical model that associated them with disabled people: prisoners of defective bodies, degenerate by nature, and likely to pass on their defective characteristics to future generations. European American minorities, on the other hand, were so successful at shedding the notion of race and becoming "white ethnics" that most people soon forgot that they had ever been considered members of different races at all.<sup>27</sup>

The claim today that disabled people differ from the nondisabled by dint of physical difference, while Deaf people differ from the hearing only by culture, mirrors the division of ethnicity from race. Just as the decision of European Americans early in the twentieth century to identify themselves as ethnic groups rather than racial groups was in part a political decision, and just as the identity of "white person" is in part a political choice, "Deaf" and "disabled" are also, at least in part, political choices. These are constructions of history—always contested, never settled, and always open to question. There is nothing timeless or "natural" about them.

This is not to argue that the idea of ethnicity is disreputable, but rather that it is a

construct that arose under particular historical conditions and was used for particular purposes. Whatever the particular origins of the concept and its problematic relationship with the notion of race, ethnicity is a useful model because it provides a framework for exploring the ways in which Deaf Americans have maintained distinct community institutions and have passed down, over many generations, a common history, language, and culture. Nor is this to say that Deaf people should not be conceptualized as an ethnic group, or that Deaf Studies scholars cannot learn much from Ethnic Studies (not to mention Women's Studies, Race Studies, and Queer Studies). It is undeniable that the cultural/ethnic group model has been extraordinarily useful and beneficial in many ways to both Deaf Studies and the Deaf community. It is nevertheless useful to reconsider in light of its history what purposes the model is serving today, and whether an exclusive reliance on the cultural model serves ends that scholars and Deaf people wish to pursue.

### Historically Created Identities

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The statement that "Deaf people are not disabled" suggests that current definitions of Deaf and disabled are natural, timeless, and universal categories. These are not fixed definitions, however, but rather historically created and impermanent identities. Padden and Humphries put the matter more accurately when they wrote in *Deaf in America* that "'disabled' is a label that historically has not belonged to Deaf people," but still they left open the question of which historical period they meant.<sup>28</sup> My preliminary research suggests the possibility that the "Deaf people are not disabled" claim *may* be of fairly recent origin.

In the nineteenth century it seems to have been common to talk of Deaf people as disabled. Laurent Clerc, one of the founders of the American School for the Deaf, in an 1818 address, spoke of "the infirmities of the bodily organization, such as deafness, blindness, lameness, palsy, crookedness, ugliness." In 1835, John Burnet wrote of his deafness as one of the "long catalogue of infirmities which flesh is heir to." He went on to explain that,

[Our] misfortune is not that [we] are deaf and dumb, but that *others* hear and speak. Were the established mode of communication . . . by a language addressed not to the ear, but to the eye, the present inferiority of the deaf would entirely vanish; but at the same time the mental and social conditions of the blind would be far more deplorable, and their education far more impracticable, than that of the deaf is now.<sup>29</sup>

This seems a perfect expression of the social model of disability, applied to deafness and blindness.

In 1855, John Jacob Flournoy argued that Deaf people should abandon the hearing world that oppressed them and establish their own state, and at the same time saw no contradiction in describing Deaf people as disabled. Responding to William Turner's statement that a Deaf man was as unsuited to serve in a legislature as a blind man was to lead an army, Flournoy wrote (in his wonderful phrasing): "The old cry about the

incapacity of men's minds from physical disabilities, I think it were time, now in this intelligent age, to *explode!*" He made his case by referring to great disabled military heroes and blind philosophers: "Have you ever heard how Muley Moloch had himself borne in a litter, when lamed by wounds, to the head of his legions . . . ? So much for a *lame* man. Then, as for a *blind* one. . . ." Flourney described Deaf people as a distinct and oppressed community *and* as sharing a common oppression with other disabled people.<sup>30</sup>

Nor does it seem to have been very common for Deaf people to reject the association with disability (at least in print) through most of the twentieth century. In *Illusions of Equality*, Bob Buchanan describes two significant instances, during the 1908 battle over the hiring of deaf people for the Civil Service, when Deaf community leaders objected to an association with disability: George Dougherty wrote that being classed in Civil Service regulations with "the insane, the crippled, and criminals" might prejudice employers against them, and George Veditz warned, "Once let the government brand deafness as a disability that renders us ineligible for its service, and it will not be long before the prejudice will spread among the employers at large." Both of these instances, however, had to do specifically with concerns over employment discrimination rather than a general aversion to being thought of as disabled. The Veditz quotation is ambiguous in that he does not reject the idea that deafness is a disability, but specifically that deafness is *a disability that renders us ineligible for employment*. The term "disability" at the time was often used in this more specific sense to refer to a trait that disqualified a person for certain rights and privileges. Buchanan also documents occasions on which Deaf leaders decided against collaboration with disability groups, but while this *may* suggest a rejection of the concept of disability, it does not do so necessarily. The ethnic group model, after all, is not weakened by the fact that Deaf people do not typically collaborate with other ethnic groups.<sup>31</sup>

Susan Burch, in *Signs of Resistance*, suggests that Deaf people began to reject the association with disability in the early twentieth century. It is a plausible suggestion, but Burch provides only one significant source for the claim. An editorial in the *Empire State News*, supporting a proposal for a labor bureau for deaf people and responding to an argument that it ought to serve all disabled people, asserted that "the average deaf worker belongs in the classification of foreign-language groups rather than that of the physically handicapped." This would appear at first glance to be an endorsement of the cultural model and rejection of the disability model. However, the editorial then went on to explain that a worker's "deafness is sure to raise difficulties of communication which may hinder his effectiveness until he becomes accustomed to the routine of work in that particular place. Hence, some follow-up work would be necessary in a placement service for the deaf. This is an additional detail which the regular service cannot handle." That is, the editorial is focused entirely on the issue of *what deaf people need from a labor bureau*, not their identity. Deaf people have employment needs that are distinct from those of "other handicapped groups," the editorial continued, because "one has to have effective communication between the placement officer and the deaf applicant. No such difficulty exists in the case of the blind, the crippled, and other groups, for all of these possess in common with the director and his assistants the great blessing of

combined hearing and speech, which facilitate the interview.” The point is the specific employment needs of deaf people, nothing broader. Moreover, the editorial twice refers to “other groups of handicapped people,” which suggests no aversion to being thought of as one of those groups.<sup>32</sup>

In my (admittedly not exhaustive) research so far, I have found no unambiguous and explicit examples of Deaf people rejecting association with disability before the 1970s in the United States.<sup>33</sup> While it would not be surprising to find such examples, it does seem suggestive that I have come across no published examples so far, while I have found numerous examples of Deaf people who referred to themselves as disabled or handicapped. For example, in 1930, Albert Ballin, in *The Deaf Mute Howls*, referred to deafness as a “handicap,” as did Thomas Ulmer, a Deaf contributor to the *American Annals of the Deaf*, in 1945. In 1941, Tom Anderson, then president of the National Association of the Deaf (NAD), urged President Roosevelt to “give handicapped persons a break in working for the defense program,” by which he clearly meant to include Deaf people. He was quoted in a *New York Times* opinion column by a disabled man writing in favor of greater employment opportunities for disabled people, and in 1942 the *Empire State News* approvingly reprinted that piece. The president of the California Association of the Deaf, Toivo Lindholm, in 1953 referred to Deaf people as handicapped. In 1970, NAD president Frederick Schreiber wrote of Deaf people having a “disability.” In 1974, in his book *A Deaf Adult Speaks Out*, Leo Jacobs described Deaf people as a minority group and simultaneously as people who have a “handicap.”<sup>34</sup>

Clearly more careful research than what I have done here is needed. The history of Deaf people’s relationship with the concept of disability is no doubt far more complex than I am able to describe in this essay. However, if these preliminary findings are borne out, it is possible that the argument that Deaf people are not disabled came to prominence alongside the Deaf rights movement and the rise of the culture model in the 1970s and 1980s. If so, the claim that Deaf people have long rejected identification as disabled might be an example of an “invented tradition,” a common phenomenon in all cultures but particularly those reacting to rapid change. Historians have become increasingly interested in recent years in the ways that societies seek to reinforce the legitimacy of their values by projecting their origins back in time and defending them as long-standing cultural traditions.<sup>35</sup>

The rejection of disability since the 1970s seems mainly intended as a refutation of the demeaning focus on deafness as defect. In their desire to avoid the focus on the ear to the exclusion of all other aspects of Deaf experience, and to emphasize the legitimacy of their culture, Deaf people increasingly denied that physical difference had any significance in the formation of Deaf identity. Just as early ASL studies downplayed the importance of fingerspelling, iconicity, and any other element that seemed to make signed languages less like “true languages” (that is, conforming to definitions and standards derived from the study of spoken language), so also did early Deaf Studies deny the importance of sensory difference in order to emphasize the cultural aspect of Deaf identity. Just as it was thought that a “true language” would not rely on iconicity or the spelling of borrowed words, a “true culture” could have nothing to do with physical difference. However, just as ASL scholars now have enough confidence to explore the

significant place of iconicity and fingerspelling in the language, so too has Deaf Studies begun pointing toward the significance of physical difference in defining the Deaf community.

## Conclusion

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Nothing I have written here should be construed as an argument against the cultural model. It has been and continues to be a powerful tool in Deaf Studies, as well as in the struggle for Deaf rights and community pride. Ethnicity is a crucial concept because it provides a framework for exploring the ways in which Deaf Americans have maintained distinct community institutions and have passed down, over many generations, a common history, language, and culture. As Ella Mae Lentz recently pointed out to me, it may also more closely reflect the way in which Deaf people experience their relationships with hearing people. When encountering a nonsigner, she maintained, a Deaf person does not think, "I cannot hear and therefore cannot communicate with this person," but rather, "Our languages are different and therefore we cannot communicate with each other." In this way, the Deaf individual's experience is that of a linguistic minority.

However, the social model of disability can account for much that the cultural model cannot. The disability model allows us to explore how sensory differences between hearing and deaf people shape their worlds, as well as how the concept of normality shapes both hearing people's attitudes toward Deaf people and the development of Deaf children's sense of identity. It provides an explanatory context for the medicalization of deafness, and a theoretical framework for the argument that Deaf people are not disabled by hearing impairment, but rather by the oppression of difference. It provides powerful arguments for ASL in Deaf education. It shows us that the response of hearing people to deafness is not unique but rather part of a larger response to disability. It makes sense of the fact that Veditz wrote *not* that Deaf people were people of sign language, but that they were people of the eye.

Moreover, the disability model should not pose a threat to Deaf people's sense of identity any more than does the ethnic model. After all, until fairly recently most Deaf people would have strongly objected to being identified with ethnicity. Once Deaf people in the 1970s and 1980s began to identify themselves as an ethnic group, they felt no less Deaf than they had before, and they felt no compulsion to merge their identities with Vietnamese Americans, Italian Americans, or other ethnic groups. Deaf Americans (or for that matter Chinese Americans) are not expected to feel a close affinity for Cuban Americans just because, for purposes of explaining their experiences as minorities, we describe both as ethnic groups. The same holds true for disability. Deaf people will doubtless always feel far more affinity for other Deaf people than for other disabled people (or for other ethnic groups). It is not a question about identity but rather about the need for a coherent category of analysis for scholars, for a unified, broad-based movement for effective activism, and for explanations that the general public, in particular the parents of deaf children, can find both plausible and persuasive.

Most groups who now identify themselves as disabled have done so only recently. Blind people in particular long resisted both the label and association with the larger



universe of disabled people. People with mental disabilities and those with physical disabilities have long had an uneasy relationship. Those with acquired disabilities, such as disabled war veterans, often have resisted association with people who have lifelong disabilities. The tendency of those with lesser stigmatized disabilities to distance themselves from those with more highly stigmatized disabilities is a common phenomenon. Throughout American history, disabled people have been more likely to identify themselves in terms of a specific group than as disabled.

Only recently has the identity of “disabled person” been widely embraced. This is in part a conscious political decision, in part the product of a new consciousness of shared experience, and in good part due to increasing awareness of the social model of disability. It was once common to hear wheelchair users say, “Just because I use a wheelchair doesn’t mean you should treat me like I’m retarded.” Today it is more common to hear something like, “Nobody, regardless of their disability, should be treated that way.” Some disabled people are far more vulnerable to discrimination, institutionalization, and eugenic assault than others, but a tenet of disability solidarity is that those less threatened should not abandon the more vulnerable. Disabled people differ significantly from one another, but they share common experiences resisting the medicalization of their identity, coping with inferior “special” education, fighting for autonomy and self-determination—in short, they share a common experience of oppression and of struggle against it. Thus, sharing a common oppression, they have undertaken to forge a common liberation.

Indeed, one of the remarkable aspects of the pan-disability rights movement is its ability to bring together diverse groups of people into common action. It is a fractious coalition, riven by identity politics and conflicting agendas to be sure. Nevertheless, its very existence and dramatic growth is testament to a powerful idea—that the goal ought not to be for any one group to find liberation for itself, in effect merely reshuffling the deck, but rather to resist and disrupt the systematic translation of *difference* into structures of privilege and oppression.

## Notes

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The author wishes to thank Robert Buchanan, Bryan Eldredge, William Ennis, Christopher Krentz, Anna Mollow, and Joseph Murray, as well as the participants in the 2002 Deaf Studies Think Tank at Gallaudet University, for their helpful comments on earlier drafts.

1. American Deaf Culture has been described in a number of books and articles. See, for example, Carol Padden and Tom Humphries, *Deaf in America: Voices from a Culture* (Cambridge, Mass.: Harvard University Press, 1988); John V. Van Cleve and Barry A. Crouch, *A Place of Their Own: Creating the Deaf Community in America* (Washington, D.C.: Gallaudet University Press, 1989); Harlan Lane, Robert Hoffmeister, and Ben Bahan, *A Journey into the Deaf-World* (San Diego: Dawn-SignPress, 1996); Robert Buchanan, *Illusions of Equality: Deaf Americans in School and Factory, 1850–1950* (Washington, D.C.: Gallaudet University Press, 2002); Susan Burch, *Signs of Resistance: American Deaf Cultural History, 1900 to 1942* (New York: New York University Press, 2002).
2. Lane, Hoffmeister, and Bahan, *Journey into the Deaf-World*, 111–16. Brice Alden, “Visualist Theory 101,” *Tactile Mind*, Spring 2002, 8. Ben Bahan, “Notes from a ‘Seeing Person,’” in *American Deaf Culture: An Anthology*, ed. Sherman Wilcox (Silver Spring, Md.: Linstock Press, 1989), 30, 31.
3. George Veditz, “President’s Message,” in *Proceedings of the Ninth Convention of the National*

*Association of the Deaf and the Third World's Congress of the Deaf, 1910* (Philadelphia: Philocophus Press, 1912), 30.

4. Padden and Humphries, *Deaf in America*, 3. Bryan Eldredge has a wonderful discussion of the complicated place hearing people occupy in the Deaf community; see chapter 1 in "The Role of Discourse in the Formation and Maintenance of Deaf Identity and the Deaf-World" (PhD dissertation, Department of Anthropology, University of Iowa, 2004). Some Deaf people, most notably World Federation of the Deaf president Markku Jokinen and the editors of *The Tactile Mind*, have argued recently for thinking in terms of "sign language users" rather than "Deaf persons," as this would emphasize culture and language rather than lack of hearing. See Markku Jokinen, "'The Sign Language Person': A Term to Describe Us and Our Future More Clearly?" in *Looking Forward: EUD in the Third Millennium—The Deaf Citizen in the 21st Century*, ed. Lorraine Leeson (Coleford: Douglas McLean, 2001), 50–63. Paddy Ladd, in his recent and important book *Understanding Deaf Culture: In Search of Deafhood* (Clevedon, UK: Multilingual Matters, 2003), suggests that in the absence of oppressive relations Deaf people would welcome culturally Deaf hearing people as full members of the community. I would maintain that sensory differences matter, regardless of the cultural setting. Ladd, in another section of his book, suggests this point by arguing that "blindness, being a sensory impairment, might well involve certain psychological patterning which, when reinforced by time spent together, might add up to a phenomenon with some notable cultural features" (194). Human beings are cultural beings, and they are also physical beings. To deny one or the other, to say that our fates are entirely decided by our bodies, or conversely that we are all culture and that our bodies do not shape who we are, is equally wrong.
5. Arkady Belozovsky, for example, spoke at the 2004 Deaf Studies Today conference about cultural differences between Russian and American Deaf people, such as attitudes toward physical contact and ways of introducing people. Arkady Belozovsky, "Learning Foreign, Linguistically Related Sign Languages: What Are the Benefits to ASL/Deaf Studies Instructors" (paper presented at the Deaf Studies Today conference held at Utah Valley State College, April 12–14, 2004).
6. Carol Padden, "A New Language" (paper presented at the Deaf Studies Today conference held at Utah Valley State College, April 12–14, 2004). Joseph Murray suggested to me that Padden's experience of a sense of connection might also be explained by her *expectation* that Deaf people should feel such a connection with one another. This indeed suggests an alternative explanation in general for Deaf experiences of kinship across national lines; biological kin often feel a similar sense of connectedness and mutual responsibility in spite of cultural divides. Still, I would argue that the shared experience of sensory difference from the majority, and the knowledge that another's experiences of the world are in this fundamental way like one's own, would be likely in itself to produce a sense of commonality.
7. Jeffrey E. Nash, "Policy and Practice in the American Sign Language Community," *International Journal of the Sociology of Language* 68 (1987): 11. Nash also points to important similarities between Deaf and other ethnic groups.
8. Ross E. Mitchell and Michael A. Karchmer, "Chasing the Mythical Ten Percent: Parental Hearing Status of Deaf and Hard of Hearing Students in the United States," *Sign Language Studies* 4 (2004): 138–63.
9. Douglas Baynton, *Forbidden Signs: American Culture and the Campaign against Sign Language* (Chicago: University of Chicago Press, 1996), 10.
10. *Ibid.*, 160.
11. Ladd, in *Understanding Deaf Culture*, acknowledges the significance of the disability model, writing that Deaf people should be "seen as intrinsic 'dual-category members'—that is, that some of their issues might relate to issues of non-hearing whilst others relate to language and culture" (16). He notes that the concept of "access" has provided a rationale for important services to Deaf people such as interpreting services, text telephones, captioning, and the like (while it has also created problems, as in the debate over separate versus mainstreamed education). On the whole, however, he downplays deafness and focuses almost entirely on what he aptly terms "Deafhood."

The emphasis is understandable, given that he is trying to reach a public ignorant of Deaf Culture and that views Deaf people simply as people burdened with nonfunctioning ears. Nevertheless, it leads him to understate the importance of sensory difference in constructing the Deaf community and determining its membership (41–42, 74 n. 8). And while he gives a serviceable description of the social model of disability, he then goes on to equate recognition of “physical deafness” with “the medical concept,” which is precisely the equation that the social model rejects (16, 166–69).

12. On the social model of disability, see Mike Oliver, *The Politics of Disablement* (New York: Palgrave MacMillan, 1990); J. Swain et al., eds., *Disabling Barriers—Enabling Environments* (London: Sage, 1993); Harlan Hahn, “Antidiscrimination Laws and Social Research on Disability: The Minority Group Perspective,” *Behavioral Sciences and the Law* 14 (1996): 41–59; Tom Shakespeare and N. Watson, “Defending the Social Model,” *Disability and Society* 12 (1997): 293–300; Len Barton and Mike Oliver, eds., *Disability Studies: Past Present and Future* (Leeds, UK: Disability Press, 1997); Mark Priestley, “Constructions and Creations: Idealism, Materialism and Disability Theory,” *Disability and Society* 13 (1998): 75–94; Len Barton et al., eds., *Disability Studies Today* (Cambridge: Polity Press, 2002). For recent examples of disability studies in the humanities, see Paul K. Longmore, *Why I Burned My Book and Other Essays on Disability* (Philadelphia: Temple University Press, 2003); Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997); David T. Mitchell, and Sharon L. Snyder, eds., *The Body and Physical Difference: Discourses of Disability* (Ann Arbor: University of Michigan Press, 1997); Lennard Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso, 1995); Paul Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2000). For overviews of recent work in the field, see my essay “Bodies and Environments: The Cultural Construction of Disability,” in *Employment, Disability and the Americans with Disabilities Act: Issues in Law, Public Policy and Research*, ed. Peter Blanck (Evanston, Ill.: Northwestern University Press, 2000), 387–411, and Catherine J. Kudlick, “Disability History: Why We Need Another ‘Other,’” *American Historical Review* 108 (June 2003): 763–93.
13. Hahn, “Antidiscrimination Laws and Social Research on Disability,” 43. Simi Linton defines disability as “a marker of identity” that has brought together a coalition of people stigmatized by physical, sensory, and mental differences from the majority, in *Claiming Disability: Knowledge and Identity* (New York: New York University Press, 1998). Anna Mollow suggested to me that the social model assumes a false opposition between the medical and the social, and excludes disabling conditions that originate in progressive, chronic, or terminal illnesses such as AIDS, cancer, and diabetes. She argues that some disabilities are best understood as both social and medical. While I think that a conceptual distinction can be made between illness and disabilities associated with illness, Mollow’s point may well indeed indicate a need for a more nuanced model of disability. However, since it does not directly affect the argument I present here, I have to plead the standard excuse that it is a question beyond the scope of this essay.
14. Lawrence Goodwyn’s *Democratic Promise: The Populist Moment in America* (Oxford: Oxford University Press, 1976) is a prominent example of this use of “movement culture.” Ladd, *Understanding Deaf Culture*, has a useful discussion of culture and subculture in which he posits language as a crucial element in distinguishing the two.
15. On disability culture, see Longmore, “The Second Phase: From Disability Rights to Disability Culture,” in *Why I Burned My Book*; Sharon Barnartt, “Disability Culture or Disability Consciousness?” *Journal of Disability Policy Studies* 7, no. 2 (1996): 1–20; James I. Charlton, *Nothing About Us Without Us: Disability Oppression and Empowerment* (Berkeley and Los Angeles: University of California Press, 1998); Susan Crutchfield and Marcy Epstein, eds., *Points of Contact: Disability, Art, and Culture* (Ann Arbor: University of Michigan Press, 2000); Kenny Fries, *Staring Back: The Disability Experience from the Inside Out* (New York: Plume, 1997).
16. Reprinted in Longmore, *Why I Burned My Book*, 26.
17. Padden and Humphries, *Deaf in America*, 3.

18. See for example, Harlan Lane, *The Mask of Benevolence: Disabling the Deaf Community* (New York: Alfred Knopf, 1992), and Jan Branson and Don Miller, *Damned for Their Difference: The Cultural Construction of Deaf People as Disabled* (Washington, D.C.: Gallaudet University Press, 2002).
19. Alice Dreger, *One of Us: Conjoined Twins and the Future of Normal* (Cambridge, Mass.: Harvard University Press, 2004), 77, 55.
20. Joseph Shapiro, *No Pity: People with Disabilities Forging a New Civil Rights Movement* (New York: Random House, 1994), 14.
21. Jim Ritter, "650 Walk, Roll and Bike in City's First Disability Pride Parade," *Chicago Sun-Times*, July 19, 2004.
22. John Lee Clark, "On Sensory Unloss," <http://www.johnleeclark.com/mainthing2.html#ci> (site discontinued).
23. Joel M. Sipress, "Relearning Race: Teaching Race as a Cultural Construction," *History Teacher* 30 (February 1997): 179.
24. Edward Alsworth Ross, *The Old World and the New: The Significance of Past and Present Immigration to the American People* (New York: Century, 1914), 285–90.
25. Samuel A. Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," *New Orleans Medical and Surgical Journal* 7 (1851): 693.
26. George M. Fredrickson, *The Black Image in the White Mind* (New York: Harper and Row, 1971), 250–51. On the ways in which the concept of disability has been used to justify discriminatory practices against women and minority groups, see my essay, "Disability and the Justification of Inequality in American History," in Longmore and Umansky, *New Disability History*, 33–57.
27. On the social construction of ethnicity and of "whiteness," see Matthew Frye Jacobson, *Whiteness of a Different Color: European Immigrants and the Alchemy of Race* (Cambridge, Mass.: Harvard University Press, 1998); Karen Brodtkin, *How the Jews Became White Folks and What That Says about Gender and White Supremacy* (New Brunswick: Rutgers University Press, 1999); Noel Ignatiev, *How the Irish Became White* (New York: Routledge, 1996); Sipress, "Relearning Race," 175–85.
28. Padden and Humphries, *Deaf in America*, 44.
29. Laurent Clerc, "Address to the Connecticut Legislature," and John Burnet, "What the Deaf and Dumb Are before Instruction," in *A Mighty Change: Deaf American Writing, 1817–1864*, ed. by Christopher Krentz (Washington, D.C.: Gallaudet University Press, 2000), 17, 40.
30. John Jacob Flournoy, "Mr. Flournoy's Plan for a Deaf-Mute Commonwealth," *American Annals of the Deaf* (1858), reprinted in Krentz, *A Mighty Change*, 166.
31. Buchanan, *Illusions of Equality*, 42.
32. Burch, *Signs of Resistance*, 121. Burch cites two other issues of the *Empire State News*, but I could find nothing in them related to this question. The first briefly alludes to dissatisfaction with the work of the New York State Employment Service and endorses the idea of a deaf labor bureau. The other discusses concerns that the New York State Employment Service "claims to have 19 specially trained interviewers for the handicapped, but that none of these specially trained interviewers are equipped by experience or training to deal intelligently with the problems of the deaf." Again, the point is to address the particular needs of deaf people, not to make any conceptual distinctions between them and other "handicapped" persons.
33. A Deaf Frenchman, Henri Gaillard, did write in 1893 that, "Infirm we are not. In order to be infirm in the true sense of the word, it is necessary to be deprived of a limb, be bandy-legged, one-armed, crippled, blind or blind in one eye." *Proceedings of the World Congress of the Deaf and the Report of the Fourth Convention of the National Association of the Deaf* (Chicago, 1893), 176. This is the kind of unambiguous statement that has not yet been produced from research on the American Deaf community. The extent to which American Deaf people (or French Deaf, for that matter) agreed remains to be established. Thanks to Joe Murray for bringing Gaillard's statement to my attention.
34. Albert Ballin, *The Deaf Mute Howls* (1930; repr., Washington, D.C.: Gallaudet University Press,

- 1998), 57. Thomas A. Ulmer, "A Review of the Little Paper Family for 1944–45," in *Deaf World: A Historical Reader and Primary Sourcebook*, ed. Lois Bragg (New York: New York University Press, 2001), 260. Anderson was quoted in Jay McMahon, "Rehabilitation Urged," *New York Times*, April 28, 1941, E6; reprinted in a regular column by Charles Joselow, "For Your Record," *Empire State News*, January–February 1942, 3; both cited in Buchanan, *Illusions of Equality*, 175 n. 10. Toivo Lindholm, "Place of the Adult Deaf in Society," in Bragg, *Deaf World*, 272. Frederick Schreiber, "What a Deaf Jewish Leader Expects," in *ibid.*, 34. Leo M. Jacobs, *A Deaf Adult Speaks Out* (1974; repr., Washington, D.C.: Gallaudet University Press, 1989), 13, 23. For a more recent example, see Tom Willard's 1998 essay in which he wrote of his frustration with "the misconception that people with disabilities are not happy or whole until they have overcome their disability." Tom Willard, "What Exactly Am I Supposed to Overcome," in Bragg, *Deaf World*, 273.
35. See for example, Eric Hobsbawm and Terence Ranger, eds., *The Invention of Tradition* (Cambridge: Cambridge University Press, 1983).

## 19. *Postdeafness*

LENNARD J. DAVIS

ARE DEAF PEOPLE HANDICAPPED? Impaired? Disabled? A race? An ethnic group? A minority? These are questions posed in an ongoing way by both Deaf people themselves and by the hearing world. A brief history of the context of these labels might be in order. Before the eighteenth century, prelingually deaf people were widely regarded in a category that included madmen, lunatics, and idiots—that is, people who were seen as having lost their senses or wits. In this sense, particularly as “mute” people, they had the status of children or animals. In Catholic countries they were thus treated as people who could not receive the sacraments and legally as people who were not responsible for their actions. In this sense, they were constructed as lesser people, childlike, and without the full rights of citizens.

In the eighteenth century, schools for the deaf began to flourish and with the attempt to universalize local sign language dialects into national and transnational languages, deaf people were able to participate in the public and civil sphere. With the notion of universal rights endowed by a creator, deaf people were increasingly allowed by a hearing majority to partake in citizenship and the rights that it conveyed and in religion. Education could lead to that goal or end, so a project to humanely educate the deaf, along with curing the insane and helping educate people with mental retardation, was begun.

With the advent of the “scientific” eugenic study of humans in the nineteenth century, and with the accompanying attempt to improve the human race through such studies, deaf people moved from being seen as childlike or mentally deficient to being seen as diseased and degenerate beings, less highly evolved than their normalized counterparts in the hearing world. Of course, deaf people were not alone in this construction. Anyone who was not in the dominant group, which tended to define itself as the norm, was seen as abnormal. Such people included in this abnormal status were the working classes, criminals, people with disabilities, people with mental and cognitive disabilities, people of short stature, people from Africa, India, Southern Europe, Ireland, the Middle East, and Asia, among others. The program here was not necessarily to create a class of people to be discriminated against, although that did happen, but to improve the human race by decreasing the occurrence of disease and degeneracy. Linked to this program was another related endeavor that aimed to classify and study human variety; so anthropology, sociology, comparative anatomy, and psychology, what have been called “disciplines”—in both senses of the word—of the human sciences, came about as specializations in this project.



Inherent in this movement was the idea that desirable and undesirable traits were inherited in groups in ways that were called “racial.” Although the mechanism of this inheritance was not understood, animal breeding had allowed a rough understanding of the process by which traits could be inherited and in which that inheritance could be shaped by selective mating. Linked to this idea was Charles Darwin’s discovery of evolution, which implied that species (and by extension races within species) could evolve or degenerate. Gregor Mendel, at the end of the century, came up with mathematical models for inheritance that included the distribution results of dominant and recessive traits, although he did not understand or explain the mechanism of this transmission of traits.

This scientific study aimed at description, diagnosis, and remediation or cure. Deaf people, like these other groups, were assembled into entities in schools and institutions, subjected to statistical studies, and were part of a project to educate them into oral language, whose lack was seen as a deficit. This institutionalization had its negative impacts, but in the case of deaf people, it helped to form a culture and a community with a common (although subversive at this point) language. Just as prosthetics became a major industry following the Civil War, oral education was seen as a prosthetic device that would make people who were lacking a part of their human body whole.

During this time, the deaf began to be called a “race,” particularly in the by-now infamous proposal of Alexander Bell to avoid the creation of a deaf race. Deaf people were seen as a race along with many other races because of the idea of inherited traits. Indeed the nineteenth-century researchers had developed many more races than we now usually think of when we speak of race. Proposals for separating the deaf from the hearing races came from within the Deaf community as well with the idea for a separate state or nation for Deaf people encouraged by diverse Deaf people in the nineteenth century.

The general project of eugenics, that is, good breeding, was a successful one for many years, most notably in England and the United States, where it was pushed quite aggressively, concentrating on “positive” eugenics—that is, the encouragement of breeding between members of “fitter families.” And notions of racial categories and of degenerative races held fast until the Nazi era. The Nazis’ project, borrowed quite late from the Anglo-American project, employed “negative” eugenic measures that emphasized the active elimination from the gene pool of degenerate races through sterilization and mass executions. We are only too aware of the consequences of that endeavor. In keeping with the discussion here, it is important to point out that before the mass execution of Jews and Gypsies, seen as diseased and degenerate races, the T-4 program killed tens of thousands of people with disabilities, deaf people, people with mental illnesses, and homosexuals. It is important to recall that these were also considered “racial” killings since deaf people and the other groups were all seen as people carrying inherited and inheritable traits.

The defeat of Nazi Germany had two effects for the purposes of this discussion: it eliminated eugenics as a viable intellectual and social pursuit and it gave a bad name to the concept of “race.” In addition, the abolition of slavery in the United States and the incipient development of a civil rights movement also contributed to an avoidance of the concept of race. Eugenics morphed into genetics, and race morphed into eth-

nicity. The general position on race in contemporary research is clearly stated by one analyst:

Genetic surveys and the analyses of DNA . . . show that human races are not distinct lineages . . . human "races" are not and never were "pure." Instead human evolution has been and is characterized by many locally differentiated populations coexisting at any given time, but with sufficient genetic contact to make all of humanity a single lineage sharing a common evolutionary fate.<sup>1</sup>

To offset the negative side of racial categories, the idea of ethnicity was invented. Ethnicity would do double duty by allowing the categorizing of human populations while seeming to avoid the absolute biology of race. Ethnicity allowed the inclusion of cultural, socioeconomic, religious, and political qualities, language, diet, dress, customs, kinship systems, and historical or territorial identity. But ethnicity has also been used "as a surrogate for biological difference"<sup>2</sup> in various kinds of research. A dictionary of epidemiology makes the familiar conflation in defining race: "Persons who are relatively homogenous with respect to biological inheritance (see also ethnic group)."<sup>3</sup> Despite the attempt to detach ethnicity from race, many people including academics blur the line. For example, the journal *Nature Genetics* defines "race" as "a distinct *ethnic* group characterized by traits that are transmitted through their offspring," and includes in its definition of "ethnicity" "A social group or category of the population that, in a larger society, is set apart and bound together by common ties of *race*, language, nationality or culture."<sup>4</sup> Indeed, even the U.S. government system of classifying identity mixes racial and ethnic categories. Four racial categories and two ethnic categories in the census include the racial groups American Indian or Alaskan Native, Asian or Pacific Islander, black, and white. Ethnic groups are divided into two categories: "Hispanic origin" and "Not of Hispanic origin." While the government allows Hispanics to be of any racial category, many who self-define ethnically as Hispanic check "Other" when responding to the race question, indicating widespread confusion about the meaning of such terms as race and ethnicity.<sup>5</sup> That confusion is inherent in the idea of ethnicity, which itself seems fraught with the inherited baggage of racial categorization.

Using the concept of a minority is an alternative to ethnicity. It would seem that minority groups were coined as a way of avoiding the idea of ethnic groups. And identity groups were developed to move away from the idea of minority status since, for example, women or whites are not minority groups.

I have given this brief and by definition limited history as a way of placing the discussion about the status of Deaf Studies and by extension the role of Deaf people and their social construction. Harlan Lane, for one, has suggested that we consider Deaf people as an ethnic group; others have proposed that Deaf people be thought of as a linguistic minority. While these proposals are attractive in many ways, most particularly in removing the biological stigma of defining a group by its supposed lack or inability or association with disease (i.e., Deaf people *can't* hear; Deaf people *can't* speak; they can be cured by medical means). With the minority or ethnic model, as opposed to the "handicapped," "disabled," or "medical" models, Deaf people and community get to be a sociological

group like any other—African American, Armenian, Jewish, etc.—although it is unclear if all those groups are races, ethnicities, or minorities.

The idea of ethnic group or even minority is so tinged with the history of racial politics that one wonders if that stream of categorical consciousness is the best one to choose as a model. Indeed, with the recent reexamination of identity politics under way in the United States, and with the concomitant rethinking of the category of identity, is the best choice to go with a model that is increasingly antiquated and outmoded?

When we talk about identity, we do speak of social identities, but the bedrock identities of this culture—racial, gendered, sexual, and so on—seem to have been, at least historically, defined by the fact that they, like disability, have been necessarily rooted in the body. Race and gender have been the strongest component of these body-centered identities. How tightly linked to the essence of the body these identities have remained is an interesting question. Historically, gender and race before and through the eighteenth century was often thought of as a product of the environment's effects on the body. Phenotypical traits were believed to be produced by harsh sun, diet, and custom. Likewise, gender characteristics were thought to be assigned by birth, but subject to change throughout life, as Tom Lacquer and others have argued.<sup>6</sup> From the nineteenth century on, with the rise of medicine and science, identity became founded on the bedrock of inherited traits. While these traits could be inherited by various unclearly explored mechanisms—whether “blood” or “germs”—what was clear was that the overriding theory was essentially a eugenic and Darwinian one. Indeed, many if not all medical theories of the nineteenth century coalesced around identities—physiological, mental, sexual, etc.—which became the basis for theories of improvement of the human race and produced various kinds of oppression in the process. After Mendel, genes have most clearly been seen as the originating points of such transmitted traits.

The point is that, historically, the era of identity is connected fundamentally to a notion of inherited traits linked to groups of people who carry such traits. That is, race, sexual orientation, gender, ethnicity, national origin, along with deafness, were pinpointed for improvement and correction (and likewise discrimination) from the mid-nineteenth century on in the name of eugenics and later genetics. Thus, there has been since that time an intimate connection between disease and identity—with each stigmatized group seen as the repository of bad blood, bad genes, disease, and qualities that were a product of or could lead to the degeneration of the human race.

In that sense identity has remained fairly fixed in the body until the advent of postmodernism. The only scientific refinement has been in identifying more clearly the mechanism of transmission of inherited traits. Postmodernism has sought to destabilize grand categories and metanarratives. Philosophers like Jacques Derrida, Jean-François Lyotard, Judith Butler, and others have chipped away at the idea that you could in fact ever describe in words anything in its fundamental essence. Likewise, the idea of a complete and coherent narrative was made to seem impossible. And the same with any notions of universal ideas or tenets, as we have heard from philosophers like Richard Rorty and critics like Stanley Fish. As postmodernist ideas began to interpenetrate ideas of identity, a kind of crisis has arisen.

The first target of this deconstructing of identity was the critique of “essentialism.”

In effect, the notion of a human body with inherited and inherent traits tied to identity was put under scrutiny. Feminist critics like Judith Butler and Eve Kosofsky Sedgwick put forth the notion that the gendered body was a social construction or a performance—likewise identity. In this notion, one is not essentially a female, for example, but one performs femininity. The onus is then placed on a social construction argument rather than any innate sense of “being” feminine that would be tied to hormones, genitalia, secondary sexual characteristics, and so on. In race studies, ideas like passing, signifying, and so on gave a subtlety, and also perhaps a lack of clarity, to older notions of identity based on phenotype or “blood.” Postmodernism also included a cultural idea of pastiche or kitsch in which icons of race, nation, and ethnicity became all mixed up. You had African American kids wearing Hilfiger as a sign of being down, and white kids wearing Hilfiger and listening to hip-hop while Korean kids were eating McDonalds and listening to hip-hop. Universal symbols of particular “races” or “genders” got all mixed up. The old advertisement used to say “You don’t have to be Jewish to love Levy’s Rye Bread.” Now, you’d have to say “You don’t have to eat rye bread to be Jewish.”

Dovetailing with notions of performativity and constructionism were various scientific and medical “discoveries.” Thus far, no one has been able to identify a person as belonging to a specific “race” through DNA analysis. In fact, DNA analysis has let us understand that the category of race is one that does not exist in physiological terms. Further, since difference in skin color, often the basis of racial thinking, developed rather late in human development, a mere one hundred thousand years ago, it turns out there is ten times more genetic variation within a group we have called a race than within the entire human gene pool. So, for example, a Chinese person may have less in common genetically with another Asian than with a German. Indeed, no one is even able to tell us how many races there are, and fine distinctions between phenotypes tend to dissolve even more actively any notion of categorical racial identities.

In some cases of deafness, a genetic component is involved. For example, the so-called Connexin 26 gene is responsible for some kinds of inherited deafness. In this sense, one could try to define deaf people as a race, but this would work only if people with two copies of this specific gene were so defined. However, it is obvious that so many more people than just the genetically deaf are included in the concept of Deafness that this racial view cannot really be said to be relevant.

The Human Genome Project offered up the possibility of mapping with certainty the complete sequence of approximately 3.2 billion pairs of nucleotides that make us human. But the project has left us with more questions than it has answered. For example, scientists are puzzling over the relatively low count of genes in the human genome. It had been estimated that humans would have approximately one hundred thousand genes, but the study yielded a paucity of thirty thousand, putting *Homo sapiens* on a par with the mustard cress plant (twenty-five thousand genes) for genetic complexity.<sup>7</sup> More annoying, and less known, is the fact that the two groups who analyzed the genome, the privately owned Celera group and the government-financed consortium of academic centers, have come up with only fifteen thousand that they jointly agree on. Fifteen thousand more genes do not overlap in either analysis.<sup>8</sup> Considerable doubt exists as to whether these genes found are “real.”

The issue of race is complicated too by the use of in vitro fertilization. In a recent case of “scrambled eggs,” a fertility doctor implanted in a woman’s womb not only her own fertilized embryo but that of another couple as well. The resulting birth was of fraternal twins, one white and the other black.<sup>9</sup> Such complications of reproductive technologies will certainly lead to other kinds of choices being made by parents and physicians, intentional as well as unintentional, with the effect of rendering even more complex racial or even gender identity.<sup>10</sup> We are also familiar with attempts, most recently of a Deaf lesbian couple, of Deaf people to try to have deaf children. Questions will have to be asked about whether such attempts are radical ways of fighting against oppression by dominant groups or technological fixes in the service of a conservative, essentialist agenda. Finally, the patrolled area of “mixed race” is being interrogated. The fact that multiracial identifications have been prohibited on national censuses is now being challenged. The reasons for keeping single-race check-off boxes is itself a highly politicized and tactical arena in which, understandably, oppressed groups have gained redress and power by creating a unified subject. Where censuses allow a mixed-race check-off box, the statistical stronghold of race may well become weakened with questionable results. The fact is that some 1.5 million Americans are in mixed-race marriages, and that number is doubling every decade. About 40 percent of Asian Americans and 6 percent of African Americans have married whites in recent years.<sup>11</sup>

One can legitimately ask if race has anything to do with Deafness, considering the emphasis that Deaf activists and scholars have put on notions of culture and shared history. While we don’t tend to think of the Deaf as a race anymore, that label would have been applied not just by Alexander Graham Bell but also by anyone interested in eugenics. Their notions of race were far more expandable than our current ones are. But the use of ethnicity, with its idea of culture and world, has to become suspect since it relies on an essentially racial model, as I am arguing.

In the area of gender, we are also seeing confusions in otherwise fixed categories. A culture of transgendered peoples is now being more widely permitted, and the right to be transgendered is being actively fought for. The neat binaries of male and female are being complicated by volition, surgery, and the use of pharmaceuticals. Intersexuals, formerly known as hermaphrodites, were routinely operated upon at birth to assign them a specific gender. That move is now being contested by groups of adult intersexuals. Some feel they were assigned the wrong gender, and others feel that they would have liked to remain indeterminate. Transsexuals now routinely occupy various locations along a gender continuum demarcating their place by clothing and other style-related choices, surgical corrections, and hormonal therapy. Even on the genetic level, both females who are genetically male and males who are genetically female are a naturally occurring phenomenon. The gender determination is suppressed or enhanced in these cases of what are called “Turner’s syndrome” and “Klinefelter’s syndrome” so that the genetic markers do not express the expected sexual phenotypes.<sup>12</sup>

What we have called “nature” is not universal but can be modified in fundamental ways through biotechnology, prosthetics, genetic manipulation, hormone treatments, and so on. Thus the ground—the bedrock—of the “body” began to seem as if it were less reliable.

The very idea of a singular, unproblematic identity is crumbling. The response by various sides has varied. Some theorists have adopted a more global, cosmopolitan sense of identity, allowing hybridity and mixed categories some play. Others have barricaded the classic idea of identity and fought from or against those unitary ramparts.

So, given these complexities and attacks on identity, why should Deaf people now choose to see themselves as fitting into the kind of identity politics now being reexamined by society at large? The big problem related to trying to make Deafness into a socially constructed ethnic or minority group is that in order to shore up the concept, certain kinds of very unpostmodern moves need to happen. The firewall between Deaf and non-Deaf has to be patrolled in very serious ways. Let us examine how.

First, the linguistic model presented in which Deafness is defined as a minority language group has, by definition, to rule out all non-ASL (American Sign Language) users as "other." This model, while helping to include Deafness in the minority language model, has the effect of excluding or at least marginalizing Deaf people who are orally trained or who never had the chance to learn sign language. One can imagine many people who grew up in non-ASL settings in the 1950s and 1960s thinking of themselves, quite happily, as Deaf until they were informed that since they were non-ASL users they were not Deaf. Likewise, it includes hard-of-hearing people who have learned ASL but expels those who have not. Ironically, the model punishes the victims of oral education rather than including them into the society of Deafness. The other flaw in the model is that signing Codas should be defined as being Deaf, but those who follow the minority model often do not see Codas in this light. To be true to its intention, the minority language model would have to say that signing Codas were fully fledged, strongly Deaf people. One can argue that Codas aren't Deaf because they can hear and aren't actively discriminated against by the hearing world; but if one takes that tack, then one has to abandon the idea that language is the defining term in Deaf.<sup>13</sup> If you let language go, then you are back to hearing loss, that is, either some kind of phenomenological model or the more prevalent and insidious audiological/medical model.

As for the ethnic group model, while the argument about a shared common history, language, social customs, and organizations had been historically true, with the advent of the Internet, mainstreaming, the decline of residential schooling, and the demise of the Deaf club it is harder to make this argument. And, of course, one of the key notions of an ethnic group is ethnic cuisine, often the last thing to go in assimilation, according to Steven Steinberg.<sup>14</sup> Alas, there is no Deaf cuisine—unless we consider replication of residential-school menus as filling that bill.

The ethnic argument sets up a model of the true or "pure" Deaf person, in imitation of the worst aspects of racially defining a people. In this ethnic group model, there is an in-group and an out-group. Those most "in" are Deaf of Deaf people, that very small percentage (only perhaps 5 percent of all congenitally born deaf) who come from a Deaf family and who often make up the elite of the Deaf world. Those "in" include people lucky enough to have gone to Gallaudet, National Technical Institute for the Deaf, and other Deaf schools. Excluded are hard-of-hearing, oral, Codas, urban poor or third-world rural poor who never had a chance to learn sign language, and deaf people with limb impairments or spinal injuries that affect their limb and digit mobility. Further-



more, Deaf people on the Internet or using pagers, while obviously talking about subjects that are of common interest, may not appear dramatically different in their language usage than any other ESL group with its own specialized jargon and idioms. And if a Deaf person doesn't choose to talk the talk or walk the walk, does that exclude that person from the ethnic group? This same question could be asked about African Americans who speak standard English and do not code switch.

The ethnic model is also dubious because of the association now between ethnic groups and violence. In the old days of the 1960s and 1970s, nationalism used to be considered the bad thing and ethnicity the good thing. But since the growth of what Hardt and Negri call "empire,"<sup>15</sup> and with the weakening of some national entities, regionalism, tribalism, and ethnicity have led to interethnic warfare like that found in Uganda, Rwanda, Bosnia, Serbia, Croatia, and Afghanistan, and between the ethnic Kurds and the Turks or Iraqis. While it may be true that some ethnic groups have managed to refrain from this kind of violence, although I can't think of any at the moment, we might want to wonder if the model of ethnic pride is something so desirable as opposed to a more cosmopolitan internationalism. Are the kinds of distinctions ethnic groups make between self and other necessarily the models that we want to follow in defining Deafness?

One of the key notions in an *ethnos*, a people, is the idea of an extended kinship system. People within an ethnic group are related not only by language, history, and culture but also by a family structure that passes along a genetic inheritance. But the vast majority of Deaf people do not come from Deaf families. According to often-cited statistics, over 90 percent of Deaf people are born to hearing families. The Deaf, Cudas, people with disabilities, and queer folk are, as Robert Hoffmeister has said of Cudas, only "one generation thick." In this sense, these four groups have more in common with each other than with any ethnic group. Indeed, one could argue that without the extended kinship system, you can't have an ethnic group. Even large groups, like Americans, may have shared cultural, linguistic, historical, geographical, and other characteristics but are not, properly speaking, an ethnic group. So how can the Deaf make a claim with less than 10 percent of Deaf people being born into Deaf families? Given the laws of Mendelian distribution in relatively new mutations like Connexin 26, the mathematical model will continue to insure that even a second or third generation of deafness within the same family is unlikely. Thus, although there are a small percentage of deaf families that pass on deafness, no significant familial system exists with any significant similarity to the absolute regularity of family based on consanguineous, multigenerational kinship of other ethnic groups. One can always emphasize that Deaf people pass along their culture by a nonkinship system, but then you are talking about a rather different kind of social organization than an ethnic group.

The other problem with the ethnic or minority group model is that usually being part of an ethnic group defines one in a totalizing way. You usually can't be Jewish, for example, and be Japanese. If you happen to be of mixed ethnicity, then each ethnic category is diluted. So one can be Jewish and black, but you'd be 50 percent of each. Deaf people can and do belong to some other ethnic group. But, as we know, Deaf people don't feel that their Deafness is diluted by their ethnicity, which means that being Deaf

isn't really like being Jewish. One doesn't feel 50 percent Deaf and 50 percent Jewish but rather all Deaf and all Jewish. This shows us that the attempt to make Deafness an ethnic group doesn't work because the category doesn't operate in the same way as does ethnicity.

The problem with ethnic or minority status is that in having that status a group is letting a dominant majority make the definition of what you are or should be. It is true that such groups then take the victimization and turn it into a kind of cultural resistance, but at base the terms are still defined by the oppressor. In adopting the language of race, a language of victimization, various groups have been able to build pride and power into their social organization, but given the choice, should Deaf people begin to call themselves an *ethnos* when that idea includes the idea of minority (including the sense of marginal, minoritized) status and the adoption of the language of the oppressor? Indeed, one could say that all the racial and some ethnic categories were defined by those who wished to rid the world of those categories. The social construction of various human populations performed by those who were dominant often aimed at creating categories of inferiority for the purposes of exploitation, institutionalization, remediation, or elimination.

Related to this point is a strategic question. Are the protections built into the law for ethnic groups effective? Does one want to choose the category of ethnic group as the regnant defining term and then seek protection or redress under the law under that status? Or is it better to allow protections and rights under the law to apply under the statutes that cover disability? Would you rather be protected by the Americans with Disability Act, Section 504, and other protections built into the law, or will you take your chances with affirmative action, hate-crime legislation, and so on?

The concept of DEAF-WORLD OR DEAF-CULTURE has been used by many Deaf people, and there is something attractive about the concept. It does not have any associations with medical imperatives or racialized discourses. The problem with the terms is that they are perhaps too general and elastic. If you start defining what you mean by either, you immediately fall back into categorical generalizations of the kind we have been discussing. Who is Deaf? Who belongs in the DEAF-WORLD? How do you get into it? Who are the gatekeepers? As for DEAF-CULTURE, you again have to define what makes it different from any other culture. What if we were to substitute "WHITE WORLD," "BLACK WORLD," "JEWISH WORLD," or "NON-JEWISH WORLD"? Would one be happy to celebrate and analyze the meaning of those terms? What if we said "ASL-ONLY USERS WORLD"? Or "40 PERCENT-100 PERCENT HEARING LOSS WORLD"? The problem with such concepts is that they tend to fall back into the older categories designed to exclude people, reduce their rights, and create marginalized communities. It's just a question of who gets to set up the barriers and checkpoints. In the past, it was the hearing people who did; now it is segments of the Deaf community. Of course, no group of people can exist without some kind of cultural and social distinctions. But in thinking through, in the best theoretical sense, new directions for Deafness, we have to look at the problems and the solutions with a high degree of rigor.

This last point brings me to the issue of disability. Deaf people are not alone in this reconsideration. They do not have to build the house of theory around identity alone.

As I mentioned earlier, what brings together all the social injustices of the past two hundred years is the idea that people with various bodily traits have been discriminated against because of those traits. This is not a medical model, but rather a model based on biopower analysis along the lines of the founding work done by Michel Foucault and others. The extension of this work is the postmodern assault on identity that has critiqued the fundamental assumptions of that kind of discrimination by saying that you can't base identity on these putative bodily traits because you can't justify the existence of these markers anymore. The grand categories of race, gender, etc. have no validity as categories with rigid firewalls. I've also pointed out that Deafness, too, is subject to this critique. You can only create the category of Deafness if you build these rigid firewalls; otherwise you've got a continuum of hearing-impaired, hard-of-hearing, partially deafened, profoundly deaf, and so on. You've also got a range of people with oral abilities, and a range of ASL abilities, including a range of ASL usage among Codas. The concept of Deafness can get very messy unless you perform a kind of "commonsense" purifying of the category that may work, but it has the pitfalls of the "common sense" of racial categories, for example. Common sense, in reality, is actually socially constructed truisms that are never really common at all.

The argument then is why use the outdated, outmoded, and potentially dangerous categories of ethnicity, minority status, nationhood (including "world" and "culture") when one might do better to use the category of "one-generation" identities to redefine the nature of social identity. Rather than trying to force the foot into the glass slipper, why not make a new shoe that actually fits?

In this scenario, people with disabilities, Deaf people, gay people, and Codas can say "we represent the way out of the identity politics dead end." We are social groups that are not defined solely by bodily capabilities. We are not a group that has been defined in advance by an oppressor, but we choose to unite ourselves together for new purposes. We are not defined by genetic qualities or inherited traits. We are, precisely, not an ethnic group or a minority but something new and different emerging from the smoke of identity politics and rising like a phoenix of the postmodern age.

Disability is one way of talking about this kind of postmodern identity. At this point, there is a fairly elaborated theory of disability emerging. Queer Studies also offers various approaches to identity that do not have to imitate the identity categories of the past. The key to both is that identity is part of a continuum. It is malleable and not grounded in the traditional medicalized or essentialized views of the body. It does not have to rub shoulders with racialized ways of thinking or divisive views of what it is to be human based on tribal or parochial points of view.

Deaf people have argued that disability doesn't fit their experience of being Deaf. Many Deaf people have said, "I'm not disabled like a crippled person or a mentally retarded person." But the problem with that refutation is that it uses ableist concepts. It implies that each Deaf person would be diminished if they considered themselves disabled. This position, in my opinion, does not allow for the fullest sense of disability that has been elaborated in disability theory. The point has always been that people with disabilities are not disabled by their impairments but that the society surrounding them creates the disability when it denies or impedes accommodation. There is

nothing diminished or disabled about a person with a disability where there is access and accommodation. Likewise, there is nothing disabled about a Deaf person who is surrounded by people who are in their language community or when interpreters are freely provided in other public and private venues.

I have come to see the position made by some Deaf people that disability is not a desirable umbrella under which to group Deaf people at this point. That may be the case, but I also think that minority status, ethnicity, or exclusive worlds don't work either. If disability and ethnicity are rejected, what is left? I would hope that Deaf Studies would develop a theory of Deafness, an explanation of Deaf identity, that had its own inherent and internal cohesion in some kind of connection with other minoritized people. But I would caution that the errors of previous identity politics not be repeated. The simple attempt to adopt linguistic minority status, as has been done, or ethnic status, or exclusionary worldviews will be antiquated by contemporary thinking and will appear in the long run as making Deaf people be wannabes in an outmoded game. Further, the attempt to rigidify Deafness by making rules—must be Deaf, must be ASL user, must participate in Deaf Culture, must adopt Deaf ways, and so on—will create a system of microenforcements and identity requirements that will seem parochial, oppressive, and unbending. Tellingly, Gallaudet University itself accepts students who run the gamut from hearing to Deaf. A better course for Deaf Studies would be to examine the situation in identity politics now, learn from the past, think about the beyond-identity issues floating in the public sphere, come up with flexible and nonhierarchical models of being, and lead the way out of the dead end of identity thinking. As African Americans and feminists took the lead in the past to help the larger society to theorize subjecthood in the 1970s and 1980s, so can the Deaf, the disabled, and queer folk help postmodern society to imagine what subjectivity looks like in a postidentity period. This process is necessarily collective and situational, and it would be presumptive of me to suggest how that discussion should go. Those discussions are proceeding even now, and they will benefit from an awareness of the regnant issues and ideas that are disturbing and intriguing all identity groups not only in the United States but throughout the world.

## Notes

1. Alan R. Templeton, "Human Races: A Genetic and Evolutionary Perspective," *American Anthropologist*, n.s., 100, no. 3 (1998): 632.
2. Sandra Soo-Jin Lee, Joanna Mountain, and Barbara Koenig, "The Meaning of 'Race' in the New Genomics," *Yale Journal of Health Policy, Law, and Ethics* 1 (2001): 33.
3. John Last, ed., *A Dictionary of Epidemiology* (New York: Oxford University Press, 1988), 110.
4. M. A. Rothstein and P. G. Epps, "Pharmacogenomics and the (Ir)relevance of Race," *Pharmacogenomics Journal* 1, no. 2 (2001): 108n (emphasis mine).
5. Judith C. Barker, "Cultural Diversity: Changing the Context of Medical Practice," *Western Journal of Medicine* 157 (1992): 248.
6. Thomas Lacquer, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard University Press, 1990). See also Leslie Feinberg, *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman* (Boston: Beacon Press, 1996).
7. Let us not even consider the further problem that in order to locate a gene, we have to cordon off "good" DNA from "junk" DNA. Now, with the advent of relatively low numbers of genes for

humans, scientists are beginning to posit that so-called junk DNA may have a role to play in “influencing” the good DNA. Thus the exact science of genetics begins to resemble other explanatory systems requiring influence such as earlier models based on humors, astrological causes, and so on. Indeed, many human traits are polygenic, involving several different genes working in coordination with each other and with other processes.

8. *New York Times*, August 24, 2001, A13. Also note that in a *New York Times* article from March 5, 2002, we see a report that a new paper written by Robert Waterston of Washington University, Eric Lander of MIT, and John Sulston of the Wellcome Trust Sanger Institute claim that Celera’s decoding “incorporated key sequences already developed by the public effort to complete their map” (A18). If this is the case, then the fifteen thousand that supposedly overlap actually do not since some of that number is from the international public consortium. The study, published in the National Academy of Science’s proceedings states that “Celera did not produce an independent draft of the genome as it had claimed.”
9. *New York Times Sunday Magazine*, March 25, 2001.
10. Although as Dorothy Roberts has pointed out, prenatal technology is still very much a site of racial discrimination. See “Race and the New Reproduction,” *Hastings Law Journal* 47, no. 4 (1996): 935.
11. Nicholas D. Kristof, “Love and Race,” *New York Times*, December 6, 2002, A35.
12. For more on this subject, see Feinberg’s *Transgender Warriors*. Also see Bob Beale, “New Insights into the X and Y Chromosomes,” *The Scientist* 15, no. 15 (2001): 18.
13. The story of Christy Smith is telling. The *Philadelphia Inquirer* of March 22 reports that Ms. Smith, currently on the television program *Survivor*, is Deaf but not using sign language on the program. The Deaf community is described as “split” between pride about her being on the program and disappointment or outrage about her not using ASL. Regardless of the merits, the issue is this: if you define Deafness as about ASL then she must use ASL, otherwise she is not Deaf. This position creates a dilemma for people like Ms. Smith who are pressured to act in a particular way in all situations whether or not the situation itself warrants it.
14. Steven Steinberg, *The Ethnic Myth: Race, Ethnicity and Class in America* (Boston: Beacon, 2001).
15. Michael Hardt and Antonio Negri, *Empire* (Cambridge, Mass.: Harvard University Press, 2000).