

Deaf and Hard of Hearing People: Making Distinctions

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In previous years, the labels "deaf" and "hard of hearing" were employed as subcategories of the term "hearing-impaired" that at the time was used as a generic term applicable to anybody with any degree of hearing loss. Because, however, some deaf people objected to the description of their hearing status as "impaired", evidently believing that it implied that the person was "impaired" this generic label has essentially been dropped. Now, the term "deaf and hard of hearing" has apparently been substituted and is being used in the same generic sense to refer to anybody with any degree of hearing loss, that is, it assumes that anybody with any degree of hearing impairment is either deaf or hard of hearing. This term is now being employed by organizations, agencies and educational settings at the national, state and local levels. Thus, state commissions originally called "State Commission for the Deaf" are now often titled "Commission for the Deaf and Hard of Hearing". Vocational Rehabilitation agencies claim as their mission to service both "deaf and hard of hearing" people as clients. Local, regional, and national educational programs are ostensibly designed to assist "deaf and hard of hearing students", while training programs presume to prepare future professionals teach all students falling into the both categories.

It is my observation that most of the agencies that claim to service both "deaf and hard of hearing" people fail to actually distinguish between the characteristics and unique needs displayed by the people in these two groups. While I recognize and applaud the occasional exceptions to this generalization, it appears to me that the resources of such agencies are primarily devoted to servicing the needs of those clients who require some sort of visual accommodation (e.g. interpreters, TTYs, captioning, etc.). There is an apparent assumption that this same visual accommodation would also be appropriate for hard of hearing people. Even though this assumption may be made with the best of intentions - i.e., many people in the "Deaf" community sincerely believe that hard of hearing people can benefit in the same way they do from these same services - the assumption is misplaced. While many hard of hearing people can, and do, benefit from some of these accommodations (e.g., captioning) their fundamental requirements (e.g. assistive listening devices) are quite different from that required by deaf people.

There is a tendency to lump these groups together because of their evident similarities, i.e. both deaf and hard of hearing people display auditory deficiencies of some degree or another. This, however, ignores the reality that hearing loss exists on a continuum, with quite different implications and needs depending upon where people fall on this continuum. Nevertheless, it is apparent that from the viewpoint of some leaders in the Deaf community (the capital "D" signifies culturally deaf people), there is an advantage to this combined label in that it appears to increase their constituency from 2 to 26 million people. This larger number is much more likely to influence politicians and bureaucrats when they determine policy and allocate resources. To assert that one is representing 26 million people puts one in a much more powerful and influential position than claiming to represent the interests of only two million people nationally.

It is my contention that the superficial merits of including both groups in a single category is more than outweighed by the potential problems it causes, particularly for hard of hearing people. There is a fundamental difference between being hard of hearing - the vast majority of those 28 million people in our society who have a significant hearing loss - and being deaf. Hard of hearing people have developed their communication skills primarily through the auditory channel, while deaf people have developed theirs primarily through the visual channel. One group prefers to use audition as their primary communication avenue, while the other group prefers vision for the same purpose. There is a significant difference between people who value the sense of hearing, and try in every way they can to maximize its availability to them, and those for whom the sense of hearing is either irrelevant or of little significance. This, perhaps, should be viewed as the key distinguishing sensory characteristic between the two groups.

For hard of hearing people, "communication access" mostly means improved "auditory access" (through hearing aids and other kinds of assistive listening devices), while for deaf people, it usually means "visual access" (through interpreters, speechreading, TTY's, etc.). While the groups do display some overlapping needs, such as represented by captioning and various signal and warning systems, these common needs must be placed in perspective. These commonalities do not justify overlooking or denying services to hard of hearing persons that they specifically require (e.g. acoustical modifications and assistive listening devices in all public areas). In short, what has to be stressed is the overriding fact that hard of hearing people value and require primarily auditory and not visual access for communication purposes, while the converse is true for deaf people.

Of course there are people who do not fit neatly in either group. This "gray" area can include children with profound congenital hearing with little residual hearing but who nevertheless value it as a secondary channel for whatever benefit it can confer, or adults who lose most or all of their hearing later in life. Some audiologically hard of hearing people are skilled in sign language and identify with the Deaf community. This, of course, is a personal choice that they have every right to make. The fact that many of these people can "belong" to either or both groups should not obscure the very real fact that they represent relatively a minor proportion (but important) of the total population of people with hearing loss. Policy decisions and service delivery options should not be unduly influenced by the apparent overlap between the deaf and hard of hearing categories that these people represent. Furthermore, if proper attention is paid to the separate needs of both deaf and hard of hearing people, these people, too, will receive the services that they require. That is, deaf people who value the contribution of residual hearing (for enhanced speechreading, monitoring their own vocal outputs, and for signal/warning purposes) can still do so, while hard of hearing people who prefer to sign, or to use an interpreter on some occasions, will have this possibility available for them. The point here is not to deny appropriate services to any individual, but rather to ensure that they are provided to all individuals, regardless of degree of hearing impairment.

There is another major difference between hard of hearing and Deaf people. Hard of hearing people do not employ their own language (American Sign Language) to communicate, nor have they formed their own sub-culture within the larger society. Hard of hearing people strive to maintain or rejoin (in the case of late deafened people who receive a cochlear implant) their connections to the general culture and to participate as fully as they can in its offerings. There is no such social/cultural entity as "hard of hearing" comparable to a "Deaf" identity joined to a "Deaf Culture". More often than not, programs that presume to focus on both deaf and hard of hearing people in reality only provide services appropriate to deaf people. By being subsumed under the general category of "deaf and hard of hearing", those individuals who would like, or who are potentially able to, utilize and depend upon their residual hearing are being short-changed in a number of ways.

There are many educational programs in this country that claim to care for both deaf and hard of hearing students. At the elementary level, many states only provide one educational track for any child with a known hearing loss regardless of its severity and educational and communication consequences. Almost always in these classrooms a Total Communication (TC) program is the one employed. While theoretically, hard of hearing children (or those potentially so, given appropriate auditory management) should also receive the auditory access they require in a TC program, in reality the auditory-oral mode is often given short shrift. Because the teacher is simultaneously signing while speaking, the oral language component is rarely complete and grammatical. Hearing aids and auditory training systems are not monitored, since the primary means of classroom communication is sign. In some schools that claim to care for both deaf and hard of hearing students, American Sign Language (ASL) with "voice-off" is the instructional language. The value system developed in such schools discourage the use of audition since it is felt that its use implies a denial of one's true "identity". This kind of program inadvertently "creates" functionally Deaf children from those who are audiologically hard of hearing. (This may not be "inadvertent" for some ardent advocates of the Deaf culture, who sincerely believe that any child with a severe or greater hearing loss "belongs" to and would be happier as a member of the Deaf world.)

Graduates of professional training programs in "Education of the Deaf" are led to believe that they are prepared to work with any child with a hearing loss. In reality, they are prepared to work through the visual mode only, that is, with deaf and not with hard of hearing students. In their typical one-year

graduate program, they generally receive only one course specifically pertinent for hard of hearing students. Thus, in this one course, they are expected to learn something about the anatomy and physiology of hearing, the etiology of hearing loss, how to interpret various audiometric tests, personal and classroom amplification systems, cochlear implants (which has opened up a host of possibilities and issues), the impact of classroom acoustics, microphone technique, auditory and auditory-verbal training, and the psychosocial and educational implications of a partial hearing loss. It should be evident that it would not be possible for prospective teachers to develop even minimal competency to work with hard of hearing students given this array of necessary information.

Most, if not all, post-secondary programs originally designed to assist just deaf students have broadened their public mission to incorporate hard of hearing students as well (e.g. Gallaudet University, National Technical Institute for the Deaf). However, they do not provide auditory access (classroom amplification systems, auditory access to classroom media, etc.) in any way comparable to their commitment to provide visual access (via interpreters in all classrooms, for example). In contrast to the active encouragement to improve sign language skills and foster Deaf identity, the administrators in these programs tend to assume a neutral stance when it comes to auditory-verbal development. They leave it up to the student to seek such services - against the prevailing values of the general student body and staff. This comment is not meant in any way to imply that deaf students do not require and deserve full visual communication access, only that a comparable priority needs to be placed on "auditory access" if the program claims to be serving hard of hearing students as well.

Hard of hearing adults who require the services of a Vocational or Rehabilitation Counselor are often scheduled to work with counselors who have been trained to work with deaf and not hard of hearing people. Many, if not most, such counselors have not learned how a hard of hearing person's vocational or psychosocial status can be improved via the use of modern hearing aids and other hearing assistance technologies. Some counselors expect their adult hard of hearing clients to sign or to learn how to sign as a prerequisite for rehabilitative services. There are many adaptations that will help a hard of hearing person function better in the workplace. By assuming common needs - indeed making little distinction - between their deaf and hard of hearing clients, counselors are not providing the appropriate services to their hard of hearing clients. The root cause is the fact that proper distinctions are not being made.

As a society we can reduce many of the problems reviewed above if we simply refine or define our terminology more precisely. This may appear simplistic, but it is not really. How we label an entity often influences treatment. For example, we should not be surprised if audilogically hard of hearing children, labeled or treated as deaf, who attend schools for the deaf and socialize primarily with deaf children, often function as Deaf adolescents or adults. Above all, it must be understood that hard of hearing is not some subcategory of deaf, but rather a different disability with its own implications and needs. If some profession or some service is not appropriate for both deaf and hard of hearing people, then the terminology we use should reflect that fact.

Organizations, then, should target their services to the group that they are most equipped to serve. Services should be targeted at either deaf or hard of hearing people. Some educators and service providers may be able to care for both groups, but then it should be understood that they are providing different services to each of them. In brief, the term "deaf and hard of hearing" should only be employed when it is clear that both groups are being targeted with the appropriate services designed for each group. And as commented upon earlier, the people who do not fit comfortably in either group, i.e., those in the "gray" areas, would also be served appropriately if the service provider ensured appropriate auditory and visual access in accordance with an individual's needs. Conceptually, the overriding principle is designating those people who are hard of hearing and those who are deaf as two separate disability groups; we must not be so beguiled by the superficial similarities that we ignore the profound differences.

http://www.hearingresearch.org/ross/the_hard_of_hearing_person/deaf_and_hard_of_hearing_people_making_distinctions.php