A NEGLECTED CULTURE:

HOW COCHLEAR IMPLANTS AFFECT DEAF CHILDREN'S SELF-ESTEEM

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Among the many different types of physical impairments, hearing impairment represents one of the most common but also one of the least understood in terms of its social, linguistic, and cultural aspects in the United States. While the idea of deafness as a disability remains open to discussion, one thing is quite clear: deafness is an invisible condition that evolved into a socially-constructed and labeled state translated into a type of flaw. When thinking about deaf people, what are the thoughts that come to your mind? If the answer were to be an honest one, it would probably show the general social attitude towards deafness, one that is politically incorrect and offensive. Today, the main contemporary options of communication available for infants and children diagnosed as deaf are hearing aids as exterior sound amplifiers combined with the oral or spoken language, and cochlear implant, a sophisticated technological device that is surgically implanted into the cochlea of the inner ear. In these cases, the oral language is usually the main form of communication. There is also American Sign Language (ASL), a nonverbal language with its own syntax and grammar which can either be the primary method of communication or be used in combination with the first two technological alternatives.

Although the cochlear implant, in particular, promotes a significant improvement in deaf people's hearing capabilities and facilitates their immersion in mainstream society, it also brings about unforeseen controversies. First, this technological advancement poses a social threat to the Deaf community, a cultural group representing American Sign Language users. Deaf Culture members fear that the cochlear implant discourages the practice of Sign Language and is therefore a threat to the existence of the Deaf identity. In addition, they do not believe that deafness is a disability, and see it as a necessity to their Deaf identity. This raises the issue of the definition of deafness, which can also have an impact on one's personal identity. Second, and most important, since as Neil Levy observes in his article "Reconsidering cochlear implants," at least ninety percent of children who are either born deaf or who lose their hearing in infancy are born to hearing parents (144), and many of these parents are inclined to choose cochlear implants for their children in hope of making them better fit for our society so they can be "like everyone else."

However, many parents do not realize that a cochlear implant combined with the oral language may lead to the reinforcement of social categorizations and stereotypes about deafness. It also situates the deaf child outside what society defines as the norm. The implant that was intended to embrace the deaf child into mainstream society in reality excludes him from it; belongingness is replaced by exclusion as long as the child cannot "hear." Since cochlear implants cannot completely restore hearing, the deaf child will constantly struggle with the notion that society is less than willing to recognize him or her as a competent and equal member. This in turn shatters the deaf child's self-esteem and may lead to an identity crisis. To counter this difficulty, deaf children with cochlear implants ought to have early access to and an ongoing contact with their natural culture, Deaf Culture, where they will always find strong emotional and psychological support. It is an established community where all members share and face the same challenges in a dominant hearing society.

The introduction of cochlear implants in the 1980s ignited a strong debate that led to an increased social gap between the "accepted" spoken or oral language and the "unaccepted" American Sign Language. By surgically implanting the device into the cochlea of the ear, the implant enables many deaf individuals with profound hearing loss to attain degrees of hearing they never thought possible. It is the result of directly stimulating the auditory nerves rather than amplifying sounds, as do externally worn hearing aids. However, the cochlear implant does not promise success for every deaf child and the very degree of success varies tremendously from person to person, a fact that the public was and remains unaware of. In *Cochlear Implants in Children*, John B. Christansen and Irene W. Leigh report that researchers

> assessed speech intelligibility scores of children who had used cochlear implants for at least two years and found an average intelligibility rate of 48%, a level considerably below that which would be expected for hearing children at the same ages. The speech intelligibility ratings for individual children ranged from a low of 14% intelligible to a high of 93% intelligible. (230)

One of the most crucial factors in determining the success of the cochlear implant is its early implantation in deaf children, preferably at the age of two to three years. The age of five represents the end of the critical window of opportunity of language development during which the brain is most susceptible to language learning. It is for this reason that Bonnie Tucker states in "Deaf Culture, Cochlear Implants, and

Elective Disability" that "experience has proven that early implantation is necessary for maximum efficacy of a cochlear implant. Thus, waiting ten or fifteen years to make the decision for a child to have a cochlear implant is the same as deciding that the child will not have an implant" (2). Since the vast majority of deaf children are born into hearing families who have little or no experience with deafness, many of them are faced with a difficult dilemma: either providing their deaf child with a cochlear implant at an early age or waiting for him or her to grow up in order to make an independent decision. In "Reconsidering Cochlear Implants," Levy discusses the developmental risks involved in delaying the spoken language acquisition and in deaf childrens' attainment of true bilingualism: "Usually, if the child speaks Sign as a first language, she has little competence in or comprehension of spoken languages later in life" (145). On the other hand, if the child successfully learns the spoken language early on, he or she can learn Sign Language at any later stage in life, and consequently could achieve bilingualism. Although the process deaf children undergo when learning spoken language is far more challenging than learning Sign Language, many of their parents favor the former, believing it is in their child's best interest.

The very definition of what deafness *is* not only affects the decisions hearing parents make regarding their deaf children's form of communication, but also affects their self-esteem and personal identity. In today's society, many people consider deafness to be nothing else than a physical handicap, and rarely if ever do they seek to learn more about it. In reality, there are numerous ways to define deafness, although the most influential in terms of the deaf child's psychology are the physical and social perspectives. In "Examining the Fit between Deafness and Disability," Susan Foster lists the differing views of deafness, among which are the medical and social construction models. She defines the medical model as the health-related "*failure* of a critical sensory system [that] is therefore, impairment" (112). This definition considers a hearing impairment as a handicap due to the loss of one of the five crucial senses. In addition to this common social attitude towards the disability, Robert Sparrow provides a similar outlook on deafness. In "Defending Deaf Culture: The Case of Cochlear Implants," he suggests that "when talking to hearing persons about the cochlear implant, the single biggest barrier to their understanding the hostility of many Deaf persons toward it is an inability to comprehend that deafness could be perceived as anything other than a tragic loss and a disability" (136). What

hearing people do not realize is that considering deafness as a disability represents an insensitive blow to deaf children's sense of wholeness since it evokes a state of helplessness and incapacitation. Although surprising to some, many deaf people do not consider deafness as a physical handicap. Instead, they embrace deafness as part of their personal identity. In the social construction model, Foster affirms that "concepts such as 'hearing impairment,' 'deaf and dumb,' and 'rehabilitation,' are understood as the reflections of social understandings of what it means to be deaf, as well as the perspectives of those who use these terms" (114). In other words, many hearing people tend to generalize deaf people as "hearing impaired" and perceive them as a homogenized group that is separated from the rest of society. As Dr. Harlan Lane clearly suggests in his book *The Mask of Benevolence*, "in a hearing society, deafness is stigmatized as physically defective, a social deviant" (6). Although Foster's social model stresses the idea of deafness as a socially-invented term, it excludes deaf people's own interpretation of deafness. This view is so prevalent and customary in our society that many hearing people do not question the roots of what has become an acknowledged attitude.

The social construction model is often the center of debate since it is the greatest determinant of deaf people's self-assurance. Since Deaf people see deafness as an essential component of who they are, they believe that "deafness is not a disorder, but a culturally defining condition," and thus do not see the need to "fix" their deafness by using medical devices such as cochlear implants (Lane 370). The very use of the implant suggests a form of conformity to the hearing, dominant society. Nevertheless, as Deborah Lupton points out in "Technology, Selfhood and Physical Disability,"

> while the person with disability may not feel ill or be in pain, his or her
> body is [socially] coded as a dysfunctional body. It culturally exists as
> a transgression, a body that straddles boundaries and therefore is
> anomalous, 'matter out of place' and threatening to the social order.
>
> (1852).

Regardless of how the disabled person feels toward her disability, the majority of society continues to rely on stereotypes that doubt actual capabilities of deaf people. Despite the commonly used phrase among deaf people, "we can do anything but hear," many non-disabled people still question whether deaf people are capable of acquiring education, driving a car, finding a job or living independently. According

to Neil Levy, "deafness carries with it a number of significant disadvantages" that lead to these stereotypes, but he also argues that these are not the result of the physical disability but rather the result of the disadvantages' association with "deficiency" that is social in origin (138). Deafness in itself does not cause drawbacks; it is merely the result of being deaf in a society that discriminates against deafness. In Wilma Vialle's "Constructing a Culturally Sensitive Education for Gifted Deaf Students," Alice, who attended a deaf residential school from the age of three to sixteen, presents an interesting case study. Her experience has shown that "the teachers expected less of deaf students" and that this disadvantaged many students at the deaf school because the teachers did not try to assign complex tasks to challenge deaf students in critical thinking and analytical skills as they would to non-deaf students (Vialle and Paterson 4, 5). In this example, the teachers' misperception of Alice's cognitive capabilities demonstrates how the socially accepted idea that deaf people are "dumber" than hearing people is manifested in the educational system. Consequently, since deafness is associated with hindrance to a person's functional capabilities in society, the cochlear implant represents the ultimate remedy in eliminating the disability and the social disadvantages that follow. Reality, however, paints a different picture. The implant's actual effect on the deaf person's self-esteem is often counter-productive and contrary to what one would expect. Such a paradox underlines the need for a different approach.

Many deaf people do not consider deafness to be a handicap, but rather an opportunity to be part of Deaf community, a linguistic minority group that uses Sign Language as the primary method of communication. In *Seeing Voices*, Oliver Sacks explains that "some in the deaf community mark this distinction by a convention whereby audiological deafness is spelled with a small 'd,' to distinguish it from Deafness with a big 'D,' as a linguistic and cultural entity" (ix). In this case, Deaf people identify themselves as members of a distinct social group, the Deaf Culture. As a result of being members of such a unique culture, Deaf people do not perceive themselves as having lost anything (i.e., hearing) and do not think of themselves as impaired or disabled. Robert Sparrow proposes that "according to the testimony of many individuals who are members of Deaf Culture, it is perfectly possible to lead a happy and productive life without hearing or spoken language" (136, 137). They celebrate and cherish their culture because it gives them the unique privilege of not only sharing a common history and language, but also sharing a sense of pride and

belongingness. It is mostly through Sign Language that deaf people regard deafness as an inseparable part of their identity, much the same as ethnic minority groups do to justify their existence. In an attempt to analyze the plausibility of Deaf community as a culture, Neil Levy lays the necessary framework of a culture where

> [its] entity must be *ongoing*; it must inform the activity of its members over at least several generations. The members of a culture must hold *values* that differentiate them from the members of other cultures. These values must be expressed in some *material* form. Finally, members of a culture must engage in activities…which are partly constitutive of that culture.   **(144)**

At the end of his analysis, Levy concludes that Deaf Culture meets all of these criteria since its members communicate with Sign Language, an activity that is a distinctive characteristic of the Deaf Culture (144). ASL also constitutes a visual art form and therefore "mastery of ASL and skillful storytelling are highly valued in deaf culture….Stories should be rich in detail, starting at the beginning and end at the end, and contain plain talk; hinting and vague talk in an effort to be polite are inappropriate and even offensive" (Lane 16). In addition, Deaf Culture also has an ongoing history that involves a continuous battle in searching for ways to overcome a heritage of discrimination by the predominantly hearing society. That struggle continues to this day since Deaf Culture is again under threat by cochlear implants. Since most deaf children are born to hearing parents, most of whom invariably choose cochlear implants for their deaf child in order to facilitate his or her assimilation into the hearing world, "a full 90% of the potential members of the Deaf community would never belong to [it]. It is plausible to maintain that such a loss of membership will spell the end of that community, and therefore [that] of Deaf Culture" (Levy 145). This explains why Deaf community activists voice such a strong opposition against cochlear implants since they see Deaf Culture and deafness as essential to their Deaf identity, and such loss due to cochlear implants will shatter deaf individuals' identity and self-esteem at the most fundamental level.

The cochlear implant not only goes against the agenda of Deaf Culture and ASL, but also takes away from the deaf individual's sense of belongingness. Using ASL as a common language is essential in bringing deaf people together since the speech intelligibility varies between each deaf person. In their book *Inside Deaf Culture*, Carol Padden and Tom Humphries discuss how the existence of a culture

"provides a way for Deaf people to re-imagine themselves as not so much adapting to the present, but inheriting the past. It allows them to think of themselves not as unfinished hearing people but as cultural and linguistic beings in a collective world with one another" (161). Thus, a common language fosters understanding and respect among deaf people and the existence of this culture provides a strong identity that deaf people can adopt in the face of a communication barrier between themselves and the rest of society. For this reason alone, culturally Deaf people consider themselves as *Deaf* people rather than deaf people. According to Deaf Culture's website, the group defines itself as "a social, communal, and creative force of, by, and for Deaf people based on American Sign Language (ASL). It encompasses communication, social protocol, art, entertainment, recreation (e.g., sports, travel, and Deaf clubs), and worship. It is also an attitude, and, as such, can be a weapon of prejudice—'You're not one of us; you don't *belong*'" (Moore and Levitan 55). Above all, it is the sense of belongingness that Deaf Culture offers to deaf children who often find themselves stranded between biased definitions and attitudes our society created.

In cases where the implanted child learns the spoken language, the parents often do not recognize their unintentional emphasis, in their child's presence, on the social requirement of being "normal." Many of them begin the cochlear adventure as misinformed and euphoric about the results the implant may bring to their child in terms of coping with social biases. Dr. Hartley Bressler, a deaf family physician, comments: "the news headlines sensationalize one child's 'miracle of hearing,' but the failures are never portrayed. I understand that most parents want the best for their deaf child, but good intentions do not guarantee success" (Swanson 930). According to the medical and social models, deafness is not only seen as a physical handicap associated with the loss of hearing capabilities, but is also associated with incompetence in contexts of social interaction. According to Foster, the medical model is essentially a conformist model that emphasizes encouraging and enabling the disabled or deaf person to conform to expected social standards and levels of performance, hence the social pressure to pursue a cochlear implant (123). Nevertheless, the cochlear implant as a strategy to "cure" deafness and to ease interactions between deaf and hearing people often fails to live up to the deaf child and parent's expectations alike. Furthermore, the deaf individual pays the costs for social misunderstandings concerning the implant. Parents will often convince themselves and their child that he or she is not deaf but rather capable of living a life

as ordinary as that of any hearing person. In turn, children with cochlear implants grow up learning that being deaf is an anomaly, that deaf people are inferior to hearing people, and that they should constantly try to hear rather than accept their deafness. By denying deafness, these beliefs serve as cognitive dissonance because they contradict what the one intuitively knows about himself and about his hearing disability. Those who pursue the cochlear alternative for their child do so out of social pressure as well as out of misconceptions they have about deafness in general and of the implant in particular. Research has shown that "in the absence of concrete medical evidence, parents may rely instead on their own beliefs, values and goals" (Li, Bain and Steinberg 163). What parents fail to appreciate, however, is both the commitment it requires on their part as well as the chain reaction they cause, beginning with the surgical procedure and extending to the long-term rehabilitation of the deaf child's speech. Much of this can be avoided by introducing the deaf child to Deaf Culture, where the deaf child can learn to accept his physical condition instead of suppressing it. This is where she can be an equal member of a strong and proud community, as well as where she could regain her self-esteem and compensate for any psychological traumas caused by the cochlear implant.

In their aim to integrate their deaf child into the hearing society, parents often actively discourage their children from joining Deaf Culture or from learning American Sign Language as the primary mode of communication. They fear that use of ASL is at the expense of the spoken language. As a result, implanted children are neither competent members of the mainstream society due to the cochlear implant's limited results, nor those of the Deaf World or community, due to their lack of knowledge of Sign Language. Dr. Harlan Lane, a specialist in the Psychology of Language and Deaf Culture, asserts that "full participation in the language and culture of Deaf-World will undoubtedly elude many implanted children as they develop, but they may also be unable to participate fully in spoken language and hearing culture" (Lane, Hoffmeister and Bahan 371). The inability to communicate fully with their surroundings will cause oral deaf children to less appreciate themselves as people around them, including their own parents, expect them to be "normal," while they struggle to hear and understand others. On the other hand, in "The World of the Deaf Community," Frank Zieziula asserts that "Deaf children born of Deaf parents are more confident, exhibit a greater love of self, accept their deafness, are assertive in fulfilling their needs, and are simply more happy growing up

compared to Deaf children born of hearing parents" (5). This demonstrates the extent of the beneficial outcome when Deaf parents provide their Deaf children with a psychologically nurturing environment where there is a strong acceptance of deafness and an ease of communication with Sign Language. In such a Deaf family, there is neither pressure nor expectation to try and become competent members of the mainstream society by learning the spoken language. The accessibility to and the acknowledgement of Deaf Culture in deaf people's lives is completely understood. Thus, the ability to communicate is a crucial but often unnoticed factor in a cochlear implanted child's psychological development, since it is emotionally exhausting to pretend to be a regular, hearing person.

My personal experience as a young adult with cochlear implant revealed to me the possible social and psychological self-empowerment Deaf Culture and American Sign Language can bring to deaf people. I grew up in a hearing family, went to a hearing elementary school, and learned to speak Chinese and English so well that many people can understand me without any difficulties. I did struggle, however, to understand others despite the cochlear implant, and was afraid to ask them to repeat themselves in fear of a "never mind." I did not meet other Deaf people nor did I learn American Sign Language until I was in the seventh grade. It was truly an enlightening experience to discover a new, previously inaccessible world that matched my own, where I no longer had to pretend to be "hearing." Upon discovering that the stereotype of deaf people's inferiority to hearing people was a myth—thanks to my interaction with Deaf Culture—my confidence skyrocketed. Through Sign Language, I suddenly could understand everything. It became my bridge to the world. Another example of the potential benefit Deaf Culture offers to deaf individuals with cochlear implants is that of Kristin Snodden, who recalls how "meeting other Deaf people and discovering Deaf Culture was a 'totally revolutionary thing'…on every single area of my life" (Swanson 930). Mary Holte's study on self-esteem enhancement of deaf women finds that "the acquisition of [American Sign Language] by the orally schooled women, learned from deaf peers and instructors, provided access to information and opened the door to further education. It was that shift that often triggered a corresponding shift toward the enhancement of self-esteem" (352, 353). By learning Sign Language and interacting with the Deaf community, a deaf person can reverse all of his previous misconceptions regarding deaf people's subaltern state relative to hearing people. More importantly, it chases away whatever

doubts or uncertainties the deaf individual has had about himself, including the view that deafness is abnormal. It is where deafness is accepted and embraced. Upon meeting other deaf people and learning American Sign Language (ASL), Mark Drolsbaugh commented, "I am no longer ashamed of my deafness, I am proud of it. I am proud of who I am, proud of what I've overcome, and proud of my culture. Being a part of this culture has given me a sense of pride. I am no longer alone" ("What is Deaf Pride?"). This signifies how participating in the Deaf World or Deaf Culture can provide a caring niche for deaf people in general and for cochlear implanted deaf individuals in particular. It allows for the healthy development of self-esteem and emotional well-being, thus the ability to communicate with oneself as well as with the rest of the world.

Although the deaf community has its own ethnic-like cultural representation (Deaf Culture), it is our responsibility as a cooperative society, whether hearing or deaf, to keep the public informed of the difficulties deaf as well as Deaf people face when interacting with mainstream hearing society. Although the psychological challenges derived from cochlear implants are relatively easy to understand, the implant may also cause hearing people to falsely assume that deaf people with implants can hear everything. Many take for granted the cochlear implanted person's "perfect capability" in managing communication on his own. Kathryn Woodcock, a deaf woman, learns "that 'passing for' hearing is a greater advantage for one's hearing associates than for oneself. It enables them to forget to keep their lips in view, leave meeting room lighting inadequate. They excuse their lack of consideration with what they believe is a compliment: 'you have such good speech'" (329). In other words, by pretending to be "hearing," the deaf person places himself at a greater disadvantage since hearing people often mistake it for a sign of "expected" communication competence. In fact, Woodcock discovers that she "can participate in the hearing world so much more by using ASL interpreters and occasionally feigning a 'deaf accent,' and dropping [her] 'perfect speech,' to remind hearing people that [she is] not 'the hearing person' that they believed [her] to be, and leads them to be more considerate of [her] deafness" (329). Consequently, the cochlear implant often complicates deaf-hearing communication processes even more simply because of its false advertisement or yet the complete lack thereof, created by our society. Another perspective on the implant's communicational hindrance comes from a personal experience where, "such aids [are] potential burdens, because they sometimes give

others the impression that 'the disabled person is managing perfectly well and requires no [additional] assistance'" (Lupton 1853). In other words, even if a deaf person has a cochlear implant and speaks orally without obvious speech ambiguities, it is nearly impossible for him to "pass for a hearing person' when he himself knows that this is not the case. While other people may not realize it, the visible implant places the deaf individual in awkward and embarrassing circumstances, where she is forced to admit that she cannot fill the shoes of the hearing person people assume her to be. The implant, therefore, places both sides in a confused and frustrated position where social stigmas—although indisputably false—fulfill themselves. Lupton suggests that "the use of technologies is not a purely individualized activity: it always takes place in a sociocultural context that both shapes the meanings of technological artifacts and places limits on the extent to which such meanings can be transformed by users" (1852). If the public were to be better informed and aware of the cochlear implant's limitations and mode of operation, such barriers to social encounters would diminish substantially.

Foster's two different models of deafness, the medical and the social constructions, demonstrate the ambiguity and misconceptions surrounding this disability. Deafness defined as a physical impairment due to the loss of ability to hear makes it is easy for one to associate deafness with the ideas of mental in addition to physical incompatibilities. Due to the social misrepresentations hearing people hold regarding deaf individuals, many hearing parents tend to choose the cochlear implant as the social and physical savior of their child. By doing so, they overlook the extent to which they emphasize on a social norm that contradicts with the condition of their deaf child. As a result, they shatter the child's self-esteem and confidence because the child, once implanted with the cochlear device and is forced to learn spoken language, is constantly reminded of her incompatibility with the mainstream society. On the other hand, members of Deaf Culture strongly encourage deaf individuals to join its community where it provides an emotional and psychological safety net for deaf people who struggle with social constructions and conformity. With the presence and aid of Deaf Culture in the lives of deaf children with cochlear implant, cases of disappointment, frustration and identity crises will decline. Becoming a member of the Deaf community will transform the fear of the powerful "never mind" to a trivial and insignificant remark. It is where the negative

reinforcement that emotionally *implanted* worries of rejection in the deaf child's heart and soul will disintegrate and make room for positive psychological development.

Regardless of one's physical condition, we all need stability and a source of support and encouragement in order to feel complete. Although cochlear implants were developed with the intention of bringing deaf children closer to that feeling of completeness and thus do deserve credit in terms of achieving unprecedented hearing degrees to deaf people, the issue of the individual's personal cultural identity still persists. Instead of providing a smooth assimilation into the dominant, hearing and socially-discriminating society, the implant takes away the sense of belongingness from the deaf person. Deaf Culture not only provides a safe haven for deaf individuals, but also provides an alternative communication method such as American Sign Language for deaf individuals to communicate when spoken communication fails due to technological incompetence. It is a place where social stereotypes and low self-esteem can make way to acceptance, love and support. While the introduction of Deaf Culture to the life of a deaf child is required in order to maintain a healthy psychological state, society as a whole also needs to play its part. If we claim to be a tolerant society where our heterogeneity is what makes us unique and powerful, we ought to transform these words into actions. Information about deafness in general and cochlear implants in particular will provide a better understanding to both deaf and hearing people on a larger scale. Due to technological limitations, deaf children still struggle within the hearing society today, but we can help by being patient and by taking the time to *listen* to them.

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To what extent are we the melting pot society we so zealously claim to be, where our individual differences such as ethnic, religious and physical appearance allow free and equal social opportunities to each of us? Is it possible that the social melting pot ideal in the United States has become a cracked and unrealistic abstract idea that never seems to come to life? One possible approach in answering this social question is to focus on a particular, non-mainstream group and examine its representation and identity in terms of its own perspective as well as our society's as a whole. In "A Neglected Culture: How Cochlear Implants Affect Deaf Children's Self-Esteem," Tingting Gao draws deafness into the social spotlight in an effort to demonstrate the discrepancies between our social pretence of tolerance and acceptance, and the emotional rollercoaster deaf children with cochlear implants endure when they try to fit in.

Although deafness as a disability is a controversial issue in itself, it does provide an interesting social case study since the cochlear implant was developed with the intention of facilitating deaf individuals' assimilation into the mainstream society. This fact alone, as Gao explains, reveals the power of social norms and conformity rather than tolerance and approval. By focusing on the psychological damage cochlear implants bring to many deaf children and adolescents, Gao is thus able to unveil society's hypocritical pretence for social equality. After presenting the main exiting definitions of deafness, Gao proceeds to position the social construction model in the center of the cochlear controversy. The circumstances of the number of deaf children born to hearing parents combined with the latter's unfamiliarity with deafness as a way of life results in a wider social gap between deaf and hearing individuals. The best way to ameliorate the emotional and psychological sufferings of cochlear implanted children, according to Gao, is the early establishment of contact between deaf individuals and the Deaf community, the American Sign Language linguistic minority in the U.S., thus restoring and supporting the deaf child's healthy self-esteem.

While Gao's essay attempts to offer a feasible solution for deaf children with cochlear implants, her argument does not address other issues related to the same overall social umbrella of accepting differences. First, it would have been interesting to learn of positive accounts of cochlear implanted individuals in order to receive a

more encompassing overview of deafness in relation to Deaf Culture. Are there deaf individuals, whether with or without the implant, that are satisfied with their condition and do not necessarily seek to become Deaf? Expanding Gao's research to wider perspectives would have added additional, more complicated dimensions to the essay.

Another matter Gao could have discussed in her essay in order to complicate her argument is perhaps comparing deaf individuals and the Deaf community to other groups representing non-deaf related physical conditions. What differences and similarities might arise in such a comparison? Do people such as the blind face the same social challenges? To what extent do they succumb to social norms and expectations? This essay presents merely the tip of the deafness' iceberg and more information is needed in order for one to draw critical conclusions about our society's attitude towards those who deviate from what we call "the norm." On the other hand, presenting a comprehensive account of the social relationships that come into play between dominant and minority groups is not an easy task. Perhaps with the aid of a more inter-disciplinary assemblage of sources Gao's essay would have been able to answer these and other questions. Data from other disciplines such as psychology, education, anthropology and others could have supplied Gao's argument with additional angles on the issue of cochlear implants and their effect on the self-esteem of individuals.

Towards the end of her essay, Tingting Gao raises the possibility of ridding our society from its false pretence of the melting pot metaphor by focusing on public education. This is an ambitious and potentially long-lasting remedy for the social ill-treatment certain groups in our society endure. It is by large-scale solutions such as this one that our society as a whole could improve and flourish. Public education of deafness in particular and of other physical conditions in general ought to become future research questions if we as a society are indeed pursuing the objective of embracing all of our individual differences. As Gao suggests at the very end of her essay, all we need to do is listen to each other.