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The Cultural Gap: Deaf Community and Speech-Language Pathologists

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The Cultural Gap: Deaf Community and Speech-Language Pathologists

By: Megan Knight

An undergraduate honors thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Science

in

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Thesis Adviser

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2015

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ABSTRACT

The following paper discusses the cultural gap that has been created between Speech-Language Pathologists and the Deaf community over the last 135 years. Starting with the period of oralism in Deaf schools to now, as we continue to pressure more parents into the idea of cochlear implants for their child. This paper will look at the history of how we have gotten to where we are today with this cultural gap and review results from a survey that was given to Portland State University Speech and Hearing Science students regarding this topic. The paper will then conclude with ways that we can begin to change the way we teach future Speech-Language Pathologists in order to make progress towards closing this cultural gap.

Key words: Deaf Culture, Cultural Gap, Speech-Language Pathology

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1. INTRODUCTION

Within the Deaf community, Speech-Language Pathologists (SLP) have been viewed as enemies. In the 1920's, Deaf schools were only teaching children how to communicate orally. Deaf students were punished for using sign language to communicate (Through, 2007). Speech-Language Pathologists were the ones teaching Deaf children how to speak orally and forcing them to eliminate signing from their way of communication. This point in history is one of the primary reasons for the cultural gap between the Deaf community and Speech-Language Pathologists.

Therefore, the purpose of this paper is to address the following question: How do we educate future Speech-Language Pathologists about this cultural divide and help them become more culturally sensitive and aware of the Deaf community's perspective in hope of narrowing this gap in the future?

The debates regarding cochlear implants have allowed for this cultural divide to re-emerge again in the last twenty years. Cochlear implants are small electrical devices that allow a person who is deaf to have the sensation of sound. Cochlear implants are recommended by audiologists and are surgically implanted. The mainstream hearing medical culture believes that being deaf is a disability. The Deaf community believes that being deaf is something to be proud of. With this difference in opinion we find that Deaf culture is far more complex than most people realize. Regarding cochlear implants, the Deaf community views implantation of children as unnecessary because they have a language (American Sign Language) and culture of their own already. From the medical perspective, to not implant children could be considered unethical and even a form of neglect (Byrd, 2011).

If we focus on understanding the history of Deaf culture we find that the Deaf community was forced to become completely oral at one time by SLP's in order for them to become more like the hearing world. The Deaf community does not feel they should have to change in order to be a part of the hearing community. Many people in the Deaf community are very clear that they do not want the ability to hear. According to this perspective, the Deaf community has been successful in communication and daily activities without the ability to hear and sees no reason to change that with the advances of new technology. According to Paludeviciene (2011), they are very much a part of their own culture and have a strong sense of community through being Deaf that they would lose if they were given CI's and could hear (Pg. 6).

From a medical perspective current studies have shown that if a child receives a cochlear implant before the age of two, they will have a much greater success rate at language acquisition. However, the Deaf community is still against CI's (Dunn, 2014). This strong feeling of hatred against cochlear implants within the Deaf community is where the medical community believes it's unethical to not help a child hear with the assistance of a cochlear implant if a viable option. One article even suggests that by not implanting a child who could benefit from a CI is considered neglect by the parents (Byrd, 2011).

This cultural divide has made it difficult for the hearing culture to learn about and understand the Deaf community. Being such an exclusive community that does not allow for the hearing culture to gain a sense of understanding or the ability to be sensitive towards cultural differences has caused a further separation. This divide needs to be understood by both sides in order for these two cultures to begin working together rather than avoiding each other. If a mutual understanding that both cultures are different can be found, then maybe progress can be

made within the medical community to not jump to the conclusion that being deaf is a disability. Future Speech-Language Pathologists need to learn to be sensitive towards the Deaf community when working with patients trying to decide what route is best for their child on the topic of cochlear implants.

The purpose of this paper is to discuss the importance of teaching future Speech-Language Pathologists cultural sensitivity and to provide an overview of how knowledge about the Deaf community is relevant to the field of Speech-Language Pathology. Many SLPs (especially new SLPs) may be unaware of this history and this cultural gap altogether. Providing strong examples of the different perspectives between these two cultures is going to be key in beginning to find common ground. This paper focuses on the cultural gap and how we can start to lessen some of those differences and start a mutual understanding of how each culture can help one another. In order to do this, a survey was conducted to find out what future SLPs at Portland State University (PSU) know about the Deaf culture in order to begin looking for ways to fill in this missing knowledge.

In this paper, section 2 presents a relevant discussion from the literature regarding these issues. Section 3 presents the methodology behind the survey conducted to Portland State University Students. While sections 3.1 through 3.4 look at participants, survey format and questions, survey data collection, and a summary of the survey. In section 4 the results from the survey are reported. Section 5 further discusses the results and looks at ways to lessen this cultural gap over time. And finally section 6 includes conclusions, limitations, and recommendations about the cultural gap and what the next step might be.

2. LITERATURE REVIEW

Today the Deaf community finds itself fighting against the opinions of the medical field and trying to avoid Speech-Language Pathologists. The best way to understand these different viewpoints is the medical perspective vs. the Deaf perspective and the SLPs in the middle. The medical perspective focuses on trying to ‘fix’ the Deaf community. Whereas, Speech-Language Pathologists are trying to find ways to help without causing more of a gap between the Deaf community and SLP’s. The literature on this topic mostly focuses on the narrow-minded view of the medical community based in mainstream hearing culture, the cultural perspective of the Deaf community, and with little written on the view of the Speech-Language Pathologists’ opinions on this topic. This literature review will begin with the medical perspective on being deaf.

2.1 Medical Perspective

The medical community, claims that being deaf is a disability that needs to be ‘fixed’ (Byrd, 2011). Byrd suggests, that if a parent chooses not to implant a child who could benefit from cochlear implants, they are neglecting the child’s ability to succeed in language acquisition and should be reported to Child Protective Services (2011). This is a very strong opinion to take in the debate over cochlear implants. The medical community immediately comes to the conclusion that if there is a way to fix the “problem” then that is what needs to be done (Byrd, 2011).

The medical community also suggests that since people who are deaf receive funding from the government under the Americans with Disabilities Act (ADA), this labels them as having a disability. If they do not want to be seen as having a disability then, they should not be receiving the funding from the government. It is suggested that they are trying to have the best of

both worlds, which really is not possible (Byrd, 2011). Because the Deaf community is receiving funds from this act, it makes it easy for the medical community to just put them under the umbrella of being disabled even if they are able to communicate and live just as everyone else does. The Deaf community has very different opinions about these topics.

2.2 Deaf Community

Before discussing the Deaf community's perspective toward CI's, I will present a brief discussion about the culture of the Deaf community. Bauman-Waengler (2004) defines culture as, "a way of life developed by a group of individuals to meet psychosocial needs. It consists of values, norms, beliefs, attitudes, behavioral styles, and traditions which may have an impact on a dialect (Pg. 412)." The word culture carries a different meaning for each individual. There are two different meanings behind the word deaf depending on an individual's preference. Those who consider themselves a part of the Deaf community use the word Deaf with a capital 'D'. This states that this community of people share values, norms, and beliefs with others who consider themselves a part of the Deaf community. The other term is deaf with a lowercase 'd'. This group of people do not consider themselves a part of the Deaf community. Instead, the term deaf only refers to an audiological condition of the individual. These individuals do not participate in or believe in the same values and norms as those who consider themselves part of the Deaf community (Kaplan, 1996).

Deaf culture revolves around having shared experiences. They share a signed language and a common heritage. They also have their own national and international organizations along with many different groups that include athletics, arts, scholarly, and religious topics. This community thrives on social interaction and connecting with those who also consider themselves

a part of the Deaf community. This idea is called collectivism in the Deaf community; they do most activities as a group and focus on helping one another. Compared to the hearing culture, which, they call individualism. Everything in the hearing community is done individually and not as a group. In other words, within Deaf culture, the benefits of the group outweigh the benefits of the individual, which is different from American mainstream hearing culture.

When meeting a new person in the Deaf community, an introduction begins with asking where that person attended school and what the person's name is. This allows for connections to be made based on commonalities in school and other friends they may know that attended that school. In Deaf culture, nothing is off limits in terms of topic of conversation. The idea of collectivism is that no secrets are kept and it is not rude to ask about personal matters such as money or physical health issues. The Deaf culture contains far less boundaries and off limit topics compared to the hearing community. The Deaf community also faces many challenges regarding how the hearing world perceives them because of these differences in collectivism vs. individualism.

The hearing community has come to view themselves as "better" than the Deaf community. The Deaf community has in turn defined this idea as audism. According to Humphries (1997), "Audism is the notion that one is superior based on one's ability to hear or to behave in the manner of one who hears," (p.12). This is the word that starts to define being deaf as a 'disability'. By considering being deaf a 'disability,' this group of individuals is put into a box and end up having to fight for equal rights and proving that they can do anything a hearing person can. Due to the long history of these occurrences, a cultural gap has been created between the Deaf community and the hearing community.

Pray and Jordan (2010) state that, “historically and at present, deaf and hard-of-hearing people have faced many challenges and barriers to their efforts to achieve recognition of their abilities and opportunities to develop and utilize them.” The founding of the American School for the Deaf in 1880 is considered the “golden age” for many deaf people. This time period was a time when deaf administrators and teachers had the most control in the education of Deaf children (Pray & Jordan, 2010). In 1880, the use of sign language in education of Deaf children was outlawed in favor of the oral method at the Milan Conference. At this conference, only five American delegates were present, all of which voted to keep American Sign Language as the main language for education in Deaf schools.

According to Pray and Jordan (2010), “By 1919, nearly 80% of deaf students in the United States were being educated without the use of sign language.” Alexander Graham Bell was one of the biggest supporters in the United States for the change to oralism. “Ironically, the primary goal [of advocates of oralism] was not education in the traditional sense of imparting facts and analytical skills to their pupils, but to make deaf children as similar to hearing children as possible, to fit them into American society (Van Cleve & Crouch, 1989).” Hearing parents of deaf children supported the idea of oralism in order to have children who were more like them. During this time period children who did not use oral methods of communication were punished for using sign language. This is just one of the many examples of how deaf people have been put in a box and expected to be like the main stream hearing world.

Despite the Milan Conference decision to make all schools for the deaf start teaching oralism, the college for the deaf at the Columbia Institution in Washington, DC continued to use sign language for instruction (Pray & Jordan, 2010). William C. Stoke often considered the founder of American Sign Language (ASL), joined the college for the deaf and realized that the

sign system that the students on campus were using was actually consistent to a language of its own, (i.e. it followed its own grammatical rules and word order). Stoke decided to research the sign language that was used on campus more in depth in order to prove that it was actually a legitimate language of its own. Students on campus didn't understand why he was researching the language and said that he didn't understand deafness (Pray & Jordan, 2010). After all of his research was completed, he concluded that ASL was an independent language with its own rules and grammatical structure.

One of the most historic examples of Deaf empowerment to date is the Deaf President Now movement. In 1988, Gallaudet University elected a new president. Up for election were two deaf candidates and one hearing candidate. Expectations were high that a Deaf President would be elected, but when the Board of Trustees selected the only hearing candidate the Deaf community was outraged (Pray & Jordan 2010). Students were so upset by the outcome of the election that they protested classes until they received what they wanted, which was a Deaf President. This was not just about having a Deaf President, but having equal rights for the Deaf community (Pray & Jordan, 2010). After one week of protesting the students received what they had asked for a Deaf President.

With all of this history, the Deaf community does not want or feel like they should be considered disabled. Having a complete language of their own, they feel as if they should not fall under the umbrella of disability (Paludnevicene, Pg. 9, 2011). They have a strong sense of culture and worth through the connections they make in the Deaf community. They feel strongly that they do not need to hear in order to live a fulfilling life or to be able to do what those who hear can do. If you ask almost any member of the Deaf community, they will tell you that they can do anything a hearing person can, except hear. Although, they still must communicate with

the hearing world, they have a community and culture of their own that they rely on to connect with others like them. Often this causes the Deaf community to push those who are a part of the hearing community away.

This exclusivity of the Deaf community makes it extremely hard for any hearing person to be accepted into the group (Christiansen, p. 264, 2002). Even when they are willing to accept a hearing person into the group, the majority of hearing culture holds the perception that the Deaf community is close-minded, so they choose not to put the effort into trying to be accepted into this community. Because the Deaf community is so focused on keeping hearing people out who have technology to “help” them or as they view it, “fix” them, this cultural gap continues to grow due to lack of knowledge about the culture by hearing people.

The topic of cochlear implants is one of the best examples of the hearing world trying to “help” the Deaf community. When cochlear implants were first introduced into the medical field for deaf patients, often times deaf children of hearing parents, the parents were not given all of the options available to the child. The medical community was so focused on making a deaf child hear that they didn’t offer other options to the parents. Although, there are many other options in terms of communication for a deaf child. Being deaf does not directly mean that the child will not be successful in language skills or life due to a lack of hearing. With the appropriate education and guidance a deaf child can be just as successful as a hearing child.

The main issue that is seen with Cochlear implants (CI) is that implanting young children is unethical. Taking a child’s right to decide for him-or herself to get cochlear implants is absolutely inappropriate within the Deaf community. This is where the controversy over cochlear implants first started. Today, cochlear implants are suggested to parents as one of the many options for a deaf/Deaf child (Pray & Jordan, 2010). But depending on whom they talk with,

each professional gives the opinion of what they feel would be best for the child. Often without thinking about what is actually best for not only the child, but also, the family as a whole.

Some articles are beginning to state that Deaf culture has started a new wave to change how they interact with the hearing world. They believe that the Deaf community is becoming less opposed to cochlear implants in adults and more open to new ideas in the way of communication. With this being said, they still expect every deaf child with a CI to have knowledge of ASL and to keep that sense of community within the culture (Christiansen, 2011). Making sure they do not lose their cultural identity is one of the biggest concerns the Deaf community holds. As Speech-Language Pathologists we must keep this in mind.

2.3 Speech-Language Pathology

The final side to this cultural gap is determining where the Speech-Language Pathologists fall and how they play a role in providing services to the Deaf community. Most of the literature on this topic discusses the basic things to keep in mind when working with any person from another culture. There is very little specific information on how to counsel a Deaf patient or a hearing parent with a deaf child. Although, knowing the basics of how to work with different groups of people is important, we must not forget that each group is completely different and in order to be sensitive towards these differences we must have the resources to prepare for these interactions.

SLP's who want to work with the Deaf community need to be aware of all the cultural differences and how to make the patient feel most comfortable in a clinical setting. The main thing an SLP can do to make a client feel comfortable would be knowing sign language in order to make the communication process less stressful (Kaplan, 1996). Something that should be

considered by Speech-Language Pathologists is what the name of the profession conveys to the Deaf community. Kaplan suggests, “The professional title Speech-Language Pathologist suggests allegiance to a pathology model to some Deaf people (1996).” With this idea in mind maybe we should consider calling ourselves communication therapists rather than Speech-Language Pathologists. The title communication therapists suggest that we are willing to focus on more than just the ability to teach oral communication (Kaplan, 1996).

When working with patients in the Deaf community, it is extremely important to focus on what goals each individual patient wants to accomplish. Rather than automatically making the focus related to speech and oral communication, it is best to discuss with the client to see if that is really why they have come to receive help. If the clinician is unable to use sign language, an interpreter should be brought in to help the communication process and in determining what the client hopes to get out of therapy. When an interpreter is being used, it is important to direct all questions to the client rather than the interpreter and to include the client in any discussion that may be happening throughout a session.

Some clients within the Deaf community who may be at an age to make decisions on their own may want to focus on their ability to read and write English in order to become more efficient in the work place and communicating with co-workers through writing (Kaplan, 1996). There is a huge difference between the grammar of American Sign Language and English. With this in mind, we may see Deaf patients who are fluent in American Sign Language and need help learning how to communicate their ideas on paper. Written American Sign Language is unintelligible to those who do not know the language, and if writing is the main mode of communication for a Deaf person, they will come across as ‘dumb’ if they are not given appropriate resources to improve the written language. Additionally, other members of the Deaf

community may struggle with other disorders outside not being able to hear, such as being on the Autism spectrum, or learning disabilities related to language acquisition.

Currently, in the UK there is a service for the Deaf community called the National Deaf Child and Adolescent Mental Health Service (Sessa & Sutherland, 2013). The main purpose of this organization is to focus on providing parents with all the information they may need about having a deaf child. This service is both for parents who are hearing or parents who may be Deaf. The goal is to get parents information and try to get them to decide on what mode of communication the child will be learning as quickly as possible. Once a mode of communication has been decided on, the process of teaching the child that language begins. The sooner a child is exposed to the language they will be learning, the faster they will pick it up; especially if it is within the critical language acquisition period of development. With this fact in mind, this service focuses its energy on early diagnosis and education of both the parents and child.

The main role that SLP's play in the National Deaf Child and Adolescent Mental Health Service is helping with the language acquisition process, as a child who is deaf may struggle to learn the language if they did not begin learning it in that prime window for language learning. Finding appropriately qualified professionals to work in this organization has shown to be a problem (Sessa & Sutherland, 2013). The field of Speech-Language Pathology needs more professionals who are fluent in English and American Sign Language in order to work with this population without having the complication of communicating through interpreters. Parents may decide to teach their child sign language or begin the process of teaching the child to communicate orally. An SLP can be used to help the process of language learning through either form of communication. Having SLP's with the knowledge and background of both forms of communication is the key piece for this organization to function at its full potential.

No matter if an SLP is working with a child who has received cochlear implants or a child who is struggling with some other language disorder, it is important to discuss with the parents what the main goals are for that child. No goal should ever be assumed by the SLP, but rather discussed and decided upon with the parents and possibly the child depending on the circumstances. There are many ways that an SLP can be involved with the Deaf community and having the knowledge and tools to work with this group of people is key to the success of bridging the gap between the two communities.

Currently, in undergraduate and post-bac classes at PSU, there is very little discussion in regard to the Deaf community. With this lack of information being provided to future SLPs about cultural differences and how to be culturally sensitive as clinicians, we are not giving these students all the tools they need to be successful once they finish school. The more these students can be prepared in school for interactions with the Deaf community, the smoother the interactions will go once they are certified clinicians. It is up to Speech and Hearing Science/Communication Disorders departments to make sure that their students are prepared to work with many different cultures once they complete school. With this in mind, we must begin changing the way we view the Deaf community and the way we interact with this community of people. We need to focus on the future goal of closing this gap that has been created between the Deaf community and Speech-Language Pathologists.

3. METHODOLOGY

In order to decrease this cultural divide, the first step is to gain an understanding of what potential SLPs know about the Deaf community and Deaf culture. In order to do that, a survey was created to gain a better understanding of what level of knowledge Speech and Hearing Science (SPHR) students at PSU have about the topic, in addition to how relevant the topic is for these students planning to continue on to be Speech-Language Pathologists or Audiologists. Each question in this survey served as a way to understand the knowledge that SPHR students at PSU have about the Deaf community. See Appendix A for details of the survey questions.

3.1: Participants

In this survey there were seventy-three participants. Thirty-two were undergraduate Speech and Hearing Science majors. Thirty-seven were Speech and Hearing Science post-bac students. Finally, two were undergraduates majoring in another field outside of Speech and Hearing Sciences. And two classified themselves under the category of “other” and specified that they were graduate students in the SPHR department.

3.2: Survey Format and Questions

All questions in this survey were multiple choice allowing participants to select only one answer per question. Each question was presented on its own page and participants were allowed to look back at previous questions. The questions in this survey were ordered in a way that allowed participants to start with facts and move towards questions that regarded their own opinions. The first two questions in Appendix A looked at simple facts about who the participant was and how much time they had spent with the Deaf community. Questions three, four, and five

looked at how much participants felt they knew about the Deaf community and if they would continue their education on the topic by taking classes if they were offered. In questions six and seven participants were asked to give their opinions on specific topics about the Deaf community and how relevant this knowledge is to the field of Speech-Language Pathology and Audiology.

The first question, ‘what is your educational status and major,’ was a basic question looking at what type of student the participant was, either an undergraduate or a post-bac and whether they were a major in Speech and Hearing Science department or majoring in another field. The reasoning for this question was to help understand roughly how much schooling each participant had had when taking this survey and the types of classes they had taken based on their majors.

Question two, ‘what type of contact do you have or have you had with the Deaf community,’ was focused on looking at the level of exposure to the Deaf community and the types of interactions students have had with this community of people. This was important in giving an idea to how much direct contact students have had with this community in order to determine if they had spent enough time in the Deaf community to understand why it is relevant to SPHR department and their future careers.

Question three, ‘how familiar would you say you are with the history of Deaf culture,’ provided a baseline of how much knowledge students felt they had on this topic. This will provide information on how useful the resources provided to SPHR students at PSU are.

Question four, ‘if there were an opportunity to take more classes regarding Deaf culture, how likely would you be to take it,’ examined how interested students would be to take more classes on Deaf culture. If there is enough interest from students then this can potentially be used as a way to start the planning of new classes, lectures within preexisting classes, and other resources on this topic.

Question five, ‘do you know what the distinction is between Deaf (capital “D”) versus deaf (lower case “d”),’ was used to see if participants had a basic knowledge about one of the most important pieces to Deaf culture. By comparing this question- to- question three, the hope is that we will see how much knowledge students think they have about the Deaf community and if they have an understanding of the basic history.

Question six, ‘from some perspectives, being deaf is considered a disability. How would you respond to that,’ examined if students took the view of the medical model on the idea of being deaf as a disability or if they have more of a cultural perspective on the subject. The responses to this question provide some insight into how these future SLPs will give advice to clients who are deaf/Deaf.

Question seven, ‘in your opinion, how important is it to know about Deaf culture in order to be a Speech-Language Pathologist or Audiologist,’ determined if students feel learning about the Deaf community is important to our program here at PSU. If students feel that this is something they should have more resources on in order to succeed as SLP’s or Audiologists, then the program at PSU should be considering how to provide those resources.

Each of these questions serves the purpose to understand how relevant students feel this information is to their education. Looking at the knowledge students currently have and do not have regarding the Deaf community is one of the first steps in beginning to close the gap between Speech-Language Pathologists and the Deaf community.

3.3: Survey Data Collection

This was an online survey conducted through a secure Google Docs survey document. Each participant had to log on through his or her Portland State email account in order to access

the survey. Each participants name and personal information was kept confidential in order to keep the survey from being biased. Once logged on participants were asked to answer the questions presented in Appendix A.

Participants were recruited through a secure email to the Speech and Hearing Science list serve at Portland State University to all undergraduates and post-bacs. An email was sent out when the survey opened and again two weeks before the survey closed as a reminder to students. Announcements were also made in Speech and Hearing classes and fliers were left with directions on how to access the survey. Links were posted in two of the department's class websites. Students with pdx.edu email accounts were able to access the survey between November and through the end of December 2014. Participants were only allowed to take the survey one time. At the end of the time allotted the survey was closed and results were analyzed.

3.4: Summary

Seventy-three students in the Speech and Hearing Science department at Portland State University were recruited to participate in a survey regarding the importance of knowledge about the Deaf community. Each participant completed seven multiple-choice questions about their experience, knowledge, and opinions about the Deaf community and its relevance to becoming future Speech-Language Pathologists and Audiologists. Below are the results collected from this survey.

4. RESULTS

With seventy-three responses to this survey the following data were collected. The first question focused on describing what types of students were participating in this survey. Thirty-two participants were undergraduate students majoring in Speech and Hearing Sciences. Two participants were undergraduates from another major. Thirty-seven participants were post-baccalaureate students in the Speech and Hearing Science department. Two participants indicated their educational status and major as “other” and then indicated that they were graduate students in the Speech and Hearing Science department. These data are showing in Figure 4.1 below.

Figure 4.1: Results from survey question, “What is your educational status and major?”

When this group of students were asked the types of interactions that they had participated in with the Deaf community, a variety of possible responses were given. Two students indicated that they were a part of the Deaf community. Thirty-three participants had

taken an ASL class. Two had participated in a Deaf chat night. Three have a Deaf family member or friend. Ten had taken a class that briefly discussed Deaf culture. And eleven participants had had no contact with the Deaf community. Each participant was allowed to pick only one response. These data are shown in Figure 4.2 below.

Figure 4.2: Results from survey question, “What type of contact do you have or have you had with the Deaf community?”

From question two the data shows that twenty-eight of the participants that said they had taken an ASL class were undergraduates in the Speech and Hearing Science department. While only fourteen post-bac students, one undergraduate in another major, and one “other” student had taken an ASL class. Only one post-bac and one undergraduate from another major claimed to be a member of the Deaf community. One undergraduate and one “other” student has participated in Deaf chat nights. Two post-bacs and one undergraduate in the SPHR department had a family

member or friend who was Deaf. Nine post-bac students and one undergraduate in the SPHR department had discussed Deaf culture in another class. And eleven post-bac students had never had contact with the Deaf community. (See Table 4.1 below). Because students were only allowed to pick one answer to this question these results may not be as accurate as they could be.

Table 4.1: Question 2 results summarized (What type of contact do you have or have you had with the Deaf community?)

Answer Possibilities	Undergraduate-SPHR	Undergraduate-other	Post-bac SPHR	Other
I am Deaf	0	0	0	0
I am a part of the Deaf community	0	1	1	0
I have taken ASL classes	28	1	14	1
I have gone to Deaf chat nights	1	0	0	1
I have a Deaf family member or friend	1	0	2	0
I have taken a Deaf culture class	1	0	0	0
I have taken a class that discusses Deaf culture briefly	1	0	9	0
No contact	0	0	11	0

Question three looked at how familiar students felt they were with the history of Deaf culture. Three participants felt that they were very familiar. Thirty-eight felt that they were familiar. Thirty students felt they were unfamiliar while, two felt they had no knowledge of the history of Deaf culture. These data are shown in Figure 4.3 below.

Figure 4.3: Results from survey question, “How familiar would you say you are with the history of Deaf culture?”

The data from question three show that two undergraduates in the SPHR program felt that they were very familiar with the Deaf history. Twenty-three undergraduates in the SPHR program felt that they were familiar with the Deaf history and seven felt they were unfamiliar. Both of the undergraduates from another major felt they were familiar with this topic. Twelve post-bacs in the SPHR program were familiar with Deaf history and twenty-three were unfamiliar. Two post-bacs said they had no knowledge of the topic. One student under the “other” category said they were very familiar while the other student in this category was only familiar. (See table 4.2 below).

Table 4.2: Question 3 results summarized (How familiar would you say you are with the history of Deaf culture?)

Answer possibilities	Undergraduate-SPHR	Undergraduate-Other	Post-bac SPHR	Other
Very Familiar	2	0	0	1
Familiar	23	2	12	1
Unfamiliar	7	0	23	0
No Knowledge	0	0	2	0

When asked how likely students would be to take classes regarding Deaf culture (Question four), thirteen participants said very likely. Thirty-four said likely and twenty-five said unlikely. No participants said that they would never take a class regarding Deaf culture. These data are shown in Figure 4.4 below.

Figure 4.4: Results from survey question, “If there were an opportunity to take more classes regarding Deaf culture, how likely would you be to take it?”

Out of the seventy-three participants, seven undergraduates in the SPHR department said they would be very likely to take a class regarding Deaf culture. Twelve said they would be likely, twelve said they would be unlikely, and one undergraduate in the SPHR department did not respond. One of the undergraduates from another major answered that they would be likely to take a class on Deaf culture and one would be unlikely to take a class. Regarding post-bac students, five said they would be very likely to take a class, twenty would be likely and twelve would be unlikely to take a class. One participant in the “other” category would be very likely and one would be likely to take a class. (See table 4.3 below).

Table 4.3: Question 4 results summarized: (If there were an opportunity to take more classes regarding Deaf culture, how likely would you be to take it?)

Answer Possibilities	Undergraduate-SPHR	Undergraduate-Other	Post-bac SPHR	Other
Very likely	7	0	5	1
Likely	12	1	20	1
Unlikely	12	1	12	0
Never	0	0	0	0
No Response	1	0	0	0

Participants were then asked if they knew the difference between Deaf (capital D) and deaf (lower case d) in question five. Thirty-four participants responded yes - definitely. Twenty-one responded probably - I have seen it before and have some idea of what it means. Five responded maybe – I have seen it but have no idea what it means. Thirteen responded no – I don't have any idea. These data are shown in figure 4.5 below.

Figure 4.5: Results from survey question, “Do you know what the distinction is between Deaf (capital “D”) versus deaf (lower case “d”)?”

Yes – Definitely	34	46.6%
Probably – I have seen it and have some idea of what it means	21	28.8%
Maybe – I have seen it but have no idea what it means	5	6.8%
No – I don't have any idea	13	17.8%

In question five, seventeen undergraduate SPHR majors answered that they know what the difference between Deaf and deaf. Seven said they probably know, two stated that maybe

they knew, and six undergraduate SPHR students said they had no idea what the difference was. One undergraduate in another major said yes they knew the difference and the other student said they probably knew. Fifteen post-bac students said yes they knew, twelve said they probably knew, three said maybe, and seven said they had no idea. Of the two “other” students, one said yes they knew the difference and the other student said that they probably knew the difference. See table 4.4 below.

Table 4.4: Question 5 results summarized (Do you know what the distinction is between Deaf (capital D) versus deaf (lower case “d”?)

Answers Possibilities	Undergraduate – SPHR	Undergraduate – Other	Post-bac SPHR	Other
Yes – Definitely	17	1	15	1
Probably – I have seen it and have some idea of what it means	7	1	12	1
Maybe – I have seen it but have no idea what it means	2	0	3	0
No – I don’t have any idea	6	0	7	0

In question six, participants were asked for their opinions on if they considered being deaf a disability. Two participants strongly agreed with this idea. Twenty-five agreed with this statement. Thirty-four disagreed and twelve strongly disagreed. These data are shown in Figure 4.6 below.

Figure 4.6: Results from survey question, “From some perspectives, being deaf is considered a disability. How would you respond to that?”

If asked if being deaf was a disability, one undergraduate SPHR major strongly agreed with this statement. Eight agreed, sixteen disagreed, and seventeen undergraduate SPHR majors strongly disagreed. One undergraduate in another major disagreed while the other strongly disagreed. One post-bac in the SPHR department strongly agreed, seventeen agreed, sixteen disagreed, and three strongly disagreed. One student in the “other” category disagreed while the other student strongly disagreed. See table 4.5 below.

Table 4.5: Question 6 results summarized (From some perspectives, being deaf is considered a disability. How would you respond to that?)

Answer Possibilities	Undergraduate - SPHR	Undergraduate - Other	Post-bac SPHR	Other
Strongly agree	1	0	1	0
Agree	8	0	17	0
Disagree	16	1	16	1
Strongly disagree	7	1	3	1

In the final question, participants were asked if they felt it was important to have knowledge about Deaf culture in order to be a Speech-Language Pathologist or Audiologist.

Thirty-eight students said that having this knowledge was very important. Thirty-two said it was important. One said it was unimportant and one said it was unrelated. The data are shown in Figure 4.7 below.

Figure 4.7: Results from survey question, “In your opinion, how important is it to know about Deaf culture in order to be a Speech-Language Pathologist or Audiologist?”

When asked how important knowledge about the Deaf community was in regards to being an SLP or Audiologist, sixteen undergraduate SPHR majors answered very important. Thirteen undergraduate SPHR majors answered important, one answered unimportant, one said unrelated, and one did not respond. Both undergraduates in another major answered very important. Eighteen post-bac SPHR majors said very important and nineteen said important. And both students in the “other” category said very important. See table 4.6 below.

Table 4.6: Question 7 results summarized (In your opinion, how important is it to know about Deaf culture in order to be a Speech-Language Pathologist or Audiologist?)

Answer Possibilities	Undergraduate-SPHR	Undergraduate-Other	Post-bac SPHR	Other
Very Important	16	2	18	2
Important	13	0	19	0
Unimportant	1	0	0	0
Unrelated	1	0	0	0
No Response	1	0	0	0

The results from this survey say a lot about the knowledge that current SPHR students have about the Deaf community and the opinions that they carry about this culture. In the following section of this paper these results will be analyzed in order to make conclusions about what needs to happen next in order to lessen this cultural gap.

5. DISCUSSION

Throughout the course of this project I have had the chance to hear different opinions about this topic. Opinions on this topic range from why this is even important, to agreeing that we need to be provided with more resources about the Deaf community here at PSU. The overall feedback from students as shown by the survey data is that this might be relevant information to the field, but not relevant enough to want to take classes to broaden their knowledge about the topic, as shown in Figure 5.1 below. If we look at the number of responses that answered ‘no’ to wanting to take more classes regarding this topic and answering ‘yes’ to the topic being relevant to the field of Speech-Language Pathology, we find that less than half of the students are willing to allocate time to learn more about this community of people even though it is relevant to our field of work.

Figure 5.1: Comparison of responses to question 4 (If there were an opportunity to take more classes regarding Deaf culture, how likely would you be to take it?) and question 7 (In your opinion, how important is it to know about Deaf culture in order to be a Speech-Language Pathologist or Audiologist?)

The importance of this topic is under studied, and therefore, the field of Speech-Language Pathology spends a great deal of time learning about ways to help people with different communication challenges, including speech disorders, language disorders, as well as other acquired and developmental disorders. We even spend time focusing on cultural differences between different communities of people. Particularly, our time is spent on the Spanish-speaking community and how to better assist them with some of these disorders. Within the field as a whole we have created different tests to determine these disorders and focused our energy on translating those tests into several different languages in order for them to have the same outcome no matter what language it is in.

Knowing how much time the field of Speech-Language Pathology puts into creating tests that accurately diagnose disorders in Spanish, I wanted to know how much PSU students knew about the Deaf community. In Figure 5.2 below, I compared the answers between how familiar students felt they were with the history of Deaf culture (question 3) and if they knew the difference between Deaf (capital “D”) and deaf (lower case “d”) (question 5). These results showed that 51% of students (n=41) felt they were familiar with the Deaf community and knew the difference between Deaf and deaf. This shows that to some extent students seem to understand the basics about the Deaf community and have discussed it to some extent in classes they have taken.

Figure 5.2: Comparison of responses to question 3 (How familiar would you say you are with the history of Deaf culture?) and question 5 (Do you know what the distinction is between Deaf (capital “D”) versus deaf (lower case “d”)?)

After having looked at the type of knowledge students have about the Deaf community, this study explored the view the students have regarding the concept of being deaf and if they considered being deaf a disability or not. The responses to this question showed that 46 students disagreed with the idea that being deaf should be considered a disability, while 27 students believed that being deaf is a disability. Of the students who disagreed that being deaf is a disability, twenty-five were undergraduate students and nineteen were post-bac students. Nine of the students who agreed with considering being deaf as a disability were undergraduate students and eighteen were post-bacs. The two students in the “other” category disagreed with this idea. With double the amount of post-bacs agreeing with this idea, the class requirements for post-bac students were investigated. Unlike undergraduate students in the SPHR department, post-bac students are not required to take an American Sign Language (ASL) class. If post-bac students were required to take an ASL course, then perhaps these numbers would change. With these

results, it is suggested that students who answered that being deaf is a disability are taking the medical model viewpoint or are possibly just lacking in knowledge about the topic. No matter how students have come to their conclusion about what being deaf should be classified as, the field of Speech-Language Pathology should teach students about all the viewpoints in order for an educated decision to be made by each individual student. If students are better equipped with this knowledge, then they will be able to provide parents with deaf children with all the necessary resources for them to make a decision about the next step in that child's life.

From the data, we find that post-bacs tend to show less knowledge about the Deaf community based on their lack of experience and opportunities to interact with the Deaf community. There were only two questions in this survey that both post-bacs and undergraduates answered similarly. Those questions were if students knew the difference between Deaf and deaf, and whether or not knowledge about Deaf culture was important to being an SLP or Audiologist. From this information it is shown that there is information that post-bac students are not receiving by having different requirements than undergraduate students.

From the data collected in this survey, it is found that across the department of Speech-Language Pathology here at PSU, each student has a different understanding of the Deaf culture. With so much time being focused on different cultures and how to best diagnose disorders within these groups, not enough time has been spent focusing on the Deaf community. Speech-Language Pathology departments have somehow forgotten to educate our future SLP's on this community of people who may just need more resources about what to do next. Without providing this education to students now, future SLP's will not know how to best counsel their clients. Many people think that Speech-Language Pathologists are trying to figure out how to "fix" people, but really the goal is to help people communicate to the best of their ability with the

challenges that they have, whether they were born with it or they have acquired it later in life.

And the only way for students to do this is to learn the information now and have an understanding of every possibility when counseling a parent who has a deaf child.

6. CONCLUSIONS, LIMITATIONS, and RECOMMENDATIONS

6.1 Conclusions

In conclusion, this survey has shown that without proper education about the Deaf community, future Speech-Language Pathologists may not be well prepared to work with this population. It is up to the Communication Disorders/Speech and Hearing Sciences departments to make sure that their future clinicians are well prepared to work with any population, including the Deaf community. There are many small changes that can be made in order to educate future Speech-Language Pathologists when preparing them to be clinicians.

6.2 Limitations

While this study provided valuable insight into the current knowledge of PSU students, there are some limitations. First, survey responders did not have the ability to check more than one option for question number two (“What type of contact do you have or have you had with the Deaf community?”). Students were only allowed to pick one answer, which may not have been completely representative of the experiences they have had with the Deaf community. Another limitation of this study is that this survey is limited in the ways that it looks at student’s knowledge of the Deaf community. If this study were to be replicated, more in-depth questions would be asked to determine the level of knowledge that students have on this topic. And lastly, this survey does not differentiate between the students who are Speech-Language Pathology majors and those who are Audiology majors. This is relevant information that would allow for better understanding of the reasoning behind how students answered questions.

6.3 Recommendations

Change needs to be made in the way SLP's view the Deaf community, so what are some things that Communication Disorders/ Speech and Hearing Sciences Departments and future Speech-Language Pathologists can do to change this? The first major change that should be discussed is making a Deaf culture class tailored to SLP's a requirement at the undergraduate level. Making this a requirement would allow students to gain knowledge about the Deaf community and learn as future SLP's how to best support this community. Creating an entirely new class on this topic may not be realistic for every program. Another option to educate students about the Deaf community would be to discuss the topic in detail in preexisting classes. Allowing students to learn that the Deaf community views deafness as something to be celebrated, and not a disability will encourage students to stop putting limitations on this community of people.

Another change that can be made is making sure that undergraduates and post-bac students are required to take the same classes. If all students were required to take an ASL class at the very least, then future SLPs would have some knowledge of the Deaf community. Professors in the SPHR department can also add in their lectures information on the Deaf community and how it relates to being a Speech-Language Pathologist. These small changes could make a significant difference in the way future SLPs and Audiologist view the Deaf community and the way they counsel their patients.

Lastly, future SLP's can begin to educate others about this community of people. Encouraging others to see this community as capable and able to do anything they wish without the hearing culture telling them they can't. If one group begins to stand up and say, 'you are capable of doing whatever you want' rather than, 'because you are deaf you are incapable' others

will begin to make the same change. We need to stop focusing on 'fixing' this very capable group of people and start focusing on building them up just as we would with anyone else who faces challenges in life. By changing our attitudes towards the Deaf community they will begin to see that SLP's are only trying to help and not trying to change them, which, will lead to the cultural gap to become smaller. It will not happen overnight and is going to take a great deal of work, but with the right resources and people being open-minded, this change can happen

Appendix A: Survey Questions

1. What is your educational status and major?
 - ☐ Undergraduate – SPHR major
 - ☐ Undergraduate – Other major
 - ☐ Post-bac – SPHR program
 - ☐ Post-bac – Other program
 - ☐ Other
2. What type of contact do you have or have you had with the Deaf community?
 - ☐ I am Deaf
 - ☐ I am a part of the Deaf community
 - ☐ I have taken ASL classes
 - ☐ I have gone to Deaf chat nights
 - ☐ I have a Deaf family member or friend
 - ☐ I haven taken a Deaf culture class
 - ☐ I have taken a class that discusses Deaf culture briefly
 - ☐ No contact
3. How familiar would you say you are with the history of Deaf culture?
 - ☐ Very familiar
 - ☐ Familiar
 - ☐ Unfamiliar
 - ☐ No knowledge
4. If there were an opportunity to take more classes regarding Deaf culture, how likely would you be to take it?
 - ☐ Very likely
 - ☐ Likely
 - ☐ Unlikely
 - ☐ Never
5. Do you know what the distinction is between Deaf (capital “D”) versus deaf (lower case “d”)?
 - ☐ Yes – Definitely
 - ☐ Probably – I have seen it and have some idea of what it means
 - ☐ Maybe – I have seen it but have no idea what it means
 - ☐ No – I don’t have any idea
6. From some perspectives, being deaf is considered a disability. How would you respond to that?
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
7. In your opinion, how important is it to know about Deaf culture in order to be a Speech-Language Pathologist or Audiologist?
 - ☐ Very important
 - ☐ Important
 - ☐ Unimportant
 - ☐ Unrelated

RESOURCES

- Bauman-Wängler, J. A. (2004). *Articulatory and phonological impairments: A clinical focus* (4th ed.). Boston: Allyn and Bacon.
- Byrd, S., Shuman, A., Kileny, S., & Kileny, P. (2011). The Right Not to Hear: The Ethics of Parental Refusal of Hearing Rehabilitation. *The Laryngoscope*, 121, 1800-1804.
- Christiansen, J., & Leigh, I. (2002). The Deaf Community: Perceptions of Parents, Young People, and Professionals. In *Cochlear implants in children: Ethics and choices*. Washington, D.C.: Gallaudet University Press.
- Dunn, C., Walker, E., Oleson, J., Kenworthy, M., Van Voorst, T., Tomblin, B., . . . Gantz, B. (2014). Longitudinal Speech Perception and Language Performance in Pediatric Cochlear Implant Users: The Effect of Age at Implantation. *Ear and Hearing*, 35(2), 148-160. doi:10.1097/AUD.0b013e3182a4a8f0
- Humphries, T (1977). Communication across cultures (deaf-hearing) and language learning (Doctoral dissertation). Retrieved from ProQuest.
- Kaplan, H. (1996). The Nature of Deaf Culture: Implications for Speech and Hearing Professionals. *Journal of the Academy of Rehabilitative Audiology*, 71-84.
- Leigh, I., & Christiansen, J. (2011). Cochlear Implants and Deaf Community Perspectives. In R. Paludneviciene (Ed.), *Cochlear implants: Evolving perspectives*. Washington, DC: Gallaudet University Press.
- Paludneviciene, R., & Harris, R. (2011). Impact of Cochlear Implants on the Deaf Community. In I. Leigh (Ed.), *Cochlear implants: Evolving perspectives*. Washington, DC: Gallaudet University Press.

- Pray, J., & Jordan, I. (2010). The Deaf Community and Culture at a Crossroads: Issues and Challenges. *Journal of Social Work in Disability & Rehabilitation*, 9(2-3), 168-193. doi:10.1080/1536710X.2010.493486
- Sessa, B. (2013). Addressing mental health needs of deaf children and their families: The National Deaf Child and Adolescent Mental Health Service. *The Psychiatrist*, 37, 175-178. doi:10.1192/pb.bp.112.038604
- Through Deaf Eyes . Deaf Life . Oral Education and Women in the Classroom / PBS.* (2007, March). Retrieved June 10, 2014, from <http://www.pbs.org/weta/throughdeafeyes/deaflife/women.html>
- Van, C. J., & Crouch, B. A. (1989). *A place of their own: Creating the deaf community in America*. Washington, DC: Gallaudet University Press.