

Cochlear Implants – the AAD View

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The Australian Association of the Deaf (AAD) is the national advocacy organisation for Deaf people who use Auslan (Australian Sign Language). It is a true consumer organisation – anyone who supports AAD’s objectives is welcomed as a member, but only Deaf members have the right to vote and be elected to the Board. AAD has developed policies on various issues, including the cochlear implant (CI).

In reading this article and the related policy (which can be found on our website, www.aad.org.au), it is important to understand AAD’s approach to deafness from a socio-cultural perspective and our position on Auslan as the natural, primary language of Deaf people. This approach to deafness and position on Auslan informs and underpins everything we do and say, including on the subject of the CI.

Members of AAD and Deaf people who identify with the Deaf community are primarily people who have been deaf from birth or early childhood. To us, deafness is a natural part of life, it is something that has always been there and is an integral part of who we are. It is not something we have lost or that needs to be “cured”. The Deaf community has a rich cultural heritage that revolves around its language, Auslan, and Deaf people who belong to this community enjoy a fulfilling and active social and cultural life.

Cochlear implant programs and those who promote and support them, on the other hand, tend to see deafness as a pathological condition that needs to be cured and is open to medical and technological intervention. They tend to pay lip service to Auslan and to speak of it in terms of a “last resort” for implied “failures”. AAD believes that this vastly different approach to deafness is what has led to the sometimes bitter debate between the Deaf community and the medical and educational professions.

AAD makes an important distinction between Deaf people who identify with the Deaf Community and use Auslan, and people who become deaf at a later age due to such things as illness or accident – ie “hearing impaired” people. For the latter, their experience of deafness tends to be very different to that of a person deaf from birth or early childhood. For hearing impaired people, deafness is experienced as a loss in a way that it isn’t for a Deaf person. AAD understands and acknowledges that for many of these people a CI can be very useful in helping them to regain some of their lost hearing, and can be psychologically very important. AAD has no issues of contention with hearing impaired adults who choose to have a CI for themselves.

The issues on which AAD does contend surround the use of CIs in children and the role of Auslan in a deaf child’s life. There are various issues such as the costs involved in CIs, misleading publicity, lack of wide ranging research and access to accurate and full information, and we refer you to AAD’s policy on the CI for further information on concerns about these issues.

In many ways the CI can be viewed as basically another type of hearing aid. It is a different device, technologically and we may be willing to accept the claim that it potentially

“Deaf” denotes people who identify with the Deaf community, language and culture; “deaf” denotes people who are deaf and may or may not identify with the Deaf community, language and culture.

provides better sound input than a hearing aid for some children, but this does not change the fact that like a hearing aid it does not remove deafness from the child's life. It does not change the fact that a child still needs to develop a language to **native fluency**, and to feel good about who he/she is. A child with a CI is still a deaf child and still has to work through all of the issues of deafness, in the same way as deaf children who use hearing aids. The major differences are that the CI is much more invasive and physically permanent than a hearing aid, its long term effects are still relatively unresearched and unrevealed, and publicity which portrays it as a miracle cure is much more damaging to deaf people.

There is also concern about the "either/or" choice that parents so often seem to be led to believe they must make. Auslan or English. Deaf community or hearing community. But why must they choose? The reality for Deaf adults, who use Auslan and identify with the Deaf community, is a life similar to that of hearing people who belong to an ethnic group in Australia. Like people from these ethnic groups, Deaf people live and work in both communities, the Deaf and the hearing – most have hearing families, work colleagues and friends as well as Deaf friends and involvement in Deaf community activities. They live, to varying degrees of fluency and involvement, bilingual and bicultural lives. There is no reason a deaf child cannot also live this bilingual and bicultural life from the beginning. AAD believes that deaf children should be educated bilingually in Auslan and English. This includes, of course, children with CIs.

Because of educational practices, a very high percentage of adults in the Deaf community today attended oral schools and many did not "discover" the Deaf community until they were old enough to make their own decisions about their lives. Many of these people who as children were isolated from the Deaf community, come to the community as young adults with poor self esteem as a result of a life thus far spent trying to fit into a community where they are always different from those around them, and where communication is always a struggle. In the Deaf community they find people who are like them, who have had similar experiences and who understand them, a community where they can relax and communicate freely. So often we see these people learn Auslan, learn about this culture and community of people and we see them blossom. Within the Deaf community they develop skills and a new self-esteem, and they are then able to carry these with them into the hearing community, and operate there with more confidence.

Several years ago it was predicted by a member of AAD's Board that we would see a situation very much the same as has happened for deaf children in the past, products of hearing aid technology and oral education programs. That as these children grow up and leave school we would see them coming to the Deaf community in the age old quest to find this part of themselves that has been neglected, unexplored. And this is in fact what is beginning to happen today. We are beginning to see young adults with CIs gravitating to the Deaf community, learning Auslan and becoming involved in organisations like AAD.

The CI does not really change any of the issues that generations of non-CI deaf children have had to grapple with. It is, however, much more invasive than many (but not all) previous attempts to "cure" deaf people through the ages. And there have been many such attempts – a study of Deaf history shows us that. Its long term effects on deaf children, physically, emotionally, psychologically and sociologically, are relatively unexplored and unknown. These things concern us very deeply and we will continue to question the use of CIs in children for these reasons.