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Crossing from Hearing to Deaf Worlds: Hearing Border Crossers as Participatory Designers in Healthcare Instruction

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ABSTRACT

The Deaf population faces substantial communication barriers in accessing quality health care. Many healthcare professionals struggle to communicate with Deaf individuals because they have little awareness of how to interact with these patients in culturally sensitive ways. This study sought to understand the perspectives and experiences of hearing border-crossers — hearing people who cross "borders," figuratively, to interact and communicate with Deaf people. Hearing border crossers hold useful knowledge that will shed light in facilitating communication between Deaf patients and hearing healthcare professionals. Using symbolic interactionism as the epistemological framework, qualitative interviews were conducted with three clusters of hearing border crossers—those with deaf family members, those who work professionally with deaf people, and those who interact with deaf people in everyday community settings. Direct observations of hearing-Deaf interactions at public spaces offered further insight into hearing border-crossers’ experiences. Focus group data from Deaf consultants were combined with interview and observational data to include at least a partial Deaf perspective on hearing border crossers’ accounts. The analysis examines how hearing border crossers enter Deaf worlds, how they gain competence and negotiate difficulties, and what strategies they offer for successful interactions. The dissertation offers an instructional design planning approach that incorporates community perspectives. Ideas from this study were extended and the analysis generated the elements of a learning environment where hearing and Deaf people might interact and learn to communicate effectively. Implications from the study are developed for healthcare instruction.

Key words: healthcare instruction, user design, border crossing, symbolic interactionism, deaf studies, grounded theory

CROSSING FROM HEARING TO DEAF WORLDS: HEARING BORDER CROSSERS AS PARTICIPATORY DESIGNERS IN HEALTHCARE INSTRUCTION

By

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DISSERTATION

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To Robert Kreher, my husband, I dedicate Song of Solomon, Chapter 8, verse 7.

To God, for faith, hope and love.

Of course, this study could not have been completed without the support of my participants, both hearing and Deaf, allies of the local Deaf community and 'CuseASL. I thank you all for generously sharing your time and experiences with me. Out of respect for my participants' worlds, I have done my best not to reveal private information. However, it is possible that insiders to the community might recognize some of my participants. Nonetheless, I have done my best to protect their privacy while presenting their stories as accurately and respectfully as I could.

This dissertation is dedicated to Robert Kreher and to Pa and Ma.

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CHAPTER 1

INTRODUCTION

The Deaf population faces substantial communication barriers in accessing quality healthcare. Many healthcare professionals struggle to communicate with Deaf individuals because they have little awareness or knowledge of how to interact with these patients in culturally sensitive ways (Barnett, 2002; Harmer, 1999).

This study seeks to gain an understanding of the perspectives and experiences of a group of people I refer to as hearing “border crossers” and how they interact and communicate with Deaf[1] people in spaces where hearing and Deaf people come together. I have undertaken this study because I believe that hearing border crossers have useful knowledge that will shed light in facilitating communication between Deaf patients and hearing healthcare professionals.

Border crossing, and its associated concepts, borders, borderlands and border crosser, are used in this inquiry in a metaphorical sense. There are no physical borders or dividing lines in the real world that demarcate Deaf from hearing people, but scholars and writers in the field of deafness often refer to a “Deaf culture” or “Deaf world.” Thus, when I use the term "hearing

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[1] The lowercase ‘deaf’ descriptor is used here to refer to “those for whom deafness is primarily an audiological experience. It is mainly used to describe those who lost some or all of their hearing in early or late life.— ‘Deaf’ refers to those born Deaf or deafened in early or (sometimes) late childhood, for whom the sign languages, communities and cultures of the Deaf collective represent their primary experience and allegiance” (Ladd, 2003, p. xvii). They perceive their experience as similar to those of other linguistic minorities. In cases where I refer to both deaf and Deaf people and/or deaf people who identify with the Deaf culture, and or vice versa, e.g. hard of hearing people who may prefer to speak and lip read but still identify with the Deaf culture, I will use the uppercase ‘Deaf’ descriptor. Because this study is about hearing people who bridge hearing and Deaf cultures, the use of the uppercase Deaf will be more appropriate to foreground the "cultural" process of border crossing.

border crossers," I am referring to hearing people who cross figurative borders to engage with Deaf communities. I use the term “borderlands” to refer to spaces where hearing people encounter Deaf people; they may be physical, psychological or virtual spaces. The term “border crossing” refers to the process of interaction between hearing and Deaf people. For the people I call “border crossers,” the process of entering Deaf spaces to relate with Deaf people is identified as an intentional one. This engagement involves making efforts to meet, know, and understand Deaf people and their “world.” Hearing people come to these encounters in various ways. Some hearing people are paid to work with Deaf people. Some have everyday encounters with Deaf people at work, school or religious organizations. Some hearing border crossers have family connections with Deaf people. The people I call “border crossers” are people in these groups who have made sustained attempts to deepen their engagements in Deaf worlds.

Of course, Deaf people also engage in border crossing. Living in hearing societies, they are compelled to cross borders in their everyday lives—at work, in businesses and leisure-time settings, and in legal and medical settings. Some also engage in more sustained interactions with hearing people, in their families, their work and social lives, and some act as “ambassadors” or mentors to hearing people in intentionally designed “borderland” settings, such as ASL classes and “Deaf coffee” groups. It is important to keep the border crossing activities of Deaf people in mind, even though they are not the focus of my study. I have limited my focus to hearing border crossers in part because of my limited sign-language proficiency and the challenges of garnering the resources necessary for a hearing researcher to conduct sound and ethical research in Deaf communities. However, I have relied on Deaf border crossers throughout the study, as helpers and advisors, and I did arrange and conduct two focus group conversations with Deaf border crossers, in order to include at least some of their perspectives on the issues of the study.

In the pages that follow, I have included the accounts of a sample of hearing border crossers who fall into three broad groups: 1) hearing professionals or specialists who have received special or professional training to work with Deaf people; 2) hearing lay people who interact regularly with Deaf people but are not trained professionally to work with them; and 3) hearing people who have family members or relatives who are Deaf, and who may or may not have professional training to work with Deaf people.

In this chapter, I will articulate the problem statement, explain how I situate myself in this study, review relevant literature related to the research and highlight the significance of this study.

Problem Statement

The Deaf population encounters substantial communication barriers in accessing appropriate and adequate healthcare. An estimated 9 million people over five years of age are deaf in America (Mitchell, 2005, updated 2011). This number will swell as the population ages and people live longer. Deafness does not mean the same thing to all deaf or hard-of-hearing people; many in the Deaf community consider it an identity rather than a disabling condition. They belong to the Deaf cultural group with its distinctive values, norms and behaviors with American Sign Language (ASL) at the heart of this cultural community. Some Deaf people use a combination of signed, oral, auditory, written and visual aids to communicate with others.

Many healthcare professionals, including physicians and nurses, struggle to communicate with Deaf individuals because they have little awareness or knowledge of how to interact with these patients in culturally sensitive ways (Barnett, 2002; Harmer, 1999). Thus far, there is limited systematic inquiry on how to design instructional strategies to assist hearing healthcare professionals engage appropriately with Deaf patients. The only documented formal instructional strategies consist of a large-scale role-reversal exercise (Thew, Smith, Chang & Starr, 2012; National Center for Deaf Health Research, 2011; Centers for Disease Control and Prevention, Oct. 2009; Richards, Harmer, Pollard, & Pollard, 1999) and the use of Deaf volunteers acting as patients in sporadic workshops (Lock, 2003). Cultural competence training has focused largely on helping hearing healthcare professionals interact with “officially recognized” racial and ethnic minority groups (Office of Minority Health, n. d.).

Although there are cultural competence training programs varying in content, emphasis, setting, and duration (Kripalani, Bussey-Jones, Katz, & Genao, 2006), little is available in instructional design literature on how to facilitate communication and foster cultural sensitivity between Deaf people and hearing healthcare professionals in medical settings. Rather, the voices of medical and nursing professionals have been dominant in healthcare education, while the voices of Deaf patients and their advocates in the health encounter have been little heard.

In an effort to address this gap, this study seeks to gain an understanding of the perspectives and experiences of hearing border crossers on how they connect and communicate with Deaf people. This inquiry is an outgrowth of the Campaign for Deaf Access Project (henceforth referred to as the Access Project). In 2010, I joined the Access Project team, an interdisciplinary research and community education project directed by Professors Marjorie DeVault, Rebecca Garden and Michael Schwartz (faculty members at Syracuse University and Upstate Medical University in Syracuse, NY). Combining perspectives from law, social science, and health humanities, the Access team is exploring communication access in health care (DeVault, Schwartz & Garden, 2011). Drawing from Schwartz’s research on Deaf people’s perspectives (Schwartz, 2006), the team is engaged in research and community outreach activities meant to illuminate and address the social and organizational barriers to quality health care for Deaf patients. The central goal of the project is to engage healthcare professionals with Deaf perspectives on the healthcare encounter, and our discussions raised questions about the most effective approaches to designing and delivering healthcare education in this area. The Access team has conceived of the healthcare encounter for a Deaf person as a tri-partite interaction, including the Deaf patient, healthcare provider, and sign-language interpreter, as shown by the triangle in Figure 1 below.

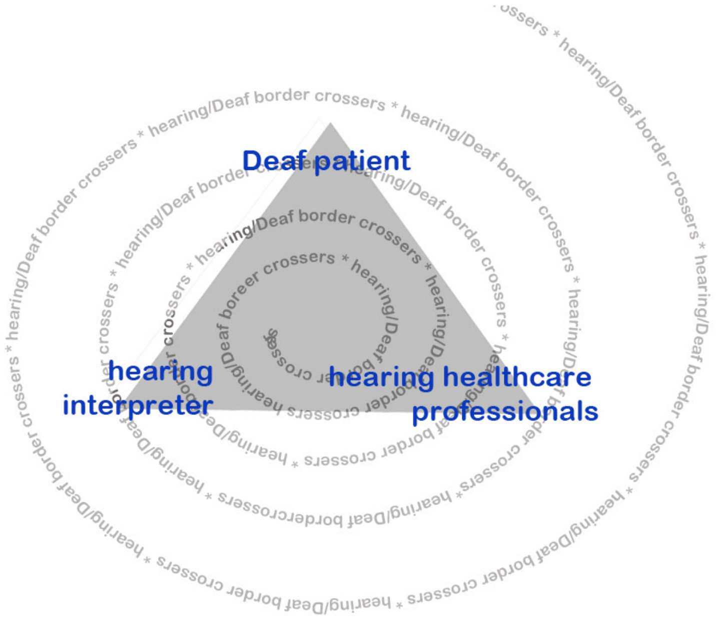

Figure 1. The Deaf Patient's Health Encounter

In this study, I argue that there is another group of people with useful knowledge that might shed some light in facilitating communication between Deaf patients and healthcare professionals. They are the people I referred to earlier as border crossers. Both hearing and Deaf border crossers interact and criss-cross in the overlapping zones between the aforementioned players in the Deaf patient's health experience. They enter the process in various ways, as shown by the spiraling graphic in Figure 1. Family members of Deaf patients, people who are colleagues of Deaf individuals, and interpreters with Deaf spouses are some examples of hearing border crossers who may circle in the periphery, outside the physical spaces of a Deaf patient’s health encounter or sometimes as participants. In the interactional process, knowledge is co-created through bridging and relational activities, as border crossers share and acquire tacit and explicit forms of knowledge (Nonaka, 1999). Such knowledge that arises out of these joint activities is what I wish to capture in this study. It will assist me to identify the most effective, as well as not so effective, ways of devising instruction to bring together the communities − hearing and Deaf − who are key players represented in the health encounter. The study also represents an instructional design planning approach that incorporates diverse community perspectives – including both professional and lay people's views. Traditionally, those who do visible, professional work and are considered to have "expertise" are sought after for their knowledge and understanding to aid the design of learning products in academic medicine. Another group working on the periphery, hearing border crossers, from everyday hearing people to Deaf-services specialists, weaving in and out of hearing and Deaf settings in a mostly "quiet" fashion — their voices have been little heard. The literature on border crossing by hearing people in Deaf communities is sparse. Many of these writings are autobiographical accounts by children of Deaf parents (Davis, 2000; Miller, 2004; Preston, 1994; Uhlberg, 2008; Walker, 1986). Perhaps out of compliance with their professional code of conduct, most interpreters are not much given to talking about their border crossing experience. Sign language interpreting research, an emerging subfield in interpreting and translation studies, has focused on professional issues of the hearing sign language interpreter (Napier, 2011). Attention to what a broad spectrum of hearing border crossers have to say, and a commentary on their perspectives by Deaf community members, is a gap that has not been filled by systematic research.

Acknowledging this gap and taking the lid off the unspoken, taken-for-granted knowledge these community participants hold is what this study is about. As people who traverse both hearing and Deaf worlds, hearing border crossers are potential supporters and advocates for the Deaf. They possess knowledge that allows them to interface successfully between Deaf and hearing communities. Uncovering this knowledge is a first step toward designing creative instruction to facilitate intergroup communication and the cultural sensitivity that is essential in promoting effective communication in community health.

I am especially interested in performance-based educational interventions. Despite a strong emphasis on equipping health professionals with evidence-based scientific knowledge, health-care educators have begun integrating performance pedagogy into their curricula through drama, simulation and role-play methods (evident in the widespread use of “standardized patient” exercises) (Perry, Maffulli, Willson, & Morrissey, 2011). Theater is especially promising as theater and medicine have a longstanding relationship (Garner Jr., 2008). Deaf community life is also performative-based, with a substantial number of Deaf people using signed communication. I hope the results of this study might contribute to these types of instructional interventions.

A series of semi-structured, open-ended qualitative interviews was used as the primary method to gather data from a purposive sample of hearing border crossers, such as health interpreters, local nonprofit deaf-services professionals, children of deaf adults (CODAs) and hearing people with no specialized training but who are engaged with Deaf people. Using the analytic techniques of the grounded theory approach, these data have been analyzed to identify design implications for an educational solution to improve effective communication between Deaf patients and healthcare professionals. These findings can be used by instructional designers and educators in community health to further understanding of how to design instruction to foster Deaf cultural awareness in their locales. Such cultural awareness enhances a professional's competence and increases the likelihood of effective communication in the medical setting.

I have undertaken my study with this overarching question: How do hearing border crossers engage in Deaf community life in ways that facilitate effective communication?

Related questions are:

- What motivates hearing border-crossers to reach out to members of the Deaf community?
- How do they learn how to engage with Deaf people?
- What facilitates or does not facilitate their engagement with Deaf people? (For instance, what technologies, tools, resources, strategies and/or environments facilitate or do not facilitate engagement?)

This study addresses these questions so as to inform instructional designers, public and/or community health educators and researchers by increasing knowledge in three major areas:

1. Effective relational and communication strategies to successfully bridge both hearing and Deaf communities, especially in medical settings where effective healthcare communication is critical.
2. Research and instructional design literature to support and promote public awareness about the communication issues faced by an "invisible" demographic segment, the Deaf population.
3. A foundation for planning instructional design strategies that incorporates community perspectives.

Findings from this study will support future investigations in instructional design, public and community health education strategy development and policymaking to include Deaf perspectives.

Situating Myself in the Study

I first encountered deafness directly through a student I taught in Singapore in 1998. Flustered at not being able to communicate with her, I registered for my first community Sign Language class at the YMCA. Since the days of writing back and forth with a Deaf student, I have taken many other Sign Language classes and learned more about Deaf culture. Little did I realize, however, how deafness would become a personal matter for me when my niece was born a year later. She was diagnosed as being severe-to-profoundly deaf when she was about four and the doctor said she would eventually lose all her hearing. My brother and sister-in-law struggled with whether to resort to cochlear implant technology and decided against it. I did not know much about the controversy surrounding this technology or very much about the different perceptions towards deafness until I became involved in a project on health care for Deaf people during my graduate coursework. Having been raised in the island-state of multiracial Singapore, appreciation for and support of diversity has been a natural part of my life. I am comfortable in many cross-cultural settings and know a few languages, with English being used as a bridge language in Singapore across our four major racial groups. Hearing my parents and siblings use several languages in conversations was a common occurrence when I was growing up. When I started learning Sign Language to communicate with my student, I was “lauded” for my “noble” efforts. I wasn’t aware of the tensions between hearing and Deaf communities.

Before I got involved with Campaign for Deaf Access, I had ruminated over the idea of writing a dissertation about how to engage the hearing and Deaf communities in educational settings. My sister-in-law had mentioned how my niece had been dejected about being derided in school for her “funny” speech, something different about the way she articulated compared to her peers. After I began pursuing a dissertation study on this topic, several of my peers wondered at the how and why – of me doing a topic that involves “disability” when I do not have a disability. Someone asked how and where I interacted with Deaf people since he had never encountered them in his life; another enquired how and why I got to teach a Deaf student. It dawned on me that deafness and/or Deaf people are little understood and live their lives quite unheeded by many hearing people. From a macro perspective, I began to realize that “difference” is an issue for many people (and this includes myself too in certain situations), not only with the age-old challenges of power, race, class and privilege; and sometimes, it is more of a concern than the aforementioned issues. My life has unfolded in such a way that I live daily at the intersection of cultures. Being involved in different cultures is a lifelong learning process for me.

For Deaf communities[2] everywhere, perception of the difference of Deafness is a challenge for some hearing and Deaf people to overcome. Educating hearing people is difficult because Deaf people are largely "invisible" unless they sign, self-disclose, have Deaf speech or do not respond to sound. The Campaign for Deaf Access project taught me that healthcare professionals are often unprepared to relate to and communicate in culturally and linguistically appropriate ways with Deaf patients. Thus, my goals as a hearing researcher in this study are to

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[2] I use the plural form here as I believe Deaf communities exist at different intersections. At times, I use the singular to discuss the Deaf population as a whole without regard to the intersections of social structure, like race, class, gender, and nationalities.

shed light on how a hearing person can be engaged in the Deaf world, to explore how they may go beyond engagement to advocacy, and to document the ways they go about doing so effectively. My hope is that these findings will help those seeking to improve communication in the health encounter gain some understanding from the motivation and learning approach of others involved with the Deaf community. This independent, but related, study also seeks to complement the Access project team's research on how healthcare professionals and interpreters work with Deaf patients in medical settings.

Review of Related Research

My study draws on and seeks to contribute to several bodies of knowledge. I will begin by first addressing the literature in Deaf studies. I will focus on the relationship between hearing and Deaf people, and then discuss deafness in relation to disability. I will then include a discussion on healthcare for Deaf people where border crossing is more of an issue. Next, I will do a quick survey of instructional design literature, centering on instructional approaches for cultural competence in the medical context and the use of community narratives in instructional design. I will then conclude this section with a literature review of border crossing.

Deaf Studies

Defining Terms and an Overview of the Deaf Community

To understand research related to Deaf people, one must have a grasp of the major terms used to describe the heterogeneity within Deaf communities. Hearing people have various perceptions of Deaf people and deafness; Deaf people themselves deal with their deafness in different ways, including how they prefer to communicate with hearing people. As this study explores how hearing people get involved with a Deaf community, a clarification of some commonly used terms is necessary. Additionally, since this study is conducted in America, I am writing mainly about research on American Deaf culture unless otherwise specified.

An established convention (Woodward, 1972, cited in Padden & Humphries, 1988, p. 2) in Deaf studies is to use the lower-case *deaf* to refer to "the audiological condition of not hearing," a physical condition ranging from the mildly hard-of-hearing to the profoundly deaf. The clinical or medical model of deafness as pathology typically refers to deaf people with this lowercase "d." Deaf people are regarded as those who are born with a hearing "loss" or became hearing "impaired" later in life. Deafness is thus a condition to be rectified by medicine or medical technology (e.g. hearing aids or cochlear implants).

The uppercase *Deaf* refers to a group of deaf and hard-of-hearing individuals who identify themselves as sharing a common language (signing) and thus see themselves as constituting a linguistic and cultural community, namely, one with common experiences and values, and a common way of interacting with each other and with hearing people (Ladd, 2003, p. 41). This is the social model of Deafness. For instance, since Deaf people's lives revolve around the visual, they have been referred to as "people of the eye," a group of people with a special way of perceiving the world (Veditz, 1912, cited in Padden & Humphries, 2005, p. 2). These people are both audiologically deaf and culturally Deaf (Padden & Humphries, 1988) and Deaf communities exist nationally and internationally.

Those who affiliate themselves with this social model include those who view Deafness as a normal and natural life experience, shaped by socio-political forces and the design of the environment. Yet, some Deaf members themselves are not convinced that their shared language and practices are sufficient justification for a separate cultural identity (Stewart, 1992 cited in

Tucker, 1998). Research on “curing deafness” and placing cochlear implants in young children are viewed by staunch Deaf culturists with negative emotional intensity and seen as a rejection of Deaf pride and identity. The choice between surgery and no surgery, for some, is a difficult one with no easy or clear answers. Like any cultural group, there is heterogeneity and Deaf culture cuts across race, gender, social status and sexuality.

Over time, this dichotomy between deaf and Deaf people has lost its hard edge as Deaf research has revealed the diversity within and between deaf and Deaf groups with different degrees of hearing ability and different backgrounds. For instance, deaf children from hearing families often encounter Deaf people and culture outside their family, and vice versa; some hearing people with Deaf parents have grown up learning sign language as their native language. Are these hearing people Deaf and do they lose their Deafness when they learn to speak? Padden and Humphries (1988) present self-identification with the Deaf group and ASL skill as a factor in deciding who is Deaf (Markowicz & Woodward, 1978, cited in Padden & Humphries, 1988).

Deaf studies/research has unfolded with the introduction of concepts of Deafhood (Ladd, 2003) and Deafnicity (Eckert, 2010). The former, considered a new culturo-linguistic model, refers to the Deaf state of being-in-the-world and a process of Deaf identity construction. The concept foregrounds an awareness of Deaf individuals as people with a rich culture and Deafness as a collective existence. It helped shift hearing people’s focus away from hearing “loss” and changed the perception of Deaf people’s lives as a terrifying and isolated existence. Through Deaf eyes, the term deafness inadequately represents the larger complex facets of the Deaf experience. There are different Deaf cultures and each Deaf culture has its own language and cultural environment. More recently, the latter concept, Deafnicity, has been used to describe a community based mainly on Deaf ownership of a common language, a common culture and shared oppression, like an ethnic group.[3]

Many Deaf people today have utilized social media, like blogs and video logs (vlogs), to highlight their individuality and to declare that they are not defined by their condition or communication mode (See blogs by McConnell, "Kokonutpundit", n.d., & Anonymous Deaf Law Student, n.d.). This idea is a plea to hearing people to center on other aspects of their being.

Michael McConnell, a popular hard-of-hearing blogger (owner of the Kokonut Pundit blog), often writes about diversity within Deaf communities (and in turn receives varied responses to his postings). In one posting he writes (July 25, 2011, McConnell):

> Funny thing is that she [Ella Mae Lentz[4]] talks of "groups" ("Deafhood" vs. "anti-Deafhood") while I and many others see this (see graphic below): The overlapping of people with hearing loss from a wide variety of background, experiences, amount of hearing loss from mild to profound, onset of hearing loss and communication preferences. Each of us touches or overlaps with other people with hearing loss based on similarities and experiences. In some circles people experience more discrimination while others not so much but we are more or less all on the same boat.

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[3] Richard Clark Eckert (2010) questions an adherence to the Greek concept of *ethnie* ("collective name, myth of common descent, a shared history, a shared culture, an association with a specific territory, and a sense of solidarity;" Smith, 1986 cited by Eckert, 2010, p. 317) as a way to interpret relations between the Deaf community and hearing people. He suggests constructing a Deaf ethnicity on the "triadic nexus (Greek concept of *ethnos*) that approximates communities of common origin, language and religion" (p. 317). Davis (2008) argues that deaf people should look beyond defining themselves as an ethnic group by bodily traits. It is too limiting and outdated.

[4] Lentz is a strong proponent of the use of ASL among Deaf people.

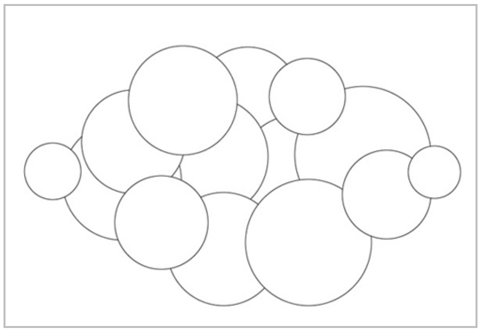

Figure 2. Diversity Within the Deaf Community. Adapted from "Peace or Hypocrisy" by M. McConnell, July 25, 2011, web blog, *Kokonutpundit*. Copyright 2011 by M. McConnell.

Figure 3 provides an overview of the diverse communication preferences among Deaf people (Preston, 1994) who may sign, speak, lip-read or communicate using a combination of these three ways. I have depicted these communication choices on a continuum, but points on the continuum are arbitrarily marked off. Beginning from the left of the line, those who sign may use one or two hands to sign. They may use more home signs or as they gain more language skills, they may adopt more formal sign systems like ASL or more English-based sign systems, moving them further along the continuum. Contact sign language, also known previously as Pidgin Sign English, refers to the variety of language that is created when sign language “makes contact” with English language. Further along the continuum are deaf people who use the oral method of speaking. They may speak, lip-read with or without voice and/or write English.

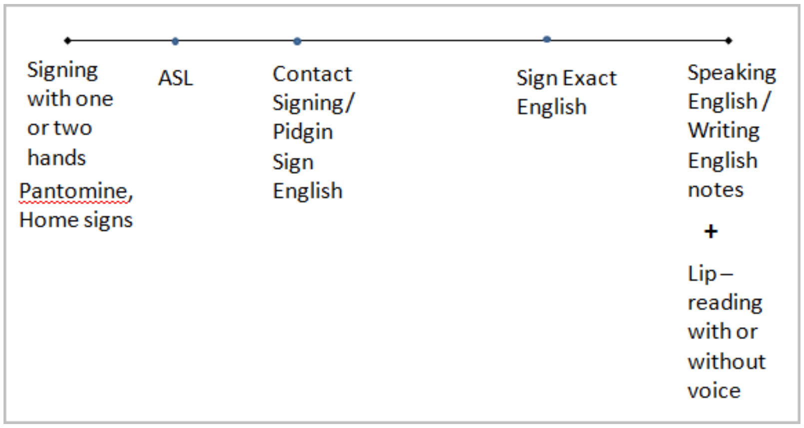

Figure 3. Variety of Communication Preferences Among Deaf People.

The process of Deaf identity formation is complex and largely influenced by how the deaf child is raised (Leigh, 2009). It is widely known that more than 90 percent of deaf children are born to hearing parents (Davis, 2007; Hoffmeister, 2008). Deaf scholar Irene Leigh contends that a deaf child raised by Deaf parents will tend to have a less complicated journey to Deaf identity formation compared to a deaf child born to non-deaf parents. These deaf children have hearing family members who do not or are unable to communicate with them. Consequently, many of these deaf children do not learn any language till later in life. This presents literacy challenges for these deaf children who struggle to learn English later in life to function in American society.

Leigh argues that there is no single Deaf identity but rather multiple identities (emphasis on plural). Figure 4 is a visual representation of Leigh's perspective on Deaf identity formation (2009) that I created.

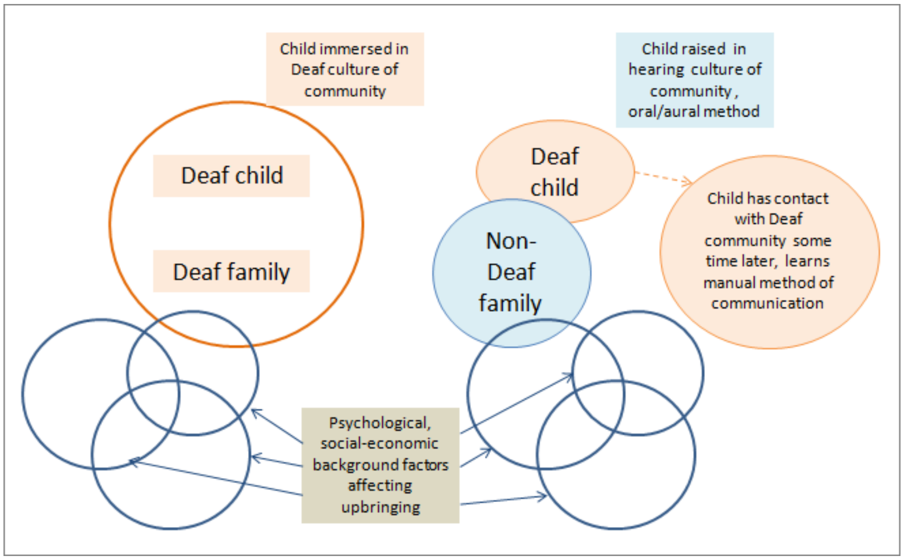

Figure 4. Deaf Identity Formation. This figure was drawn to depict my understanding of ideas by Irene Leigh, *A Lens on Deaf Identities.*

Davis (2007; 2010) argues that attempts to construct Deafness as a linguistic, cultural, minority model are too limiting and narrow as ways to identify Deaf people or any social group.

We must then conclude that whether Deaf or hearing, people are complex individuals who cannot be boxed in by a single trait or sociocultural marker.

Hearing and Deaf People's Relationship

The relationship between hearing and Deaf people is complex. These groups perceive and construct the world differently. Deaf studies scholars contend that hearing and Deaf people see the world from two different centers (Padden & Humphries, 1988). Sound has different meaning for hearing and Deaf people. Deaf people's lack of access to surrounding environmental sources of information contributes to what is called the "fund of information deficit" (Pollard Jr., Dean, O'Hearn & Haynes, 2009). They make sense of their world through “movement, form and sound” (Padden & Humphries, 1988, p. 109). While hearing people may regard some hearing ability as better than a complete absence of hearing, some Deaf people think that the more residual hearing a hard-of-hearing person possesses, the less Deaf he is, and the less likely he is to embrace his Deafness. They suggest that such a person may rely on the oral method, that is relying on lip-reading and speaking, to assimilate better into hearing society which tends to cherish verbal ability. Many in the Deaf community reject the oral method, or oralism, and refer to hearing people's negative attitudes towards deafness as audism. In Lane's words, audism, first coined by Humphries in 1972 (cited by Lane, 1992, and Bauman, 2004), is a “corporate institution,” the hearing way of dominating and exercising authority over deaf people (Lane, 1992, p. 43). Bauman describes audism as an orientation that privileges speech over signing.

Today's stigmatization of deafness has historic roots. Beginning with philosopher Aristotle, deaf people have been called “deaf and dumb,” and it was thought that without language, they were not capable of reasoning and learning (Lane, 1984). Hearing people have used other terms to refer to the deaf, such as “deaf-mutes” and “hearing impaired” — both of which connote deafness as a deficit. This is a connotation many Deaf people resist.

Alexander Graham Bell, the inventor of the telephone and a hearing person, played a major role in promoting oral-based deaf education and spoke out against intermarriage between deaf people. He feared deaf parents would be more likely than hearing parents to give birth to deaf children. Sign-based schools in the U.S. were established in the early 1800s, with the first one founded by hearing allies, Thomas Gallaudet and Laurent Clerc; but they had the same designation as asylums and were short-lived. The medium of instruction in deaf education, signing, was replaced by speech and lip-reading, in the late 1800s. A decision made by a panel of hearing people at the 1880 Milan Second International Congress on Education of the Deaf stopped the use of sign language to instruct deaf children in America and Europe for 130 years until their decision was repudiated at the 2010 Vancouver Congress (Moores, 2010). Deaf children were institutionalized in these residential schools of the deaf with designated spaces and a regimented lifestyle, until the 1970s and 1980s, when parents had the option to send their deaf children to mainstreamed high schools, with the introduction of Total Communication[5] (a combination of manual and speech-based instruction). Some Deaf adults recall those days of residential schooling fondly as times of identity formation and places where they acquired an education (Padden & Humphries, 2005, p. 34). They discovered that they shared a common language, values and practices with other Deaf people who became their friends. They were no

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[5] Total communication (TC) is a term created by Roy Holcomb in 1967. It refers to a philosophy of communication. "Total communication may involve one or several modes of communication (manual, oral, auditory, and written), depending on the particular needs of the child" (Hawkins & Brawner, 1997, p. 2).

longer isolated in families that, mostly, could not communicate effectively with them. Other Deaf adults remember these days as anxiety-filled days of separation from their families.

The idea of special schools where deaf people could be tutored by those trained to instruct a special learning population continued with the establishment of Gallaudet College in 1864 - Abraham Lincoln signed diplomas of the first graduates. Watershed events like the 1967 establishment of the National Theater for the Deaf and the 1988 Deaf President Now (DPN) movement[6] made deafness more visible and brought to the fore of the national consciousness Deaf people's struggles with the dominantly hearing society.

Research done by some hearing scholars on ASL has thus been questioned by Deaf people, for instance, William Stokoe's (2005) revolutionary work on the structure of sign language intended to accord sign language a true language status, and Fant's attempt to highlight ASL as unique by inventing the term Ameslan to replace American Sign Language. In 1965, Stokoe and his colleagues at Gallaudet College published a new sign language dictionary that organized signs not by their translations in English but by a new notation system Stokoe developed. Stokoe invented symbols to represent components of signs by their handshapes, sign location and movement. However, some Deaf people considered it an outrage, criticizing Stokoe's notation as a nonsensical collection of symbols (Padden & Humphries, 2005). The initial ridicule of Stokoe's efforts ceased when sign language became increasingly accepted as a language in many educational institutions. Lou Fant, a hearing child of deaf parents, actor and interpreter, and his book on Ameslan also spoke to the contentious relationship between hearing and Deaf communities. In his 1972 book on sign language (Fant cited in Padden & Humphries,

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[6] Another protest at Gallaudet University occurred in 2006. It concerned an unpopular presidential candidate who was deaf but raised in a hearing environment and learned ASL later in life.

2005, p. 126-127), he merged the three words, American Sign Language, into one self-invented term, Ameslan. He also contended that the pure form of sign language entailed no fingerspelling. This has been disputed by Deaf scholars in 2003 (Padden & Gunsauls). They noted (Carlin cited in Padden & Gunsauls, 2003) that the first documentation about fingerspelling being a part of sign language was made in 1852 and that it was used in deaf education. The goal of Fant's attempts was to distinguish ASL from other languages but his efforts were short-lived. Sign-language linguistics continues to develop as a fascinating and sometimes contentious field.

The advent of cochlear implant technology (Humphries & Humphries, 2010) and increasingly sophisticated medical research impacted Deaf individuals and community life. Medical researchers claim to have identified the so-called “deaf gene” and research on potential stem cell therapy to regenerate inner ear hair cells for hearing is being conducted (Devarajan, Staecker & Detamore, 2011; Jongkamonwiwat & Rivolta, 2011). Many Deaf people worry these technological advances imperil the future of their distinctive language and culture.

Deaf studies documents the evolution of Deaf culture, from the early days of Deaf culture to its current exploration of Deaf people's identity shaped by many years of social, economic and linguistic oppression. Padden and Humphries (2005, p. 123) describe the "anxiety of culture" as the dominant motif today. Yet, Deaf or hearing, both communities have incomplete knowledge of each other (Padden & Humphries, 1988). Deaf identity and culture construction continue to develop as people from both communities interact in new ways. This study aims to contribute to a better understanding of how the "cultural" is developed when hearing border crossers make meaning of hearing and Deaf communities through their negotiations and border crossing activities on constantly changing grounds.

Deafness and Disability

In the fields of medicine, psychology, sociology and anthropology, disability is conventionally understood as a deviance from the “norm” of able-bodiedness within the majority of a population (Davis, 2010; Johnstone, 2001). Alexander Graham Bell's eugenicist[7] speech in 1883 raised alarm at the propagation of a not "normal" deaf race if "deaf-mutes" intermarried, thus spurring attempts by hearing people to restrict the reproductive rights of deaf people. The persecution of people with disabilities reached its peak in Nazi Germany when the eugenics movement spread from the United States to Germany. In 1933, the “Law for the Prevention of Progeny with Hereditary Diseases” was enacted by the German government in their goal to achieve the pure and perfect Aryan race. They sought to remove by sterilization and systematic killing anyone with a disability, hereditary or chronic illness. Among those deemed "life unworthy of living" were people with disability who were considered a burden to society (United States Holocaust Memorial Museum, n.d.).

The World Health Organization has a hierarchical categorization of the terms, “disability,” “impairment” and “handicap” in the health context. Impairment (physiological, psychological or anatomical loss) leads to disability (restriction or lack of ability) causing one to be handicapped (at a disadvantage) (Johnstone, 2001). Likewise, some hearing people reason, “Deaf people are limited in some functions because of an impairment of hearing. Therefore, Deaf

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[7] Bell was involved with the eugenics movement. In a lecture at the National Academy of Sciences in 1883, he argued that deaf-mutes are inclined to select deaf-mutes in marriage (Padden & Humphries, 2005, p. 174). Historian Brian Greenwald (2004) argued that Bell is a "positive eugenicist" (p. 36) in that he did not outrightly stop marriage between deaf people but advocated "integrated schooling" and "social diffusion of deaf people" so they were less likely to meet.

people have a disability” (cited in Lane, 2002, p. 356). Lane, a scholar considered by many to be an advocate for Deaf people (1984, 1992, 2002), has spoken out against the perception of deafness as a disability, stating that the stigma of deafness is socially constructed by the dominant hearing society. “Stigma,” a concept traceable to sociologist Erving Goffman (2006), is described as an attribute, an undesired differentness of the possessor, which arouses discrediting reaction from others and "spoils" the possessor's normal identity. To some hearing people, Deaf people's identities are "spoiled." Such a perspective locates deafness in the body; that is, deafness is a function of hearing. However, many in the Deaf cultural group regard deafness as a set of relations, rooted in policy and practice. The stance of the National Association for the Deaf[8] on disability is not explicitly stated, but information on its website suggests that it recognizes the uniqueness of individuals, and that people may be "different but are not less" (National Association for the Deaf [NAD] website, n. d.).

Some feminist disability scholars (Garland-Thomson, 2010) theorize that disability is tied to issues of representation, body, identity and activism. Disabled people are often regarded as the "other" by a majority of able-bodied people (Wendell, 2010). Physical bodies thus risk being subjected to social and political systems that seek to impose their policies and standards of normality on them; resulting in cultural wars similar to those that persist in the realms of gender, sexuality, and class. The "other" concept is also consistent with Giroux's contention of the traditionalist's (or conservative's) posture toward the “other” as a disruptive outsider (Giroux 1992, p. 3). Giroux argues against the development of a common unified culture in schools that marginalizes some racial and ethnic groups. Instead he calls educators to develop a "unity-in-difference" (p. 6) posture and the cultivation of learning environments where diversity can

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[8] The National Association for the Deaf has as its mission to be a voice for American Deaf people.

flourish. Similarly, Deaf studies scholars Padden and Humphries (1988, p. 59) describe Deaf people as "living in others' world," with hearing people in larger society regarding those who sign and do not speak as lesser humans.

Some deaf people have accepted the stigmatized identity of disability in order to claim their legitimate rights.[9] Major disability laws (Individuals with Disabilities Education Act (IDEA), 1972; The Rehabilitation Act, 1973; Americans with Disabilities Act, 1990) now help deaf people obtain appropriate auxiliary aids and services for effective communication.

Despite these laws, not enough is done to address effective communication between the deaf patient and the doctor. Problems of communication raise complex issues that complicate the delivery of accurate and timely health care treatments for this demographic group. Litigation to get public accommodations for the deaf has its drawbacks (Schwartz, 2008). It is slow, and may not produce lasting results. Thus, this study assumes that education to increase awareness of deaf people's needs is the most reliable tool to make visible the challenges Deaf people face in a world dominated by the hearing.

Health Care for Deaf People

Health is a key area of human life, along with the family, employment, and education. Health care is thus a dominant concern of many people. Its importance engenders heated debates, calls for reforms, and legislation to seek equity in basic healthcare provision for the needy, giving rise to provisions like the New York State Child Health Plus insurance plan. Yet,

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[9] Bonnie Poitras Tucker (1998) refers to this acceptance of the disabled label by deaf people at selected times when it is to their advantage as elective disability.

appropriate and adequate health care delivery remains problematic for the Deaf population because of a host of complex factors involving these patients, healthcare providers, and the healthcare educational system (Harmer, 1999). These factors will be elaborated on later in this section.

Besides racial and/or ethnic disparities in health, several studies indicate that health disparities exist between those who are fluent in English and those with limited English proficiency (LEP) (see Pollard Jr. et al., 2009 for review). About 2 to 4 of every 1,000 people in the United States are "functionally Deaf" (4 to 10 times higher if those with severe hearing impairment are included) (Mitchell, 2005, updated 2011). The Deaf population constitutes a unique LEP demographic segment. Low English literacy, compounded by the lack of access to media and ambient information sources, limits Deaf people's access to health education information (Pollard Jr. et al., 2009) and healthcare delivery. Because medical providers may fail to furnish ASL interpreters in the medical setting, many Deaf people with LEP are thus subject to health disparities as much as the hearing LEP population segment. Healthcare systems, including many medical settings and healthcare professionals, are not ready (Barnett, 2002) to handle the communication needs of these patients who cannot hear or understand the spoken word and who may use ASL to communicate with others (Schwartz, 2008).

The Americans with Disabilities Act (ADA) compels "public accommodations," including medical facilities, to provide people with disabilities access to effective auxiliary or communication aids. However, what constitutes effective communication between medical providers and Deaf patients is complicated by medical providers' ignorance[10] and inaccurate

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[10] It is up to the doctor to decide what to provide, but if he or she is wrong, the doctor is liable. S/He is encouraged to consult with the Deaf patient as to the patient's wishes.

assessments of the challenges faced by Deaf patients. The decision on the selection of appropriate auxiliary aid is often made without consultation with Deaf patients. The inability of medical providers to communicate effectively with Deaf patients (for instance, due to the selection of an inadequate communication tool) may lead to dire consequences. Medical providers are at risk of wrongly diagnosing and treating these patients due to poor communication (Harmer, 1999; Schwartz, 2008).

The communication difficulty between healthcare providers and Deaf patients is exacerbated by the social and cultural differences between the two groups (Betancourt, 2003). This problem stems from the interplay of several potential causes, running the gamut from the individual to the social. They include the following:

- *Individual*: the wide range of hearing loss and its influence on Deaf people’s language competence and cultural identity; a mismatch in the Deaf patient's preferences and the perception of healthcare professionals on what is “effective” communication;
- *Organizational*: financial costs to healthcare institutions; facilities/equipment for Deaf to access healthcare information; lack of interpreters and other appropriate auxiliary aids;
- *Professional*: the highly stressful nature of healthcare professionals’ job (life-or-death situations); gap between language competence of physicians and the Deaf; inadequate or no cultural competence training for healthcare professionals; healthcare professionals’ understanding of ADA; differences between healthcare culture and Deaf culture;
- *Social*: Socio-economic, educational status and sociocultural issues of Deaf people; low frequency of exposure to Deaf people leading to a lack of interaction between healthcare professionals and the Deaf;

- *Legal*: ADA suggests but does not require doctors to consult with Deaf patients and give primary consideration to their expressed choice of auxiliary aid (e.g. interpreters, CART, written notes, captioning);
- *Psychological*: Emotions, dispositions and attitudes towards Deaf community; Deaf people's fear and distrust of healthcare providers; and
- *Geographic*: Availability of physicians/healthcare providers and/or sign-language interpreters in specific areas

(Cappell, 2009; Harmer, 1999; Iezzoni, O'Day, Killeen, & Harker, 2004; Middleton, Turner, Bitner-Glindzicz, Lewis, Richards, Clarke & Stephens, 2010a; Middleton, 2010b; Schwartz, 2006; Schwartz, 2008; Steinberg, Barnett, Meador, Wiggins, & Zazove, 2006).

Faced with this array of potential barriers, the challenges facing Deaf people in accessing healthcare provision are numerous.

Healthcare Instruction and Its Design

Knowing what we now know about health care for Deaf people, the next section provides an overview of the status of healthcare instruction and training in cultural competence for healthcare professionals. What knowledge do we now have to better support the design and development of instruction for Deaf cultural awareness and competency?

Instructional Approaches to Education of Healthcare Professionals

A healthcare professional's work is, in essence, collaborative problem-solving with much at stake. Physicians, nurses and interpreters are part of a multidisciplinary healthcare team where interpersonal and open communication skills are vital occupational requirements for building trust and addressing the physical and psychosocial aspects of disease (see Locatis, 2007 for review).

To prepare nurses and physicians to solve complex problems on the job, training in healthcare education has focused on problem-based learning, case-based learning (Locatis, 2007) and the use of heuristics, that is, “rules of thumb,” to guide novice and expert health care professionals. As it is not possible to educate medical and nursing students on every type of potential problem they will face in the field, healthcare professionals are taught to use heuristics to simplify contextual ambiguities when judgment has to be made under varying degrees of uncertainty (Tversky & Kahneman, 1974).

Case-based learning, through the use of case analysis, confronts students with the complexity of real life situations (Bennett, 2010). This learning strategy is premised on research indicating that a contributing factor to the development of expertise is an accumulation of problem-solving experience (Bennett, 2010). Researchers contend that expert performance is the result of long periods of preparation, hard work, and *deliberate* practice (Ericsson, Prietula, & Cokely, 2007a; 2007b; Ericsson, 2008). Ericsson and associates point out that deliberate practice entails both thinking and practicing in areas that one cannot do well or even do yet, rather than focusing on what one can already do. Substantial, specific and sustained efforts may lead to intuitive performance. This theoretical proposition aligns with established psychological findings on automaticity, a state of advanced expertise in performance (Bargh, Chen & Burrows, 1996). In this phase of expertise development, “priming,” which is the “incidental activation of knowledge structures” (1996, p. 230) (including “trait construct or stereotypes”) is sufficient to trigger automatic performance, sometimes causing people to forgo deliberate practice. While such reasoning can be adapted to the context of medical education, healthcare professionals need to exercise great care in relying on intuitive performance where the outcome is a matter of life or death. Hence, problem scenarios based on actual cases are presented in medical classes, and students working in small groups are then tasked to solve these problems with instructor guidance offered in varying degrees.

Instructional approaches in healthcare education have thus centered on viewing learning behaviors through a psychological perspective, relying on cognitive theoretical approaches to facilitate problem-solving and efficiency in learning and practice. This study adds to the knowledge base in healthcare instruction by approaching learning from a social learning approach. That is, learning is not just an internal process but is also social in nature (Bandura, 1969, 1973, 1977b, 1986, 1989, cited in Ormrod, 1999). Lave and Wenger's (1991) seminal work on situated[11] learning — through what they call "legitimate peripheral participation" — offers another way to perceive learning in healthcare instruction. Legitimate peripheral participation refers to a process of learning where newcomers (learners as apprentices) are situated in a community of practice and gain mastery of knowledge and skills as they engage in the community (Lave & Wenger, 1991). These scholars contend that learning involves a deepening process of participating in a community of practice and is founded on relationships. As border crossing can be somewhat likened to situated learning through legitimate peripheral

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[11] "Lave and Wenger's concept of situatedness involves people being full participants in the world and in generating meaning" (Smith, 2003/2009). For newcomers to a community, (Lave & Wenger, 1991, p. 108-9), “the purpose is not to learn *from* talk as a substitute for legitimate peripheral participation; it is to learn *to* talk as a key to legitimate peripheral participation.” By situated learning, Lave and Wenger refer to learning that is located in communities of practice. In other words, they argue that there is no such thing as decontextualized knowledge.

participation, we may look to hearing border crossers for a fresh perspective on designing healthcare instruction that integrates cultural awareness and competence.

Cultural Competence in Healthcare Education

In both nursing and medical education, emphasis has been placed on the acquisition of critical competencies for quality performance. The National Organization of Nurse Practitioner Faculties (NONPF, n.d.) articulated a set of domain and core competencies associated with the substantive roles of nurse practitioners *as manager, relationship-builder, coach, professional* and *culturally-sensitive care-r*. Likewise, in the 2005 Canadian Physician Competency Framework, a training model adopted by many countries globally, physicians are expected to possess competencies associated with the roles of *medical expert*, *communicator*, *collaborator*, *health advocate*, *manager*, *scholar* and *professional* (Frank, 2005). In September 2010, two American medical boards responsible for certifying medical specialists announced the inclusion of a sixth core competency to emphasize the significance of process skills in an outcomes-oriented curriculum: *patient care and procedural skills* (Boukas & Jacob, 2010, September)[12]. The existing five are: *medical knowledge, practice-based learning and improvement*, *interpersonal and communications skills, professionalism, systems-based practice*. Patient-centeredness and the health-professional-patient relationship have come under scrutiny as patient dissatisfaction points to a lack of physician compassion, empathy and communication (Schei, 2006).

Since 2000, the Liaison Committee of Medical Education, the authoritative body that oversees the accreditation of U.S. and Canadian medical schools, has introduced the concept of

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[12] The two American boards are American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME).

cultural competence and specified standards for the attainment of such goals in medical education (Association of American Medical Colleges (AAMC), 2005).

Cultural competence training seeks to equip healthcare professionals with knowledge, skills and attitudes for effective and patient-centered communication in an increasingly globalized and multicultural world. The Association of American Medical Colleges defines cultural competence as follows (Cross, 1989 cited in AAMC, 2005, p. 1):

> Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities.

Recognizing the increase in diversity and hence socio-cultural differences brought about by the growth in minority populations, the Office of Minority Health (OMH) within the U. S. Department of Health and Human Services (USDHHS) specified national standards for the provision of culturally and linguistically appropriate services (CLAS) in healthcare organizations (OMH, n.d.). The CLAS standards on culturally competent care, while not mandatory, offer guidelines to assist healthcare providers and organizations on how to respond effectively to patients in cross-cultural settings (OMH, n.d.).

Five groups are formally recognized as minority groups: African Americans, American Indians/Alaskan Natives, Asian Americans, Hispanics/Latinos, and Native Hawaiians/Other Pacific Islanders. The Deaf community constitutes a unique LEP group, and many in this community also see themselves as a linguistic minority group with distinctive features.

Two major online programs, the Culturally Competent Care Modules (CCCM) for family physicians (also offered on DVDs) and Culturally Competent Nursing Modules (CCNM) for continuing education were developed based on extensive OMH-commissioned environmental scans (OMH, n.d.). These modules provide a broad introduction to *multicultural* competence, but they provide limited opportunities for students to learn how to interact with Deaf patients. Only one video vignette of a cross-cultural encounter between a Vietnamese patient's Deaf mother, ASL interpreter, and healthcare professional is presented for case-based reasoning and learning in the Culturally Competent Nursing Modules.

The National Board of Certification for Medical Interpreters (The National Board of Certification for Medical Interpreters, 2012) requires that those interpreting for patients and their families from English to another language (and vice versa) such as Spanish, Russian, Mandarin, Cantonese, Vietnamese and other languages pass written and oral examinations that indicate a grasp of cultural competence; this topic area accounts for 10 percent of the oral examination and 3 percent of the written examination.[13] Existing online and in-person workshops and training programs for certified medical interpreters are offered by commercial institutions (E.g. Cross Cultural Healthcare Program, 2013) and the Continuing and Professional Education Studies units of some universities (E.g. the University of Georgia [The University of Georgia Center for

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[13] Besides cultural competence, candidates must also demonstrate mastery of medical terminology, medical specialties, interpreting knowledge, linguistic knowledge of English and the target language.

Continuing Education, n.d.], Boston University [Boston University Center for Professional Education, n.d.], and New York University [New York University School of Continuing and Professional Studies, n.d.]). Instructional methods deployed include the use of case studies, role-playing and internships (Boston University Center for Professional Education, n.d.).

In June 2011, the American Sign Language and Interpreting Education Department at the National Technical Institute for the Deaf, a college of the Rochester Institute of Technology (RIT), began offering a Certificate in Healthcare Interpreting program, “the first certificate program ever available for healthcare interpreting for sign language interpreters” (RIT, 2010). Besides learning medical terminology, students learn in classrooms and conduct field observations of healthcare professionals and other experienced healthcare interpreters.

Existing documented empirical studies on Deaf culture training for healthcare professionals are limited. A few of the documented interventions include the Deaf Strong Hospital[14] role-reversal exercise (Richards et al., 1999) in Rochester, New York; single-day three-hour workshop sessions for medical students in Canada involving case-based simulated patient, lecture and discussion sessions (Lock, 2003), and two half-day sessions in the U.K. for support staff of intellectually disabled adults using lectures, video clips and existing training pack materials (McMillan, Bunning, & Pring, 2000). The paucity of studies with adequate

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[14] The Deaf Strong Hospital (DSH) program, set in a hospital context, exposes students to some of the challenges that patients face in communicating with healthcare professionals when they cannot speak English. At the University of Rochester Medical Center, first-year medical students role-play as patients while deaf volunteers act as healthcare providers and medical staff (Thew, Smith, Chang & Starr, 2012).

information on the instructional design and methodological approaches that would assist health educators and researchers is the impetus for my study.

Community Narratives for Instructional Design

The need for greater cultural competency and awareness gives rise to this broad question, “If healthcare instruction needs to be redesigned, how do we begin to design this solution?”

Instructional design is concerned with the process of instruction, and the purpose of any instructional design activity is to craft optimal means to achieved desired ends (Reigeluth, 1983). An essential first step in creating sound instruction is an analysis of learning and performance problems before considering design and development of a training solution. What is often termed front-end, exploratory needs analysis is conducted to address instructional design concerns. Such an analysis helps determine how a new instructional approach may achieve the desired outcome. This study seeks to address the knowledge gap of hearing healthcare professionals who need greater Deaf cultural awareness. Because hearing border crossers negotiate in sites where hearing and Deaf people interact, they have useful and usable knowledge to assist in the design of a training solution.

Frequently, instructional design has relied on obtaining information from professionals or specialists with formal credentials and specialized knowledge — knowledge elites — to facilitate the design of instruction for users. Knowledge elites privilege individuals with specialized knowledge over those perceived to have "indigenous knowledge"[15] (Doyle, 2004; Dei, Hall &

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[15] Carr-Chellman refers to "indigenous knowledge" as "that knowing or understanding that is resident within all of us, and particularly the sort of fundamental knowings that we think of as primitive, ordinary, or folk" (2005, web article).

Rosenberg, 2000; Hollingsworth, 1984; all cited in Carr-Chellman, 2005). Yet, why should one form of knowing or understanding be privileged over another? The fundamental knowings we possess that are considered ordinary or folk knowledge can be just as powerful (Carr-Chellman, 2005). And while we do often need and rely on the specialized knowledge of experts, that knowledge may be of little use—or even harmful—when it is detached from the ordinary knowing of people in communities. Unfortunately, intuition, instinct, personal perceptions and insight — forms of knowledge developed through experience — have frequently become devalued in society's privileging of intellectual, scientific knowledge over indigenous knowledge.

This inclination leaves “ordinary” people who do not hold specialized knowledge in the field of training with little say in the final product, which is simply delivered to them as users or, in the case of patients, as the "objects" that users work with (that is, they become the targets of users' work). A problem with relying only on specialists is that it leaves out the non-specialist’s voice. Specialists alone are not able to provide a full understanding of the difficulties that users or others may encounter (Shepherd, 2011). Research shows that individuals with years of practice and accumulated experience have developed a more intricate mental model of the subject area; this creates an intellectual and likely, emotional distance from their days of struggles as new learners. The consequence is that many innovations end up as less than usable or not being effectively implemented (Carr-Chellman & Savoy, 2004).

The objective of this study then is to obtain information from a range of hearing border crossers — lay persons and professionals who work or interact with Deaf people in the community — at the planning stage of instructional development. This approach ensures collaborative input from hearing border crossers who may or may not have specialized knowledge through formal or professional training to work with Deaf people. In the field of instructional design, user design, also sometimes known as participatory design, involves engaging potential community users in the design process.[16] Degrees of user participation can vary in interaction, length, scope and control in a project with the instructional design professional or leader. The user's role can range from being an information provider to co-designer to product user (Baek, Cagiltay, Boling & Frick, 2007).

In this study, lay people and people who are professionally trained to work with Deaf people are seen as creators and possessors of valuable information that can facilitate the design of healthcare instruction. Participatory design is uncommon because it is time-consuming and resource-intensive if many types of users of varied backgrounds are included; fully participatory design is more than merely sending out surveys to collect data (a common technique in “user-based” design). Participatory design typically involves frequent meetings with the users, designers and leadership to negotiate "actions such as initiation, approval, rejection, design, and decision making" (Carr-Chellman & Savoy, 2004, p. 702). Thus, this instructional design approach is not suitable for every instructional design project. The design of an effective Deaf cultural competence training for healthcare professionals that will facilitate improved access to healthcare treatment for Deaf people — leading to a possible reduction in health disparities for that group — is the desired outcome of this study. Such outcomes are worth the investment of time.

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[16] User design or participatory design has its roots in a Scandinavian systems design effort in the 1970s by Kristen Nygaard to bring computer science researchers and union workers together to collaborate on a Norwegian national agreement regarding the design and use of technology in the workplace.

Standing in The Gap: Border Crossing in Borderlands

Raised in cosmopolitan Singapore and being exposed to its four official languages, I took interracial and intergroup harmony for granted. The peace that reigned in our metropolis was perhaps socially and politically engineered and sustained by a shared vision to maintain economic prosperity in a tiny country where people are our main resource. Living in the United States for more than a decade, I have had experiences which made me realize that the rapport between people and cultures of difference cannot be taken for granted. I have witnessed subtle and open inter- and intra- racial and cultural group conflicts which caused me to take a deeper look at concepts in cultural studies which may assume different names in different disciplines: intercultural awareness, intercultural mobility and border crossing in social science; cultural competence in health and medical education; cultural intelligence, transnationalization and global consciousness in organizational and management psychology. As a social science-education student, I will focus on the language used in the social science disciplines.

Several notable scholars (Martin, 2010) have discussed the notion of *borderlands* and its associated concepts: border, border crossing and border crossers. French philosopher Jacques Derrida (1993) in his exploration of death as a limiting concept that one cannot experience, compares the end of life with other boundary types and distinguishes three types of "border limits." The first "separates territories, countries, nations, States, languages, and cultures"; the second demarcates "domains of discourse," encompassing academic disciplines and knowledge representations; and the third defines the separation or opposition between concepts, what Derrida refers to as "conceptual determinations" (p. 23) although he admits to necessary intersections between concepts. His propositions describe lines or borders that the eye cannot see.

A self-proclaimed borderland being, Gloria Anzaldúa (1987/1999) in her book, *Borderlands*, harnesses the word “border” as a reference to tangible and non-tangible things which divide. In graphic detail, she describes a border as an “open wound” where the “lifeblood of two worlds” (p. 25) merge to forge a third nation – a border culture. Anzaldúa and several other influential writers (Michaelsen & Johnson, 1997) on the US-Mexico border gave birth to what is called border studies, a field devoted to the study of any geographic or psychic space where borders have presented problems or opportunities.

However, borderlands are not merely physical, but also psychological, emotional and spiritual in nature. They are “physically present where two or more cultures edge each other, where people of different races occupy the same territory, where under, lower, middle and upper classes touch, where the space between two individuals shrinks with intimacy” (Anzaldúa (1987/1999, p. 19). Borderlands are spaces of hybridity: "third spaces" (Gutierrez, Baquedano-Lopez & Tejeda, 1999) for potential transformative learning. Diversity presents different funds of knowledge and resources to support new ways of meaning making. Scholars in science education (Barton & Tan, 2009; Barton, Tan & Rivet, 2008; Lee & Roth, 2003) and literacy studies (Gutierrez et al, 1999) have drawn on the concepts of hybridity and hybrid spaces to explore how learners merge formal and informal learning practices to produce new forms of knowing.

Henry Giroux, a cultural theorist, writes eloquently about border crossing in support of multicultural education. He describes spaces where the overlapping of different cultures and identities produce borderlands, “sites of crossing, negotiation, translation, and dialogue” (1992, p. 10). Situated learning via legitimate peripheral participation (Lave & Wenger, 1991) can also be conceived as a possible way to view border crossing. Borderland beings have the potential to move from observing at the fringe to full participation as they actively observe and acquire the practices of another community through iterative and reciprocal interactions.

The inhabitants of borderlands have been variously termed border crossers (Anzaldúa 1987/1999; Giroux 2005); transgressors (Anzaldúa 1987/1999; hooks, 1994); and hybrid people (Anzaldua 1987/1999, p. 2). Hybrid people who inhabit "the gaps outside of traditional boundaries" (Griffith, 2009), spaces with “unnatural” shifting boundaries, are thus in a state of fluctuating identity formation. Alienation is sometimes a part of the experience of moving across borderlands as one leaves one's community or comfort zone to navigate a new one with its unfamiliar values and practices.

Paddy Ladd (2003), a Deaf researcher, hints at the notion of border crossers in the Deaf community when he discusses three groups of hearing people vis-à-vis the Deaf community and/or Deafhood. The first two are hearing lay persons and hearing professionals (or specialists) who work with deaf people. A hearing lay person is one who is “neither directly employed within Deaf-related domains, nor within adjacent professional domains” (p. 12). Hearing professionals or specialists are doctors, lawyers, teachers, social services workers and interpreters who work with deaf people. Ladd (2003, p. 113) also deploys a third category, hearing “allies”; they are hearing people who actively support and advocate for Deaf people in a society dominated by the hearing majority. In lesbian-gay-bisexual-transgender (LGBT) studies, the notion of an ally is often used to describe “a member of the ‘dominant’ or ‘majority’ population who works to end oppression in his or her personal and professional life through support of, and as advocate with and for, the oppressed population” (Washington & Evans, 1991, p. 195). These non-binary but complex groupings correspond with Anzaldúa’s notion that a border-crosser’s identity is pluralistic and that he or she inhabits a space that is transitory.

Although sign language interpreters as hearing professionals have an intimate role in Deaf people's lives (being present in personal and professional settings), research literature on interpreters as border crossers is lacking. Studies on sign language interpreting have centered on linguistics, outcome assessment, interpreter training or the interpreter as the focal point of analysis (See Brunson, 2008, and Napier, 2011 for reviews).

This study looks at hearing border crossers—as defined at the beginning of this chapter—and what such individuals do. Children of deaf parents are a special group of border crossers in hearing and Deaf worlds. As indicated in the overview section, only a handful of these children have written autobiographical accounts of their border crossing experiences (Davis, 2000; Miller, 2004; Preston, 1994; Uhlberg, 2008; Walker, 1986). Hoffmeister (2008), a child of deaf adults (CODA), suggests that it is difficult for CODAs to open up to talk about their border crossing experience because of their ambivalent identity. "To my knowledge there are no stories told by the Deaf that include CODAs," writes Hoffmeister in 2008 (p. 212). In Preston's (1994) seminal study, many of these children articulate feelings of duality which keep them from being fully identified with either hearing or Deaf people. Of the 150 hearing and deaf male and female informants he interviewed, more than half express being in-between worlds:

> I always felt like I didn't belong either place. I didn't belong with the Deaf 100 per cent and I didn't belong with the Hearing. I didn't feel comfortable with Hearing. I felt more comfortable with Deaf, but I knew I wasn't deaf. I feel like I'm somewhere in-between. (informant in Preston's study, 1994, p. 199)

The borderland where the hearing and Deaf encounter each other is a space of potential negotiation, dialogue and learning. What we can learn from hearing border crossers promises dividends for the goal of designing instruction to facilitate learning by medical personnel on how to relate in culturally sensitive ways to Deaf people. Hearing border crossers hold knowledge that could potentially illuminate best practices for how health care professionals communicate with deaf patients.

Instructional Design Entails Border Crossing and Storytelling

Instructional designers have conventionally been seen as problem-solvers capable of addressing learning and performance problems in a variety of settings. The analytical and problem-solving ability of the designer has been prominently researched and highlighted (Le Maistre, 1998; Pieters & Bergman, 1995; Rowland, 1992; Wallington, 1981; Wedman & Tessmer, 1993). Parrish (2006) suggests that adopting a new lens to view instructional design is timely. A critical instructional design skill is "learner empathy" (p. 72), the capacity to see the design through the learner's eyes and to design as if one is "composing a story of learner experience" (p. 72). Design as storytelling connects technical analysis of instructional design with imaginative synthesis of ideas (which facilitates solution generation). Storytelling in this view thus nurtures learner empathy because stories are verbal representations of both human reality and how people assign meaning to their lives. Parrish (2006) proposes that instructional designers create fictional design stories for planning a training solution. In this study, I assume the role of researcher and instructional designer. I gather and construct stories in these two roles, but my data are not imaginary: participant accounts are reports of actual lived experiences of hearing people who pass through borderlands.

There is one more role I assume, a role for instructional designers that is not in the literature: an instructional designer who is also a border crosser. Generally, the instructional design professional, equipped with a rich skillset, collaborates with subject matter experts from different disciplines, programmers, graphic designers and other experts to craft learning and performance solutions. Here, I bring the perspective of a border crosser to my work as an instructional designer.

Significance of Study

This analysis provides a story about how hearing people engage with Deaf people, whether effectively or not so effectively, and what we can learn from them to better design healthcare instruction that incorporates Deaf cultural sensitivity. Findings from this study will be valuable to three major constituencies: 1) those involved in the education and preparation programs of healthcare professionals; 2) those who design healthcare instruction; and 3) those involved in educating service professionals, for instance, social workers, interpreters and allies who support Deaf people in healthcare settings.

Patient safety is and should be the number one priority of everyone involved in healthcare: health and human service professionals, administrators, educators and members of the public. Every day, many patients who are unable to communicate effectively with their health providers are denied access to proper and timely healthcare. Falls, errors related to surgical procedure, and medication errors are the three adverse health outcomes most frequently affecting LEP patients, including those who are deaf (Pennsylvania Patient Safety Authority, with ECRI Institute and Institute for Safe Medication Practices, 2011). Identification of training solutions for improved healthcare communication and access for Deaf people must be made known and disseminated. Equal access to quality and safe patient care is a basic human right that we should all work towards. Thus, the voices of hearing border crossers should be heard by those involved in the education of healthcare professionals, whether it be in the areas of planning, decision-making or delivery.

Training in culturally competent care is critically important for healthcare professionals; their improved communication skills will have a favorable impact on patient health outcomes. However, it is also challenging because it entails fostering discernment and wisdom in decision-making when dealing with potentially conflicting cultural values arising from miscommunication, often instantaneously, as one is meeting the patient for the first time. Every patient encounter is in many ways different, and increasingly so in a multicultural society. The wisdom and insights of hearing border crossers will provide public and community health policy-makers and educators with knowledge to revise and refine healthcare instruction in a globalized society with culturally diverse medical systems. In addition, although this study focuses on border crossing between Deaf and hearing worlds, the skills of border crossers may be much more widely useful for healthcare professionals across a range of encounters with differences.

Each encounter between the healthcare professional and the patient is a dialogue that entails a “performance,” an improvisation, as new meanings and interpretations arise through dialectical communication. One desired learning outcome in the training of healthcare personnel should be the fostering of what is termed “collaborative emergence” of “new” knowledge constructed through group processes that employ improvisational and group learning techniques (Hargadon & Bechky, 2006; Sawyer, 2007). "New" knowledge construction is predicated on the unpredictability of the situation, where the outcome is not known ahead of time. Technical competence does not trump cultural competence. An understanding of border crossing techniques that includes co-construction of knowledge across dynamic cultures is vital in bridging the healthcare and Deaf culture gaps. Physicians, nurses, and interpreters are expected to have the ability to collaborate in a multidisciplinary team with the patient and/or his/her family members to jointly construct knowledge to facilitate the resolution of complex and unpredictable health crises; crises that require both technical and cultural competence. Educational institutions, regardless of the domain of learning, thus need to move beyond a learning-as-acquisition paradigm to a learning-as-knowledge-creation paradigm (Hong, Hartzell, & Greene, 2009).

CHAPTER 2

METHODOLOGY

Qualitative Methodology

This is an exploratory study with a primary research question: How do hearing border crossers engage in Deaf community life in ways that facilitate or do not facilitate effective communication? To explicate this process, I utilized qualitative research methodology to collect data from a sample of hearing border crossers who interact with one local Deaf community.

This research paradigm is selected because it offers a viewpoint of reality that is characterized by a process focus, rich descriptions, inductive data analysis and a concern with participants' perspectives (Bogdan & Biklen, 2007). This study used interviews and observations to extract stories and accounts from informants on how they came to comprehend, explain, develop and manage their relationships and behaviors in intersectional spaces with Deaf people. The inquiry was elastic, evolving and emergent (Marshall & Rossman, 1999). It was not rigidly formatted from the beginning, but was more like a dance, an interpretive dynamic art form that engages and bridges the experience of individuals and the community (Janesick, 1994). As the study unfolded, the research design was adapted to newfound understandings of participant accounts as reality unraveled in their lives and mine. For instance, when the study began, I heard a great deal more of the professional voice than the voice of lay participants and CODAs. I then sought to increase the size of my participant pool by interviewing more participants who were not involved in the Deaf community in a professional way.

As to questions of validity and generalizability of data findings, these are pursued somewhat differently in qualitative than in quantitative research studies. The hallmark of a qualitative research inquiry is the uniqueness of a carefully conducted, rigorous study of particular participants in a specific locale over time. Thick detailed descriptions and explanations drawn from the complexity of data distinguish this study.

Theoretical Approach

In this study the data were viewed through the lens of symbolic interactionism, a theoretical underpinning which posits that human experience is constructed and negotiated by interpretation (Bogdan & Biklen, 2007). People, words, events and experience do not have meaning of their own. We confer meaning to them through an interpretive process of defining and meaning-making as we interact with other people. Border crossing is a complex experience enacted by actors in a specific space. Through symbolic interactionism, I interpreted the experiences of hearing border crossers involved in the continually evolving process of engaging with Deaf people in the borderlands; a space where different perspectives are confronted, challenged, constructed and reconstructed. This interpretation is grounded in the social and interactive experiences of participants and the meanings they attribute to their lived experiences (Marshall & Rossman, 1999).

This study is also guided by post-positivist and relativist epistemic beliefs that assume that there is no absolute or objective truth. Instead, truth and values are conceived relative to the persons or groups holding them. Thus, reality is represented in multiple ways by different individuals with dissimilar life experiences. Meaning-making and knowledge are constructed individually or co-constructed through one’s experiences and interactions with others. Using these lenses, I was able to explore my research topic in fuller complexity.

Situating Myself in the Research Process

Like Anzaldúa and the hearing border crossers who were my participants, I am a border crosser. A Singaporean of ethnic Chinese descent who has lived in America for slightly more than a decade, I have a complex pluralistic identity. Many Chinese (from China and Taiwan) approach me speaking Mandarin and view me with some perplexity for not wanting to be a Han Chinese (a term that has no meaning to me) when I prefer to speak English. Singaporeans think I am a Eurasian because I speak English "too well." In higher education institutions in America, I am considered somewhat “over-motivated” in learning as a non-traditional student. I have thus some understanding of the challenges that come with trying to cross many borders and navigate borderlands.

In this study, I assumed the stance of an instructional-design-researcher and hearing border crosser. As an instructional designer, I have in mind the quest for a potential learning solution to a problem of intercultural communication in the medical context. In this capacity, I am also a border crosser, a notion that has hitherto not been addressed in the instructional design field. Cultural studies in instructional design have been sporadic and focused more on the factors involved in integrating culture in instructional design (Subramony, 2004 cited in Young, 2008). As a researcher, I co-constructed narratives with participants and engaged in sites where both hearing and Deaf people interacted with one another. As a hearing border crosser, I negotiated in the borderlands between hearing and Deaf communities in a medium-sized northeastern American city.

Since 1998 when I first met a Deaf individual in Singapore and attempted to bridge the communication gap by taking my first sign language class, I have been traversing in a somewhat similar hearing-Deaf borderland, although no two Deaf communities are the same. My stance thus presents a unique challenge that requires that I be aware of my personal background and how it might shape this study. In a few instances, my role as a hearing border-crosser and hybrid person was singled out by my participants. For instance, Hannah, who is multicultural and works with deaf people, was talking about blending languages when conversing in group settings when she remarked to me, "I'm sure you understand what I'm saying."

My border crossing experiences allow me to grasp to some extent my participants' subjectively lived experiences. However, I do not have the sustained deep engagement with the Deaf community that some of my participants have. Therefore, I do not claim to be an expert at border crossing in Deaf spaces. I am a border crosser who is still learning how to navigate these spaces by seeking to understand the experiences of other hearing border crossers.

My posture towards research is that there is no value-free or bias-free research. However, I have identified my potential biases upfront so that I would constantly reflect on my positionality in order to be aware of my perspective and to minimize any bias that I might have.

Data Collection

Interview Participants

I used purposive sampling to capture as much diversity of perspectives as possible from a specific group of informants, hearing border crossers. To engage in a meaningful way with a wide spectrum of hearing border crossers, I conducted thirty interviews and regular almost-weekly observations at Deaf coffee socials and other events between July 2011 and May 2012, over a period of ten months. All informants resided in a medium-sized northeastern city in America.

I included hearing participants who were lay or professional people who interact with Deaf people. The following is a list of categories of informants who I interviewed for their different types of involvement with the Deaf community.

- *Professionals or specialists who are trained to work with Deaf people*, for instance, interpreters, ASL instructors, social workers, and nonprofit agency staff members who advocate for the Deaf or engage with Deaf people as part of their job.
- *Lay people,* or hearing people who actively participate in the Deaf community and are involved with Deaf people socially; for example, they attend Deaf Coffee Chat sessions and/or other social activities of the Deaf (*e.g*. bowling sessions). They are not specialists or professionals who are trained to work with Deaf people.
- *Hearing people who have family members or relatives who are Deaf*. They may be Children of Deaf Adults (CODA) or individuals who have a relative who is deaf; for example, a sibling, a partner, a spouse or other kin. They have professional jobs but are not trained to work with Deaf people.

These categories are not mutually exclusive. In fact, some participants belonged to two groups; for instance, there are CODAs who are professionally trained to work with Deaf people, just as there are everyday people who have family members who are deaf, but have limited proficiency in ASL. Tables 1 and 2, and Figure 5 provide a quick overview of the participants I interviewed:

Table 1

Interview Participants

No.	Pseudonym	Profile	Participant Categories			Gender
			Prof	**Lay**	**Family Connection**	
1	Dennis	Retiree		√	√ CODA	Male
2	Sharon	Admin professional at Deaf advocacy office		√		Female
3	Dawn	Contact with deaf people in church		√		Female
4	John*	Retiree		√	√ Parent of Deaf Children	Male
5	Jenny*	Retiree		√	√ Parent of Deaf Children	Female
6	Allison	Admin professional of church with deaf congregation, ASL student		√		Female
7	Carol	Admin professional of church with deaf congregation, ASL student		√		Female
8	Zoe	Grad student, interacted with Deaf people since high school		√		Female
9	Luke	Grad student works with Deaf supervisor & clients		√		Male
10	Tom	ASL student		√		Male
11	Marcia	ASL student		√		Female
12	Fred	ASL student		√		Male
13	Lucia	Grad student, work with Deaf supervisor & clients		√		Female
14	Colin	ASL student		√		Male
15	Henry	White-collar professional		√	√ Has Deaf Sibling	Male
16	Roger	Clergyman		√		Male
17	Esther	Interpreter	√		√ Has Deaf Spouse	Female
18	Barbra	Interpreter, ASL Instructor	√		√ Has Deaf Sibling	Female
19	Matthew	Retiree	√		√ CODA	Male
20	Andrew	Deaf Educator	√		√ Child of deaf parent	Male
21	Krystal	Interpreter, ASL instructor	√		√ Has Deaf Spouse	Female
22	Jolene	Interpreter	√			Female
23	Gale	Social worker	√			Female
24	Hannah	Social worker at deaf advocacy services	√			Female
25	Miriam	Interpreter	√			Female
26	Andy	Interpreter	√			Male
27	Julia	Interpreter	√			Female
28	Skylar	Interpreter	√			Female
29	Kate	Interpreter, ASL instructor	√			Female
30	Charlene	Social Worker	√			Female

*John and Jenny are parents of the same deaf children.

Table 2

Aggregated Age and Gender Data of Interview Participants

	Lay			**Professional**		
	Male	***Female***	***Total***	***Male***	***Female***	***Total***
With Family Connections	3	1	4	2	3	5
Age						
>18, < 20	0	1	1	0	0	0
20s	3	2	5	0	0	0
30s	1	0	1	0	2	2
40s	0	0	0	0	2	2
50s	2	2	4	1	5	6
60s	1	2	3	1	2	3
70s	1	1	2	1	0	1
Total	8	8	16	3	11	14

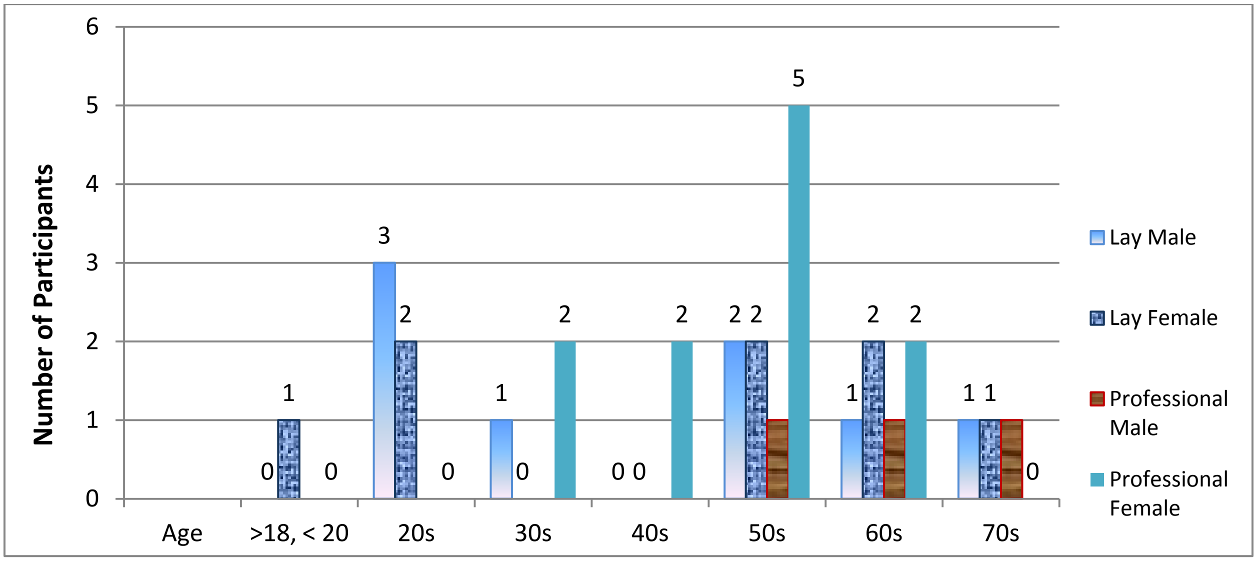

Figure 5. Age and Gender Distribution of Interview Participants

I interviewed thirty participants, sixteen of whom were lay people and fourteen of whom worked with deaf people in some professional capacity. All except for two participants were white. Out of the sixteen lay participants, four have family members who are deaf while five participants in the professional category have relatives who are deaf. Lay informants made up a more diverse group than Deaf-services professionals. There were eight male lay informants and eight female lay informants. They ranged from age 19 to the 70s. Informants in the professional category consisted of three males and eleven females, ranging from age 30-something to the 70s. This gender imbalance is likely due to the number of sign interpreters I was referred to and the disproportionately larger number of women in the ASL interpreting profession (Brunson, 2004). I did not intentionally seek to exclude any informants from a particular age, racial, gender, class or educational group. The goal of my study is to explore the experiences and perspectives of hearing border crossers and how this knowledge might inform the design of an instructional solution and I sought a diverse group. However, at Deaf socials, I encountered on only two occasions one black hearing border crosser and two deaf people who were black. I did not see them again nor was I able to reach them. My contacts who referred me to prospective informants were all white. This characteristic of my network of contacts and time constraints limited the recruitment of a wider pool of participants. In future research, more focused attention on how to recruit participants from different racial and ethnic groups would expand the scope of this study.

Data Collection Methods

I used interviews and observations to collect different types of data about hearing border-crossers. These two methods provided an in-depth and comprehensive investigation of my research questions. Interview data alone may be challenged for their validity because of the potential subjectivity of narrative data. However, my participation at borderlands allowed me to directly observe how Deaf and hearing people interact, negotiate, approach or withdraw during their encounters. During the data collection period, I made a habit of returning home from these hearing-Deaf borderlands to reflect and make notes of what I observed. As a hearing border crosser myself, I was also able to draw from my own experiences to reflect on how hearing people construct meanings through their interactions with Deaf people. Two focus groups with Deaf participants served to widen perspectives and allowed me to strengthen my understanding about the complex relationship between both communities. Their views, together with those from the hearing participants and mine (through my participant observations), were consolidated and synthesized. The use of multiple data collection methods and sources of data provided data and methodological triangulation. They served as checks to help minimize potential biases.

i. Interviews.

Semi-Structured Open-Ended Interviews and Procedures.

Interviews were used as the primary data collection method to answer the research questions. I asked participants questions about their motivation, interactions and communication strategies related to their experiences with Deaf people (Appendix B, Interview Guide). Prior to an interview, I took the following steps to systematically prepare for the event:

- Recruitment of prospective participants (Appendix A, Recruitment Script for Interview Participants)
- Scheduling of interview time and the selection of appropriate venues (neutral quiet setting) for interviewing
- Development of an interview protocol (Appendix B, Interview Guide)
- Obtaining informed consent from participants for conducting interviews and for digital audio recording

I will elaborate on the recruitment of individual interview participants and the interview process in the next two sections.

Recruitment.

For purposive sampling, prospective participants were identified through referrals by people who were involved with the Deaf community[17] or knew someone who was engaged with the Deaf community. There were two factors which helped me to secure participation from the group of people I targeted for study: my involvement in the Access Project and my relationship with my former Deaf ASL instructor in the community. These two roles facilitated my acceptance by key Deaf community members and some hearing border crossers who were closely engaged with the local Deaf community. One challenge I faced, however, was the recruitment of CODAs. It was difficult to get hearing people with Deaf parents to talk to me. The CODAs would either not return my call or the person who knew them would ignore my email requesting help connecting me to these prospective participants. I can only conjecture that these CODA prospects did not want to disclose private and sensitive information about living with their Deaf parents or being in the Deaf community. The fact that I am from the university conducting research might further unnerve prospects.

Subsequently, I was able to enlarge the pool of informants through my participation at Deaf social events and through snowball sampling, in which informants referred me to their friends or acquaintances who fitted the criteria of a hearing border crosser, and who in turn might refer me to other contacts to help expand my pool of participants. After sustained involvement at Deaf socials, I was able to recruit some prospective participants myself without any need for referrals. A downside of snowball sampling is that the diversity of participants was somewhat

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[17] The use of the definite article here does not suggest a single homogeneous Deaf community. There is heterogeneity in the local Deaf community.

constrained by the people I knew, and the people my participants and referrals knew; however, it seemed the most practical way to reach this group.

Since participation was voluntary and participants must be 18 years or older, I attempted to make contact with prospective hearing border crossers who met these criteria by calling them over the phone or emailing them. In all cases, I had not had any prior contact with them before the interviews. On several occasions, I would email and follow up these emails with calls to these contacts if I had a phone number associated with their emails. My recruitment data were not accessible by others as they were stored on my password-protected personal computer. I kept a spreadsheet of contact information and made notes of the recruitment process as I waited to hear back from prospects. I also asked participants to refer me to other prospective informants after every interview. On a few occasions, participants would ask without prompting if I needed to interview more people and referred me to some potential informants in follow-up emails. Recruitment ended once saturation of themes was reached — that is, I began to hear the same kinds of stories and few new ideas were emerging — through ongoing data analysis and a constant comparison of existing data.

The Interview Process.

Each semi-structured interview was conducted at an agreed-upon meeting location and lasted for about an hour or slightly more. Venues were typically workplaces and university meeting rooms, with a few interviews held at public cafes or eating places like MacDonald's and Pizza Hut. These public meetings produced recordings that were not ideal and harder to transcribe into text. However, all thirty interviews were productive and generated insights.

Prospective participants were first given a copy of the written consent form (See Appendix C, Individual Hearing Border Crosser Consent Form #1) that included statements that participation is voluntary and participants must be 18 years or older. I described the interview process and study details, and discussed confidentiality issues with participants before the interview began. I allowed time for participants to read the consent form and raise questions before and at any point during the interview process. I proceeded with the interview after consent was given, with the participant signing off the consent form, followed by me signing and giving them a copy of the form to keep for future questions. With participant consent, I also audio-recorded the interviews using a digital recorder. Once participants felt comfortable and ready to go forward with the process, I switched on the digital recorder and began the interview by inviting participants to first describe how they got involved with the Deaf community. A copy of the interview guide can be found in the Appendices (Appendix B). I informed participants that the audio recordings obtained from the interview would be used for this research project only. The audio recording was transcribed to produce a written record of the interview, with identifying information removed.

After producing a written transcript with identifying information removed, pseudonyms were assigned to all participants and adopted for writing. I asked a few participants if they had preferences for any pseudonym; but none of them had any specific names in mind. A few participants were thrilled to be invited as study informants and in fact did not mind having their actual names published in a future book. After the first round of interviews, one follow-up interview was conducted for content clarification purposes.

Ethical Concerns.

One-to-one interviews were conducted in locations chosen by the participants, where the conversations were not overheard by others. They were scheduled at times that accommodated participant schedules and where participant presence at locations would not raise ethical concerns. I conducted interviews in private rooms such as the participant’s office or office/conference rooms at the university or in other locations chosen by the participants (*e.g.*, participants’ homes or, in some cases, quiet public spaces such as coffee shops). Protection of privacy, confidentiality, participants’ preferences and comfort level were of utmost priority and consideration when deciding meeting places and times.

As indicated earlier, all the information participants provided in the interview was kept confidential. I assured participants that in all my presentations or research articles associated with this study, their names will be replaced with fictitious names. Any other details that might potentially identify the participant in the interview content will be disguised and/or removed. Since participants discussed their relationships and activities that involved others, including members of the small local Deaf community, I carefully edited their references to others, removing information that would identify those other people.

I believe that the risks of participating in this study were minimal. Participants might have some concerns about expressing negative views or disclosing information about the small deaf community in this northeastern American city. Before the interview began, I addressed this concern by informing the participants that they had the option not to answer questions that might cause awkwardness or discomfort. I told them that I would follow their wishes regarding any topics they would prefer not to talk about. If they felt uncertain at any point during the interview about the extent of details they would like to disclose about the topics, they had the option of stopping the interviewing process to discuss their concerns. Participants also had a copy of the signed consent form with my contact information as well as that of my faculty advisor, and were free to contact us if they had any concerns about the research.

ii. Observations.

A supplemental data collection method was my participation in the community and social events where hearing and Deaf people interacted from spring 2011 to May 2012. The Deaf community has many regular social gatherings where hearing people are welcomed: Deaf Coffee Socials at various local coffee houses or locations; events where hearing people or ASL students are invited to practice their new language skills with the deaf community; and Happy Hour gatherings. These events are publicly advertised on their social media networks.

As a hearing border crosser myself who knows some ASL, I attended these meetings in a role that is natural to me, an identity I have assumed before planning this research study. That is, I was not faking a role at these meetings – I have long thought about engagement between hearing and Deaf people. I have a family member who has a hearing disability and learned both Singapore Sign Language and ASL. I was interacting with people at these Deaf social meetings and recording my observations and feelings, simply in a more disciplined way than I have been doing since deafness entered my life directly more than a decade ago when I first taught a deaf student.

My participation in the borderlands served three purposes. First, it allowed me to deepen my knowledge of the local Deaf community and to gain legitimacy and credibility as an ally of that community. Second, I met other hearing people who participate in Deaf-community activities and these activities offered opportunities to recruit interviewees for the study. Finally, I was able to directly observe border-crossing in action and produce fieldnotes on my own activities as a border crosser in these settings (but not on the activities of others), taking note of the strategies I use to make contact with others, questions I confront in these interactions, and the pleasures and difficulties of my experiences. My field notes are reflections of my actions and thoughts as a border crosser in these settings. They provide background information for me to interpret the interview and focus group data. This is the stance assumed by Ouellet (1994) in his ethnographic study of truck drivers and a limitation he placed on himself to avoid doing covert research that raises ethical concerns.

Like Ouellet, I believe that doing covert research entails spying and is unethical. Ouellet was, at the time of the research, a graduate student who was also a truck driver. In his study, he “never consciously and covertly probed fellow drivers to unearth data useful for” his “research interests” (p. 17) in their regular interactions while he was still a truck driver. He also did not create situations for the purposes of research. He made notes of his observations but never recorded any conversations. Only after quitting his truck driving position did he return to the company to openly interview participants.

In the same way, I did not deliberately conduct any activity during these social events for a research purpose. I was simply another hearing border crosser, one amongst others who were present there. The reflection notes I made after the events, on what I said and did, simply provided background information for my interpretation of primary interview data on how hearing border crossers engage with deaf people in real life settings. I did not record any conversation or identifying information at the social events. While I did not explicitly seek permission to operate as a researcher in these settings, I did not hide my research identity and goals; indeed, many of those in the setting came to know me and to know about my study, through my role in the Access

Project. At one social event, a woman asked me what I was doing there after learning that I wasn't a new ASL student. I responded honestly to her questions and she laughed, "So, you are here to observe us!" My identity is not a secret to many who know of my relationships with some members of the Deaf community.

This immersion in the Deaf community became a necessary process for me to see how hearing border crossers engaged with and communicated with Deaf people in reality using an etic (outsider) perspective, beyond the emic (insider) one I hold as a border crosser. What I perceived as a limitation for me in such a setting, my level of ASL proficiency, which was not that of an interpreter or a native user of ASL, did not become too significant a barrier after all. I became just like one of those new ASL learners who were there to practice signing and to learn from Deaf people.

The Field Observation Process.

Hearing people who showed up at Deaf Coffee socials were usually ASL students tasked by their instructors to go outside the classroom and interact with Deaf people. Sometimes their instructors were present. The number of people attending these socials was unpredictable; ranging from about 10 to more than 20 some weeks. These meetings often grabbed substantial attention at these public cafès. I frequently noted that many cafè patrons would stare, or try unsuccessfully not to stare too overtly at our group gesturing away, sometimes with guttural sounds they had not heard before. I met a CODA who came along with his Deaf wife. Another hearing person came expecting to see her Deaf childhood friend. Sometimes, interpreters attended for professional development. A majority of hearing people were there to practice their ASL skills, often stating that they were fascinated by the beauty of the language. One individual expressed how she communicated better or faster with ASL than with English after sustaining a head injury. As for Deaf attendees, some of them drove a considerable distance to be present – from towns and cities more than twenty miles from the venue. Before technology enabled Deaf people to access information and communicate more easily, meeting in physical spaces was a habitual practice of many Deaf people. I discovered that most of these Deaf attendees were elderly people who had gone to Deaf residential schools or had become used to socializing in Deaf clubs which were popular up till the 1960s.

A drawback to field observations in a small city is that since I kept going to the two main Deaf Coffee social venues in the city, I was meeting, more or less, the same group of Deaf people who showed up regularly. This had an unexpected consequence. I realized word got out into the Deaf community about my presence when I went to a local Community College that offered ASL classes and was recognized by a Deaf person who I was not yet introduced to (I knew who she was, a prominent Deaf individual). Also, like any group of people, the same people who got along with each other and had less familial responsibilities after work showed up at the socials. When I asked if it would attract more people if the Deaf Coffee social was moved to a more central location, I was told that it was located where it was for the convenience of the elderly Deaf people who lived nearby.

My inadequacy as a border crosser often showed up at these settings because I am not highly ASL proficient. There were two factors that hindered my field experience. First, I learned Signed Exact English (SEE) in Singapore, a form of sign language based on English grammar and syntax, because that is what Singapore Sign Language is, and this has influenced how I sign in America. This practice slowed down and limited my ability to interact with Deaf participants, many of whom would prefer to communicate with someone who could sign faster in ASL. As a non-native speaker of English, I also often had to rethink the English sentence structure, and then try to arrange the English sentence in ASL syntax. Secondly, I was taught in ASL classes not to voice or move my lips, but at these Deaf Coffee socials, Deaf people told me to move my lips and use the Total Communication method because it helped them to better figure out what I intended to say. I had to unlearn what I learned at ASL classes and adapt to the new understanding.

Although many Deaf people were very kind in acknowledging my presence and in welcoming me, I often became more of an observer unless I sat next to someone who was willing to put up with my limited signing ability and became a mediator for me. Most of the time, the mediator would be someone who was hearing and who knew more signing than I did or a Deaf person who was Hard-of-Hearing and could voice a bit to me and clarify what the Deaf person was saying. The Deaf person who could understand me was also someone who was less ASL and more English in his/her signing. Many times, an elderly Deaf man would be the one with the patience to teach and correct me. I became a mediator once when a very new ASL student came and was largely "lost" in the sea of flying hands. He expressed gratitude to me for helping him to understand the signed conversations. That was an eye-opening experience — the fact that I could switch from being a border crosser who needed assistance to becoming of help to someone else who was newer at hearing-Deaf communication. I began to see that I had a fluid role in these hybrid spaces. I observed and participated at different levels in these socials.

A Deaf person once commented on my reticence when I did not realize that I was being "quiet" -- that my hands weren't moving. What is normal to me – listening to hearing people talk as part of the communication process – is not obvious to someone from the Deaf cultural community. From that perspective, I was observed to be simply sitting still and not communicating. Some Deaf people may not have been aware that I was "doing" something: listening to voices and sounds boomeranging around me — those of other hearing ASL students who were rather new and awkward there and unfortunately, talking.

Field observations were filled with good days and trying days. On some days, I felt I was growing a bit more "Deaf" when I went regularly to the socials. I felt less awkward being there because I felt I was making progress with my signing, even though I struggled with an abundance of miscommunication issues. I felt that I was gaining insight into border-crossing at these hybrid spaces. However, there were days when I would come home from the Deaf Coffee socials discouraged because I felt left out of conversations and unable to convey my ideas or understand large parts of signed conversations. My former ASL instructor who was present on a few occasions commented that I could understand a fair bit of signed conversations, but that I did not know enough signs to reciprocate signed communication effectively. I came to see this as something that could not be fixed quickly enough for this research study; language learning is a lifelong process. The mountaintop and the valley experiences all became a part of my own border-crossing experience, an integral part of this research process, and something I also identified in the stories of the other border crossers I wrote about in my findings.

iii. Focus Group Meetings.

The focus group technique originated in the business sector as a tool for marketing research (Israel & Gonzalez, 1992/2008/2011). It is a specially scheduled meeting to bring a small group of people together to talk about a specific topic. My objective in using this data collection method in this study was to open my analysis to commentary from Deaf informants. I sought to obtain some Deaf people's views on hearing people's presence in the local Deaf community and on strategies fostering engagement and communication. These perspectives were compared with the knowledge gained from hearing border crossers. Including Deaf people's perceptions allowed me to solidify my findings about the cross-cultural intricacies between both communities.

Focus Group Research Process.

Prior to the focus group meetings, I applied to the Institutional Review Board (IRB) for an amendment to the design of my research study protocol to include focus groups as another data collection method. Once I obtained IRB approval, I completed substantial coordination activities before I collected more data via focus groups. These pre-meeting activities included major tasks such as the recruiting of group participants, scheduling of meeting times for participants and co-moderators who had different work schedules, locating a venue, arranging for signed interpretation, Computer Assisted Realtime Translation (CART) service, refreshments, and note-takers. I also sought funding to pay for certified signed interpretation and CART services.

Prospective focus group members were initially recruited by me; I sent an invitation email to specific members of the local Deaf community that I was acquainted with (See Appendix D, Recruitment Script for Deaf Focus Group Participants). I aimed to recruit participants from diverse backgrounds. However, about half of those invited did not respond to my emails. I suspected that the email written in English to explain the meetings and the study posed a communication barrier. My Deaf co-moderator thus followed up on the invitation emails by calling up the prospective participants with his videophone. He also helped me to recruit more members to replace those who did not respond to my invitation emails. This resulted in the successful formation of two focus groups with four members each. The groups were scheduled to meet on different days for two hours; one in the evening after regular office hours at 5:30 and the other on a Saturday morning.

All participants convened at a university conference room for the meetings. Two sign interpreters were contracted to help me convey my verbal messages accurately to the Deaf participants so that I could guide the discussions effectively. I also had the privilege of an undergraduate student assistant and my faculty advisor to help me make notes on the side on separate occasions. Permission for digital audio recording of the sessions was also obtained from participants (See Appendix F, Deaf Focus Group Consent Form #2). These digital recordings served as backups for the signed conversations. Computer Assisted Realtime Translation (CART) service was also contracted to capture the conversation verbatim at both focus group meetings. As I could not secure the service of an onsite CART stenographer at the first focus group meeting, the service of a remote CART stenographer was contracted. A technician came to the meeting site to set up the venue for remote audio transmission and transcription of the interpreted dialogue.

I had considered a few ways to capture the Deaf focus group conversations, including video-recording, audio-recording, note-taking, and CART. Although video-recording would best capture all modalities involved in the focus group conversation, including both visual and speech communication, it is time-consuming to transcribe videos and I worried that participants might be more resistant to giving consent to video-recording. I finally decided that CART would be the most effective, although the most expensive, way to capture the signed conversation, as the contractor would provide me with a copy of the transcript most quickly. I would also ask participants for permission to do an audio recording of the signed conversation. They might be less resistant to this method as digital audio recording would not capture their faces or signing. I explained that the digital audio recording would be used to help me better understand the interpreted communication and as a second means to capture the conversation should CART not work or malfunction. Note-takers were recruited to record observations of the meetings that I would miss as the lead moderator. All three ways to capture the focus group conversation, CART, digital audio recording and note-taking, provided me with a thorough recording and capture of both focus group conversations.

On the day of the first focus group meeting, two participants did not make it to the session. At short notice, I was unable to recruit replacements for them. I thus had participation from six Deaf individuals in total for both meetings; three men and three women.

Each meeting lasted about two hours. Refreshments were provided and this gave participants some opportunity to settle down and mingle before each session. I began each meeting by welcoming participants and explaining to them how the meeting would proceed. This included providing information about group informed consent, audio recording of group conversations, capturing of group conversations via CART, and how I would pose questions and invite responses. I emphasized that confidentiality could not be guaranteed in group situations; other participants in the group would know how they responded to the questions. I asked participants not to share the information outside of the group and emphasized that we would do our best to keep all personal information private and confidential.

A focus group meeting guide (See Appendix E, Deaf Focus Group Moderator Guide) with potential open-ended discussion questions was drafted before the meetings and emailed to my co-moderator in advance of the meetings. I presented statements on my findings from hearing border crossers and invited focus group participants to comment on these findings. These findings statements centered on major themes that had surfaced in the narratives of hearing border crossers, such as the following:

- Motivation for engagement in Deaf community
- Stages of engagement
- Exploration in the community
- Border crossing sites
- Use of technology tools for communication
- Preparation or training for border crossing

Discussion was lively at these meetings; participants would "piggyback" on the comments of other participants and add a richness to the conversation that could not be accomplished by an individual interview (Rennekamp & Nall, 2009). To make it clear in the CART transcript whose conversation had been interpreted, both interpreters prefaced interpreted participant accounts with the names of the Deaf participants. This helped me immensely in my analysis of the group conversations.

Within a week of each focus group meeting, I received a transcript of the interpreted focus group dialogue from the CART contractor. This allowed me to consolidate the multiple sources of data promptly: findings from border crossers through interview and field observation data with focus group accounts from Deaf community members.

Data Analysis

Since this is an interpretive study, I induced from the data themes and insights that corresponded to the research questions. Sometimes, the insights generated questions that led to a re-reading of the texts and a fresh analysis of the data. However, the raw data by themselves have no meaning apart from the interpretation I ascribe to it via what Blumer (1954) refers to as sensitizing concepts. These are general flexible guiding interests I hold that align with the research questions, for instance, "how," "bridging," "negotiating," "challenges" and "strategies." They are not concepts I force fitted into the data, however, because I was open to other concepts that could lead to additional findings. I looked for patterns, consistencies, repetitious use of words, events and behaviors in participant narratives that corresponded to the research questions in some way -- in alignment with each other or in juxtaposition; either way, there had to be a relationship between ideas.

Following what is referred to as the grounded theory approach (Charmaz, 2001), I started from individual narratives and progressively developed more abstract conceptual statements to explain, understand and unify the data as more data were systematically collected from different categories of participants and via different data collection methods. I also used a constant comparative analytic method (Glaser & Strauss 1967 cited in Strauss & Corbin, 1994) to look for meanings in the texts until saturation of themes was achieved. This process of analysis was done in tandem with the data collection process so that there was a constant interplay between data collecting, coding and memoing, the "triad of analytic operation" (Strauss, 1987). When I first began data collection, I was quickly referred to more professionals and interpreters than lay people because they were easier to locate given their professional identity. After transcribing some of their interviews and coding some of the texts, I paused to reflect on what the data were showing me. I adjusted my research design to enrich my existing data with interviews from more lay people. I had also intended to interview more CODAs but I was unable to locate more within the timeline of this study.

Data Analytic Process

I did not start out with any preconceived coding scheme or theory to frame the research data. Any patterns in the data I identified emerged as I read, reread, analyzed and synthesized the different groups of data. Data analysis became a creative process where words or phrases were singled out, combined and linked together in some way to formulate conceptual statements grounded in the data.

I began my analysis by attempting to code each narrative and then develop a coding scheme using MaxQDA, a qualitative data analysis software. However, I soon found it unproductive and figuratively speaking, was not able to "see the forest for the trees." I was coding each narrative meticulously without any idea what I was going to write about. I thus abandoned this technological approach in preference for manual coding of the data. This way, I was able to flip through pages of text and compare ideas in a way that I was unable to accomplish on the computer. I underlined and highlighted words in different colors in the transcripts as I read each narrative several times over. I circled a word or a cluster of words. As overarching ideas or themes began to form within each cluster of participant data (lay, professional, border crossers with deaf family members) and across each data cluster, I began to group ideas together and make connections among them. I used multicolored tabs and sticky notes to distinguish between these ideas. I also consolidated Deaf focus group data with two other sources of data I had -- fieldnotes and interview data -- to ensure they converged in what is termed a triangulating fashion to ensure data trustworthiness, credibility, and dependability. In short, I authenticated my reporting of the perspectives and experiences of border crossers by constantly comparing the data and making sure they aligned and produced credible answers to the research questions.

Another aspect of the grounded theory approach is the memoranda I made as the research progressed. I made notes consistently about the data. I kept a notebook with me at all times to jot down ideas and thoughts that sprung up, sometimes unexpectedly as I was doing something outside of dissertation writing. I also had mobile devices and software that facilitated notemaking. I wrote memos of all my meetings with my faculty supervisor, memos of thoughts about each data collection event and memos on the theory that I was developing on my personal blog (left unpublished), and I used Evernote software on my iPad and mobile phone. I was thus able to record my thoughts and make connections at any time by drawing from ideas within the data and across fields and disciplines.

Methodology Summary

In this chapter, I discussed the qualitative approach, data collection and analytic procedures I used in this study to support research rigor. By making the methodological process transparent, I have also shown that this study has its limitations. It does not claim to be generalizable or have an external validity that distinguishes quantitative studies, but it provides context-dependent knowledge (Flyvbjerg cited in Riessman, 2008, p. 194) critical to the formation of a field. By exploring the perspectives and experiences of hearing border crossers in this setting through a careful and systematic study, I hoped to provide some depth to the understanding of a little known topic, the role of hearing people in a Deaf community and the complexity of navigating such borderlands. The next three chapters thus explore the trajectories, challenges and practices of a group of hearing border crossers as they maneuver Deaf spaces.

CHAPTER 3

ACT 1: PATHS TO BORDER CROSSING

In the next three chapters, I will adopt the metaphor of the theater to tell my story of how hearing people who participate in Deaf community life in northeastern America do so in ways that facilitate effective communication. This metaphor will help me frame the process through which many hearing people I interviewed cross boundaries at intergroup sites to commingle with Deaf people. I will begin in this chapter to describe how numerous hearing people learn to enter the “stage” of interactions. In Chapters 4 and 5, I will explain how they become more involved and figure out how to sustain their engagement with Deaf people.

There are two reasons for my use of the theater metaphor. First, border crossing can be viewed as a performance that is spontaneous and complex. Using this metaphor allows me to paint a vivid picture of hearing border crossers negotiating roles, exploring and developing identities as they engage with Deaf people in an intuitive, often unconscious manner. Secondly, border-crossing can be perceived as an embodiment of transformative learning that involves accepting, resisting and adapting to situational realities that cannot be fully prepared for ahead of time. These embodied acts are dramatic and intricate. Improvisation is a required skill.

The idea of interpersonal and intergroup engagement between Deaf and hearing people as a developmental process that evolves organically over time was evinced in the narratives of two participants, Miriam and Skylar. Miriam disclosed a progressive involvement of thought, action and emotion:

> I just was fascinated with [ASL] and very hopeful — this is something I'm really interested in. And then the more I got into it, the more I learned, the more I took classes and things, I decided I'd do a little more. I got involved

> in a deaf advocacy group. I was so afraid to go to meetings, means that I got to sign, so I practiced at home, and you know, slowly I got into it. I became more involved and just, just different things. Made a lot of friends in the Deaf community –

Skylar likened her participation in the Deaf community to "a big snowball" of events that intensified and drew her from the edge to center stage in the Deaf community. A later section will discuss how she was invited to play a professional role in the Deaf community.

> When I was first involved, little hesitant, little unsure of myself, my biggest worry was, was I going to understand the Deaf community, were they going to understand me? And I started socializing more, and became very involved with a group of Deaf people that advocates for the Deaf community, and have now become involved with a nonprofit deaf services agency. I'm now involved with the local chapter of a deaf advocacy group — so that's kind of how it all fell into place. How I became involved with the Deaf community is I started to learn the language and, I still believe that God puts people in your place for a reason, and when a Deaf friend started coming to our church, and I said I needed to, in order for me to get to know her, I needed to learn her language, and just, it's like a big snowball, big snowball and that's how I got involved with the Deaf community.

The process of becoming a hearing border crosser, as Miriam and Skylar recount, entails making a series of deliberate learning choices and participating in a progression of activities. The rest of this chapter will document the first step of crossing over, into the borderlands, from hearing into Deaf spaces. Using several profiles of informants in this study, I highlight the different paths taken by these hearing border crossers into these interactional spaces. Before that, I will briefly discuss the spaces I call “borderlands,” what they are and where they are located.

The Landscape of Border Crossing: The Borderlands

I begin my story by clarifying the notion of hearing-Deaf interactional spaces, the “stage” concept I broached earlier. This idea refers to spaces where both hearing and Deaf people spend time and encounter one another. When I use the term “stage,” I am thus referring to the border-crossing site. The areas I am conceptualizing as borderlands, where Deaf and hearing people commingle, are characterized by heterogeneity and different levels of participation, like spaces for theater experience. Just as scenic designers configure the stage to suit the theater production, borderlands can vary in layout and location. Borderlands can be formal, informal or a blend of the two; physical, virtual as well as psychological ones; existing in cyberspaces and in the minds of hearing border crossers. The very nature of border-crossing suggests that borderlands are multi-leveled, multi-voiced and multi-component.

Hearing border crossers’ narratives reveal that one’s relationship with Deaf people influences to some extent the type of borderland a person first accesses. For hearing individuals with family connections to Deafness, their homes are the borderlands where they interact with Deaf people regularly. Hearing professionals who work with deaf people tend to encounter them within organizational and other spaces that provide education, religious, advocacy and social services; for instance, sign language classes, interpreter referral services, interpreting training programs, Deaf advocacy and outreach programs. Gale, an administrator and social worker, says she meets deaf people, “mostly through work.” Working in a Deaf-services agency, she supervises Deaf staff members in organizational spaces and assists some deaf clients in their own living quarters. However, some Deaf-services professionals also have family members who are deaf. They may thus interact with them within both personal and professional settings.

Julia, an experienced interpreter, speaks enthusiastically about the myriad spaces she’s entered while interpreting for Deaf clients:

> [Interpreting] gets me to enjoy different aspects of the world. I've interpreted in, I can't tell you how many varieties of religious activities, you know, court, medical, the most, the most novel thing I've done is, I've interpreted for a frat, and you know, their private meetings, and I was the only woman there… And I've interpreted for movie stars—. But, you know, I have done things that nobody else was able to do because I had access.

Her interpreting job has taken Julia to many borderlands within a context (for instance, the context of religion) and across different contexts. Andy and Jolene, also experienced interpreters, interacted with deaf people in the neighborhoods where they lived before becoming professional interpreters. Kate, a sign language teacher and interpreter, met a deaf child and his interpreter at a softball game; Hannah, a social worker, went to a local college library when a family member became deaf after contracting spinal meningitis, and "discovered [through books] this whole Deaf community that [she] had no idea even existed [before]."

Tom and Marcia, both lay people with no family connections to deafness, mostly encounter Deaf people at sign language classes and sign language practice labs in a local community college. They also interact with Deaf people at Deaf coffee socials and other community events that are held at public cafés and eating places. However, not every hearing-

Deaf interaction occurs at a preplanned and designated space. Tom talks about other places where he meets Deaf people:

> I've only encountered two Deaf people in the [public] — (outside of sign language classes and Deaf coffee socials), once at St. Patrick's Day [Parade], and a guy blew his mind because he, I said something to him and he signed, “I am deaf,” he couldn't speak, and I said, “Oh, oh! I know sign language, what's your name?” And it just wowed him, he was like holy! People, they don't expect that, they don't expect people to know sign language, so, and then one of my best friends, he got married, in October, just this past October, and his wife, he just married her, his fiancée or wife whatever, we were at the wedding. Her uncle is Deaf and me and my girlfriend both were able to speak with him, and we were the only ones there, even his wife and children couldn't speak to him, which was really sad. He was the happiest man at the wedding, and I'm actually trying to get him to download the Skype program, so that I can see him, and see his children and I can teach his children how to sign.

Tom encounters Deaf people in public community spaces unexpectedly. To have more opportunities to practice signing regularly, Marcia, like Tom, appealed for Deaf practice partners through an online Deaf Chat site. She tells me, “I posted like, 'I’m a hearing person really wanting practice for American Sign Language, posted my history and all that.'” A Deaf woman, who is a native signer, responded and they started “talking over Facebook.” Marcia and her Deaf friend now video-chat with each other once or twice weekly through Skype.

Whether formal or informal, any space has the potential to become a borderland because deaf people live lives just like hearing people. They eat, play and work; go to places out of necessity and also for pleasure. It is thus not a surprise for hearing people to encounter them at public locations as well as at private locations at home; in physical spaces and virtually; intellectually through books, and in real life at Deaf community events.

Entering the Stage: Taking up Position

Actors must get on stage to show off their craft. Having crossed over, an actor prepares to take the position required to play his role. In a parallel sense, a hearing border crosser must first gain access to the Deaf community to interact with a deaf person(s). S/He crosses over from a hearing world into “in-between” territory, the borderlands, where different modes of communication are used to negotiate meaning between hearing and deaf individuals. Border crossers enter into this intersectional space through different ways, blending individual knowledge with new learning from others.

In this section, there are four sets of stories: stories of participants with family connection to deafness, Deaf-services professionals' stories, lay people's stories, and Deaf focus group participants' feedback on these three sets of stories and spontaneous insights these Deaf informants have about border crossing I did not address. Altogether, I will examine the narratives of seven hearing border crossers to highlight the different routes they take to access Deaf spaces. I have selected two cases from each of the following two clusters (that is, four in total): participants who have family connections, and Deaf-services participants. I have selected three cases from the lay people's cluster. My goal is to single out themes and compare these themes across clusters. The first two profiles of Matthew and Andrew highlight the issue of communication and its challenges for participants who have or had deaf parents. Matthew's and Andrew's stories illustrate that experiences are less homogeneous within this group of informants than they appear to be on the surface. The next two profiles are professionals working with the deaf, Julia and Skylar, whose presence in the Deaf community is due to their relationships with a prominent Deaf individual(s). The final set of three profiles classified as lay people's stories document the entry of Colin, Zoe and Dawn into Deaf territory, people with no family or professional relationships with deaf people. The use of these profiles by no means suggests that any individual hearing border crosser’s lived experience is typical. Using these profiles, I attempt to establish the very opposite: the complex and varied nature of social interactions in these borderlands.

1. Stories of Participants with Family Connection to Deafness

Although my intent is not to generalize, Matthew’s story is likely consistent with the entry trajectory taken by many Children of Deaf Adults (CODAs) who have Deaf parents that use sign language to communicate with them when they were growing up. As a result they enter into Deaf spaces directly and freely. Andrew's story is different although he has a deaf mother. He did not learn to sign until he became a deaf teacher.

Matthew: “[As] the child of deaf parents, you are not questioned as to what your motive is.”

Matthew is elderly. He has worked as an interpreter professionally and appears somewhat hesitant at moments during the interview. He does not have the long and lush accounts of interactions with Deaf people that several of the professionals — who are not CODAs —reported with their Deaf clients. When I contacted him to request an interview, I recall being asked, “What’s this about?” and I sensed that he was a bit reluctant. I attribute his caution to his close affinity with the Deaf community. With parents who were both deaf, Matthew was signing before he could talk:

> Because my parents were deaf, I was always, I was very involved with the Deaf community because as kids, you go where your parents go, and your parents go to Deaf functions, and so I was around Deaf people, you know, all my life …

Matthew is thus embraced by the Deaf community with no questions asked. Reciprocally, he defends and protects the Deaf community as a consequence of his membership as a CODA and professional working with Deaf people. From a spatial dimension, “crossing over” into Deaf space is a seamless act for Matthew. There isn’t any sense of a separation for him between hearing and Deaf spaces: He has always been in a heterogeneous space of hearing and Deaf people, with Deaf parents, hearing siblings and CODA peers. Matthew explains:

> [T]he Deaf community is a very close community so I know almost every Deaf person in [the area] … Normally hearing people are not part of the Deaf community per se. But being children of deaf people you're automatically in there… With the child of deaf parents, you are not questioned as to what your motive is. Your motive is your parents. Deaf people didn't want to be used or taken advantage of and so they trusted the CODAs, Children of Deaf Adults.

In contrast to the suspicion some Deaf people may have of hearing people, CODAs are regarded by Deaf people as having untainted motives for wanting to be involved with them. In a

Deaf-pride or group voice, Matthew presents the Deaf community’s stance: CODAs are special. CODAs can enter into Deaf spaces without having to think of how, or if they would gain admission. But at the individual level, journeying into borderlands may not be so simple. Matthew tells me that he has “basically just [become] an interpreter.” Probing further, I ask, “I don’t know if I’m correct, but not all children of deaf adults end up as interpreters?” He responds amiably in one of those few moments during the interview when he opens a window into his personal life as a CODA; when the other-referent second-person pronoun becomes a personal first-person pronoun:

> Yeah — that's another mistake, not all children of deaf adults are good signers or good interpreters… I realized that I couldn't really effectively communicate with my parents — Because you know, I don't know how many times you sit down with your parents to have a discussion. You know, not very many times. It was basically just direct questions and answers and “Don't do this”, “I need that.” Never really sat down, and didn't know what my parents thought or believed or — so I started taking classes.

Although Matthew tells stories of easy direct access into Deaf community space as a CODA, this theme is countered by an underlying theme of communication difficulties with his family. Despite Deaf family connections and fluency in sign language that provide easy access into Deaf spaces, Matthew’s communication problems with his parents come as a surprise to me. A lack of communication between hearing parents and Deaf children is widely documented in Deaf studies because of the language barrier. I have not anticipated that to be a predicament for a CODA; but, of course, communication is difficult in many families, whatever the modality.

Although fluency in sign language does not guarantee effective communication in Matthew’s case with his family members, it does grant him access to the Deaf community.

Andrew: "I know—what it was like to live in that world a little bit"

Not all hearing children who are born to deaf adults grow up using sign language as a daily communication tool. I present Andrew's story to shed light on the layers of complexity and heterogeneity surrounding the communication issue between hearing and Deaf people. Andrew is a highly experienced teacher of deaf children and is keen to offer his perspective for this research study. I had temporarily halted my interviews to review and consolidate my data collection strategy. I wrote to inform Andrew about my decision and his email response indicated a strong desire to have his story heard. Despite a gap of slightly more than two months between my first contact and the interview, Andrew kept his commitment to participate in my study. I had the opportunity to meet him in person at a Deaf social event before the interview and this might have helped break the ice so that he felt comfortable talking to a stranger who wanted to probe into parts of his life. At our scheduled interview, he is articulate and his stories are detailed, compared to Matthew's. I ask him how he got started with the Deaf community. He explains:

> [W]hy do I get involved with deaf education? — Well, I would say because my mother is deaf. But that's kind of a lie. My mother is deaf. But that's not really, I— it's a good cover story. I do know what it's like to grow up in a household where you have somebody who has a challenge hearing you, hearing loss. My mom being deaf all her life isn't part of the Deaf community. She's not what you would call capital-D deaf. She is not

> culturally deaf. She is a small-d deaf. And she's been aided [that is, used a hearing aid], bilaterally aided all her life. And functions basically as a hard of hearing person. But there are some challenges even at that with the— So I kind of, I had a good feel for that, what it was like to live in that world a little bit.

Andrew's story begins with his desire to change careers and takes an interesting twist when he reveals that he has a deaf parent — which I was not aware of before meeting him. He entered Deaf community spaces from a young age through his interactions with a lip-reading deaf mother who functioned more like a hearing person. He did not get involved with the Deaf cultural community[18] officially until he became a deaf educator and started to learn ASL. He is thus quick to dismiss the idea of him becoming a deaf-serving professional because of his personal connection to deafness, saying "It's a good cover story." In the borderlands, there are deaf people who sign and those who do not sign and do not become acculturated into the Deaf cultural way of life until an opportune time when one is pulled or pushed in[19]. Andrew was initially "pushed into" the Deaf cultural community when he began teaching deaf students. Before learning to sign, he simply negotiated meanings and experiences in Deaf spaces with a

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[18] As indicated in Chapter 1, some deaf people do not regard deafness as a disability. Instead, being Deaf is an identity they embrace. The concept of a Deaf culture was developed in the 1970s (Ladd, 2003). Some Deaf people believe they share cultural practices and thus belong to a Deaf cultural group that distinguishes them from other cultural groups: a distinctive language, norms, values and practices.

[19] What I mean by being "pulled into" the Deaf community is that some people are intrinsically motivated to engage in the Deaf cultural community. They are attracted by Deaf culture, its language, values and beliefs and thus identify with and support the Deaf way of life. When people are "pushed in," they may be doing so because of extrinsic factors. For instance, they may have to learn Deaf culture or sign language because of their job.

deaf parent through a different mode of communication. When I ask Andrew how he communicated with his mother prior to learning sign language, he explains:

> Just talked. She doesn't sign. Just, she's a lip-reader. And just making sure that I knew, that I was looking at her, you know, face to face. Knew when I could get away with stuff and when I had to behave because you learn that as a kid, you know, mom’s got her [hearing] aids off. Hey, you can do whatever you want, you know? So, it just, and it is a funny question. No one's ever asked me that. It's just kind of, you do it. It's natural. She, you know, not being, I didn't really, hadn't been exposed to the Deaf community per se because she didn't, wasn't a part of that. So I didn't really know anything about that when I got into it.

Andrew sounds amused and perhaps, a little incredulous with my question. Communicating with one’s parent is a natural occurrence; one just does, one does not think about how to make it happen. As he stops to think about my question during the interview, he reveals the family dynamics of living with a deaf parent. Andrew learns as a child how to relate and respond in different situations with a deaf parent. He knew when he could get away with disobedience and when to obey his mother. Andrew enters the borderlands and acquires border-crossing strategies through a route that is different from Matthew's. Still, he learns to render the appropriate performance when the situation necessitates it.

2. Deaf-Services Professionals' Stories

Informants who are Deaf-services professionals often first encounter and interact with deaf people as colleagues or co-workers, neighbors, clients, or as kinfolk of those who are deaf.

For some, border-crossing first takes place in personal settings or work settings. “I hired the first deaf employee at the hospital,” says Roger. Andy says, “There was a deaf man who lived next door.” Social worker Gale mentions how there was a need to communicate with clients who were deaf. Miriam tells of a time when “[t]hey needed someone basically to watch a deaf child who was bused in by their district.” I have selected the following profiles of two Deaf-services professionals who are interpreters —Julia and Skylar —to contrast two different trajectories through which Deaf-services professionals come to know deaf people, Julia’s path facilitated by a single Deaf individual as opposed to Skylar’s circuitous route via a group welcome.

Julia: “She was my passport into the community.”

When asked how she first crossed over the hearing-Deaf threshold into Deaf spaces, Julia responds:

> [Y]ou have to be [a] part of the Deaf community, and at the time that I was growing up in the field, a major player here, Cecilia, whose name had come up with other people, she took me everywhere that she went. I did an internship with her for a semester. And so I went to Deaf clubs, well, Deaf parties, whatever else was going around at the time… At that time it was the 70's, it was very different. And everything was open. But, remember I went with Cecilia. Cecilia was my passport. Okay? I mean I didn't just show up. She took me places and so she introduced me as, you know, her student and that's why, she was my passport into the community.

A few hearing border crossers, like Julia, who are Deaf-services specialists reported having a prominent Deaf instructor serve as their passport for admission to the Deaf community.

An experienced interpreter with more than three decades of interactions with Deaf people, Julia is happy that she has “that cool talent” for interpreting. She is drawn to sign language interpreting because she “wanted to learn the language.” She holds in high regard her parents’ words of advice, “You should love what you do, and not worry about money. And you should be good at what you do.” Her face lights up when she explains that to be “able to provide the means by which two people could communicate– I just think that's a phenomenal thing for, you know, a career.” She talks excitedly about the many people for whom she has interpreted – including movie stars – and the varied settings interpreting has exposed her to: court, medical, religious, and educational. Julia shows throughout the interview a confidence in her abilities, a depth of understanding of the requirements of her job and a keen awareness of Deaf people’s experiences. She is knowledgeable and forthcoming in her stories.

Twice, Julia repeats these words, “It's different now.” Julia feels that Deaf culture and the Deaf community “have changed a great deal like every community does.” She notes that when she was growing up in the 1970s, the local Deaf people were very tightly-knit. More weekly activities were organized and so it was not hard to be a part of the community. Julia cautions that “it is hard[er] to do [so] because they are very disjointed [now]… because of technology and other things.” With these changes, I ask Julia if a "passport" is still needed these days. She provides a thoughtful reflection based on her observations at Deaf socials:

> I still think, yes. I still think yes. I've gone to several functions where students of sign language just show up and for the most part, there's a mixed reaction. There is, there is this "Who are you?" and "What are you doing here?"And yet there's that momentary, “We’re going to be welcoming” and then they welcome the people in. But hearing students

> these days do that not because they want to learn the language or get involved with the Deaf community. They do because they are assigned to do it. You know, colleges say you must go. And you must get a signature saying you were there. And so there, it's very clear to all of us, Deaf and myself, that these people are coming in to get a check, that's all. They're not really there to learn or to interact. So the attitude is very different, and so Deaf people end up getting upset with that. And also their instructors are not coming with them, they're not, you know, holding their passport for them. And that's not liked, at least, from what I can see. It's understood, and I, in conversations with the Deaf and the sign language instructors around [the area], it's known that that these students are being asked to come and the Deaf community is saying, “Yes, yes, that's fine” because they know that's what has to happen. At the same time there's this struggle because there is no passport and there is no reciprocity happening.

Julia’s narrative is incisive in a few ways. First, the idea of a required passport into the Deaf community builds on and reinforces Matthew’s account of how Deaf people examine hearing people’s motives for entering Deaf spaces. Secondly, with a Deaf person as companion, a hearing person has an insider’s endorsement that allows them to enter Deaf territory. Thirdly, Julia’s metaphor of a passport for access encompasses a Deaf person being that passport and holding that passport. This suggests two images: the Deaf individual as the embodiment of Deafness and the Deaf person as holding a warrant. Both images call for the same conclusion. Both certify a hearing person as being admissible and thus allowed to enter Deaf spaces. Without that passport, as Julia’s story documents, Deaf people are cautious about opening their community spaces to hearing people.

Skylar: “Members of the Deaf community saw that I was open.”

Julia’s story illustrates how the relationship of a hearing person with a high-profile Deaf individual granted her access to the local Deaf community and forged the way for her to become a Deaf-services specialist. Another entry trajectory is an expansion of the idea of access through a single prominent Deaf individual. I recount Skylar’s story to illustrate “entry” through a non-linear series of events. Skylar’s path to the Deaf community entails an “ephiphany” and a series of encounters with Deaf people so that it is an ensemble effort. Deaf people, as an ensemble, assess potential border crossers and act as auditors, filtering out those who they perceive over time as dishonest, and leading those who they perceive as trustworthy into their inner circle.

Skylar is an interpreter-in-training who has been on several interpreting assignments. She has been involved with the Deaf community for more than half a decade. I have seen her a few times at Deaf community events prior to our interview. What often strikes me is her laughter and sunny attitude. "How are you doing today, Skylar?" "Oh, it's beau-ti-ful, everything is wonderful!" I notice how animated she is when she converses with others. These combined with her bold dramatic gestures contribute to a presence at Deaf Coffee meetings that is often visually commanding. An instructor of interpreters once told me she could pick out those who would make good candidates to pursue an interpreting career. Intuitively, I sense that Skylar would fit that profile.

She is an informant who has little trouble with storytelling and offers long accounts each time I pose a question to her. When I ask her how she first got involved with the Deaf community, she identifies a few key events in her life that caused her to get “wrapped in” the Deaf community and become a sign language interpreter.

Skylar had been performing in church with some ASL signs[20] and movement when she became fascinated with sign language. As a lay person, Skylar made her foray into the Deaf community through sign language classes. However, her relationship with Deaf people did not end with sporadic interactions after initial sign language classes. She became good friends with a Deaf woman in church who introduced her to some members of the Deaf community, similar to Julia’s induction. “I saw how [hearing] people were interacting with her, that it was more of a polite [gesture], and I just didn't, something in my gut told me this isn't right, so I said, 'If I'm going to know her, I need to really get to know the language,'” said Skylar. She took additional sign language classes. This was followed by a watershed event that moved Skylar to turn professional:

> At a leadership conference — we had to write our obituary, very creepy, I know (laughs), we had to write our own obituary and the point of that was to say, do you want to be known as somebody who just went to work every day, or do you want to be known as somebody who made a difference, not only in our community — it [may] be the community in general? So after writing that I said, I don't want to be known as somebody that went to work every day, I want to be known as somebody who makes a difference, and with the help and encouragement of my dear Deaf friend, along with the Deaf community, and I think it was a God moment, that said, this is the path I now need to be on. So, a few members of the

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[20] Skylar did not know sign language then. She learned some sign vocabulary for church performances.

> Deaf community wrote letters of recommendation for me, helped me fill out the application [to an interpreting program] — everything fell into place. I sent the application off, received a notice two months later that I had been accepted.

Skylar's story above illustrates a theme found in the narratives of some informants who are Deaf-services professionals. Their work is more than a job; it is a calling to make a difference where they are. Skylar's exposure to Deaf people and critical events in her life led her to become intimately involved with the Deaf community.

Skylar clarifies later in the interview, “The ASL class drew me to sign language. It didn't necessarily draw me to the Deaf community.” I find this to be true of many hearing people at the early stages of border-crossing through my observations at Deaf Coffee socials and my own reflections on member behaviors at a sign language club I founded in the university. Some ASL students love the beauty of a visual language but are hesitant to “cross over” and initiate conversations with Deaf people who are new in the community space. They keep to their hearing companions and occasionally, to their ASL tutor if s/he is present.

Skylar’s account reflects how a layperson who is first drawn to sign language and enrolls for community sign language classes becomes a Deaf-services specialist. It is a circuitous route to further interactions with Deaf people, completed not through a single event or a Deaf individual alone. In the following story, she highlights the guardedness of the Deaf community and how the group, as opposed to just one individual, welcomed her in:

> The Deaf community has the circle. There is an inner circle no hearing person will ever be part of because we don't know, hearing people do not understand the experience of growing up deaf and what deaf people have

> to go through, but there is this circle that Deaf people will allow you into as they accept you. So it is a level of acceptance, and if you have a chip on your shoulder so to speak, or if you have body language [that] says, "I'm not approachable," then there is that level of distance that the Deaf community, and deaf members and deaf people will keep from you. And because members of the deaf community saw that I was open, that I was accepting, that I was willing to try to learn the language, I was accepted.

Skylar’s description of the Deaf community and its inner circle matches Matthew’s earlier portrayal of the Deaf community as a close and closed community in which hearing people are normally not invited. Before interpreting gained professional status, Skylar explains, “the Deaf community – would train their interpreters, they would train somebody to become an interpreter; they would teach them; they would lead them through the whole process of entering.” Compared to Julia’s story, Skylar’s account underscores the Deaf cultural group’s gatekeeping effort. It wasn’t just one member who checked Skylar's credentials. Her stories are peppered with stories of endorsement by “members of the Deaf community,” “Deaf people” and how several Deaf people accepted her. Skylar had multiple passports into the community. However, Skylar’s role as a professional who would hold personal and confidential information of Deaf people’s lives explains why she requires more stringent assessment by Deaf community members for admission from the periphery into the near-center of the borderlands.

In a related note, Miriam, a Deaf-services professional introduced at the beginning of this chapter, raised the idea of a direct versus indirect, or more circuitous route, to accessing Deaf spaces. Below Miriam describes her experience in interpreting training:

> And when I was observed, we used to be observed by people from our college’s interpreting training program. He (interpreting training supervisor) came into our classroom and watched, [he] said that I entered the field by the back door because I learned Signed English first, so it was harder for me to switch to ASL, but when I did do transliteration, English to English, I did at least have the ASL, the right signs to match the English meanings. That was important but some people don't do that, and the person's looking at him and it makes like no sense.

I suggest that despite their unique backgrounds and experiences, Julia and Skylar entered the borderlands formally, through the front door, with prominent Deaf individuals as their passports. They also both received ASL training from the start through established interpreting programs. Miriam entered Deaf territory in incremental steps and through a slightly different “entrance” — the back door — because she learned Signed English[21] first. Nevertheless, Miriam persisted in mastering sign and is today a highly skilled and experienced sign language interpreter.

It is worth noting that mastery in sign language distinguishes sign language interpreters from many, if not most, hearing professionals who work with the deaf. Mastery of sign language might create a different interaction experience for these border crossers compared to those who are not fluent in ASL. However, research (Baker & Cokely, 1980 cited in Napier, 2002, p. 142) and Skylar's accounts show that it is a hearing person's "good attitude" (Mindess, 2006) towards Deaf people and their culture that grants them acceptance by the Deaf community.

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[21] Signed English is not ASL; it follows the sentence structure of English.

3. Lay People's Stories

The narratives of lay people are distinguished by their variety. Their individual experiences and perceptions are markedly different and it was a challenging task to pick out consistently recurring themes. However, repeated analysis yields three discernible paths in lay people's passage to Deaf community spaces. The first path is taken by a group of lay informants who are enthusiastic about learning new languages, cultures and religions or have had exposure to different cultures locally or abroad. They actively pursue the opportunity to enroll in ASL classes when they become available. As Tom, a lay informant who took this path, says, "[Th]roughout my whole life, I've always been interested in religion, culture, language— across the board." The second path is undertaken by lay informants who are in graduate-level disability professional preparation programs. They are highly motivated to learn how to interact with deaf clients as they expect, in their professional careers, to work with people who have disabilities, including those who are deaf. They choose to get involved with deaf people despite having no kinship ties with deaf individuals. Luke, a lay informant who took the second path, says, "I anticipate having deaf clients in the future." The third path is pursued by a group that comprises those who hesitate and/or linger on the fringes of Deaf spaces for a while before taking the plunge to matriculate as ASL students. Like Sharon, another lay informant, they move in and out of borderlands, sometimes for longer periods of time, and at other times, just for brief durations:

> I started taking sign language about probably 25 years ago, at church with somebody from out-of-state and they work strictly with the deaf, and they came up and taught us sign language, and then I kind of put it at the back of my brain and I never went anywhere with it. I didn't study or go on

> further. I did a little bit in Sunday School there and I transferred churches.
>
> The church I transferred to didn’t have any deaf people for years.

In this section, I will examine the profiles of three lay informants to draw attention to the three trajectories through which lay people gain access to Deaf spaces: Colin, the sign language lover; Zoe, the “future” disability professional; and Dawn, the in-and-out border crosser who wants to be able to communicate with Deaf people.

Colin: “I love to sign and I — meet a lot of people.”

Colin is a young adult in his 20s studying in a local community college. He had not met any deaf person until he enrolled in ASL classes. At the interview, he shows up with cotton gauze stuffed in his mouth fresh from some major dental surgery and initially signs with me instead of speaking. He brings along a female friend to interpret for him without informing me in advance. As I want him to be able to freely talk in his native language, English, I suggest we reschedule the meeting to give him time to heal from the dental work. After some negotiation, he removes the cotton gauze from his mouth and agrees to talk instead of postponing the interview. Since he brought an “interpreter”, I wonder if he is nervous at meeting a stranger from the university. He chuckles throughout the interview, perhaps both nervously and mischievously, as he describes how he began learning ASL himself “about five years” ago:

> When I was younger, my friend and I, we tried to learn sign, but I guess I was wrong, I was learning Signed English and not ASL. But we didn’t care. We went to work and they told us we can’t talk to each other when we are working. So me and him learned sign, so we could sign and not talk.

I ask him what motivates him to learn sign language. “It’s cool because it’s like—a secret language. It’s really quiet and, like ninjas can use it,” he chuckles again, “So, I don't know, I just liked it.” Colin repeats “I don’t know” numerous times during the interview. “I just meet them (Deaf people) to make friends. I love to sign and, I don't know, I just meet a lot of people. And have fun. (Chuckles) I don't know what my role would be,” he says. Like many of the other lay informants, Colin does not intentionally reflect on his decision to learn sign language or why he chooses to engage with Deaf people. When I ask him at the closing of the interview if he has questions for me, he reiterates, “I never like really looked at me [sic] as being in the Deaf community. But somehow I just am. (Chuckles) So I didn't like try to go and be, like, in the community. I just am.”

His narrative seems to be created spontaneously as he converses with me. He says that he feels honored to be invited to an interview for my research study and thanks me for having him. He is apologetic for the delay in getting the interview done, “So am I the last person you had to interview?” At the end, he asks to read my dissertation, “Yeah, I want to know what it says! — Can you email it?” His constant chuckles and joke about sign language being a ninja language belie the intensity and substantial effort he makes to teach himself and his friends how to sign. This invisible work takes the shape of the following activities:

> I went to ASL Browser[22] and just read it all, like if I, if I know I want to talk to my friend about cars, I would find it on ASL Browser on the computer and then learn it. Go to work and teach him and now we can say, "This is car." "This is love" (chuckles) But I guess, like me and him are

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[22] ASL Browser is run by Michigan State University's Communication Technology Laboratory.

> confused a lot because it doesn't say how to say -ING. So if I want to say "driving" with -ING, we don't understand how to do that.

Colin first taught himself how to sign following English syntax and how to fingerspell the manual alphabet through free online ASL resources. He went on to teach his friends and family members to sign. I ask, “Who were you teaching?” “My girlfriend, my daughter, my son — a lot of my friends, so, that was before I had deaf people to talk to (chuckles again)” Despite his effort, his story reveals some confusion in trying to learn on his own. This was prior to his formal college studies which led to his decision to enroll for ASL classes. Colin is now relieved and happy to meet Deaf people through these classes:

> They know it better. (Chuckles) So I don’t have to teach, teach, teach all the stuff I know. — Here, I learned how to, like, sign what I really meant to say. So the computer only helps a little to, like, learn some of the signs and then a lot of the signs are different or wrong because they change for the community. —So in different communities, it's different signs. And then later, I went to college, I needed to take two languages, I took ASL. From ASL, I went to the lab. I met Larry and James and Rose and her mom, and then a lot more.

Colin’s route to Deaf spaces is not a straightforward one. Using the theater metaphor, Colin can be perceived as having “private rehearsals” before taking the formal step to interact with Deaf people on the “stage.” Taking a formal ASL class provided him with benefits that he did not have when learning on his own: authentic language practice partners and knowledge of appropriate signs for the context. Likewise, Fred, another lay informant and a non-traditional community college student, found his ASL class to be enjoyable, so he “just kept going.” When asked if he had met any deaf person prior to ASL classes, Fred reveals some of his inner struggles:

> Honestly, if I did [meet a Deaf person], I would be too scared to try to communicate with them probably, I'd be— I just don't want to embarrass myself. I also don't want to make them mad [since] I don't know how to communicate with them at all.

However, he also talks about what helps him to engage with Deaf people:

> I also experienced other cultures, and stuff like that. If I were to have done this after high school, there is no way I'll be as proficient as I am and as understanding as I am. So when I got into ASL and I met, you know, people in the Deaf community I was definitely a lot more, you know, observant and accepting. So when I got into talking with people there, they are also accepting. So definitely, [knowing ASL] helped me ease into it, you know, and definitely I think, learning about the culture and stuff like that.

Fred feels that having worked abroad and been exposed to different cultures prepared him to be bolder in interacting with Deaf people. Informants on this trajectory enjoy learning new languages and cultures and meeting new people. They have unique interactions with Deaf people, but like Colin and Fred, share the common characteristic of being open to new experiences for learning.

Zoe: "It’s natural that when you are working with people with disabilities, you are going to interact with people who are deaf.”

Like Colin, Zoe says she doesn’t “think about that (how she gets involved with Deaf people).” Unlike Colin, who enters Deaf spaces intentionally through ASL classes, taken in order to meet Deaf people with whom he could sign, Zoe opens our conversation with the perspective that it is “natural” to encounter people who are deaf. “[F]or me, becoming involved with or becoming friends with people who are deaf, was a natural, a natural step,” she says. Zoe is a graduate student specializing in disability studies and holds a leadership position in a campus disability and advocacy group. She meets me at the front of a university library and leads me into a small private room she has reserved in advance. Zoe displays her leadership and organizational skills quickly. I am surprised and not displeased to have someone make decisions about room arrangements for me, as the reverse happens with my other student informants. I ask her to provide a brief introduction when we settle into our chairs. She tells me that with her career focus, she has interacted with people with disabilities for nearly 13 years —“almost half my life I've done this. It's my passion” — to the extent that she later claims she “forgets all these things (disability and communities of people with disability) are [a]round” her.

I next ask her to talk about her motivation for getting involved with deaf people and she tells a story that I break into two segments to show her complex response. In the first segment, Zoe explains:

> I would say— two answers to that. One is in my academic career and in my personal career, in working with people with disabilities, it’s natural that when you are working with people with disabilities, you are going to work with people, and interact with people who are deaf. You just, it

> happens and, as a person who wants to continue a career in the disability field it makes sense to know things like sign because that's going to, you know, it's going to be, your peers and your clients and your bosses are, have the potential to be deaf and use ASL and you want to be able to communicate [with] them.

She asserts that encountering deaf people “just happens” for someone like her who plans to work in the disability field. There is a discernible shift after this passage as she recalls:

> But going back to the guy I went to school with in high school and then actually it was a good friend of mine who, we ran, we were leaders in an organization together. So we did a lot. His parents were deaf. I think that you naturally come across people who are different than you in your daily life, without even necessarily, purposefully placing yourself in like that community.

Zoe switches from talking about the connection between a career in disability and meeting deaf people, to how prevalent it is in daily life to interact with people who are different from her. A quick reflection on her personal experiences reminds her that she has met deaf people outside of her work without consciously seeking them out in Deaf spaces.

She shrugs off any calculated move to get involved in Deaf community spaces. “I don't know if that really answers the question of what my motivation is because I don't know if I have a motivation to, you know, get involved with people who are deaf,” she says. Again, she repeats, “It’s just sort of been a natural occurrence.” She laments:

> Unfortunately a lot of people in society don't naturally run into people who are deaf or they don't think they have. Just as it was simple for me to

> forget that one of my good friends in high school’s parents were deaf. You know, you forget that these things are all round you. And people don't think it relates to them (laughs).

I have two comments on this input from Zoe. First, it may seem natural to Zoe to “run into people who are deaf” but it is not so natural to most people who are not passionate about pursuing a career that might involve working with people with disabilities. Secondly, although we meet people who are different from us in everyday life, we may not notice this category of difference, deafness, because it is not visible most of the time. Profoundly deaf people may not wear hearing aids. Except for signing, self-disclosure, the inability to respond to auditory stimuli or deaf speech, hearing people may not be able to tell deaf people from hearing people.

Zoe’s account on her motivation to get involved with deaf people because of her future professional goals and how natural it is to encounter deaf people puzzled me initially. Both segments of this account do not quite fit together. Twenty-five minutes into our interview, she voices the “constant battle” she faces and how “very frustrating” it is for her and her advocacy group to educate people to accept people with “differences.” That comment leads to the first of three stories that shed light on the complexity of her path into Deaf spaces. It becomes evident that Zoe's entry into hearing-Deaf borderlands cannot be understood in one story. That prologue makes sense only against the backdrop of her entire narrative of life as a border crosser.

Zoe’s first of three stories centers on her feeling of being a misfit in the disability movement without a personal connection.

> [T]he majority of people who are, who are friends with people with disability, who are deaf or, or whatever, whatever person with a disability they are friends with, they now think it's important to know about, you

> know, people with disabilities. And, but they've had some personal, like, you know, tie. They, they have a family member, they have this or that. It's fairly unusual to come across people that are like [me].
>
> “Oh, why do you work with people with disabilities?”
>
> “Just because I do!”
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> Which is actually kind of my story, that's why I know that it's an odd thing because I will say, you know, give my little story about how I got involved with people with disabilities and you know, “Oh, that's not typical.” It's usually a family member that's says that. So I think the flipside of that is, anybody who has that personal interaction gets involved because they think it's important. So, it’s a long way to get to that point. But you know you can, like, prove it by the inverse. You have to be involved to try to, like, to see it as important as something that needs to be changed. And as it's the best way to educate. Sorry I'm a little off topic.

I sense that Zoe feels uncomfortable at being questioned about her involvement in the disability movement, particularly by people who have family members with disabilities. Zoe’s story brings to mind other hearing border crossers' accounts of entering Deaf spaces through a passport. For instance, as a future interpreter, Skylar's motives were evaluated and accepted by the Deaf community. For Zoe, having a prominent leadership position in the disability advocacy group suggests she faces challenges like Skylar to gain admission into the inner spaces of communities with disabilities. Without any visible disability herself, no family member with disability and yet trying to lead advocacy efforts for acceptance of people with “difference,” Zoe's motives are suspect. However, she explains that getting involved and having "personal interactions" with people with disabilities “educate[d]” her and motivated her to be further engaged in these communities.

In the second of her three stories, Zoe says, “I sort of got forced into it actually” — that is, into working with people with cognitive disabilities. She joined a yoga class in her sophomore year in high school that included students with special needs. She could not refuse an invitation to a social event from the special education teacher who was “an ex-professional wrestler who was like a giant refrigerator.” Zoe reports, “The first day I went I hated it,” but loathing turned into passion:

> [W]e (autistic person and Zoe) got to be friends and I kept going to the club and that, like, club meeting they had, and, and, yeah, it's just sort of was a natural fit. And then it went from there. First I was interested in special education, then I was interested, you know, in people having equal access to things, you know, it was a gradual, that is the other thing, I think is important. Now that you ask. These things don't happen overnight and it's something I have to keep reminding myself because I want people to overnight get to where I'm at.

Her frustration at not being able to advocate more effectively for people with disabilities shows through the longer we talk about her involvement with Deaf people. Running the gamut —from high to low—her emotional intensity is palpable.

In the last installment of her trilogy, Zoe recounts a dramatic story:

> And I, it's funny that, I suppose you'll think it's funny this hasn't come up thus far but I have pretty significant hearing loss from getting hit in the ear with a water balloon and a soccer ball? I, it's sort of— random.”

I am surprised to hear about her hearing loss at this juncture of the interview, “You do?” “Yeah. But only in low tones.” Zoe has sixty percent hearing loss in the low tones and must sit in front to hear any professor who lectures with a low tonal voice. She elaborates:

> It's a useful story to tell people who are particularly resistant to learning about disability. Just so you know, at any point in time, this [disability] could happen. And it's not a bad thing. — So there is no reason to be fearful (of disability)."

Zoe’s earlier story with contradictions becomes clearer to me now. She has a complex identity. She is a future Deaf-services professional, but she is also an out-of-sync person in the disability movement with no family connection to deafness. She also has a mild hearing loss. However, she goes unnoticed, except for those times when she is questioned by family members of those with disabilities; this leads her to open up sometimes to talk about her disability. She is one of those hard-of-hearing individuals in our midst that we are not aware of. Thus, as she reported, one does not have to go far to look for people like her in the borderlands; she is right there, "these things (disabilities) are all around you."

Dawn: “To wave hello is not satisfactory.”

Dawn is a youthful woman in her early sixties who interacts with Deaf people through her involvement in church programs. She begins by telling me that she and her siblings had the "usual [childhood] diseases" but "survived" the era of measles and chickenpox without its medical advancements. She references an aspect of Deaf culture early in her self-introduction:

> With regard to Deaf culture, we are fortunate that my mother had not had any of these, no chickenpox, no measles or anything along that line, while

> she was pregnant with us. So we were— I guess we were considered a very fortunate part of statistics.

This story indicates Dawn has some understanding of how some people became deaf in the 1930s and 1940s. She proceeds to tell me what drew her to the Deaf community in the last five years.

The arrival of an interpreter at Dawn’s church was pivotal in attracting Deaf people to the interpreted church services, an event that Dawn recalls with great emotion. “I didn't know anybody who's deaf, never met anybody who was deaf until maybe within the last five years, when we had an interpreter come to our church. (long pause) I get emotional, so...” She speaks slowly and with a firm voice, although she paints a picture of herself as a reticent individual who gets “intimidated easily.” She tells me that she is generally “not an emotional person,” something not evident from her demeanor. What especially strikes me about Dawn is that she is by far the informant most demonstrative about her feelings towards Deaf people. During the interview, she chokes up at about seven junctures during the interview, overcome by emotion to the point of crying at times. She is apologetic and embarrassed by her emotional display. She cannot understand why she gets so affected talking about her engagement with Deaf people. “I'm not introspective, so I've never dwelt on this. I've never tried to figure this out. You know, get to the inner self and find out what's, I don't do that stuff.” Yet, she contradicts herself. She analyzes her emotional upheavals during the interview, as if talking to herself, “I don't feel sorry for them. So, it's, that's not the reason behind it. Um, (Chokes and sobs) I think they have a very beautiful language. (Pauses to compose herself) Sometimes that gets me, that affects me more than anything else.” At one point, she gets emotional thinking of how “the American culture has not been kind to them.” Dawn has been educated on Deaf history and the near century-long oppression of sign language. She knows that many Deaf people do not see deafness as a disability. She speaks aloud that she doesn't feel sorry for Deaf people. Yet her tears appear to indicate something about her feelings towards Deaf people and/or culture that suggests an ambivalence as to how she should construct her narrative.

Another distinctive impression of Dawn is her strong desire to communicate with Deaf people. “You want to communicate with people. What is the point of being among people that you cannot speak to?” Dawn asks, “You know, there's no point in it.” She explains:

> So —you've got people that are coming, even I tend to be a bit of a loner. So, and I tend to be a reserved individual. So — I'm not one to go out and instigate conversations. I'm not a real social person, which makes me a little odd from a lot of people like that. But, but even so, it's, you've got people here. You know, I'm sitting next to somebody. To wave hello is not satisfactory. You want to be able to interact.

In this passage, Dawn is emphasizing her reserved nature as a counterpoint against the significance of communicating with members in her church. Several times during the interview, Dawn expresses this yearning to connect with Deaf people in her church. She mentions her desire to be a part of the ladies' group that does things together. She says emphatically, “I want to be [a] part of this. So, you know, I have to be able to communicate. And they can't, with me, they don't have the option with me other than sign language.” For her, it “was a bit of a shocker at first” to learn that “[n]ot everybody (Deaf people) knows English” and “[n]ot everybody can read.” With knowledge of the difficulty of communicating with Deaf people in spoken and/or written English, Dawn makes the choice to cross over into Deaf spaces to reach out to those around her.

She tells me a story about how she got involved with Deaf people through an overseas trip organized by her church. Two Deaf people were going too. "Oh my goodness (laughs), I can't, don't speak well — had no education as far as trying to sign with them. But I thought they need help, and if they're going to be on the team, I need help." Dawn invested a lot of time and effort to audit two sign language courses concurrently in a community college to prepare for the trip. She feels that the preparation to communicate with the Deaf members on the trip is what placed her on the path to interacting with Deaf people. With an interpreter, her signing and some “pantomime,” she was able to socialize with them and together navigate a foreign land.

About ten minutes into her story, Dawn suddenly recalls, “[Y]ears before, I had taken a sign language course in adult education. I couldn't tell you why. I don't remember what my motives were. I didn't know anybody deaf at that time.” I ask her how long ago that was. “Oh, I thought it had to be 30 years ago.” Dawn immediately tells me that she “did not do well” and thus did not continue with signing at that point in time.

Dawn’s stories suggest the transient nature of border-crossing in Deaf spaces for some hearing people who are not Deaf-services professionals. She had taken a signing class about three decades ago but does not remember it until later in the interview. She traverses Deaf spaces again now, after a significant time lapse in her life, because of her desire to want to communicate in a satisfactory manner with Deaf church members. Like Dawn, some hearing border crossers zig-zag into and out of Deaf spaces over time because there are no current or future career prospects that anchor them in these spaces. For them, there is an ebb and flow in engaging with Deaf people. Dawn tells me that daily constant contact with Deaf people just does not happen for her. So she volunteers once a week at a nonprofit deaf services agency as a way to use her signing skills.

4. Deaf Focus Group Feedback

Deaf focus group participants' views are essential as a check and commentary on my findings. Since I am researching hearing-Deaf engagement, a two-way phenomenon, perspectives from the Deaf community are important. Additionally, I am a hearing researcher who has some understanding of border crossing but I do not presume to understand the Deaf experience. It is thus imperative that I be sensitive to the Deaf community and show that I will not and do not talk about something that involves Deaf people without soliciting their views on it. The Deaf focus group participants' views helped to corroborate some of the hearing border crossers' perspectives, but they also opened up some new perspectives and enriched the discussion.

Leah and Mia are participants of the first Deaf focus group. They are young and well educated female professionals. Mia was unabashed in telling[23] me that she had culture shock when she first went to a Deaf college with a few friends, "We had Deaf culture shock. That was the day that I found out that I really didn't know ASL. I thought I had known ASL all along and come to find out I didn't." Her story reminds me of Matthew, the CODA, who spoke of learning ASL despite growing up as a native signer. He too had discovered that he couldn't communicate effectively with what he had learned from his parents as a child.

Just as hearing border crossers talk about entering the Deaf community in stages, Mia recalls her own developing awareness and confidence in a Deaf college and the Deaf community:

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[23] Deaf people's comments were voiced by sign interpreters and captured by Computer-Assisted Real-Time (CART) stenographers.

> I just took my time with it. Going through stages, you know. I worked my way up the social ladder, like the ladder of awareness, like stages, like you say, to becoming accepted. So it's similar to what I think interpreters or hearing people might feel entering into the Deaf cultural community.

Mia remembers being nervous, but she seems to have some understanding of what it means for a hearing border crosser to go through the process of becoming familiar with Deaf culture. As indicated at the beginning of this chapter, Miriam and Skylar, both interpreters and hearing border crossers, had reflected on their progressive involvement in the Deaf community over time, from learning sign language to full immersion.

When I next ask Deaf informants about the availability of hearing-Deaf spaces for interaction, they are quick to refer to the Deaf Coffee community socials or church services as open and recurring events. Mia says that in the small local Deaf community with no Deaf schools, "there are not that many options." Nonetheless, consistent with what is frequently discussed by both hearing and Deaf informants, technology has facilitated change and created opportunities for both communities to interact in new ways and not just in physical places. One informant offered the perspective that if hearing border crossers got more involved with the Deaf community, they would be more knowledgeable about other options. These other options include some private social events that some Deaf or hearing border crossers organize on their own which are not publicly shared with hearing people. For instance, I was invited to a hearing person's graduation party which was attended by many Deaf community members and interpreters. This invitation was issued to some hearing border crossers who regularly attended Deaf coffee socials.

When I ask Deaf informants what they think about my findings regarding hearing border crossers being led into Deaf spaces through a Deaf individual or through personal connections, Leah offers three comments. First, she contrasts the difference between hearing border crossers who have book knowledge of Deaf culture and language, and those who translate that knowledge into practice through participation in Deaf community events:

> Sometimes, hearing people can learn ASL and study Deaf culture but not really understand [Deaf culture], and [not be able to] gain acceptance by Deaf people until they are in, socializing with the Deaf community. When that's recognized, then they are invited further into the community. [Deaf people see that] a [hearing] person isn't just watching from the sidelines. You can't be involved and then leave. The [Deaf] community wouldn't necessarily accept that because they would be saying, "Who was that person who wasn't very social?"

As Leah describes above, hearing border crossers have to be "social" and be in an interactive growing relationship with Deaf people ("You can't be involved and then leave"). Deaf people do not want to be taken advantage of, as either sign practice partners or objects of curiosity. Mia concurs with Leah and illustrates her point with an example. She compares two hearing individuals, "A personal connection with one or more Deaf persons before they join the community, that's really different than from just say, [someone] taking an American Sign Language class." She elaborates, "You know, just like some people, they might just want to do it for the experience, 'Oh, that's a good thing, I can put it on my resume.'" However, when a hearing individual has a personal connection with a Deaf person and "hang[s] out with that Deaf person —especially if they have a good attitude, motivation and incentive to learn the language," Mia says, "Deaf community members might accept them more readily."

Secondly, Leah is in unison with Matthew, Skylar, Julia and other hearing border crossers on the idea of having a Deaf person as a passport into the Deaf community. A sign language instructor herself, Leah describes how “privileged” her students are:

> I tell my students, “You're lucky. You have a Deaf teacher.” I mean, it's nothing against hearing teachers. There are many wonderful hearing ASL teachers. But when they go to Deaf events, they say who their teacher is. And they're more welcomed into the Deaf community when [Deaf people] already know who their teacher is, because they are Deaf and they say, “Oh, yeah, I know Leah, she's really respected in the community, come on in! And they are more inviting [to them] than maybe if it is a hearing person, "Who is that?" There is no connection there. And they might be a little more standoffish.

Thus, Leah and Mia's comments corroborate the perspectives offered by hearing border crossers earlier in this chapter about Deaf people validating their presence in Deaf community events. Both their responses lend support to the perspectives of a few hearing border crossers, like Skylar, who said that sign language alone "didn't necessarily draw her to the Deaf community." When Deaf people, people of the eye,[24] "see" the attitudes and motives of hearing individuals manifested in their behaviors, they welcome them more readily.

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[24] As indicated in Chapter 1 under my review of research, Veditz (1912, cited in Padden & Humphries, 2005, p. 2) is credited for this description of deaf people because their lives revolve around the visual.

A third comment Leah has about hearing border crosser's relationships with deaf people centers on the shades[25] of deafness among deaf people. She states that hearing people who are just beginning to enter into Deaf spaces might not comprehend the heterogeneity within the Deaf community:

> If the only deaf person you have ever known can read lips and speak well and can communicate well in the hearing world, or if you're in contact with a Deaf person who is involved in the culture and who uses sign language, it would make sense that you would have to meet them before you would be involved in the Deaf community. So it really does depend.

Leah reasons that each hearing person's encounter with a deaf individual is unique. They will meet deaf people with different backgrounds and who communicate differently. However, to become involved in the Deaf cultural group, Leah feels that one has to be introduced to Deaf members of the Deaf cultural community. This is debatable as other Deaf people feel that CODAs who embrace Deaf culture can also introduce hearing people into the Deaf community.

In response to my question about the "front versus back door" admission to Deaf spaces, Mia provides this comment:

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[25] Speech-language professionals classify hearing loss into several categories: normal, slight, mild, moderate, moderately severe, severe, and profound (Clark, 1981 cited in American Speech-Hearing Association website, 1997-2013). The different degrees of hearing and how deaf people are raised influence how deaf people prefer to communicate. Preston (1994, p. 127), a CODA, discusses the range of options that extend from three communication categories: speaking, sign language or lipreading. Signers may use one or two hands, use more ASL or more English signs, adopt various English-based sign systems, pantomime, use home signs, lipread with or without voice, and speak or write English. Additionally, deafness cuts across race, gender, social status and sexuality.

> So when you talk about the front door and the back door, I actually get that and that's a good way to describe it. That's true. Because you know, there're some hearing people that have access to the front door readily as Leah said. Having a deaf teacher. Whereas someone else might take longer and have a more roundabout way of getting into and [being] accepted by the Deaf community. So it depends. It really does.

Mia's quote above connects a few of my earlier findings through this comment. She brings together Miriam’s story of entering through the back door into Deaf spaces through a “roundabout” path to the Deaf community and the stories of those with Deaf connections, like a Deaf teacher who has front door, direct access to Deaf spaces. She also suggests that if one does not have contact with Deaf people, it might take longer to get accepted by the Deaf community.

Unclear as to what Mia means by her remark that entry into Deaf spaces is a matter of "it depends," I ask her to elaborate on what “it depends” on. Before Mia could respond, Leah cuts in, “Yes, it is who you know. You know the cliché? It's all about who you know. Just like in the business world. If you want to climb up the ladder, it means you have to know the right people, [that] kind of thing.” However, she qualifies her comment with the assurance that “[the Deaf community] is not exactly that strict about it.” Mia then continues by accenting the fact that “similar to other cultural communities, there tends to be a kind of cautious recognition of the person before they are allowed in.”

In juxtaposition against both Leah and Mia’s acknowledgement of the need for passports into the Deaf community, Thomas, a participant from the second Deaf focus group, tells me a story to offer another view. At one of the regular Deaf Coffee socials, a college student came with her tutor or friend to her first outing in Deaf community spaces:

> Like one student —from a local college, wants to have a tutor — or wants to go with someone instead of going by [herself]. So [she] had to have someone with [her]. And that person said that [she] went with her to make her feel comfortable so she didn't have to be alone, and I was trying to — make them feel comfortable. But it was their first time and they didn't want to leave each [other]. She didn't want to leave the person she knew or that she came with. And that's really unnecessary. You don't have to be afraid. We're welcoming of people. And whether or not that made an impression on her, I don't know. You can't depend on other people, you have to do it yourself when you're trying to get into the Deaf community.

Thomas' frustration is discernible in the story. He observed the student to be nervous as she kept to her hearing companion the entire evening. Thomas emphasized that hearing people do not have to be hesitant or wait for a Deaf person to lead them into Deaf spaces. Thomas' sentiment must be understood against his life story of considerable hardship in relating to hearing people due to miscommunication. His last sentence is an appeal for hearing border crossers to overcome fear and persist in engaging with Deaf people (“You can't depend on other people, you have to do it yourself when you're trying to get into the Deaf community”). It can be melded with the stories and opinions of other hearing border crossers and Deaf people to show that there is personal responsibility and effort involved for hearing border crossers to reach across borders into Deaf spaces. It is good to have Deaf people take the lead and help a hearing border crosser cross over, but hearing people must also do their share of work.

Intermission

What do the stories told by hearing border crossers in this chapter tell us about border crossing in hearing-Deaf borderlands? Their narratives illustrate the intricate process of crossing over and feedback provided by Deaf focus group members is consistent with their stories. I attempt to show through Matthew's and Andrew's stories the variation in the lived experiences of children who grow up with deaf parents. Although they may often be lumped together as a group as children of deaf adults, Matthew's and Andrew's lives could not be more different. Matthew learned to sign as a child but took formal sign language lessons in order to communicate more effectively with his parents when he was 21. Andrew, in contrast, did not begin to know about Deaf culture or signing until he became a deaf education teacher. Matthew's privileged position in the Deaf community came from the fact that he entered into Deaf cultural community spaces early. Andrew became accepted over time through his own efforts and involvement in the Deaf cultural community; nonetheless, he grew up learning to communicate in the borderlands with a lip-reading deaf mother.

Entry into Deaf community life for the other two clusters of informants, Deaf-services professionals and lay people, also do not follow a single pattern. Depending on the type of professional, Deaf services specialists have to meet certain requirements before they qualify to work with Deaf clients. The path into Deaf spaces for Deaf-services professionals is challenging; it requires language preparation work and auditing by Deaf community members for those who intend to become interpreters. Julia and Skylar's accounts testify to the gatekeeping efforts of Deaf community members.

Lay people's paths into Deaf community spaces count among the most varied across the three clusters of informants. The first trajectory is undertaken by a group of informants who have multicultural worldviews. The second trajectory is pursued by those with professional goals of working with clients with disabilities. The third trajectory is attempted by those who just want to be able to communicate with Deaf people. However, they do not stay in these hybrid spaces for long; hence, they may not be very proficient in signing because of their transient presence in these spaces. Colin's, Zoe's and Dawn's stories highlight the different approaches taken to relate with Deaf people. Prominent in Colin's stories is the substantial effort he makes to engage with Deaf people. Zoe's stories illustrate that it is not easy to cross over and try to blend in with a community that is different from her; one in which she cannot claim to have family connections through a relative with a disability. Dawn's stories reflect a lay person's strong desire to be able to communicate with Deaf community members. Her experience also exemplifies the underlying emotional dynamics involved in crossing over, crossing back out and then crossing over again, cyclically over a period of time. The challenges of transitioning within the borderlands and the development of skills and knowledge told through the stories of these hearing border crossers are the focus of the next two chapters.

CHAPTER 4

ACT 2: PREDICAMENTS OF BORDER-CROSSING

In this chapter, I explore the unfolding drama of border crossing by hearing people as they mingle with Deaf people in the borderlands. I entitle this an account of predicaments because the process of border crossing involves a learning process, and often some difficult decision-making, as border crossers transition from one community to another. In the borderlands —zones of potential change—rich, complex and layered negotiations occur at several levels: cognitive, social, cultural and emotional. Entering a new terrain suggests a displacement and a relocation along these dimensions as border crossers figure out how to sustain engagement in these spaces. Cognitively, tacit and explicit knowledge about a "new" culture has to be acquired. Socially and culturally, there are new behaviors and practices to consider. Emotionally, making decisions about identity and what to include/exclude or accept/reject in the new community can bring anxieties.

There are five main sections in this chapter. The first three sections are devoted to accounts of difficulties that arise for three particular types of hearing people: those with family connections to deafness, those who have professional training to work with Deaf people (Deaf-services professionals), and those without any training to work with Deaf people (lay people). In the fourth section, I discuss a predicament experienced by all three types of participants, namely, problems that arise from the typical educational experiences of deaf children. The fifth section centers on Deaf focus group feedback and insights.

1. Stories of Participants with Family Connection to Deafness

This is the first of three sections that present the distinctive predicaments in thought, emotion and practice of three different participant types. In this first section about participants with family connections, I use two participant profiles to highlight the predicaments of a CODA and the hearing parents of deaf children. Dennis and John[26] (with additional insights from his wife, Jenny) illustrate the different experiences of dealing with deafness in a family context. They are not trained professionally to work with deaf people. Dennis is a hearing child (now adult) of Deaf parents while John, and Jenny, John's wife, are hearing parents of deaf children. Dennis' stories reveal what it was like to have Deaf parents and to have his hearing made visible in a hearing school. John and Jenny reflect on their relationship with a deaf child they could not communicate with effectively.

Dennis: “I didn't know anything different until I went to school.”

Dennis is a retired white-collar professional. His parents were both Deaf. His mother’s deafness was caused by not getting proper treatment in time, and for his father, deafness was “just [a] genetic accidental freak thing.” He adds, “It wasn't anything hereditary or anything, so none of their children are deaf. There’s four children that they had, and none of them were deaf." He is not active in the local Deaf community now and does not actively seek to interact with Deaf people. He says, “My main involvement with the Deaf community was— with my parents as a family going to events they went to with all the other Deaf people, or, with hearing people as

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[26] John's wife, Jenny, was present at the interview and also participated in the interview. However, it is John who was the primary informant.

an interpreter, for my parents.” By about first grade, he is interpreting for his parents "for everything":

> Dennis: I would sit for a couple of hours and interpret the ballgame [on radio] for my dad, so it was a natural thing to interpret for them and I mean, we got a telephone, and I interpreted all the messages for my parents to whoever called. I was just the general interpreter for everything for them, so going with them to a doctor was no different than any interpreting I did, for anything they ever did.
>
> Yin: And the medical terms the doctors were using?
>
> Dennis: It was not a problem.

Throughout the interview, there is one theme that defines Dennis’ border crossing narrative: “It was never really a problem.” When Dennis speaks of his parents’ deafness, of how they navigated the hearing world and his role as their interpreter in every context, the theme recurs. Phrases like “not a problem,” “no problem,” “never had problems” and “it was a natural thing” surface. When I ask Dennis about any challenges he or his parents might have faced, he denies that being born to Deaf parents was a challenge.

A little further into the interview, he tells me of the time when he discovers his “difference”:

> My native language is sign language and I only learnt to speak as my second language—I didn't know anything different until I went to school, because like any child, you learn the language of your parents and you communicate with them and everything is normal, until you interact with somebody else, that doesn't speak the same language.

Although Dennis could hear from birth, "hearing" didn't become socially meaningful to him without a context where he could make a comparison between being hearing and being deaf. Was that discovery troubling for him? What was it like to learn both languages? Dennis tells me “[I]t was really not a big deal” because he was only three years old when he discovered how he differed from his peers in school. "It was a natural thing to pick up the second language," he says. "[Y]ou don't think a lot about that kind of thing at that time, everything in life is a new experience, is a learning experience." He explains, "You don't question things like that at three, you just learn at three, you know? Now if you were 30, when you did that, I'm sure those questions would come up." Reflection may not occur at three, but what happened as he was growing up and had to assume the role of a young interpreter everywhere? I ask Dennis the question. Once again, he has little to say. He tells me that he has never paid attention to any occasion when his parents needed an official interpreter because "they could write and write well" and always carried pencil and paper with them. I ask him what it was like to interact in the Deaf community with other children with Deaf parents:

> Yin: Did you ever interact in the Deaf clubs as you were growing up, when you went with your parents? Did you meet other hearing children of deaf adults, and —did you share about your lives?
>
> Dennis: No, because everybody had the same life. They were all born to Deaf parents, they all learned sign language as their first language, they all learned to speak later as a second language at a very young age and so, just natural, *nobody questioned it*. Nobody worried about it, it was not a concern, a problem or anything. We all had the same experience. [Italics mine]

Dennis does not find anything unusual about his childhood experience. However, as the oldest hearing child of Deaf parents, Dennis describes what family communication is like after he discovers spoken language in kindergarten:

> Dennis: I still continued to use sign language alone with my parents but speech, speaking verbally with everybody else.
>
> Yin: With your siblings?
>
> Dennis: With my siblings— so none of my siblings had to do what I did. They learned to speak from me. (Silence for 3.5 seconds) So they learned sign language also, but they learned to speak from me, and didn't have to go to school a year extra, like I did, prematurely, just to learn to speak.

Having been brought up in a hitherto non-speaking family, Dennis facilitates the entry of his siblings into the hearing world by introducing them to speech. His nearly four-second silence in the above account seems to point to something but Dennis does not say more about what it means to teach his siblings spoken English.

I ask Dennis to elaborate on the experience of what it was like to learn he was "different" when he went to school:

> Yin: So, when you went to school, you said then you noticed differences, right?
>
> Dennis: Well —(pause), I didn't know how to speak verbally, but my parents had explained to me in sign language that I was going to school, a year before I should, and I didn't have to do anything, to learn, I just had to be there to pick up a second language to speak verbally and then, the following year I would repeat kindergarten to be with my age group and,

> you know, go through what I'm supposed to learn, knowing how to speak
>
> that time.

Dennis credits his parents for facilitating his entry into the hearing world. He was not required “to learn” and “didn’t have to do anything.” However, Dennis’ words shroud the extra year of effort he had to make to catch up with his peers with hearing parents.

Behind these words are also an unknown amount of planning and preparation by his parents, whom he describes as being “the exceptions to the rule” in the “general deaf population”— they were well-educated college graduates from Gallaudet University. Life in a dominantly hearing society is "not a problem" for his parents who both had scholarships to study at the university. They were "very comfortable—not afraid— not ashamed —very educated" and had "no qualms [about] writing or doing something like that" to communicate with hearing people. His father had a good job and held leadership positions in Deaf clubs and in college. Dennis remembers his father advocating for his deaf friends who were not college-educated and "dealing with those persons' doctors." Personally, Dennis' transition into hearing spaces is eased with appropriate arrangements made in a timely manner by his parents. As I re-read his narrative, I find that his stories about his parents and their experiences dominate his border crossing accounts.

On hindsight, I realized that when I met Dennis, my first informant, I had assumed that many children of deaf adults had negative experiences having to interpret for their parents. My limited interactions with some adult children of Deaf adults and what I had read about these children (Walker, 1986; Preston, 1994) had fostered this perception — until I met Dennis. His experience is unique, just like those of other border crossers. Sometimes, adult hearing children of Deaf parents may not know how to talk about their experience or they may not feel comfortable talking to anyone about an experience they feel the hearing world will not understand (Hoffmeister cited in Miller, 2004). Also, they may not have had a chance to process their own story (until later, like Davis, 2000) or to talk to other adult children of deaf parents (Preston, 1994). As a stranger without any shared experience between us, it is not surprising that Dennis is hesitant to share with me more specific details of his border crossing experience and the challenges he might have had. However, Dennis' interview with me indicates that his border crossing experience seems to have been a positive one.

John: "He thought I was just being mean."

John is a clergyman and an elderly hearing father to two deaf children. He narrates a tale of regret and lost time with his son Lester. When he talks about his children, he refers to deafness as something they "had."For example:

"My daughter found out she *had* hard-of- hearing"

"When we found out Lester *had* hard-of-hearing"

From his choice of words, it would appear John regards deafness as a condition or something one catches, like a virus. When I ask John and Jenny, his wife, about their understanding of the word "disability," they both had a laugh over the term and are generally positive towards disability. John explains, "I think there are disabilities. You don't have to be limited by them. You are limited by them but you can still do stuff— like walking, I can still walk but I can't walk as fast."

During the interview at his home, his wife, Jenny, joins the conversation. In the process, Jenny becomes an informant too as she adds another perspective to John's accounts. Jenny had measles when their children were born and she and John did not think to check on their children's hearing abilities until they started school. The teacher "picked up on it," Jenny says. "He (Lester) would run around whenever she was talking. He would run around so he could read her lips." She adds, "And we didn't realize he was reading lips because we always look [each other] in the face when we talk." In the same vein, John's inability to detect deafness in Lester earlier haunts him; it is unmistakably apparent in his recounting of a critical moment which subsequently defines his relationship with his son:

> We lived in this town and the place where we lived was a street that went right around, it was like [a] corner and, he would love to go out there, especially on a Sunday afternoon and watch the cars go by. But he would stand too close to the street and I would call him. I remember calling him. And he just ignored me. And so I just went up and just gave him a swat on the backside, you know. And he turned around and gave me the strangest look, like, “What did you hit me for?” And that didn't, it should have, but it didn't make me alert to the fact that he couldn't hear. But later on many, many years later, my daughter told me, said, "Lester got something against you, there is something, something, something isn't right, you know, Dad, you need to talk with him." And so we talked and come to find out he thought I was just being mean. And so, I'm sure now he knows it wasn't like that. But that, that always bothered me because I didn't find out that he was deaf and I was, caught myself correcting him when he couldn't hear.

Embedded within this story are elements of emotional tension and hopeful resolution. There is a father's desire to both protect and discipline, and a son's inability to understand a father's good intention. The story ends with a father's contrition at not being able to connect with his son. An echo of this story can be found in the preface of Preston's (1994) book, *Mother Father Deaf*. As previously mentioned, more than 90 percent of deaf children (Davis, 2007; Hoffmeister, 2008) are born to hearing parents. Some of these deaf children have grown up isolated and discontented with their estrangement from their parents. In John's case, his discovery of Lester's deafness led to efforts where both father and son “learned to look at each other in the face” and “learned to write to each other.” Yet a melancholy imbues John's stories despite the passing of the years. He says, "I always felt there was a barrier between him and me because of that [communication] problem." He feels that he “could have been closer to him if [he] had known —how to sign." He bemoans the physical distance that exists between them now but says in a fatalistic tone, "But that's it now, he's out in [another city] and I'm here."

John tried to cross over into the Deaf world. He explains:

> John: I tried the language, you know, the Deaf language. I never could really get it. We went to Gallaudet which it was in Washington, DC and the teacher, there was a Deaf teacher and she was just too fast for me. I couldn't pick it up. But I picked up some signs and so forth. But I think my wife does a lot better than I do. And of course my daughter, I think she can sign very well. But it just, it made me nervous really. I got nervous. But that's another regret I have, that I didn't really learn how to sign.
>
> Jenny: Not too late now.

John's endeavor to learn sign language did not lead to success, so he disengaged from the Deaf community. He attributes his lack of success at sign language to a case of nerves and his inability to keep up with the teaching pace. Jenny reminds him that he still has time to learn the language. Towards the end of the interview, John again stresses the need for hearing parents to learn sign language.

> John: —if your child is hard of hearing, then learn sign language. Neither one of us did. But that's hindsight.
>
> Jenny: You can still learn it.
>
> John: Oh my, you know, I got too many things on my mind right now.

These two stories hint at more happening below the surface than what John is telling me in the first story. Jenny says that John could do more to connect -- in the past and now. In the end, one is left with the impression that John has mixed feelings about his tenuous relationship with his son. From hopeful expectation:

> And, now he’s married, has three, uh, four kids? (Jenny: Three.) Three kids and, he is in faith-based work now. So we feel that, in spite of the bringing up, in spite of his bringing up and this dealing with him, things are okay now.

To uncertainty about their relationship:

> A lot of times, I would tell people, you know, he is deaf, you know, so they would, and I tell them, just look him in the eye, you know, and talk to him. And, I don't know how he perceived that. You know, like kids get to a certain age and they don't want to come, "Oh mama, you know, daddy, get out of here," they want to go on their own. So I don't know how that affected him but I just felt, so I'd like to protect him.

There is a sadness about the disengagement between John and his son. Despite his good intentions to protect Lester, he does not know what his son thinks of his choices. John's story is one of a father-son relationship of missed opportunities.

2. Deaf-Services Professionals’ Stories

In the previous section, I presented predicaments recounted by some hearing people with family connections to deafness. In this second section, I draw attention to the distinctive predicaments faced by hearing professionals who are trained to work with Deaf people. Border-crossing work is difficult and sometimes uncomfortable. Although hearing people who have professional training to work with Deaf people face some common challenges, all participant narratives reveal that these hearing professionals differ in the intensity of their commitment towards their profession and the Deaf community.

At one end are well-trained, highly experienced sign language interpreters who have family members who are deaf. Living with deafness, they see first-hand the struggles of deaf individuals. They are thus often passionate about their roles as allies of the Deaf and as bridge builders between the hearing and Deaf communities. They may see their work as more than a job; it is a calling they are devoted to. Fluency in sign language might suggest easier border crossings for such people. But the stories of Barbra, Esther and Krystal show us that it is not all plain sailing. Additionally, one's family connection to deafness does not determine one's extent of engagement with the Deaf community. There are Deaf-services professionals with no deaf relatives who are just as dedicated to their job. Gale is a social worker and her story illustrates her depth of professionalism and dedication. These Deaf-services specialists too, have a gift and a love for communicating with Deaf people. Jolene, an interpreter, says, "I found I had a propensity for the language, which means that I could take in [information] visually and I could remember the signs and I could put it out in ASL." Kate, another interpreter, reminisces, "I always felt like I needed to be there. I was there for a reason? And I had been led to this place in my life? But at the same time I had no business being there?"

At the other end of the spectrum are a few informants who spend less time with Deaf people outside of their work hours, but who are just as passionate about helping their clients and about doing their job professionally. How much time interpreters should spend getting involved with the Deaf community outside of official interpreting job duties is a controversial question. I will broach this subject as I present the perspectives and experiences of Deaf-services professionals on the stage of interactions.

In this second section, I use three profiles to discuss the predicaments faced by this particular type of hearing professional. Two of them are interpreters, Barbra and Esther, and a third profile is that of a social worker, Gale. Interspersed in discussions of these three profiles are the stories of a few other informants to broaden perspectives and to strengthen the ideas discussed. Under each main participant profile, I select a participant quote to represent the broad theme and to organize the overall discussion. I then discuss themes under each participant discussion by breaking them into subsections.

Barbra: "We just don't understand each other"

In this discussion, I use Barbra's quote above to sum up the misunderstandings that arise when some hearing professionals interact with Deaf people who are their clients. I then organize the themes in this discussion into subsections: "Different Agendas," "Misperceptions and Stereotypes," "Different Expressions of Emotions," "Meanings of Gestures and Words" and

"Degrees of Border Crossing" to elaborate on the predicaments Barbra faces. I have included in this discussion the occasional stories of a few other informants to widen perspectives on the theme of misunderstanding and miscommunication.

Barbra is a highly experienced and skillful sign language interpreter and ASL instructor. I have seen her interpret at functions. Like Skylar, interpreting seems to be a natural fit for her; she is spontaneously animated in the way she moves her hands and face. She has a family member who is Deaf and "is [her] inspiration" for becoming a bridge-builder between hearing and Deaf communities. A leitmotif in our talk is "Education is the key."Barbra believes that "[Education] is exactly where we can really make a difference." She explains, "Education on both sides is really important, not only to educate hearing people but to educate Deaf people as well about who we are because they don't really understand totally who we are." What "is a sore spot" with Barbra is to hear Deaf people who are the only deaf members in hearing families or social groups say “I don't really want to go home” or “I'm going to a reunion and sit in the corner.” Barbra says that does not happen in her family because a few of her family members took the time to learn to sign. She looks at me, directly and half questioningly, bringing up a theme that has recurred in other informants' narratives, "You probably already learned that a majority of parents do not sign or communicate with their child, or with their adult child as well?"Without prompting, Barbra brings up an issue that is discussed earlier in the chapter, through John and Jenny's stories.

Different Agendas.

I ask Barbra to talk about her interpreting work in the healthcare context. This gets her emotionally agitated as "every one of [her] Deaf family member's struggles is related to the medical field." She also draws on her vast experience to highlight some of the challenges an interpreter faces in the medical setting. The first challenge is about time:

> It's hard. —The doctor has X amount of time to spend with you, and he's going to hurry it up as fast as he can and you know, Deaf people might not understand that this is the doctor's goal, to get in and out within five minutes, or —three minutes, they don't know that. Also a doctor doesn't know that it takes time for the translation because of consecutive you-speak-I'll-sign-they[-respond], and then I'll voice — that takes more time. You know, bam-bam-bam, then they feel that they are being slighted. They feel like —they definitely don't have time for me. In reality they don't have time for anybody! I can barely get out what I want to tell them, and they are heading out the door with a clipboard.

Barbra says that some Deaf people don't understand a doctor's agenda and feel that they are given prejudicial treatment because of their deafness. She elaborates:

> The doctor comes in and says "How are you?" Now if I sign "How are you?" the Deaf person will respond, "I'm fine, how are you?" but actually I mean, the doctor might really be asking— in reality, "What's wrong with you, give me a lowdown, so I can get to what's wrong and I can get out of here, and then [you] explain to the Deaf person."You know, this is what's going on”—it's hard, it's hard.

Barbra's stories highlight the tension and potential conflict that arise out of three different people's agendas intersecting in a medical setting: the Deaf patient's, the doctor's and the interpreter's. The Deaf patient wants a listening ear; the doctor wants to diagnose the problem efficiently; and the interpreter wants to be accurate in ensuring full access to communication. Barbra feels that she has to mediate between the doctor and her client.

She also faces another challenge from some Deaf patients she works with:

> [T]hat when the Deaf patients get in there, since they told us, they forget to tell the doctor or they forget anyways, and then we hold all this information going, "Oh my word, they are not saying it," and this is really crucial to the communication.

Sometimes, Deaf patients forget to say to the doctor what they have discussed with the interpreter during their preparation talk. Barbra expands on this comment:

> We’re the holder of all the information, sometimes, it's just, it's scary to hold on to so much information—And then to make sure that we've got the time to do our interpretation because the doctor can say, you know, take this two times a day until it's gone, but if you interpret that incorrectly and not conceptually, they would take it two times and throw the medicine away. And that's been done you know, so how do you know? What’s what we normally do and what has to do with communication, you know? Tough call.

Barbra's job demands mastery of a complex body of knowledge and skills. There is another competency that I see emerging from Barbra's accounts: poise in times of ambiguity and stress. She expresses apprehension at having to shoulder the burden of information for her Deaf client, but nevertheless, as a border crosser, charged with the responsibility for facilitating communication, she does her job as an interpreter. When things do not go smoothly, Barbra learns to control her emotions to arrive at the best solution within a short time frame. "It's hard. It's hard. Tough call." Nevertheless, she persists in the borderlands.

Misperceptions and Stereotypes.

Unpredictable circumstances and having to prepare for contingencies make Barbra's job stressful, but it is a vocation she embraces. What she strives to do is to debunk "myths" or misperceptions she thinks some Deaf people have about hearing people that hinder border crossing, "One of the myths out there is that hearing people know everything. Hearing people are very knowledgeable, skilled in English, [and] they never make mistakes." Barbra thinks this misperception by some Deaf people includes how they think hearing people communicate. She explains, "No —that's not the truth, we're not a walking dictionary, you know, we do make mistakes when we speak, I mean, that's communication." This quote shows Barbra's attempt to educate Deaf people on the fact that hearing people experience miscommunication problems too. She elaborates, "Even from hearing to hearing we don't understand, we have—communication breakdowns, and it's okay."

Like a few other professionals in the study, she is told sometimes by Deaf people to go back to interpreting school when she cannot interpret the message the first time around perfectly:

> But sometimes the Deaf world, you'll have to ask them to sign it again, or if you're really still not getting what they're saying, you understand what they're saying, you just don't know what they mean— and they think that, "Oh, go back and take more classes," and it's like, "No, you don't get it, I can be talking to a hearing person and I can say I don't understand." I'm understanding the words but I don't have a clue what they mean. They are

> like, yeah, I'm all over the place, so I have to say, "What do you mean? The same thing's happening here." They are going, "Really?" They thought that we need to go back and get more training.

I hear how it frustrates and discourages Barbra when she is judged to be an incompetent interpreter for understanding the communication symbols (signs) but not the meaning behind them. However, other Deaf-services professionals like Hannah, a social worker, offers a perspective on why some Deaf people make these comments on an interpreter's "mistakes":

> As an oppressed culture, they have been told, "No, you can't, most of their lives." So for them, it takes courage to say I didn't understand, 'cause the next thing is, then you are perceived as not being intelligent. And they don't understand that you and I do this every day, all the time, "What's that, I'm sorry, I didn't get what you just said?" No, but to a deaf person I have to get it all, and I have to get it all at once you know.

Like Barbra, who also commented that Deaf people are "an oppressed group," Hannah is a highly experienced Deaf-services professional. Both hearing professionals have developed empathic skills to facilitate communication. They are aware of hearing-Deaf miscommunication problems and try to understand what might contribute to them. They also have an awareness of Deaf history and culture, and that awareness helps them to persist in the borderlands.

Hannah recounts a story that highlights the disrespectful behavior of a hearing individual towards a Deaf person:

> [O]ne time I had a deaf social worker working under me, and she had to make a phone call to the Department of Social Services, and she called through the relay—and the [hearing] person actually said, "Get a hearing

> person on the phone, I don't have time for this B*S*, or give me your supervisor. I need to talk to somebody faster than this." Well, we had some training after that with those people about sensitivity awareness it was called.

The above story illustrates the impatience and unwillingness in some hearing people to engage with Deaf people. Several hearing participants have shared accounts of unpleasant hearing-Deaf interactions. Hannah's story shows that she is knowledgeable about the ignorance of some hearing people that leads to conflicts. She ameliorated the problem by creating training workshops to educate hearing professionals about Deaf culture and promote border crossing.

Different Expressions of Emotions.

Barbra brings up another issue that contributes to misunderstanding between hearing and Deaf people:

> [Some Deaf people] also think that we have no emotions. No, we don't have a lot of facial expressions or what-not, but I'll say to them, "We do, we don't have facial expressions but your facial expression I can portray that." And they'll say "How?" And I'll say, "My voice." "You can do all of that with your voice?" They don't, you know, because they don't come from a world of sound, you know, so there is just so much miscommunication and conflicts between you know, the hearing and the Deaf [communities] that we just don't, we just don't understand each other.

Emotion, how it is expressed, and what it means in hearing and Deaf worlds present challenges in border crossing. Hannah, the social worker, expands on this subject by recounting an incident that illustrates the impact different emotional expressions have on hearing and Deaf people. Hannah met a Deaf individual at a public fast-food restaurant. She says they were both signing until the manager came over to ask her, "Is everything alright here?" She recalls, "I said, 'Yes, why?' He said, 'Oh!' I said, 'Why?' And he said that somebody was saying there was a lot of hand waving going on back here and—so, there is ignorance even in this age." The fast-food restaurant manager was tipped off about a potential fight between two customers who were gesturing more dramatically and had more facial expressions than what the other patrons were used to. This is not an isolated incident as other informants in the study also have recollections of such episodes over dramatic gesturing by Deaf people. Hannah and several border crossers recognize the different way emotions is expressed in the lives of Deaf people who communicate through signing. However, this is an area many hearing people are uninformed about and it is a source of potential misunderstanding.

Meanings of Gestures and Words.

Barbra and Julia both discuss the confusion over the meanings of head nods and facial expressions to hearing and Deaf people. Barbra was talking to a hearing person and signing at the same time to include a Deaf person. As she was responding to the hearing person, she gestured in a manner which "[meant] 'yes' in our (hearing people's) language" but "it [meant 'no'] the opposite from a Deaf perspective." She recalls the Deaf person saying, "What are you saying? You're saying no!" This led to a misunderstanding with the Deaf person which was eventually cleared up when Barbra realized how hearing people's gestures can have different meanings to Deaf people. She says, "I never thought about how our natural gestures can have a negative and opposite meaning to them."

Julia elaborates on Barbra's point about confusing gestures. "Gestures are good but hearing people are not very good at gesturing. They do things that are not making sense to Deaf people, you know?" She tells me another story of miscommunication over gesturing and facial expression:

> [T]he hearing [nurse] was saying “But I've talked to them and they always responded with this— head in nod— so I know they are understanding,” and we (interpreters) have to explain, no, they don't. And a Deaf person said to the interpreter, “Her head nods, but her face is mean." Because what the hearing nurse was doing was “It's okay, honey, it's okay" so the facial expression was concern but it looks mean, doesn't it? "It's okay, honey" and so the Deaf person was getting mixed messages, you know? The head was going up and down, the facial expression didn’t match, you may think it is. “It's okay” [but] it's something different [to the Deaf person]. So the Deaf person was very, very confused.

Julia observed that hearing people sometimes send mixed messages to Deaf people because of gestures and facial expressions that are mismatched in meaning. Besides gestures, words and phrases that hearing people assume are readily understood may not mean anything to some Deaf people. To illustrate this, I select two stories; one positive and one negative. The first one is by Charlene, a social worker who works with Deaf clients and co-workers. She gives me examples of words that mean nothing to her Deaf co-worker: "innuendo" and "walking on eggshells."Having "gotten enough [Deaf cultural] awareness," she recalls turning to her Deaf co-worker at a work meeting, inquiring, "[Innuendo]? Does that make sense?—She's like, 'No!' So then the whole room kept trying to help her understand what the term "innuendo" means.—Walking on eggshells? Like, how does that, what does that mean?" As a team, Charlene helped her Deaf co-worker to make sense of new English words and phrases. Similar to what Julia says about gestures, some hearing people are unaware that words only have meanings because members of a cultural group impute meaning to them and agree on their meanings. By themselves, words and gestures have no meanings of their own. When people from different cultures with different meaning-making systems encounter one another, ambiguity and hence the potential for misunderstanding is present.

Unlike Charlene's positive border crossing experience, Krystal, an experienced interpreter (whom I will profile in greater detail later) talks about a near misdiagnosis her Deaf spouse had at a hospital:

> And so the doctor was getting ready to do discharge paperwork and called me at work and said "Can you just come over for a few minutes so you can sign this to him so he understands clearly?" Which I was glad she asked that, so work let me go and I went over and signed it. Well, I got there, and he was signing that he was constipated because he was having a lot of stomach pain. And I said that to her and she said 'No, he said he had diarrhea' because he was voicing that to her. And I said to her because he doesn't know the English word for constipation. He didn't know that word. All he knew was diarrhea. So she was giving him medicine to make it to slow that down and she said that actually could have been very critical. I

> mean, it could have caused a lot of problems if she had given him this other medicine.

Some hearing people may use words carelessly, and some Deaf people may not be able to find the right words in English to express what they mean. The wrong word can have dire consequences, as illustrated above. However, operating effectively in the borderlands requires more than mastery of the knowledge content of the new community. The stories of Barbra and other participants earlier in this chapter are starting to show a pattern: border crossing is demanding and sometimes confusing. A border crosser must develop an assortment of skills and knowledge to negotiate effectively in hearing-Deaf spaces. I will elaborate on these skills and knowledge in the next few sections.

Degrees of Border Crossing.

Towards the end of our conversation, I ask Barbra about ways hearing people can get involved in the Deaf community, and the discussion turned instead to interpreters' involvement. She reports the difficulties she has in getting her colleagues and students to get "out there." She tells me she quotes Martin Luther King Jr. to encourage her students to engage with the Deaf community, "They are afraid; they fear the unknown, they fear people that they know nothing about—I always use his quote":

> Men often hate each other because they fear each other; they fear each other because they don't know each other; they don't know each other because they cannot communicate; they cannot communicate because they are separated.

King's quote would suggest this formula: Separation = Miscommunication = Unknown = Fear = Hatred. Barbra is banking on the reverse formula to foster communication between two communities that communicate in different modes. Listening to Barbra, a dilemma I perceive is one about desire, willingness and level of engagement by interpreters. She elaborates:

> [Some] Deaf people see interpreters as taking, taking, taking, and never giving back — the reciprocity pull, you give back to the community that you're working with, because [Deaf people] are [a] living community, it’s not just going in, you know, it's a different type of community and you have to be involved and you have to give back.

Barbra has some expectations of her students as to their level of involvement with the Deaf community. Her concern about the lack of reciprocity by her students and some interpreters echoes a challenge that Julia, another interpreter, had raised in the previous chapter. However, she recognizes the predicament interpreters have about volunteering their time beyond work: the blurring of boundaries can lead to misunderstanding and gossip. For instance, Hannah tells how it "got [her] into a lot of trouble" at the beginning of her career as a social worker with deaf clients:

> [W]hen we had the special party, it was, “Hannah, I got my Social Security letter today and I don't understand what it is” and everybody is watching us sign. And I go, “Mhm,” and I go, “Today is a party day.” And somebody said, “I saw Hannah talk about Social Security to Lisa over there.” Now all of a sudden it's Hannah's got a big mouth, then Hannah is gossiping. So in this small community, you have to be very very careful because eyes are watching you.

Hannah ultimately learns to make clear to her deaf clients that at social events, she does not "talk business." Consequently, she has limited her presence at Deaf social events because she felt that deaf clients could not distinguish between Hannah the social worker and Hannah the person, leaving her open to gossip about her closeness with certain deaf clients.

Barbra and Hannah have two different views on how involved a Deaf-services professional should be in the Deaf community. Matthew, a CODA who is not actively interpreting, has a third perspective on the topic:

> You can't change people. You know, to some people it's just a job. And that's all they want to do. As long as they do it right and professionally, it shouldn't make any difference. And then there's some people who have their heart in there. They want to be involved with the Deaf and there's some people who don't. There is no right or wrong. I think it's that Deaf people are used to having CODAs, you know, which are part of their family in there, so —they don't know how to deal with it, you know, it's like, you go to a doctor, you get professional services. You don’t want him to be involved in your family and you know, it's all on the same lines.

There is no consensus among the interpreters in my study about how engaged interpreters should be with Deaf people outside of work. It seems that a complex relationship exists between sign language interpreters and Deaf people. Section 504 of the Rehabilitation Act of 1973 and in particular, the Americans with Disabilities Act (ADA) Title II, require that "no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation" (ADA website, 2012). The term "public accommodations" includes the offices of medical providers. ADA specifies that where necessary, "auxiliary aids" such as qualified interpreters must be provided for Deaf patients to ensure equal access. The mandated presence of qualified interpreters in public accommodations has resulted in an imbalance in the supply and demand of skilled interpreters. The Registry of Interpreters for the Deaf (RID), a national organization of sign language interpreters, was established in 1964 (RID website, 2013) to advocate for "excellence in the delivery of interpretation and transliteration services between people who use sign language and people who use spoken language." However, as the interpreting field grows, Deaf people are concerned about the effects of increasing professionalization. Although RID has made progress to define excellence by setting standards, and using them to test and certify interpreters, it has not been able to achieve "full self-regulatory status" (Brunson, 2008, p. 12). This means that in some states in America, any individual can offer sign interpreting services and charge for these services without the approval of RID. In the past, Deaf people used to rely on family members and volunteers, or recruit their own interpreters, without the requirement of monetary payment. When interpreting became a paid service, Deaf people have had to learn to adjust to strangers becoming involved in their intimate lives. The interpreting field itself has promoted different philosophical approaches ranging from the interpreter as a helper and then conduit (machine), to that of an ally.

In talking to Hannah and Kate, another interpreter, and a sign language instructor, I learn that interpreters themselves may hesitate to participate more deeply in Deaf community life because they worry about crossing the line of professionalism."It's easy to become enmeshed in each other's lives, and as much as I love that, you can get lost in it," says Kate. Hence, among Deaf-services professionals in this study, a dilemma they face is deciding their extent of engagement in the Deaf community.

In the next section, I introduce Esther and Krystal, both interpreters, to show that being married to Deaf people may lead to different expectations of Deaf-services professionals. Through their narratives, I reveal a different set of tensions that come with living and interacting intimately with a deaf individual and his family. I also acknowledge the heterogeneity within the Deaf community through their accounts. Krystal says:

> Because they don't all know sign language. There are a lot of deaf people that don't use sign language, but how do we communicate and not make them feel like they are less than [those who sign] or that we're looking down at them?

Hearing people may encounter Deaf people in the borderlands who use a variety of communication styles. The unpredictability brings anxieties for hearing people. My conversations with hearing professionals show that specialized training does not diminish the anxiety. There are new and different dilemmas to resolve.

Esther: "Communication is difficult enough with two people sharing the same language."

Through this second profile of Esther, I present more distinctive predicaments faced by hearing people who are trained to work with and also have intimate relationships with Deaf people. I also include in this discussion the occasional stories of another Deaf-services professional, Krystal, who shares a similar background with Esther of having a Deaf spouse.

Dealing with Different Community Values and Norms.

Esther is a sign language interpreter who is married to a deaf man with a cochlear implant (CI).She describes him as being "in limbo": "not quite Deaf culture" and "not quite hearing culture." She tells me that she's been told that "deaf and hearing people shouldn't get married. It's difficult." Chuckling, she agrees "a bit" that hearing and deaf people belong to "two different worlds." Because her husband has a CI, she sometimes has to negotiate two different spaces within the Deaf world itself: a space that welcomes deaf people with CIs, and a space that does not. She has no preference for any particular "world." Like several other interpreters, she mentions the ability to "code-switch for the environment [she] is in."However, Esther says she is predominantly in the hearing world with her husband:

> I think people judge me particularly because I have a husband who is primarily in a hearing world because he has a cochlear implant and he speaks for himself. So he doesn't sign. He can sign. And he signs just upfront, but speaks for himself.

Esther mentions several uncomfortable situations she has encountered as a hearing border crosser and peppers our talk freely with chuckles. They seem to cover up for the awkwardness she feels about her role in the local Deaf community. Esther does not talk like a few of the experienced interpreters I have spoken to who are strong advocates for the Deaf cultural community and its beliefs. She has her own views towards the Deaf community tempered by her husband's use of CI and her role in a dominantly deaf family. Despite being a trained and experienced interpreter, she confesses not feeling "adequate signing if [she's] around a lot of Deaf people." With her husband, she signs more English and "the Deaf community, it’s not quite that way." She explains:

> Some people will just accept any sign and some Deaf people like, you’re not good enough. So that is difficult, and it's not very welcoming to come in if you don't feel like you are good enough. So I am more confident now

> than I was many years ago. But still, you don't know who you are going to come up against.

Esther recalls a frustrating incident at a Deaf party that reinforces other Deaf-services professionals' views (Barbra and Hannah's) on some Deaf people's expectations for communication:

> I did a party and everyone was deaf. And they're asking me a question. I am answering, but I wasn't clear what their question was. But not because I did not understand them, but because of how they were asking me. And so I want to go respond. And she turned away from me, that woman turned away from me and signed to a girl next to her – another deaf woman, said, “She doesn't understand me.” And I *did*. And it was just like, er, I understand you. Like, I don't think she realized, but she wasn't going to give me the time of day, because I stalled into giving her the response, you know. Whatever the situation was, whether I couldn’t remember the name of the product or whatever it was, it was like I knew what she want. I’m just trying to figure out how to tell. [Italics mine]

Esther's delay in responding to the Deaf person deemed her an incompetent signer. These perceived expectations by Deaf people, on top of her awkward role in the Deaf community, make Esther hesitant about co-mingling with Deaf people after work.

Krystal, a Deaf-services professional married to a Deaf man, talks about Deaf people's beliefs on marriage:

> The real core Deaf community really believes that Deaf should marry Deaf. So personally, you know, if we were in a place where there's a real

> core Deaf community like Washington, DC, I don't know if I would feel real comfortable —because that is their belief or—one of their cultural norms.

Krystal is comfortable in a smaller Deaf community where she is now located. Here, a hearing woman like her with a Deaf husband is more easily accepted if she has the "right attitude." Esther and Krystal's stories show that they have thought about their identities, their anxieties and what would be inappropriate in a different culture. For example, Esther has learned to live with the stigma associated with her husband's CI. They have also learned some of the ways of the Deaf community, such as the norm of hugging. "In the Deaf community," Esther says, "they hug hello and they hug goodbye." She explains that she doesn't enjoy hugging, but shrugs it off as something she can adapt to, "If I am around Deaf people, they hug, I have to hug." At Deaf coffee socials I have attended, hugging and long goodbyes are rituals I have witnessed and am learning to practice at Deaf community events. That is difficult for me, as it is for Esther; growing up as a hearing Asian in Singapore in my generation, there is restraint and reticence in displaying affection outwardly.

The "In-House" Interpreter.

Esther navigates complex settings in the Deaf community and within her family. Her deaf husband has Deaf relatives, one of whom is strongly against the use of CI technology. When I ask her to describe the sorts of events she participates in with Deaf people, she talks about the awkwardness of being a sign language interpreter and interacting in a local Deaf community where she feels she does not belong, "That's his (the relative's) world, you know, it's his friends; it's his group. So it’s more difficult for me, I think, to socialize with the Deaf people here because then we are sharing friends. Kind of awkward." She avoids competing with her Deaf relatives for friendships and mostly interacts in Deaf spaces with Deaf friends from out of town.

During large family gatherings, she cannot escape being the interpreter as there are several relatives who are Deaf. She describes the dynamics of communicating during family functions:

> It is difficult to communicate because if there're jokes going back and forth, they (Deaf people) are missing out. Everyone's laughing and then someone is saying, "What happened?" So I'm interpreting that. Well, it's too late. Everyone’s paused, waiting for the interpretation and it's not funny anymore. So I don't feel like they get everything. They don't get the environment or the sense of humor, or— they’re missing out, which is difficult.—I can't sit back and enjoy the event myself if I’m working. I've got to step back, and interpret every conversation and just focus on interpreting. Well, then I'm not part of the conversation. So, I can't make the jokes.

As the "in-house" interpreter who brings both hearing and Deaf family members together, she cannot relax at family functions. She has to be "on" at these meetings, watching, listening, recoding, and relaying the messages and bringing in an external interpreter is out of the question at these intimate family gatherings.

Similarly, Krystal shares the struggle that comes with being a sign language interpreter and being married to a Deaf man. She is often asked to interpret for her husband because some medical providers are unwilling to pay for an interpreter. Or, at times, she is the patient and "they refused to get an interpreter for him (her husband)." She recounts the harrowing experience of her husband not knowing what had previously transpired when she was in a sedated state and sent home by the hospital:

> It’s scary on my part because if they send me home, my husband has no idea what the doctor said or what treatment was given because no one is there to tell him. And they'll say to him, “Your wife can sign, if she wants you to know, she'll tell you.” And I'm totally out of it, I mean, I can't sign.—I have a fear, because I can't depend on him getting the right information to make medical decisions for me. So I have to have—someone else be my healthcare proxy because my husband may not get the information he needs to make an educated decision on my care. And it kind of hurts me and I think it's hard for him because he feels, you know, you're my wife and I should be able to make decisions. But he might not get the information needed.

Here, Krystal raises an issue many hearing people take for granted—that one's closest kin should be able to make critical medical decisions on one's behalf. This is not so for Krystal who plays many roles in her life – interpreter, hearing wife to Deaf husband, patient, and others. She forewarns other hearing-Deaf couples, "It's a fact that your hearing wife is unable to make decisions in a coma or something. You may not get an interpreter or may not get the information, and you're making a decision based on maybe half of it."

Like Esther, Krystal also acknowledges that communication with her Deaf husband continues to be a challenging issue despite the considerable length of their marriage and her sign proficiency:

> I'm thinking, how can I say it so that it translates to what I really mean for him to understand it, you know. And sometimes it's just like, I don't know, because it's two separate languages trying to come together to get the same meaning across and sometimes it's really hard.

In these few lines, Krystal conveys the hard work that goes into making her marriage with a Deaf man work. Communication, the lifeblood of a relationship, does not come easily because there are two very different languages that threaten to thwart the closeness.

Gale: What are we gonna do? How are we gonna support this guy when we are not able to really communicate with him?

Sometimes the difficulties that hearing professionals describe in their interactions with Deaf people seem almost insurmountable. Gale's quote (see above) gives voice to her inner struggles when she encountered a Deaf client, Peter, who has multiple disabilities.

In this third profile, I have singled out Gale's story to draw attention to her professional, social and emotional negotiations with Peter. It provides a revealing take by a Deaf-services specialist into the complex reality of being in the borderlands with people who are not only deaf but also have other disabilities.

Dealing with Deaf People Who Have Other Disabilities.

Gale works in an agency that supports people with disabilities. Peter has attended a special school and knows how to sign. Gale's job is to facilitate Peter's transition to independent living. When she arrived at her first meeting at Peter's home with a co-worker—who has not worked with deaf-blind individuals before — and an interpreter, they were flummoxed. Gale says, "The interpreter had some knowledge of tactile signing, but with someone that is autistic, they don't like to be touched." When the interpreter tried to sign their names in his hand, Gale recalls, "You can just tell how uncomfortable he was being touched." His mother who was present at the meeting knew minimal signs because like most hearing parents, she did not learn how to sign with her child when he was younger. Peter was away at residential school most of his childhood. Gale recounts:

> As we were [leaving], you know, he was part of the meeting. His mom did the best that she could in terms of like saying what we're gonna be doing with him—and those things that are important to him. But when we were leaving, my co-worker, she went up to him and took his hand and signed her name and I could hear him say her name! He kind of vocalized a little bit. And I'm like, "Oh my god. They did it." You know, this is gonna be great.

Peter's response brought a sense of relief. At Gale's second meeting with Peter, her anxiety at not being to communicate with him resurfaced. She explains, "I was so uncomfortable in this meeting 'cause—I have my sign language skills, but in working with somebody that couldn't, I couldn't communicate with at all, I was like, how do I do this?"

Gale describes a moment of anxiety during the second meeting. Peter has limited vision and must wear thick glasses. At the meeting, he did not have them on. His mother pleaded with him repeatedly, "Please go get your glasses." Gale recollects:

> He said, "No, no, no." — Finally, he went to his room, and got a pair of Dollar Store pink glasses and just set them in the chair, put the glasses on and this was like, "You know, I finally, I got glasses." (Gale laughs) You

> know, just to tell us, you know, just to show his sense of humor. And at that point, when I realize that, you know —he can understand, you know, and joke about it. I was like, this is, that he was going to be great to work with. But I was really nervous at first. But I just took, you know, and we all like, we don't know how to do this, (Gale laughs), you know, including the interpreter who really didn’t know how to do this, you know.

Gale and her team persisted through the confusion and established a routine for working with Peter so as to assist him to gain increasing independence. This narrative supports a few ideas about border crossing. First, border crossing is messy and unpredictable. Gale experiences rollercoaster emotions in her interactions with Peter: eager anticipation, fear, discomfort, anxiety, joy, and relief. Gale specifically points out during our interview that it was "quite a learning experience for [her]. You know, and just my discomfort at first and then, how he made me feel comfortable through just getting to know him a little bit." Secondly, although Gale marshals resources to support her interaction with Peter, she isn't fully prepared for what she has to face during her first two meetings. The lesson Gale learns is that it takes time for her and her team to develop an appropriate approach to work with Peter, who also contributes to making the whole process a win-win situation for all. She learns to be patient.

3. Lay People’s Stories

The predicaments encountered by lay informants in this study are of a different nature and depth compared to those of Deaf-services professionals and informants with family connections to deafness. Border crossing by lay people may not be attached to a professional obligation or a family relationship, both of which mean that high stakes are involved in their negotiations with deaf people. Four participants who are lay informants have family members who are deaf. However, my discussion excludes these four with deaf kin. My intent is to focus on the predicaments of hearing people who have neither any connection to deafness nor any training to work with Deaf people.

In this third section, I do not highlight specific profiles in the discussion. Instead, I present the patterns that show up across an analysis of all lay participants' data. Their narratives unveil three themes on predicaments faced by hearing people with no family connections to deafness and/or no professional training to work with Deaf people. Since a majority of lay informants are not as fluent in sign language as interpreters, the first theme centers on language difficulties they experience and the corresponding issues that surface. A second theme is the use of alternative forms of communication, like interpreters or written communication, which pose their own sets of challenges. Thirdly, lay informants talk about their relationships with Deaf people– ones that are sometimes strained and sometimes heartwarming. These three themes and the specific questions that trigger them bring out a range of emotions in informants.

I use participant quotes to provide an overall idea of the broad theme. Under each thematic section, I refer to the narratives of a few participants to substantiate my argument.

Language Difficulties

Dawn: "The language intimidates me."

Many participants in this study describe being enthralled by the beauty of American Sign Language. Lennard Davis (2000), a disability scholar and CODA, paints a picture of signing as "speech set to dance," of there being "a constant pas de deux between the fingers and the face" in order to express "tone and volume." Yet signing poses a challenge for hearing people. Allison, an administrative professional who has Deaf co-workers, draws attention to the element of "theater involved in [signing]." "It's very demonstrative," she says, "I’m kind of like that." Allison tells me that she can be naturally theatrical and dramatic. Spanish and French may faze her but not signing. Nevertheless, she acknowledges that some people may find it a struggle to be expressive and dramatic. Dawn, for example, who describes herself as not outgoing, and Dawn's friend, who has arthritic hands, laments, "I can't do it. I can't make my fingers form the letters or the words."

Along the same vein, several lay informants talk about the challenges of learning sign language, one of which is their confusion over the variation in signs. One word could be represented by several different signs. Thus hearing people are sometimes not able to follow signed conversations. Tom, a sign language student, is visibly frustrated as he comments on this challenge:

> This is my biggest issue with sign language. My teacher now is from a nearby state and she signs some words completely different from what I was taught. I have had four sign language instructors. Ms. Smith I had for three [classes], and for the most part, almost 90 percent of the signs are the same, but 10 percent of the signs are different. The way that my teacher now signs is that 10 percent, literally 10 percent of her signs [are the same], I'm like, no, your sign, it's supposed to be signed this way. She's like, I'm Deaf, what's wrong with you?

The variation in signs between Tom and his teacher can be attributed to Deaf people in different regions developing different signs. Just as hearing people develop different accents with spoken English, Deaf people from different cities, states, countries, with different family upbringing and educational backgrounds (who had different interpreters in mainstream schools) also sign differently. At times, the use of the wrong signs embarrasses hearing border crossers, as Dawn’s experience highlights:

> I was going to lunch [with] a hearing and deaf couple. And I am trying to tell them about a trip I had taken and I am describing a pyramid. So I made the shape of a pyramid with my hands and the husband says "No." You know, he's signing "No, no, no!" waving at me “No, no, no!” And his wife was cracking up and I’m going "What? I am lost. What? What did I do?” So I was told, that was not the sign for a pyramid, you draw a pyramid—to make the sign like a, you know, pyramid. She said, "No, that's vagina!" and I go "Oh, pardon me." So I proceeded to blush.

On other occasions, the wrong choice of signs can make one appear judgmental. Dawn tells a story of a time when she tried signing to two women at a drama rehearsal while waiting to enter the stage for their parts:

> And we're just practicing at this point, so there was a lot of conversation going on and two of them were talking and they were just kind of cracking each other up. And I said, "Oh, you two are just too funny. You two together." And apparently—one of them thought I was saying that they were living together. You know, and "No, no, I did not mean that." (Dawn laughs) I do understand from some people, that does happen, you know, their lifestyles are— um, a little different. But she was very offended and I said "Oh, no!” When I found out what she thought I had said, “No, that is not what I meant, you know, not what I meant.”

Dawn's remark was misconstrued as a harsh comment about two close friends. For novices with limited sign proficiency, Colin, another lay informant, agrees, “In the beginning, it's hard for you to really say what you want to say sometimes.” Native signers sign very fast and may be "sloppy" with their signs, says Matthew, a CODA. They take shortcuts because signed communication is a habitual practice in Deaf families, with Deaf children learning to sign in informal settings from birth. Thus, signs sometimes become abbreviated among signers who are familiar with each other's signing, just as English speakers do not always enunciate every sound when they speak informally. For hearing border crossers trained formally, unclear gestural signs can cause problems. Carol explains:

> After I learned a little sign language I approached [my co-worker] with "Hi, how are you?" And that went, oh you know, and then she started, she goes way too fast. I had to tell her to slow down. And then eventually I just stopped signing and just ended up talking. And I realized that I had done that after I said goodbye to her. I went to my seat and I thought, wow, I really didn't finish what I was starting—because I'm not confident in my signing yet.

Overwhelmed by the speed of signing by a more proficient signer, Carol retreated from practicing her signing with her co-worker, resorting to spoken English and letting her Deaf co-worker lip-read her spoken English. "[Signing] would be something that I would have to really work on," she tells me ruefully. With limited availability of native speakers and opportunities to practice signing, many lay informants find it hard to make much progress in learning sign language. However, their stories go beyond grappling with signing; they talk about the emotional pain they face too. Like Carol, Sharon, an administrative staff person at a Deaf service agency, is a novice signer. She talks about an encounter that left her fearful of learning sign:

> I signed something incorrectly a few years ago. I think that's one of the reasons I stopped. 'Cause he criticized, he was not— you will find that

> some of them just, they can't be bothered. If you did it wrong, they just don't want to know. They don't want to help you learn.

Some hearing border crossers are more affected than others by Deaf people's criticism of their signing. They feel rejected and become less motivated to keep participating in Deaf community life. The struggle of a novice signer is vividly depicted by Marcia, another ASL student, "It's like you catch bits and pieces, and you don't catch it as a sentence, as a whole conversation. You catch words here, there, [and you have to] fill in the blanks. That was definitely a struggle." Adding to the difficulty of learning a new language is the newness of ASL sentence structure and its visual linguistic properties. Marcia says, "Their sentence structure is flipped." For instance, "In English," she explains, "You would say "The man went for a walk." In sign language it would be "walk the man went." So if I try to say it to myself, I'm going to mix myself up." So, she tries to think it through in her head before letting the words flow out of her hands. When asked about the struggles of dealing with a visual language, Marcia says, "Communicating using my ears is still easier than communicating using my eyes; keeping up with finger spelling, keeping up with people for whom signing is their first language. They do it so fast!"

Alternative Forms of Communication

Zoe: "Sometimes I have a hard time screening the interpreter [out]."

Other than signing, some lay participants resort to alternative forms of communication to engage with Deaf people. They sometimes write, or in more formal situations, accommodations like sign language interpreters are provided to assist them to communicate with Deaf individuals. Nonetheless, a few informants questioned the effectiveness of these measures. In particular, those who have spent considerable time working with interpreters to connect with Deaf people have recollections of positive and negative experiences using interpreted communication. Zoe, a lay informant, concludes upon some reflection, “Some people who are deaf don't talk, and some don't read lips. So, just like I don't sign. So I feel like what has been helpful has been having an interpreter.” However, she battles her tendency to treat the interpreter “like a third party that is almost like not there.” Zoe tells me, in wonder, “I can't imagine doing a job everyday where you're interpreting and being involved essentially in these conversations and not [be] a part of it.” She acknowledges her struggle:

> So sometimes I have a hard time like screening the interpreter, especially if the interpreter has valuable knowledge. Like one of my instructor’s interpreters— sometimes she has good feedback, you know. So it's not like there's a third person in the conversation but occasionally she'll pop in. And I would hate for somebody to not do that because they're doing their job but then you still have to respect the wishes of the person who is being interpreted for.

Like Zoe, a few informants are used to having interpreters in their interactions with Deaf people such that they have picked up strategies on how to work well with interpreters. (I will write more about this in my next chapter.) Zoe says with a chuckle, “My classmates spent so much time watching my Deaf instructor and the interpreter that they started picking up when the interpreter wouldn’t sign what they are saying.” She is in a dilemma as to whether interpreters are necessary because despite her limited sign proficiency, she was once able to defuse a conflict at a car dealership between a hard-of-hearing customer and a dealer without an interpreter. This she accomplished by using a laptop and a word-processing software. The predicament Zoe has about using sign interpreters arises out of her own experience with her instructor. She explains that “there is more misunderstanding when [my instructor and I communicate] in person than when we are in e-mail.” I ask her to explain how that is possible with the presence of a qualified interpreter. She comments:

> Zoe: Probably because I'm not very good at getting my point across to an interpreter clearly. As you probably gathered, I can be long-winded, so my Deaf instructor has to follow my whole train of thought which can be a challenge. Like I understand him fine, he, I think sometimes just gets confused by me.
>
> Yin: He's confused by you because of the third party who misinterprets you?
>
> Zoe: I think just because it takes me— my stories are long and it's like my brain— I immediately get to, you know, the point I want to get at, but before I can get there, I have to tell the whole, everything else relating to it. And then I get to the point. And I think that drives people nuts. And probably makes it, you know, the interpreter is trying to interpret what I am saying when they don't know what I'm getting at either, so.

Having an interpreter is not a panacea, as hearing people of three participant types reveal. Those with Deaf kin, those who are Deaf-services professionals and now lay people themselves voice the challenge of communicating with Deaf people. Just as Deaf people expect no less than qualified interpreters, hearing people like Zoe express a desire for interpreters capable of relaying their messages accurately to Deaf individuals. It takes effort and experience for an interpreter to figure out the intended message of someone like Zoe who may require time and patience to get her message across. Thus, the path to effective mediated communication between both parties involves more than simply having a sign language interpreter. Fortunately for Zoe, she falls back on electronic mail to facilitate her interactions with her Deaf supervisor and instructor. Again, e-mailing has its limitations.

Some lay people talk about e-mail being both a boon and a bane. Zoe reports that she is more effective in communicating via email. Yet what is frustrating with this mode of communicating with her Deaf instructor is having to write about things she wishes she could just unburden in person, “It was like, man! I wish I wasn't having to write this. But—that's the thing we do, we do all of our stuff via e-mail which is interesting because then you have to be careful with the way you are [coming across with words].” Quite often, disagreements and conflicts are handled over e-mail because it is what works for Zoe and her instructor who is bilingual.

Lucia: “When that mold is challenged.”

Lucia was a communications major in her undergraduate studies. Her "mold" or frame of reference about effective communication is that it is demonstrated by articulate verbal communication. As a legal intern now, she interacts with Deaf clients and a Deaf instructor. She gets somewhat agitated talking about deciphering some emails sent by a Deaf client whose native language is not English. She recounts:

> I couldn't understand any of the e-mails, she wasn't C-C-ing my supervisor or the other student intern on it, so it was just me. And I'm having to go back, and trying to figure out and decode what she's saying, and discuss it then when the other colleagues were around and then go back and relay that answer to her. It was a whole mess because I just felt like the

> communication was horrible, horrible but she and some of the things she was saying (laughs slightly), I don't know if it was a difference in communication, but there are some words that didn't translate over right, but it was just, it was difficult, it was really hard, and it was, that was the hardest, that was the hardest, and meeting in person with her, was also really challenging, because she again, she only uses ASL, she can't write, so her husband would come to all of them, and I felt like at times he was just answering for her, not letting her even tell him what was going on, so those were certain things that I picked up on a little bit that were difficult.

I could tell it had been a very difficult time for her as Lucia is not proficient in ASL. Emailing was not a viable option. Lucia was stymied by her client’s writing with ASL syntax and apparently inappropriate choice of words. In person, she sensed that her client’s husband was not relaying all the information her client would have liked to disclose. She tells me how she felt upon receipt of these emails, “When I get these e-mails, I'm like, oh goodness! There wasn't any other way for me to talk with her!” Her client had no videophones and lived hours away from Lucia's college. Coming from a communications background where she is trained and expected to be articulate, Lucia says, “When that mold is challenged, I guess, it threw me in for a loop!” This example shows that for some lay people like Lucia, their prior experiences and expectations about communication influence their initial interactions with Deaf people. Lucia had expected her client to write English as easily as she did, but found that that was not the case. When this prior mindset is challenged, the process of transformative learning is activated. Acceptance of new ideas and practices on how to relate with Deaf people facilitates continued engagement with Deaf people. However, transformation entails coping with the tension of new with old ideas before breakthrough occurs in hearing border crossers’ relationships with Deaf people. It is this theme of tension I turn to next.

Relationships with Deaf People

Luke: "When you see someone who is different, there's always that struggle."

A theme that pops up in several lay people’s narratives is their perception of their initial encounters and relationships with Deaf people. Many lay informants talk about their initial nervousness about interacting with Deaf people because of their limited sign proficiency. They hesitate to attend Deaf Coffee socials. Looking back, Luke says it wasn't "a fear of them." He was nervous because he "didn't want to step on anybody's toes" or "do anything wrong." Luke added, "When you see someone who is different, there's always that struggle." However, on occasion, lay people meet Deaf people who reach out to help them in the new terrain. Some Deaf individuals slow down or use more English syntax in their signing in order to help hearing lay people understand them more easily. Emboldened and welcomed, the recipients of such help return to these borderlands to further engage with Deaf people. Colin, for instance, says that his initial attempts to communicate with Deaf people were with those who knew English. "If they didn't know English, I would be stuck!"

Generally, Deaf people impressed lay informants as fun-loving and friendly people. Marcia raves, “[Deaf people] are the friendliest people you will ever meet.” Learning the language and interacting with Deaf people has “definitely [made her] a happier person” and she has become “much more social.” Like several other lay informants, she now prefers to sign rather than have to talk, sometimes even signing to herself. Being accepted by the local Deaf community, Marcia says, is “like having a giant family,” compared to being part of a dominant racial and cultural community in which she feels lost because it is too big.

Henry, too, loves learning new languages and meeting new people. He has been exposed to Deaf people from youth through graduate school. He has a family member who is becoming increasingly deaf. At a fitness center, he formed a friendship with a Deaf woman he describes as "amazing." Henry says, "She'll go to the gym [and] make friends with all these hearing people." Communicating with her was pleasant and less of a struggle because she was raised oral, that is, she was taught to read lips and speak. As he ponders over his experiences, Henry comments:

> Deaf people will tend to sign more Exact English with hearing people and do more ASL with Deaf people. And so with me, I find that, you know, when I took ASL 1 at a local college they taught us ASL—and the sentence structure and I was learning that, but as I have been signing with her, I have fallen into signing Exact English sentences. And she gets it and then she signs back that way and so it makes it easier—my Deaf brother is always saying, well, that's not ASL, that is not appropriate. And I say, I know, but that's how my Deaf friend does it, so.

Thus, Henry learns one thing in formal ASL classes and learns something else with his Deaf friends. My own experience in Deaf Coffee socials is similar. I was taught through formal ASL instruction not to voice or move my lips, but at these socials, some Deaf people told me to move my lips and sign so that they can better understand me. I feel that this is likely due to my low sign proficiency. Nonetheless, I have also met other hearing border crossers who have expressed that they cannot voice and sign at the same time because of the different syntactical structures of ASL and English.

Uncertainty quite clearly characterizes lay participants' perceptions of their interactions with Deaf people. For example, Tom, a formally trained and rather proficient signer, first says they "are not quite as pretentious or self-centered" as hearing people, although he feels uncomfortable at times being the object of his Deaf friends' jokes. "They have a lot of jokes about hearing people—It's always about how a hearing person manipulates something, like the hearing guy will get shot—or thrown off a train or whatever, I mean, it's like life, right? You are talking about me? I am hearing, you know." Then after telling his story about being teased, Tom acknowledges that it is quite common for other groups to joke about outsiders. He then tells me something about his interaction with Deaf people that embarrasses him:

> [Deaf people] are open books. They want to know more information than most people —they just want to know everything. How old are you? Where are you from? Where is your mom? Where's your dad? Where is your sister? Where is your brother? And even when you leave, like I would say "Excuse me, I'm going to go to the bathroom"—if I’m going to leave, they want to know, "Where are you going?" They are very, very inquisitive. I mean to the detail. They want details. And sometimes it can be a little embarrassing— but they are very open with each other, so when you start signing with them, they expect you to be very open, because that's the norm for them, they are much more open than other cultures I have run into.

Tom's perception about Deaf people's "openness" or directness is not an isolated case. Several participants indicated that some Deaf people are more direct and forthright. Anna Mindess (2006), an interpreter, and Thomas Holcomb, Mindess' Deaf co-author of a book chapter on American Deaf culture, state that "it is a stereotype to say that Deaf people are always blunt" (p. 85). Cultural groups are made up of individuals and individual members vary in their backgrounds and personality (Mindess, 2006, p. 79). Nevertheless, they posit that some generalizations can still be made about cultural values, norms and practices of a cultural group. They argue that there are degrees of directness in communication across cultures. Americans are perceived as being more direct than Japanese; however, Mindess and Holcomb contend that American Deaf culture is more direct than Japanese culture (2006, p. 83-84). Daniel Rousch (2007, p. 103), a CODA, disputes the perception that Deaf people are direct and blunt, arguing that it is a folk stereotype held by English speakers. Directness in American Deaf communication is explored in Roush's study[27] (1999 cited in Mindess, 2006) and found to be employed by Deaf people in certain specific situations only. Deaf people tend to be more blunt when making "remarks about a change in people's appearance, warnings and advice, and the expression of personal opinions and complaints" (Rousch, 1999, p.7, cited in Mindess, 2006, p. 85). Rousch (2007, p.104) writes, "The data reveal that the Deaf-as-direct stereotype does not adequately characterize the complexity and diversity of conversational styles and strategies that members of the ASL Deaf community use." Although Tom has been studying ASL for four semesters, he is not fully immersed in the Deaf community. He is thus not as aware of the complexity of ASL use and Deaf culture as someone who is totally immersed in the Deaf community.

Tom displays an ambivalence about his interactions with Deaf people in the same interview. At times Deaf people to him are "just like us." At other moments, he remembers that they are different in a few ways. Since there is no advanced preparation during our unscripted

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[27] Rousch is a hearing child of Deaf parents. In 1999, he completed a Master's thesis on "Indirectness Strategies in American Sign Language" at Gallaudet University (Rousch, 2007; Mindess, 2006).

talk, his wavering views are not unexpected. Other lay informants echo the same sentiments about their relationships with Deaf people: Deaf people are people, so they are like hearing people, but they are also different from hearing people, and in the most distinctive way, they communicate differently from hearing people. Differences aside, Lucia, the legal intern, says she has gotten so used to interacting with her Deaf supervisor that she does not "even see his deafness," "It was as if he wasn't deaf at all." Difference disappears through familiarity and persistent practice at border crossing, leading to effective communication. Barriers that once posed difficulties are broken down.

Dawn: “This is gonna sound bad.”

Several lay participants displayed joy when talking about their interactions with Deaf people. However, several informants also talked about problems and they often worried that their comments might come across as offensive to Deaf people. Hence, they typically prefaced their comments with an apologetic remark that what they say next might sound “bad.” For example, in our discussion on ways to facilitate effective communication between hearing and Deaf people, Dawn brings up the notion that one must be immersed in the community constantly to attain language proficiency. Then, she delivers this comment:

> Um, this is gonna sound bad, but I think the association with the deaf can suck the life out of you. It just demands so much. You have to be involved. You have to, um, your life has to take a turn, you know, and so, you have to get more involved with the deaf than you are even with the hearing.

Dawn does not spend as much time with Deaf people as Deaf-services professionals, nor does she have the opportunity to do so regularly. I ask her to elaborate on her comment in the above quote, that "the association with the deaf can suck the life out of you." Dawn explains, “It’s just what I’ve observed to be good, and the people who are good in signing give their—are really more comfortable with the deaf than they are with hearing people.” She elaborates:

> You have to be among the deaf. To me, what I'm noticing is, to get skills, sign language, I am looking at people who are training to become interpreters and one of the interpreters at our church said about 7 years. Once they've gone through 4 years of college for the training, and it’s like an apprenticeship, and 7 years of using the language constantly, then you're OK, but you can't just let it go with that, you have to use it.

Dawn observes that to be conversant with Deaf people using ASL requires an investment of time. She does not feel she is as invested as interpreters she knows, hence leading to her struggles to communicate with ASL. Dawn tells me, "I'm losing vocabulary daily because I'm not using it. So it's like, what are you saying here, say this again? And go slow. (Laughs)" Dawn’s comments are related to my earlier discussion on the extent of involvement by Deaf-services professionals with Deaf people, and the perspectives offered by Barbra, Hannah and Matthew. Barbra expects her students to be engaged outside of interpreting work. Hannah is hesitant for fear of crossing professional ethical boundaries and Matthew feels that interpreting professionals are just like any professionals. One does not engage with them outside of official work hours.

Roger, a clergyman, also struggles to voice some of his thoughts about his interactions with Deaf people:

> I don't know how to word this. The Deaf don't always understand. So we have to be very, all of us have to be very careful in making sure that they do understand. It's not a matter of intelligence. It's just a matter of a simple sign that could be wrong or, so we just have to work very hard that we all understand. Hearing and the Deaf. It's important that the hearing understand the Deaf culture.

Roger begins by telling me that Deaf people may not always get what hearing people are saying. He thinks there is a potential for intergroup misunderstanding because of the use of the wrong signs. Roger explains:

> But I have noticed that sometimes the Deaf are not so, um, willing to, excuse me, to understand the hearing culture. They have been isolated all their life and you know, it's not their fault, it's just that they have been, well, isolated, you know. That's why today with e-mails and cell phones and texting and everything, it's opened up their whole world.

He proceeds to elaborate:

> So there are some things that I have, like discussion groups or something, I don't have an interpreter for that. I don't really encourage the Deaf to come. That sounds awful. That sounds terrible, but I can do a little bit of signing. I can communicate, but I can't teach a discussion group, speak and sign at the same time. I took two basic ASL courses at a local community college, but that does not qualify me to be an interpreter. I did it mainly just to be able to communicate with them. So there are, like I say, some areas where, I guess, we do have to separate (into different

> groups for effective communication). Whoa! That's not the right word though. It's just that I don't have an interpreter for them.

Not proficient in the language, Roger cannot conduct discussion groups involving both communities. The interpreters who work in his church volunteer their services and he does not have one available at every event because of a shortage of interpreters. However, this causes some misunderstanding between the groups in his church. Another lay informant who attends the church talked about the same issue:

> If the hearing do something, the Deaf have to be invited but not vice versa. They can hurt your feelings and not invite you. But if you have something going on, it must be open to the entire church. Whoa, let's not go there.

Her account suggests that Roger's worries are justified. It appears that it is not just Deaf people who question Roger’s decisions. Hearing people too are perplexed by his decisions. It requires resources and skill to cross cultures and navigate the borderlands.

Some hearing border crossers see deafness as "a kind of handicap," "a problem" or "a limitation," saying so hesitantly, as it is not politically correct to say this openly since deafness is regarded as a cultural identity by the Deaf-pride community. One lay participant uses the analogy of a golfer's handicap to compare it with deafness. A golfer's handicap allows golfers of different proficiencies to play with each other on a more level field. Using this metaphor, a Deaf person's extent of deafness would influence his ability to communicate with hearing people. A few informants view deafness as a limitation because "you can't communicate with the people that you're born and grew up around."

Dennis, a CODA and lay informant, says hesitatingly:

> Frankly, it's tough for other Deaf people (other than Dennis' well-educated Deaf parents) because, er, it slows them down, in terms of, if they have to have an interpreter as a middleman because they can't communicate or get along as quickly as everybody else in everything they do, in all their interactions.

Although I endorse a cultural view of Deafness, the informants in my study are not all in agreement. Their view of deafness comes about because they instinctively see the world from their own reference points. Hearing people, if not educated about Deaf culture, see deaf people as the "other" who are different from them or deviant. They see the "other" person as having a deficit or a limitation because they cannot understand how an individual can function in hearing society without hearing and have to sign or use a "different" method to communicate. In a hearing world, deaf people are often stigmatized and regarded as "outsiders" (Higgins, 1980) because they operate under a different set of communication norms which hearing people are typically ill-prepared for. Interactions between hearing and deaf people are thus frequently challenging.

4. Analysis Across Three Participant Types: The Education and Language Skills of Deaf Children

Earlier in this chapter, I discussed the distinctive predicaments faced by three particular types of hearing people in three separate sections. In this fourth section, I present a theme that cuts across all three participant types (lay, professional, hearing people with Deaf family members): hearing people's relationship with deaf children or youths, specifically, concerns over the education and English-language literacy of deaf children. I refer to the stories of Sharon, a lay informant, and Krystal, Kate, Miriam and Hannah, all Deaf-services professionals, to make explicit this theme.

Sharon: "My heart goes out to these kids"

The marginalization of deaf children or youths is an issue that stirs the heartstrings; informants who raise this issue do so with visibly intense emotions. Lay participants appear to feel somewhat helpless while Deaf-services professionals are motivated to want to do something to help deaf youths reach their potential. I begin with a lay informant, Sharon, who works at a non-profit service agency for deaf youth. She is not professionally trained to work with deaf people. Sharon is angry at what she perceives as educational neglect:

> These are teenagers. They're 18, 19 years old. They don't know how to read. They graduate with an IEP diploma which is nothing more than a piece of paper that said they went to school—You know, if they want to speak, that's fine, teach them speech. If they can hear, if they've got the cochlear implant, they should be able to hear, and take speech lessons of some sort, I mean, I don't care if they don't speak. But they really need to be able to read... Their [hearing] parents don't sign. And it's like they're ignored at home, you know? Communicate, isn't that what us hearing people do with our kids? We communicate or try (laughs). Sometimes it doesn't work... Shouldn't somebody be dealing with them other than just passing them on through 19 years of school? And I guess we have that in every school even in the hearing world. Kids are missed in the programs. I think there's more so [with deaf kids], and that's just my perception.

Sharon has gained some understanding of the struggles of these deaf teenagers through her interactions with them. One critical area she observes is their lack of English reading literacy compounded by an inability to connect with their hearing parents at home. Her comment touches on a number of interrelated factors: formal and informal deaf education, deaf children's home environments and hearing parents' inability to communicate with deaf children. Sharon perceives that the root of the problem is the hearing world and appears deflated when she speaks about being too old to effect change.

On the other hand, Krystal, a Deaf-services professional mentioned earlier, recounts her experience of working with deaf students. Krystal says that some hearing educators have lower expectations of deaf students, not anticipating them to achieve at the same level as hearing students. She says that frequently deaf people are told, "You can't do [this or] that because you're deaf." Krystal is passionate about encouraging deaf youth to know "they can accomplish."

To further illustrate the gap in attention paid by hearing kin and educators to the needs of deaf children, I include two stories by Deaf-services professionals talking about deaf children of hearing adults. The first one is a story told poignantly by Kate:

> It was Parent Teachers conference, and a little kindergartner kept signing, repeated the same signs, you know, over and over and over. And I was trying to have a conversation with his father. (Inhales) So you know, I signed to him, "Okay, just hold on for a minute." And his father and I kept talking and the little boy kept tugging and wanting to say this and, you know, it wasn't appropriate for him to be interjecting at that point. And so finally I turned around to him and I said, "Okay, okay, we get it, Happy Halloween to you too now. Just hold on for a minute." And his

> father said to me, "That's what he's been trying to tell me all week?!" I was like, "Oh my goodness!" and I said to his father, "I'm glad he wasn't telling you the house was on fire because you would be dead by now!" I mean, you know, something so simple as Happy Halloween and his own father didn't even know what he was trying to say.

For a week, the little Deaf kindergartner tried to tell his father two words, "Happy Halloween" and he could not get through, until Kate mediated between him and his father. Witnessing interactions such as these moves Kate to stay involved with the Deaf community and to work at building bridges between hearing and Deaf communities.

For some of these Deaf children, this desire to communicate with their family snowballs into grief or rage as they grow up, attested to by other hearing border crossers. Miriam stays in touch with some of the children she has worked with as an interpreter. She tells me with some sadness that "at 30-something years old, they are still thinking about home and their parents. And their parents were very educated people and they couldn't communicate." There are a few hearing border crossers who step in to attempt a reconciliation. Hannah is one of them. As a social worker, she comes across Deaf teenagers who tell her "I've been Deaf all these years and mom and dad never learned how to sign! I'm so pissed!"In the face of such resentment, Hannah tries to manage the emotions and be a peacemaker:

> I said, “Would you like a meeting?” "Yeah!" You know, so we all sit in here and I set it up, that we all have to be respectful and all that, and the kid gets to just vent, "Mom, why didn't you learn sign language?" And I basically just kind of facilitate it. And mom will say, "I had no idea. I had no idea! I was just trying to raise your other brothers and sisters. I

> did the best I could." And sometimes that's where peace is made. 'Cause they're boiling, they've been boiling for a couple of years, not knowing how to vent and speak to their parents, because their parents didn't sign.

What Deaf youths have been brooding over for years—why their parents wouldn't learn to sign with them—is addressed by a meeting where hearing and Deaf family members come together to talk directly about the issue. Facilitated by a Deaf-services professional, there is a measure of understanding that is gained by some Deaf youths when dialogue is initiated.

5. Deaf Focus Group Feedback

In this fifth section, I present some Deaf people's comments on hearing participants' predicaments in interacting with Deaf people. The Deaf focus group participants' feedback centered on their experiences with lay people.

Language Issues

Mia: "We could talk all night about this!"

I asked Deaf people to respond to a few ideas some hearing people raised regarding difficulties they experienced with learning sign language. One difficulty is the variation in signs. This is apparently an emotionally charged topic, with Mia summing up, "We could talk about this all night!" While acknowledging that there is sometimes more than one sign for one word, Deaf informants emphasized that a standard for ASL exists. "It's not more varied than spoken language," says Leah. "It's just part of the experience of learning [a language]—It's just a matter of exposure." The informants agreed that there are regional differences within ASL just as there are regional accents in spoken language. Despite the variation in regional signs, it is possible to "still get through a conversation with a Deaf person." Thomas explains:

> Doesn't mean it's right or wrong, you just have to remember where people grew up and where they learn sign from, where they went to school, how their family interacted with them, their age. If somebody's 90 years old, the way that they sign is going to look old-fashioned. It might not have kept up with technology and the changes in the world.

Focus group members raised additional insights about hearing people's signing that may create misunderstanding and conflict. First, one focus group member said that it was rude for a hearing person to criticize or correct a Deaf individual for using a sign that was different from the hearing person. Mia says, “What I dislike intensely is when someone criticizes me, especially if the hearing person criticizes me, a Deaf person, for the signs I use. That makes me crazy!” Mia goes on to explain:

> I mean to have this discussion at great length about which fingers I use and how much they are open or closed, I was like, no, really, it is okay. If the person understands what you are saying, that's enough, and it is still acceptable. —If a person is signing, and is way off the point and obviously wrong, I might, you know, make them — I can't just sit there, I let them know what’s appropriate as part of community building. This is just what I’ll do.

In support of Mia, Leah says, “To go back and forth about it, it’s like, enough! You’ll never win. I’ll never use them (the hearing person's signs)!” To these members, it was important for hearing people to be respectful and accepting of the different signs used by Deaf people.

Secondly, the Deaf informants had different views about whether Deaf community members should use a more English way of signing to accommodate novice hearing signers who are new to sign language. Previously in this chapter, I presented a lay participant, Henry’s views on how Deaf people tend to sign more Exact English with hearing novice signers at Deaf Coffee socials. Leah questioned the motives of Deaf people for using such accommodating gestures. She tells the group, “Sometimes, the Deaf community is so oppressed and has been oppressed by the hearing world for so long, when there's a hearing person present, who might be fluent in ASL, Deaf people sometimes change their signs, they sign more English.”

She is puzzled:

> It makes you wonder, is it because they have to match the hearing person, or is it because they think that the hearing person doesn't understand ASL? So they switch. I'm not really sure which the reason is. Maybe it is a little bit of both, that maybe they want to look like, “Oh, I know English!” so that they can show off to the hearing person. Or if they notice that the hearing person signs and thinks, “Oh, well, they don't understand me so I will be helpful and I'll sign more English” but Deaf people should sign their natural language, and hearing people can keep up with them, or not. I mean, you know, trial by fire. Too bad if you don't get it. Good luck.

Leah questions if Deaf people know that they are allowing themselves to be further oppressed by the hearing world by giving in to the dominant society’s language choices. She feels that hearing people should make effort to learn Deaf people's natural language to engage with them.

Leah is annoyed in particular when her sign language students encounter these “helpful” people at Deaf Coffee socials and return to her classes signing less ASL and more Exact English. These field experiences undo what she teaches in classes.

Mia offers an alternative view. She explains that it is not a matter of Deaf people subjecting themselves to more oppression, nor is this a matter of Deaf people being proud of their English skills. She finds herself sometimes using the Total Communication method, speaking and signing more Pidgin Signed English (PSE) when there are more hearing people around. (I also shared my personal experience of being told to speak and sign at the same time at Deaf Coffee socials.) Despite the presence of a sign language interpreter, she sometimes wavers in her trust of the interpreter and mixes ASL with English to bridge the sign proficiency gap between herself, a fluent signer, and native English speakers (non- or novice signers), who are present in larger numbers. Mia, the only Deaf person in a hearing family, explains, “It goes back to my upbringing—it’s something I’m personally working on— my own development.”

Thirdly, the Deaf informants tell many stories about hearing people's apparent lack of effort and patience or inability to try to understand signing. Thomas tells me a story about this:

> [I] try to talk sometimes. It depends on who the person is that I'm talking to; sometimes they understand me, sometimes they don't. One night I went to a nearby town, and it was wintertime, and I had ordered an orange soda. They had a vending machine before, but it broke, so I placed an order instead. I went over, I was waiting for it, and they gave me an ice cream! And I said, I wanted an orange soda, why did you give me an ice cream? The signs for orange and ice cream look similar. But it was wintertime, why would I want an ice cream?

Thomas was given ice-cream instead of the orange soda he ordered. Similarly, Thomas once received 10 fish sandwiches instead of 1 order of the Number 10 menu item, a fish sandwich. And Justin's friend at a bowling game ordered 12 wings for Lane 25 but received 25 wings instead for Lane 25. These experiences exasperate Deaf people.

Encounters with Novice Hearing Border Crossers

My Deaf informants had mixed reactions to my findings about lay people’s initial nervousness about meeting Deaf people. Leah begins by clarifying that Deaf Coffee socials are spaces where hearing people have the opportunity to mingle with Deaf people because these events are intentionally created for hearing community participation. Deaf people expect mainly ASL students or novice signers to go there to practice signing. The "pet peeve" of Deaf people at these spaces is having hearing people who know how to sign but do not sign; they "just talk" in front of Deaf people. Mia tells the focus group members, "It's a space where sign language should be used all the time."

Leah and Mia concur that not all Deaf events should be open to hearing people because Deaf people need their own space too: a space where they can communicate fluently after interacting regularly with hearing people who do not sign. Mia shares candidly:

> I'll be honest, I am just going to tell you it depends on my mood. Sometimes I am just chatting with my friends and somebody will come up and say, “Oh, I am new, I'm just taking sign language" and I say, “Oh yeah, that's nice.” I feel like, come on, hurry up —But do I really want to engage with them? Not always. I mean, other times I will engage with them, I’ll say “Way to go! We need more people involved in the Deaf

> community." And I think that's more related to my Deafhood. But at other times I'm like, yeah, why are you wasting my time? I'm just being perfectly honest. Maybe they would feel offended by, you know, me rolling my eyes, whatever look is on my face when they see that. It goes both ways.

Just as hearing people have their daily ups and downs, expectations and personal idiosyncrasies, Deaf people also have theirs. Mia crystallized a thought that other Deaf informants have, that is, on some days, they are just not up to communicating at a slower pace with novice signers.

As much as hearing border crossers are nervous about encountering Deaf people, the Deaf informants are unified in their response about some hearing people's first encounter with deaf people. To borrow a phrase all but one of them used, hearing people look like "deer in the headlights." Such encounters are unpleasant experiences they deal with regularly. Mia describes such interactions with hearing people, "I open my mouth, and I start to talk and they do this. They freeze. I stop them dead in their tracks." Other Deaf informants recount hurtful experiences where hearing people have approached them for directions and made abrupt about-turn moves after learning they are deaf. Laura says, "Hearing people go, oh, I'm sorry. And then they will go out of their way just to avoid me. Oh, I'm so sorry, they will say. I'm like no, it's no problem. But then they take off." Likewise, Thomas tells the group about the response of new co-workers upon meeting him:

> And as soon as I gestured I was Deaf, they just stopped right in their tracks. They didn't keep walking, didn't keep talking, just stopped. And then they turned away and talked to another person instead of trying to

> continue the interaction with me. And they just left me hanging. It was such rejection. I just felt like, you know, what am I?

Perplexed and visibly distressed by the reaction he often receives from hearing people who encounter a deaf individual for the first time, Thomas insists, “It's different when they encounter deaf people for the first time than perhaps with other hearing people. But it's not really different. People are all the same, it's just the way that they approach the situation.” Thomas deadpanned at one point in the focus group discussion, “We don't bite.”

My Deaf co-moderator sums it up, “My deafness is a barometer for hearing people.” He explains that when he meets a hearing person, if they behave like "deer in the headlights," then the barometer reads low. For example, in graduate school, he met a hearing person who had no experience with Deaf people on the first day of school. “He came up to me, and he told me his name was William. Came up to me. Just spoke. And I never forgot that.” How hearing people respond to deaf people is frequently a reflection of them (their knowledge, skills and attitudes towards new cultures and new communities), not deaf people, he says.

Deaf focus group informants say that Deaf people do not like to be noticed or singled out by hearing people for being different. The fear of being labeled “not normal” is so great that some may choose not to sign or be seen with other Deaf people in public. Mia explains that it may be “embarrassing to be seen with a Deaf person.” She tells the group that “Deaf people sometimes don't want to be seen signing” because “sometimes hearing people say ‘Oh, they are flapping their hands, what are they doing? Flapping their hands.’ So sometimes Deaf people will hide their signing.”

The reluctance of being identified as people with “flapping hands” echoes an earlier story told by Hannah, a Deaf-services professional, who was at a public restaurant with a Deaf person and came under scrutiny by the patrons and restaurant manager for gesturing too dramatically. Similarly, Thomas tells a story about trying to order food at a fast-food restaurant. In an anguished tone, he recounts:

> I pointed at the board, at Number 1. And they're rolling their eyes and going back and forth. And I'm trying to communicate. And they call the manager over. I'm like, come on, it's not that difficult, we can just figure it out between the two of us. The manager has got other things to do. So the manager comes over and said, how can I help? And I said, really, there's no problem communicating, I'm willing to interact with this server to communicate, but then the manager comes over, and it's like, please, you know, everybody is looking at us just because I'm Deaf and was pointing.

The resulting miscommunication infuriated and embarrassed Thomas who was the reluctant star in the spotlight. Thomas' experience is reenacted in other Deaf informants' lives, with just a change of setting. Mia and Laura have tried another approach to communicate with hearing service workers. Instead of being anxious about their distinctive way of communicating, they are willing to sign at public places or fast-food restaurants instead of writing to accommodate hearing people's communication preferences. Mia says, "I would just go up and start signing. I want two whatever it is, with extra ketchup." This way, she feels that hearing people are compelled to learn how to accommodate Deaf people's communication needs.

Not wanting to stick out like a sore thumb for being "different," my Deaf informants find it offensive when hearing people act on their behalf, presuming that Deaf people cannot fend for themselves. Laura tells the group about a time when she was considering getting a part-time job and her hearing friend thought of a position that might be suitable for her. Laura recalls what she told her friend, "OK, I'll write and maybe I can have an interview.—[Instead she (Laura's friend) says] she'll set up an interview. And I was like, wait a minute, I can do it on my own!" That "bothered" Laura. "It's a kind of insult, it's an assumption!"

Despite the rejections they receive from hearing people, my Deaf informants seek to process these experiences in a positive way. Laura says, “Sometimes hearing people are like deer in the headlights, and I feel bad for them because I know how they feel. I went through the same thing with hearing people. I feel the same way when I go to a group.” The experience of what it is like to be a minority is something not many of my participants frequently have, except for the lay participants, Zoe and Lucia. They went to a disability conference and were overwhelmed by their inability to communicate with other attendees who were dominantly blind and deaf people. Lucia told me, “I could talk to them but there was a connection that they had that I didn’t have with them.” When the reverse happens, the majority becomes the minority, and Lucia said to me, “I felt disabled, like, I need the accommodation here.”

Likewise, Hugh, a Deaf informant, acknowledges that “the chance of meeting a Deaf person in the community isn’t as good (as that of meeting hearing people).” With a compassionate expression, he says that for a new hearing border crosser to go to an event with “a group of Deaf people signing away, that’s really hard.” I am struck by Deaf informants’ resilience in the face of constant rejection and miscommunication. Deaf informants express appreciation for hearing people who make the effort to connect with them. A hearing stranger “wowed” Thomas at a restaurant when she came up to him and “started to introduce herself using sign.” “That’s pretty cool. That was really nice, she was making the effort, saying, “Hi, my name is, and I know some sign language, and I had a Deaf friend a while ago.” What impressed

Thomas was that, “[they] didn’t have to do the same old, with paper and pen, you know, it was really nice to have an interaction—she made the effort.”

Half of the Deaf focus group confirmed that Deaf children are largely unable to communicate with their hearing parents. All hinted at disappointments growing up because their families couldn’t sign and so communication with their families was limited. For instance, Mia says, “Some people in my family just don’t realize, things could have been different if they made the effort.” Justin, likewise, says that he grew up in a family that mostly didn’t make attempts to learn how to sign. Most relatives just “looked on” when he signed with a couple of his relatives, “they just leave us to it.”

On a positive note, Leah loves the first day of class because her students enter looking like “deer in the headlights.” They are initially nervous, but “they get over it quickly.” In the process, many learn to overcome social and cultural barriers and to know that it is not taboo to ask Deaf people “basic questions” at Deaf socials, such as, “How do you become deaf?”

My Deaf informants are suspicious of hearing people who enter the Deaf community briefly and then leave, never to be seen again. Thomas says:

> So it seems in my observation there's a high percentage of [ASL] students that, after they take their classes, they seem to drop off the face of the earth. Maybe 90 percent of them never come back and 10 percent continue on. I don't know what becomes of the other 90 percent. They just never really become involved in the Deaf community on an ongoing basis.

The Deaf focus group informants feel that they have been taken advantage of. Thomas noticed that many students at Deaf Coffee socials major in speech therapy or communication. Reflecting on the trend, he tells us:

> Every now and then you come across one that says, oh, I want to be an interpreter. Just a few. And then a couple years later where are they? They're gone, they've disappeared. They said they wanted to be an interpreter. But they’ve changed. Makes you wonder if they wasted my time. Maybe they really didn't want to become an interpreter that badly after all.

It appears that some Deaf people have high esteem for hearing people who desire to become interpreters. That ambition signals a willingness to go the extra mile to master sign language and learn about Deaf culture. For instance, Thomas became acquainted with a hearing border crosser, an ASL student. Nonetheless, he was dejected that the student would not engage with him beyond a certain point. A Deaf childhood friend of Thomas’s, who also “hung out” sometimes with Thomas and the hearing border crosser, noticed that the hearing person didn't want to be “too much of a friend or go to a Deaf event with him.” Thomas said, “Maybe to a baseball game or whatever? He didn't want to do that with me.” He explains:

> So my friend who has known me all of my life, was wondering “What is it about Thomas? —are you turning him down because he's Deaf?” There was a feeling that there was only a certain point that this student would go to with me, and after that he didn't feel comfortable to get into any depth [with me]. My friend was like, come on. And so I was like, well, now you can witness for yourself, so my friend who wasn't hearing, had more of a Deaf sensitivity and understood me as a person, and I said, see what I have to deal with from these hearing people?

Thomas emphasized that even though the student knew sign language, “there was still a point where the ASL student wouldn't cross over.”

Laura's views encapsulate many Deaf people's perspectives nicely. In her words:

> Sign language, it's not a game, it's serious. It's not easy. You know, I prefer when people come from their heart and they want to learn to be with Deaf people; that's the reason that they're learning sign is to communicate with Deaf people, not just because they want to learn a language, I want to get an easy A. Then they forget. They forget. It's got to come from the heart.

Her view recalls a comment from Hannah, a Deaf-services professional. Hannah tells me that “many hearing people are infatuated with sign language” when they watch interpreters in concert halls or public performances. However, it takes about four to nine years of language learning in order to be qualified and to go on stage as an interpreter. “Once they are over the infatuation, they realize that it’s hard work,” she says, “It’s not easy.” Deaf-services professionals’ stories attest to the challenges of mediating conversations between hearing and Deaf people. However, Deaf informants were appreciative of hearing people whose effort to learn signing is genuine and motivated by a desire to connect with them, not as a means to an end.

Intermission

The stories of participants in this chapter illuminate the struggles of three groups of hearing people as they interact with Deaf people of different backgrounds and preferences in communication styles. Study participants with family connections to deafness experience mainly emotional struggles. Having a family member who is deaf is not a choice they make; however it is not something they feel is a stigma either. The profiles of lay informants with Deaf family members, Dennis and John (and Jenny), illustrate that deafness is something they have had to learn to first identify before they could learn how to relate with a deaf kin. For Dennis, that he is hearing, not deaf, was discovered when he went to kindergarten earlier than other children. For John and Jenny, it was not until their son went to school that a teacher identified his deafness. Because of the difference in communication modes, family members of deaf people have had to try to figure out how deafness affects loved ones and how to communicate with them differently, some with considerable success and some less. For informants I profiled in this chapter, John has not quite crossed over; he made attempts to learn ASL to bridge the gap, but crossed back into a more comfortable hearing space after encountering language difficulties that he perceived he could not overcome. He now lives with some measure of remorse and a yearning to make up for years of lost time and strained relations with his son.

Deaf-services professionals I examined in this chapter are no less involved with their clients. Some have committed themselves to extensive training to become Deaf-services specialists because of the desire to communicate with family members who are deaf. The intersection of professional work and family commitment makes the border-crossing experience a high-stakes investment. This was illustrated by the profile of Barbra, who has expectations of persistent engagement or reciprocity from interpreters outside of work time. When difficulties arise during border-crossing interactions with Deaf consumers and/or family members, Deaf-services professionals shoulder the load of emotional and cognitive labor. They manage their emotions in order to perform professionally; to solve and mediate in communication with the hearing client and the Deaf consumer. In the face of misunderstandings and miscommunications, Deaf-services professionals whose stories were singled out in this chapter persist in their border-crossing work. They perceive this work as a calling and it represents meaningful work to them. Barbra, Esther, Krystal and Gale highlight the fluctuating dynamics, the ambiguous and sometimes daunting facets of border-crossing. Esther and Krystal bring out the contrasts in lives between two hearing border crossers who interact intimately with Deaf partners with different communication preferences. Ambivalence about which group to identify with, or not, surfaces in the reflective accounts of Esther and Krystal.

A recurring theme across all three participant types is the one about hearing parents who make no effort to learn signing to communicate with their deaf children. It crops up from cluster to cluster, from participant to participant, and even over to Deaf focus group informants. It binds narratives together.

There is an ebb and flow to the predicaments experienced by lay hearing border crossers. Not specialists in Deaf services, lay hearing border crossers' challenges with Deaf people center on language and social interaction barriers. Among my informants, there appears to be less of that emotional intensity found in hearing kin of Deaf people and professionals working with Deaf people. Not having to be communication mediators or holders of private and confidential information, lay hearing border crossers seem more free to enjoy the experience of interacting with a Deaf cultural community. They are also less inhibited to reflect and talk about their perceptions of Deaf people; more open to talk about their perceived challenges of relating to Deaf people.

The Deaf focus group participants offer mixed responses to my findings extracted from hearing border crossers' stories. Deaf informants focused mostly on their interactions with ASL students and lay hearing border crossers. Although they often welcome hearing novice signers, Deaf people have limits to their patience. In response to hearing border crossers' nervousness in approaching Deaf people, the consensus of the Deaf participants was that even Deaf people have good and bad days. They may not be up to signing at a reduced speed with novice signers. Just as hearing people have regional accents, Deaf people are also entitled to use varied regional signs to communicate among themselves and with hearing people.

Deaf people also told stories that did not center on the findings of border crossers I presented to them. They shared stories about being stigmatized (as "people with flapping hands"), put down and singled out for being "different." Some told of not being close to their families because of the communication barrier, while others spoke of the humiliation of bumping into hearing people for the first time in public. These stories were often told with substantial emotional intensity; they were often narratives about rejection and unease. There were accounts about hearing people who did not want to go beyond a certain level of friendship with Deaf people. I also heard stories of hearing people who approached them, discovered the Deaf informants were deaf and fled.

Yet Deaf focus group members are resilient. They profess to being in a process of learning to advocate for themselves. Having gone through trials of being stigmatized and marginalized, they are compassionate towards others who are, likewise, put down for being "different." They choose to be understanding of hearing people who do not get many opportunities to interact with a minority group like them.

To a large extent, hearing border crossers have reflected on their struggles of border crossing with me. How hearing border crossers cope with the predicaments of border-crossing is the subject of the next chapter.

CHAPTER 5

ACT 3: STRATEGIES FOR BORDER CROSSING

How do hearing border crossers develop the skills that facilitate their interactions with Deaf people within the borderlands? The practices they adopt to navigate these spaces are the focus of this chapter. In a drama, a protagonist typically encounters a challenge and, in an attempt to find some measure of resolution or denouement,[28] engages in rising action that builds towards a climax. Likewise, in the continuing "drama" of border crossing, this chapter documents the practices adopted by border crossers towards denouement as they try to establish a sense of competence after encountering miscommunication and misunderstanding in their interactions with Deaf people. Hearing border crossers share teachable moments about relating with Deaf people, wisdom that is gained through perplexity and mistakes. The strategies that I present here take the form of different varieties of learned capabilities, for example, intellectual skills (knowledge), cognitive strategies, or attitudes (Gagne, Briggs & Wager, 1992). The learning outcomes of participants' border-crossing experience range from recalling facts (Forehand, n.d., "Bloom's Taxonomy") to creating something novel out of a synthesis of what they have learned through an interplay of cognitive and affective knowledge. I have thus arranged this chapter to share the insights of hearing border crossers; ranging from knowledge, skills, and attitudes learned, whether intentionally or unconsciously, to creative abilities that they have developed over time. The following findings are the result of an analysis of data across all participant clusters.

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[28] Gustav Freytag (1894; [E. J. MacEwan, Trans., 1900]), German playwright, posits 5 parts to a dramatic structure: exposition, rising action, climax, falling action, and dénouement (that is, resolution).

1. Learn the Language of Deaf people

Andrew: "It's okay to teach a natural language and then later teach English"

A theme that is oft repeated in the narratives of hearing border crossers is the call to develop some sign language proficiency. All thirty hearing border crossers – whether with family ties to Deaf people or working as deaf-services professionals — have, at the minimum, some basic formal training in ASL. Only one hearing border crosser has tried to learn and then withdrawn from further sign language classes because of language learning difficulties. Nonetheless, in crystal clear fashion, all but one explicitly state or allude to the importance of having some sign language proficiency to bridge the communication gap between hearing and Deaf people. The exception is a CODA, Matthew, who offers the perspective that many hearing people with professional service-oriented jobs, like physicians, accountants or lawyers, have encounters of “low incidence rate” with Deaf people so that learning sign language may not be practical. However, he adds that if they “want to deal with the public,” learning sign language might be helpful. In learning sign language, Matthew feels the student — doctor, lawyer, or some other professional — may be educated about the Deaf community. This may then lead to further motivation to engage with the Deaf community.

Several hearing border crossers, for example, like Andrew, a Deaf educator, consider sign language the “natural language” (or native language) of culturally Deaf people, in particular for those who are profoundly deaf. After numerous years as a Deaf educator interacting with many deaf students, Andrew tells me that "you really have to instill at the earliest possible moment a language for a child. And for a deaf kid who's profoundly deaf, that language is ASL." Andrew argues that by the time deaf students come to him at high school, and have “minimal language skills,” it is somewhat late to teach them English to adequately communicate in American society because they have such a minimal language base to begin with. He perceives that these students tend to end up not faring too well in the hearing world. He elaborates in an impassioned voice:

> The hearing world has got to come to terms with that. That it's okay to teach a [deaf kid] natural language (sign language) and then later teach English. There's nothing wrong with teaching a natural language first. Because a [deaf] kid cannot be successful, or anyone, cannot be successful if they don't have a language.

As previously mentioned, Andrew himself grew up with a deaf parent who read lips and did not learn to sign from birth. He also did not learn ASL as a deaf teacher trainee. He recalled, “I went to my advisor and said, so when are we going to have sign language classes? And her response was, well, we don't have them. We're not going to have them.” It puzzled him, “I'm like, well, how can you work with deaf people? Don't I have to know how to sign?” His advisor assured him that “[he]'ll pick it up along the way.” However, on his own, Andrew found a way to learn Deaf culture and signing to better reach his deaf students. He “kind of made [him]self have that by becoming involved in the Deaf community. By going to Deaf events. By participating in the cultural things that were available at the time.” Andrew repeatedly stated, “And [I] just keep exposing myself [to Deaf cultural things] — [until] it just became a part of who I am today.”

Andrew began learning about Deaf culture by taking a basic sign language course at a local agency. In that class he met someone with a Deaf friend who wanted to tutor a group of hearing students. For about a year and a half, Andrew went weekly to the Deaf woman's house to learn how to sign “straight” ASL. “She was the best kind of exposure I could have had because she taught me proper ASL versus a mishmash of signed English.”

Andrew’s sign language proficiency developed over time through his persistent efforts to immerse himself in Deaf culture and by attending semi-formal “basement” classes with a native signer. He also states that working directly with deaf students complemented his formal acquisition of sign language skills. Looking back, Andrew feels that his former advisor is "correct in the sense that I would be exposed to it" but "incorrect in the sense that I should have had a formal class." Not knowing how to sign and trying to engage with Deaf people would be like an English-only speaker trying to meet someone who speaks only Italian, according to Matthew, the CODA.

The importance of learning sign language is substantiated by suggestions provided by parents and relatives of deaf individuals. For instance, when asked what he would do differently to facilitate effective communication, John, a father of two deaf adults, is emphatic about learning sign language. He states, “Number one, I would learn sign language. I think that would be the main thing, if I could learn that. I think that's the greatest thing a parent could do, is to learn the language.”

A few lay participants observed a noticeable change in their relationship with their Deaf colleagues soon after they enrolled in sign language classes. Allison, a sign language beginner, shed light on the significance of demonstrating a sincerity to connect with Deaf people through attempts to learn their language. She narrates a before-and-after-ASL-learning story of interacting with her Deaf co-worker:

> *[Before learning sign language]*
>
> He (her deaf co-worker) would talk to my former boss because they would sign. But you know, we never ever tried before my colleague and I took sign language, we never tried to have any communication except on paper.

> I mean, he would come to my desk with paper, with a note written down and show me the note. And then I would read the note, you know, and write the response and give it to him, and that would be our conversation back and forth.
>
> *[After learning sign language]*
>
> Now, as poor and inefficient and horrific as my signing is, he works with me on it. He never comes to me with paper. He just comes to me to talk and to say whatever it is he wants to say and we figure it out. And like I say, if I'm not catching on, then we'll write it down. That's like the last resort. But we don't have to do that too often.

Allison’s decision to learn sign language is not lost on her Deaf co-worker, who interprets her sign language learning efforts as an attempt to communicate with him. He reciprocates by signing with her, abandoning his past note-writing mode. Although Allison is new at signing and knows limited signs, her Deaf colleague is patient and willing to sign at her level to communicate with her in his native language. The negotiation between Allison and her Deaf co-worker highlights the preferred communication method of many Deaf individuals and how efforts to learn their preferred communication mode, no matter how elementary, evince an earnestness by the border crosser to engage with them.

A caveat to this discussion about learning sign language is the acknowledgement that there are differences in how deaf people prefer to communicate. Not everyone signs; some lip-read, some prefer to write notes and even among those who sign, there are a few types of sign language and signing preferences in America (Aurora of Central New York, n.d.; M. Schwartz, personal communication, October 13, 2012; J. Dermody, personal communication, October 14, 2012): American Sign Language (ASL), Signed English, Grassroots (Minimal Language System), Oral and Tactile (Deaf/Blind) signing. Within these categories are also variations. For example, within the Signed English category, there is Signed Exact English and Pidgin Sign English, more commonly referred to as Contact Signing which arises from a “contact” between ASL and English. In highlighting hearing border crossers’ suggestions that hearing people develop some basic sign proficiency, I am not downplaying the preferences of some deaf people for other ways of communicating besides signing.

If learning sign language is not possible, several hearing border crossers suggest that hearing people could regard Deaf people as individuals who learn English as a second language. Quite frequently, many hearing people equate ASL with English, when they are two completely different languages. For instance, Jolene, a Deaf-services professional, recalls what she has witnessed in some interpreting jobs in healthcare contexts, "Deaf individuals are given a printout from the [medical] website on their condition and told, "Here, you can read this later." Jolene is evidently exasperated at the numerous occasions when various vendors, healthcare professionals and others have handed English papers to her Deaf consumer despite her repeated statements that the Deaf individual is not skilled in reading English. She attributes this to an uninformed practice of the hearing majority, "It's what their system is, and so if they have handed off this piece of paper, even though the individual can't read it, they felt they had done their part, but it's not access." To achieve access, treating the Deaf consumer as a foreign language “speaker” means that hearing organizations must make accommodations for effective communication as they do in many cases for any speaker of a foreign language.

2. Develop an Arsenal of Skills to Support Emergent Improvisation[29]

Julia: "I do a lot of things—cognitively, emotionally, linguistically, and socially"

Effective communication between hearing and Deaf people entails more than just developing aptitude in sign language. Julia, an interpreter says, "The language—by itself, it is just movement." To connect with a Deaf person (termed a "consumer" of her service), Julia regards him/her as first a person with "special needs — for a different kind of communication." This different kind of communication requires hearing people to learn more than just signs. Julia talks about mastering an intricate set of cognitive, emotional, linguistic and social skills that facilitate productive interactions between two different individuals and cultures. I report on two instances of how Julia, an interpreter, interacts with Deaf individuals to highlight practices or strategies that might be worth emulating: 1) Julia emphasizes that Deaf people navigate the world differently from hearing people because they do not rely on sound and peripheral information; 2) Having knowledge and acceptance of that difference initiates the process of *wanting* to achieve effective communication between both parties. 3) This communication process involves Julia asking Deaf people probing questions to clarify how much information they already have and how much more information they need to access to solve their "problems."

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[29] Keith Sawyer (2006, 2007) theorizes that innovations are the results of team collaboration through an improvisational approach. The final novel product "emerges bit by bit." Sawyer's research (2006) of innovative teams focused on improvisational ensembles such as jazz and improvisational theater groups." In both a jazz group and a successful work team, the members play off of one another, with each person's contributions inspiring the others to raise the bar and think of new ideas. Together, the improvisational team creates a novel emergent product, one that is more responsive to the changing environment and better than what any one team member could have developed alone" (2006, p. 43). Likewise, hearing people need to learn how to interact with Deaf people using an improvisational approach that draws on a set of skills.

Julia noted Deaf people's blunt talk, “[Deaf people] don't say, 'I want to tell her about this.' They just do it.” They are more direct and exact in how they communicate. “Hearing people can be 'Nah, nah, nah, nah', Deaf people 'Boom!'" She continues, struggling to find words to precisely state what she means, “[Deaf people] want to be very exact and they don't know how to really be cushy about it. I don't know how else to say it — ‘Cause their culture is not that way. At least it hasn't been that way.” Her perception is validated by other hearing border crossers, such as Jolene, another interpreter, who says that a heightened sensitivity to what is visual, just like what Deaf people experience, makes her communication style more "to the point," or direct. In hearing culture, she may be considered "blunt and rude and straightforward," but in Deaf culture, she is simply being "very clear in her communication" and “precise without any ambiguity.”

The following two stories illustrate the levels of negotiation Julia leads her Deaf consumer through in navigating hearing spaces. The first story is about working with a Deaf person who is trying to figure out the ADA law, and what it means to request an accommodation if one has a disability. Julia begins by stating the “problem,” “One of the things that we’re having difficulty here in this city is Deaf people have been told, 'You have the right to an interpreter in the hospital.' Okay, that's the statement. What do you do with that?”

Julia explains why this knowledge can produce a problem, “[Deaf people] assume (snaps her fingers) it's going to happen. 'I don't get what I want when I go to the hospital!'" Julia says Deaf people understandably get frustrated when hospitals fail to provide sign language interpreters. But she contrasts their frustration with her own experience of learning to problem-solve; by observing and listening to her mother “on the phone all the time negotiating with the bank and with the doctor and with --- I learned all that. Not by doing it but by listening to her.”

She points out that hearing children have opportunities to learn from their hearing parents by listening on the side, for instance, about how to use anger, frustration, words, registers and how a parent would deal with these topics. They have the chance to practice, succeed or try again. Many Deaf people don't have that opportunity when they are raised in hearing families that do not sign. Julia attributes the struggles some Deaf people have in the hearing world to not being given adequate opportunities and practice in problem-solving. She offers this perspective:

> When you have a society that either doesn't allow you opportunities, denies you access, or takes care of you, you don't have the practice to do critical thinking or management of skills or anything like that. So all you know is the black-and-white. So that's not fair.

Other hearing border crossers also suggest that some deaf people do not develop the skills to fend for themselves because they are the *only* deaf individuals raised in hearing families. For instance, some hearing parents coddle their deaf children, taking care of their daily needs; this results in deaf grownups who "can't fight for themselves because they don't know how. They never learned that," says Andy, an interpreter.

Continuing with her story, Julia first explains the way a hearing person might construct meaning during this problem-solving process, “Suppose I want a certain doctor,” she says, “I may not get that. I may have to negotiate. I may have to be forceful. I may have to even sue. I mean there are levels of all of that. But I know them, and I know I can go higher, you know, go through the levels.”

Then she compares the way some Deaf people might make sense of the situation:

> They have no idea. They have been told one thing, and that's it. And so with that, they go off on this tangent, "Oh, then I will get" — no, no, no,

> no. You have to ask. You have to ask the right people. You have to ask several times. I mean there are so many levels to negotiating. And they don't get that because they have not heard it. They have not seen it.

Table 3 documents my analysis of what Julia does in her interactions with Deaf people to facilitate levels of negotiation. I use one of Julia's narratives and annotate it to highlight the skills Julia draws on to facilitate communication:

Table 3

Analysis of Julia's Narrative

Julia's Narrative	***Analysis***
I know that people don't have access to that. To problem-solving, to critical thinking, so forth.	Has knowledge of Deaf people's lack of access to information
So that's where I come in,	Understands her role as mediator
and they will say something like, "Well, I can't get there, I can't, I can't get there because I can't get there." And that's their statement.	Assesses and grasps Deaf people's problem
I say, "Well, okay, what can you possibly do?"	Asks open-ended question to expand their thinking
And I start drawing things out.	Probes Deaf people for information about what they know
"Can you ask a friend? Can you ask your mother? Can you take a bus? Can you take a taxi?" And then all these things.	Offers range of possibilities to Deaf person
Where it is not black-and-white. There is problem-solving involved.	Creates awareness of shades of meaning and negotiations
"Oh, I never thought of that. I never thought of it."	Deaf person gains awareness
Well if I didn't take the time to help them process it through, then they would just be like, "I can't" and that's limited thinking because they were never given that opportunity to problem-solve.	Facilitates expansive thinking
And even the critical stuff, do you want to live or die. This is what I had to	Facilitates critical thinking

do one time in a medical situation, that man was dying, he was in the state of dying.	
The doctor said very simply, "Do you want to live or die?"	Hearing doctor makes a statement without further explaining; asks for permission to treat the Deaf man
And the man kept saying to the doctor, “All you want is money. All you want is more money.” Now there's lots more that’s going on in both of these situations, but the doctor needed permission, you know, to treat the guy.	Deaf man thinks doctor is trying to make more money off him by performing more procedures
So I had to do more with this gentleman, and not only saying, "All you want is money," and explaining the system, and saying he needs permission to work on you. You have Medicare, Medicaid, he is not going to get any more money than, you know, whatever. You are going to live or die, that's up to you, and whatever.	Shows mastery of certain fields of knowledge; shows resilience, goes beyond translating word for word; she clarifies the concepts and thoughts by elaborating
I had to do a lot of that stuff.	Explains and elaborates considerably
It's like, I didn't really feel anything until afterwards. And I was, "Oh my god, this guy could have just killed himself,” you know?	Suspends personal emotions, remains calm in the midst of critical situation
And the doctor didn't know where to go, all he kept saying was "Do you want me to treat you? Do you want me to treat you?"	Mediates both hearing and Deaf people’s needs
And I’m like, you know. (Y. yeah) So, yeah you know? But is it this man, I don't know, this man probably thinks he was dying. That’s another thing, so you have to deal with where you are at the moment.	Thinks quickly on her feet

This narrative offers insight into Julia’s mediating and improvisational approach to problem-solving in the borderlands. It shows the multifarious bundle of knowledge, skills and attitude she has: big-picture assessment, questioning techniques, use of visual (clarifying) tools, consolidation of ideas, swift decision-making, critical thinking, facilitation skills, emotional control and a calm disposition. She offers solutions to a problem that happened “at the moment.” She has to improvise throughout the incident and adapt to all the twists and turns that unfold in real time. Her emergent improvised response (Sawyer, 2007) founded on her solid knowledge base and experience is key to a resolution of the problem. In this narrative, it is evident that a mastery of certain sets of knowledge (e.g. healthcare systems) and a resilience to facilitate communication between both parties supported emergent improvisation.

3. Develop an Awareness and Knowledge of Various Communication Methods and Tools

Non- Technological Tools

Besides developing a spectrum of cognitive and non-cognitive skills, some hearing border crossers adopt a variety of communication methods when interacting with Deaf people. Allison, a lay informant, describes to me the communication methods she adopts with her Deaf co-worker. Besides signing, which is the preferred communication medium of her co-worker, Allison uses two other methods, writing and the services of a certified sign language interpreter in formal settings.

> *[Signing]*
>
> If I'm at my desk, he will come and sit in the chair and, and he will start saying something. He'll spell the words out for me and I will watch. If I get it [wrong], he'll say no, and he'll do it again until I get it, you know. And I’ll do the sign and I'll say, okay, and then I'll try to answer or whatever. And he'll correct me.
>
> *[Note-writing]*
>
> But sometimes, you know — it's a slow [process] and he is very patient and, he thinks it's great that we're at least working on it, and trying to

> practice, but sometimes if I just don't get whatever it is he's trying to tell me, I’ll just give him a piece of paper. Or if he doesn't get what I'm trying to tell him, I'll just write it down. If we're at a meeting or someplace else, typically for official meetings, I mean, I do registration. So, you know, great, hello, how are you, you know, that kind of thing you know, we don't need to write. But I typically have paper with me, but I don't like, walk [with it] if we meet in the hallway
>
> *[Interpreter]*
>
> At a meeting and I want to say something about something else with [my supervisors] or whatever, I will usually speak through the interpreter.

Signed communication is a time-intensive process for a novice signer like Allison. Both hearing and Deaf parties involved in the conversation have to be accommodating, up to a limit. Then, either Allison or her co-worker may decide to try an alternative format for efficiency and efficacy.

A few hearing border crossers also talk about what they use as tangible communication aids. Both Julia and Jolene cite the use of tools such as a calendar to graphically communicate dates, and pencil (or pen) and paper to draw or write something. Jolene, a Deaf-services professional, says:

> I have different tools that I use, like I bring calendars. I'm not afraid to draw something if I need to draw something and I'm not afraid of the amount of time it takes me to truly create access. It’s the doctor’s issue, not mine, and so I don't own any of that.

Jolene and a few other Deaf-services professionals tell me that they use whatever resources it takes to get the message across to their Deaf consumers. In the above excerpt, Jolene refers to time as a tool she has in her control, even though her words may seem to run counterintuitive to what has been raised in Chapter 4 (p. 124) by Barbra. That is, some interpreters often express being caught in the middle of three different agendas: the doctor's, the Deaf patient's and the interpreter's. Time is of the essence in medical culture: the less time a doctor takes to diagnose a patient, the more patients he can attend to. More time utilized suggests a lack of productivity in the eyes of a doctor but possibly a more accurately interpreted communication from the point of view of an interpreter. In Jolene's narrative, she talks about not yielding to the doctor's pressure to use less time for interpretation. If she requires more time to get her message across to the Deaf consumer and doctor, she will do so. Time then becomes a tool that Jolene can use to maximize communication. However, it is worth noting that Jolene is a Deaf-services professional with many years of experience.

Harness Communication Technologies

Colin: "Now there is so much technology, hearing [people] don't need to talk anymore!"

Rapid developments in information and communication technologies have opened up opportunities for hearing and Deaf people to communicate in ways that were not previously possible. Mobile software and hardware technologies have created ways for people to type text messages instantaneously into handheld devices such as mobile phones, iPods, iPads or lightweight notebooks. Table 4 summarizes the use of certain communication technologies among participants in this study. Overall, a majority of hearing border crossers interviewed report relying on Short Message Service (SMS) messaging or text messaging as one of several communication technologies they use to engage with Deaf people. Some participants have little to say[30] about their use of technologies. Some participants indicate that they do not feel comfortable using certain communication technologies due to their backgrounds or age. A social worker, Hannah, accentuates two primary methods she uses to communicate with Deaf clients: the videophone or text-messaging on the mobile phone. Using social media technology tools like Facebook or Twitter is “going over the line,” so she will not use them. Many of these participants who use SMS technology are younger. However, a few hearing border crossers who are older and are Deaf-services specialists, also speak of using mobile phones to text-message to Deaf individuals. For instance, Roger speaks of learning to text at "near retirement age." He says, "I have learned to text, which I vowed I never would." Texting is not his generation, he claims, but he now texts more than he has ever done before with his Deaf clients.

Two other communication technologies that are widely used among participants are e-mailing and the videophone[31]. The use of videophones is mentioned primarily by Deaf-services professionals. Two lay hearing border crossers work in Deaf-services offices that have

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[30] They do not talk much about technology use with deaf people because they interacted in an era with deaf people where technology was not prevalently used. Also, the deaf people they used to interact with are now dead. Some are reluctant to engage with deaf people outside office hours.

[31] The videophone is a "device that simultaneously transmits and receives both audio and video signals over telephone lines ... [It] incorporates a personal video camera and display, a microphone and speaker, and a data-conversion device" (Borth, 2013, “Videophone,” in Encyclopedia Britannica). Deaf people can make videophone calls by calling the Video Relay Service (VRS) to use a VRS interpreter, or by calling another user directly (Barr Productions, 2003-2011).

videophones installed for their Deaf clients to use and for Deaf-services professionals themselves to communicate with them.

Participants do not use social media and networking technologies for Deaf-hearing communication. Deaf-services professionals are averse to using them because of their professional code of ethics that forbids them to engage in personal activities with Deaf clients. My lay informants do not use Facebook, an icon of the social media generation, to interact or sustain their relationships with Deaf people. Apparently, even lay hearing border crossers in their twenties or early thirties prefer texting or have relationships with Deaf people that are not sufficiently deep or close to engender such electronic interactions. However, I do use Facebook to keep in touch with friends from the Deaf community.

A few ASL students, such as Colin, have been able to supplement their signing with the aid of computers. Being around Deaf people who know English, Colin frequently uses the computer and mobile devices to write text-messages in English to his Deaf friends when he has problems signing. He confesses that this text-based approach is a drawback with those who mainly sign and have limited English language proficiency. "[W]hen they are writing, to me, it didn't mean nothing," Colin says, "It meant something, but I didn't understand what they were saying."

In the same vein, Zoe recounted an instance where she used a computer notebook to facilitate communication between a hard-of-hearing man and a hearing car sales dealer. Waiting for her car to be serviced, she overheard a tense and loud exchange between the elderly customer and the twenty-something dealer as she was working on her assignment on a computer laptop. The following account illustrates the steps Zoe takes to defuse the situation through mediated communication with a computer notebook:

[Takes the initiative to ask]

So I just [asked],"Can I help you over there?" And they were like, "Go for it!" Like, we don't know what to do!

[Assesses situation quickly]

So I go to sit down to talk to the [elderly] guy, same distance, you know, it was about this far away, the same distance that all the employees, you know, [were] around this little teeny table. And within 10 seconds, I figured out he can't hear a word I'm saying. Or maybe, you know, he can hear, but it's like, he was [saying], “What are you saying?”

[Improvises on the fly]

So I was writing everything I was saying [on a piece of paper]. [E]ventually I went and grabbed my computer and just popped it open, and opened a Word document and [set] it at a 20-point font so it was big enough. And then we just went back and [forth]. I would type what I said and he would respond verbally. I typed, he’d respond, I typed, he’d respond. We got it sorted out like in 15 minutes. Actually, that's not true, it took about an hour — a part of that was de-escalating the situation and going back and forth, [with] the car dealers and him and that whole thing.

Mobile technology enabled Zoe to clarify the message for the elderly customer. Improvisation through iterative word processing on a computer resolved the conflict that arose through a lack of communication.

Table 4

Technology Use of Hearing Border Crossers

	Pseudonym	**Pro**	**Lay**	**Family Connection**	**SMS/Text**	**Email**	**Use of computing devices to type/write**	**Facebook**	**Twitter**	**Relay Service voice vs video**	**Videophone**	**Skype**	**YouTube**
1	Luke		√		√	√							
2	Fred		√		√								
3	Colin		√		√		√						
4	Dawn		√			√							
5	Carol		√			√							
6	Zoe		√		√	√	√						
7	Lucia		√			√					√		
8	Allison		√			√							
9	Dennis		√	√									
10	Tom		√									√	
11	Sharon		√								√		
12	Henry		√	√									
13	Marcia		√		√								
14	John		√	√									
15	Jenny		√	√									
16	Roger		√		√	√							
17	Hannah	√			√						√		
18	Gale	√			√	√					√		
19	Skylar	√			√					√			
20	Jolene	√											
21	Kate	√			√						√	√	
22	Charlene	√			√	√					√		
23	Andy	√			√						√		
24	Miriam	√				√				√			
25	Julia	√									√		
26	Barbra	√		√	√	√					√		
27	Krystal	√		√	√						√		√
28	Matthew	√		√							√		
29	Andrew	√		√									
30	Esther	√		√								√	

√ indicates that the specific attribute (e.g. Pro, Lay or Family Connection) is a characteristic of the participant and/or s/he uses the technology.

4. Work Together with a Deaf Person

Besides the use of technological tools to aid communication, Andrew, the Deaf educator, sometimes works in his classes with non-technological assistance. He may occasionally have one or two hearing specialists who work with deaf people in his classroom to observe and learn more about the deaf students for their own professional work. More importantly, he also has a Deaf teaching assistant who is his former student. Having a Deaf teaching assistant "who is successful in the community" provides a role model for other deaf students to look up to and who will "keep them honest" about reaching their potential. "I can tell them all day long, [but] I am a hearing person. It means more for them to hear from him as a deaf individual who is an adult, who is successful, who has made his way in the world."

Hannah, a social worker, also works with a Deaf assistant, someone she refers to as a "reverse sign language interpreter."[32] Self-described as a hearing border crosser with "intermediate to proficient" level of sign competency, Hannah adopts a Total Communication approach to negotiating in hybrid spaces:

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32 The Registry of Interpreters for the Deaf (RID) stopped offering the Reverse Skills Certificate exam in 1988 certifying individuals who are deaf or hard-of-hearing who "have demonstrated the ability to interpret between ASL and English-based sign language or transliterate between spoken English and a signed code for English." Instead, since 1998, RID offers a Certified Deaf Interpreter exam to certify deaf or hard-of-hearing persons who have completed required training on the NAD-RID Code of Professional Conduct; the role and function of an interpreter who is deaf or hard-of-hearing; and have passed a comprehensive combination of written and performance tests." (RID website, 2013).

> [I sign] and I sometimes use my mouth and I gesture sometimes to reinforce a concept, and depending on where that person is in, their communication level as I perceive it to be, I mean, even like pointing at pictures, or giving an example.

Hannah uses signed, oral, gestural and visual aids, “whatever it takes,” to communicate with Deaf individuals. She also asks questions to be sure she knows that she has conveyed her message. She will ask them to “repeat to [her] what [she has] said or [ask], "How did you understand what I just said?" And if it comes back different, I know that I haven't done a very good job of explaining and we find another way of saying it or even try and use different vocabulary.”

However, Hannah also relies on a Deaf assistant to help facilitate communication between her and her deaf clients. For instance, she reports that her Deaf assistant seems to intuitively better connect with and understand deaf clients, despite not being the one who conducts Internet research in advance to prepare for meetings with deaf clients. [I will expand on this later.] She describes her Deaf assistant as having “that innate quality to be able to get some understanding from that signing and what it could mean, much better than [she], a hearing person could. [T]here is some natural kind of thing that happens.” Roger, a clergyman, has the same observation about deaf people, “They seem to open up more [to each other]. They seem to share more of what they’re going through.”

The following excerpt, broken into two parts, illustrates some of the practices she engages in with a Deaf assistant to overcome the challenge of interacting with deaf refugees who do not have any sign language or any formal language competency:

> *[Deploy a few communication strategies: visual aids, drawing, miming]*
>
> So we have been doing an awful lot with pictures, drawings, miming. I mean actually sometimes getting on the floor and miming ‘cause she (deaf person) was talking about—I believe she was trying to tell us that when there was a full moon, that's how you could become pregnant, so you would avoid looking at the full moon. And I thought, oh my goodness, you know, it was just, it was amazing to watch her mime this, and then to show the stomach coming up, and then the moon and it's dark, it’s dark, it was just amazing, it is, to watch it.
>
> *[Get Deaf individual’s assistance]*
>
> It took us a very long time. This does not come easy. It does not come easy. And we're still in [the] beginning stages and we are trying to match them up with Deaf individuals, to somehow get through [with] mime and gestures, because I don't pretend, and what do I know about that culture? What do I know about any of that, you know?

Despite her rather considerable proficiency in signing, Hannah recognizes that she does not have a grasp of Deaf culture. She stresses, “Even though I’ve been doing this for 25 years, ASL is such a profound, and such a rich language, that sometimes, I can't get that deep, I can't get that deep.” She thus looks to a Deaf interpreter to provide a greater depth of understanding in her professional context.

I ask Hannah to elaborate on what she meant by the apparently "innate quality" that an American deaf individual has that enables him "to get some understanding from that signing (of a Deaf non-American) — much better than [she] as a hearing person," she tells me that she “just watch[ed]” the interactions between them over time:

> ‘Cause I would've interpreted something or not noticed it. That's probably the most important thing. A nuance or some kind of body movement or gesture. Or a combining of certain body gestures, that to the deaf person who sees this all the time [is clear] — I just totally, I overlooked it or didn't see it, or thought it was something else because I'm applying my cultural values to something...
>
> So I have to depend on the native signer to have that much depth. That he's able to pick on those nuances and those subtle signs that I may not see or that I may not understand.

Hannah is astute in observing the subtle non-verbal cues that pass between two deaf persons, nuances that she herself misses because she is not immersed in the Deaf community on a daily basis. She outlines how a Deaf interpreter works with her professionally:

> [H]e (the Deaf interpreter) will then interpret it. He knows what level I understand, and then he'll break it down for me, you know.
>
> And he'll watch, when, particularly in a legal situation, a medical situation, and there have been some other things where I really wanted to make sure that he (her Deaf client) understood.— [T]he Deaf assistant understands

> that the language has to get across as purely and as meaningfully as possible.

Years of experience have taught Hannah that in order to get her message across, working with a Deaf assistant is essential in critical contexts. Communicating with someone who has neither sign language nor English proficiency is no easy feat to accomplish (“Between the two of us, we'll say, what was that, what do you think that was, you know?”) However, this strategy of having a Deaf assistant or interpreter has helped Hannah to get more out of her communication with Deaf clients.

There are Challenges But Don’t Give Up Too Quickly

Roger: "She was saying, 'You and me, we are going to do this!'"

I include a story by Roger, the lay participant in a faith-based organization, to paint a more vivid picture of what it means to work with a Deaf individual, whether a Deaf assistant or any Deaf person a hearing border crosser may encounter in the borderlands. My goal is to depict the challenges that may be present in negotiating the borderlands when one does not have advanced sign proficiency. I also wish to feature a narrative where resilience is displayed despite limited signing skill and to illustrate the significance of resilience in sustaining communication.

I had tried to jog Roger’s memory to find out more about how he interacts with Deaf people to encourage them to “open up” to him. He acknowledges my questions by saying, “I just try to communicate. If I don't understand, I don't pretend I do. I'll say, wait a minute. Sometimes I will go get an interpreter. And I don't brush them off.” Roger’s response points to the importance of patience and humility. Although he claims he “just” tries to communicate —

despite having only basic sign proficiency, he regards Deaf people as a significant part of his organization. He states, “It's what I do. It's just, I am a leader, okay? My Deaf constituents are an important part of my life. And they're definitely a very important part of the organization.” Quite clearly, Roger has a compassionate and respectful attitude towards Deaf people. Displaying a vulnerability in so doing, he recounts an incident where he had a “terrible time” during a signed conversation:

> [A] little while ago I had a terrible time, a new lady had just come, she had moved in from a nearby city. They have some different signs. It's still ASL but they sign some things differently. And I was just having a hard time understanding her. Plus she was very fast too. Which I am, you know, [a novice signer].
>
> So I said, I wanted to, “Wait,” I signed, "Interpreter, let me get.”
>
> "No!" She said, “No!”
>
> It was like she was saying, "You and me, we are going to do this!" and we did it.
>
> And she gave me this big hug when we were all done, you know. So they know when people are just smiling and nodding and don't have a clue what they're saying.

Roger’s story shows us that attitude and resilience are both important in communicating with Deaf people despite limited knowledge and practice in sign language. Deaf people are aware when hearing people pretend to understand them. The Deaf woman in the story knew that Roger was struggling to understand. Patience on both ends helped them get through the conversation. Roger thought of getting an interpreter, but his Deaf client preferred to work through their communication difficulties. Not all parties to a conversation may be as accommodating as Roger and his client were. As indicated in my earlier sections, hearing border crossers and their deaf friends or clients may resort to different communication strategies depending on the context and importance of the conversation. But Roger's story illustrates the success that can come with patience and a willingness to keep trying.

5. Make Some Advance Preparation

Prepare, but be Ready to Question and Change

Andrew: "Go a chapter ahead−constantly have to question−then try to reevaluate."

Several hearing border crossers indicate that an improvisational approach to relating with Deaf people includes cultivating a malleable mindset that translates into practical strategies. One of these, for instance, is making some measure of preparation before the actual interaction with deaf individuals. To illustrate, when asked how long it took for him to go from being a novice to developing some proficiency in communicating with deaf students, Andrew states, "I'm still working on it." This conveys an understanding of the interaction with deaf individuals as a work in progress. In Andrew's case, change comes in the form of an annual intake of new deaf students. Practically, one of his strategies is to "go a chapter ahead" of his deaf student(s). This encompasses a willingness to make some teaching preparation ahead of meeting with deaf students and working under time constraints. Unlike other teachers of hearing students, who generally specialize in teaching a subject or two, Andrew is a generalist. As a teacher of the deaf, he has to be ready to teach any subject for his smaller special population of students at short notice. He says, “I have a new challenge every year; something is different.” For Andrew, change is something he embraces, “Over the last couple of years we've gotten some students in from other countries where they’ve come in where they know no English or actually no signing. — And I was like, ah, a change! This is great!” Andrew was able to reframe his thinking and adapt.

For example, two years ago Andrew had to teach geometry to a new deaf student. He recalls:

> The last time I had geometry myself was in high school. So I had to go like a chapter ahead of her trying to figure out what's next and talking to the regular ed teachers and saying, okay, what's really important here and what's not important. What do I really have to emphasize? What can I just kind of ignore? So, every year is different. So, you asked me how I got to be — I'm still working on it.

Andrew’s narrative underlines the principles that guide him in engaging with his deaf students. First, he knows he has limited time to make long-range preparations ahead of time. So he collaborates with other teachers to assess learning needs and to assemble his teaching plan. Next, preparing to teach deaf students entails constant checking and questioning, to grasp what works and what doesn't work with the student. In his words,

> So I really constantly have to check — constantly have to question. Constantly have to throw things at them that tests, are they really getting what I'm telling them. Are these strategies working? And if they're not, well, why aren't they working? And then try to re-evaluate. So it's a

> constant. You don't just pick one thing and then just go with it for the whole year. You got to constantly re-evaluate, on a weekly basis I guess.

Coping with transitions and change in the borderlands entails effort. Andrew met the challenge by facing the uncertainties and communicating frequently with his students. He questioned his students persistently. He adapted to change by preparing in advance with the time and resources he had on hand. He relied on Deaf role models and his colleagues.

Prepare to Tell Stories

Henry: “I always got some story to tell.”

Akin to Andrew’s practice of preparing himself “a chapter ahead” of what his deaf students need to learn, a few lay hearing border crossers talk about the “homework” they do before they interact with their Deaf friends. Below is a story by Henry, a lay person, about a strategy he perceives is effective for communicating with Deaf people:

> Yin: What do you think promotes effective communication?
>
> Henry: Well, I love telling stories. I always got some story to tell and I try as hard [as I can], sometimes in the beginning I would prepare, in case I ran into my Deaf friend, I would look up a few words on the computer, signs, how to do it, so I had a few basic signs that I could build on, that make the story.

Henry decribes the preparation process he goes through to engage with a Deaf person. He reviews potential signs for vocabulary he might use in a conversation topic with a Deaf friend. Again, this corroborates with Andrew’s tip about how he engages with deaf students, making some advance preparation ahead of time is advantageous. Henry sums it up succinctly, “The best thing you can do with anyone who speaks a different language is to reach out and learn a few words. You know, just make a connection.”

Prepare to be Culturally Sensitive

Hannah: "We only know because we looked it up on the computer"

Preparation to interact with Deaf people can assume different forms and entail dissimilar efforts. Hannah, for instance, reveals a category of preparation for communicating more productively with her clients. When she works with clients from other countries, she conducts research using the Internet to gain insight on their cultural backgrounds before meeting them. The narrative below illustrates the steps she takes with her Deaf assistant to seek to identify and recognize the values, customs, norms, and institutions guiding her client’s behaviors:

> *[Specific research on deaf person’s cultural background]*
>
> So we get on the computer and do some research just like we were doing research about a foreign-born deaf fellow, who, actually, his family was killed, he was injured, but he came to this country and he is a member of a certain tribe. And that we only know because we looked it up on the computer.
>
> *[Deaf person’s norms and customs]*
>
> So he would have very distinct, almost regal kind of behaviors. Well, we looked at the information about this tribe and − they consider them[selves] to be the chosen people, and for him to come to this country as a refugee,

> and now in his early twenties, he does not have a wife, he does not have a family, he has no possessions, he is totally shamed!
>
> *[Deaf person's language preferences and struggles to assimilate]*
>
> So, all these emotional things, plus not knowing the language, not understanding money, not really wanting to be here, 'cause really, he has no affinity for cold weather or the snow here. He would much rather be back in a warm country. − But we with our good intentions here as Americans, we bring people over here.

To interact with someone who speaks a different language without proficiency in that language is a formidable challenge. It can be compared with a tourist in a new land who does not speak the language. However, there is now a wealth of information over the Internet, and Hannah was able to retrieve information that provided her with a holistic awareness of her client's cultural preferences.

> *[Seek A Holistic Understanding of a Deaf Person's Background]*
>
> So we try very hard to respect cultural differences, even as far as cooking. Does he eat meat? Does he believe in cooking? Does he like raw foods? Is it okay for me to be wearing slacks? Is it okay for me to be dressed like this, you know? So just trying to be aware and respectful of those kinds of things. Let alone the language.

Other Deaf-services professionals mention using the Internet to prepare for their different assignments. For interpreters, readiness to interact with a Deaf consumer involves going to the website of the company where the interpretation will be provided and "see[ing] who [they are], what they're doing and so forth." Julia, for instance, prepares for interpretation jobs at medical and legal settings by gathering information on medical conditions and legal terms beforehand.

Prepare to Talk About Different Things with Different People

Julia: "There is prep involved in dealing with this population—and I've really worked on that."

Foundational to effective engagement with Deaf people, or anyone, is having good interpersonal skills. Layer on top of that a readiness to engage with Deaf people through their interests; and this is one strategic practice among several that Julia finds effective.

I first ask Julia about how she responds to the diversity among the Deaf community. She answers by acknowledging the effort involved in making some preparation ahead of time, "So yes, there is prep involved in dealing with this population." She stresses her deliberate decision to relate to them as people and not only as clients, "At the same time, it's my wanting to be accepting of who they are at the moment." She continues, using the second person pronoun to address me, "You don't walk in because it's a job. You walk in because it's a person who has something to do. There's a function there." And then quickly reverts to the first person pronoun, sharing from her own experience, "So I always see the person first and then figure out what the situation is and why they are there." In the following story, she lays out a strategy she has that facilitates conversation with Deaf people:

> And so I walk in knowing first of all that we are both people, and that people, we all like to eat, we all like cars, you know, whatever. So I know a lot about very little, haha! Or no, I know a little about a lot of things. I

> know a lot about a little bit — about football, baseball, bowling, church, politics, you know, so I can have a conversation.

Julia clearly invests time and effort in establishing rapport with her Deaf clients. She keeps herself abreast of popular culture topics. She seeks to know something about sports so she can converse with young Deaf men; she talks to older Deaf people about their families and sharpens her skills on signing. She elaborates:

> And I've really worked on that because especially when I'm with young men who are deaf, sports is the thing. And I wasn't into sports, but now I do pay attention. I read enough so that I know the major players. So yes, I do have strategies. Older people talk about their family and about their illnesses. So families are easy to talk about. But you have to remember who's this, this, this, and all these different signings and I have to find a way to make sure I remember that.

She identifies specific types of information to remember and to recall when the situation calls for them. Beyond expanding her knowledge about topics that help her connect with Deaf people, Julia also pays attention to signs in specialized fields or disciplines:

> The other thing is medical conditions, because he'll do a C or an A. What is that C? Is it cholesterol, is it chronic, you know? What could it be? Cancer? Whatever. So you need to know the signs for that and you need to know what that means. You know in terms of what happens to the body, or what doctors might say.

Evidently, Julia has an abundance of knowledge about many topics, ranging from sports to medical matters. This happens because she “pays attention” to details and “remembers” them. She also intentionally chooses to take interest in topics she was not interested in before.

Prepare to Bring Something Fresh and Interesting to Share

Jolene: "It's a two-way street, and we like this because she brings a different tune to this experience."

In their discussion of portraiture as a qualitative method of inquiry, Sarah Lawrence-Lightfoot and Jessica Hoffman Davis (1997) liken the process of illuminating life experiences and meaning-making to a complex relationship. Drawing from their insight, I apply this metaphor to border-crossing, which is similarly an intricate process of navigating boundaries between self and others. The subtle dynamic processes of distancing and bridging, giving and accepting, and challenging and receiving are necessary to sustain border-crossing relationships. For instance, Jolene, a Deaf-services professional, goes beyond Henry's strategy of making advance preparation to tell stories. Armed with a rich experience of interacting with other Deaf communities, she enters the Deaf community she is now in with insights that enliven inter-group conversations. The following story illustrates the reciprocal relationship she has with the local Deaf people:

> I was invited to join the elders, [in their] 70s and 80s, and they brought me a chair and as a hearing individual, I was so touched by that, so innocuous really, but as I sat down they asked, "What signs do you know?" So they are testing me. "Do you know this sign?"

> These are signs from back -- because language and culture change over time and we have to be up on that -- and so there was a discussion, "Hey, do you know what this sign is?"
>
> So it's F hand-shape and up and down, opposite, on the side, which is this sign for “court” here, in this area, in 2011, but back in the 40s and 30s, and 50s, “wait, wait.” So we went through this whole testing of signing.

Trained in a formal interpreting program from a nearby state, Jolene has both educational and real-life experiences to support fluent communication with Deaf individuals. She tells me that her advanced sign proficiency was acquired by learning from the previous Deaf community she was immersed in, "My real training came from the [Deaf] people." This gave her the opportunity to share different regional signs and stories with the present Deaf community. In the above-mentioned story that took place at an annual event she goes to yearly, Jolene was invited to join a circle of Deaf elders. She attributes the ability to rise to the sign testing challenge by the Deaf elders as contributory to her being accepted into their circle. The Deaf elders said to her, "Hey, she comes with some information, she also understands us and we understand her." Jolene explains, “Because it's a two-way street, and the Deaf elders said, 'We like this because she brings a different tune to this experience.'"

Jolene's narrative extends and builds on the strategies articulated earlier by hearing border crossers Henry and Julia. They invest substantial efforts in advance of their meetings with Deaf people by making some strategic preparation. Henry readied himself with vocabulary he would likely use in a story or two with Deaf people. Among several other things, Julia planned ahead by arming herself with bits of knowledge about different topics in order to establish rapport with Deaf individuals from diverse backgrounds. In Jolene's case, preparation assumed the form of professional training and practice in different Deaf communities. However, the productive and engaging interactions she has with Deaf people can also be ascribed to the interesting insights and unique talent she brings to her conversations with them. Her extensive experience, training and unusual talent meshed together to help her bond with Deaf individuals. In the following narrative, Jolene talks about being able to participate in a storytelling session so successfully that the participants lost track of time:

> I'm an owl caller, I can call owls, I know, it's unusual, and so for a Deaf person, "What do you mean you can call owls?" But I can speak to owls and they come to me. Amazing ability to do this, and so, this conversation happened with a Deaf elder and he was about 80—he was talking about an eagle coming in with the talons exposed, and he thought [it was] that. "Oh no! It's an owl!" It was going to get him. He ducked down and it flew over his head, and it was just an amazing day. Each person shares a story, and it went around and around and the next thing, it was five o'clock and we had to pack up. "Oh my gosh, we got to go?" So that was amazing, being accepted by the people,[and] offering a story that is of interest and engaging.

Not everyone is an owl caller or is capable of becoming one. What this passage serves to show is not that one must have an exceptional talent in order to engage with Deaf people. Instead, what should not go unnoticed are a few striking details: Jolene is a Deaf-services professional, but she attends the annual social event every year to get together with the Deaf community. She demonstrates reciprocity in her relationship with Deaf people. She initiates interesting conversation topics. She draws stories from her life experiences to pique interest and foster dialogue. These are practical skills that can be developed and are possible for many hearing people to develop for themselves.

6. Reframe Perspectives and Adopt Different Communication Standards

Miriam: "[Hearing people] are going to follow hearing standards, hearing etiquette, when we shouldn't be"

A few hearing border crossers indicate that negotiating across borders to engage with Deaf people in the borderlands includes reframing existing perceptions of what communication means and how it should proceed. Specifically, Miriam, an experienced interpreter mentioned earlier in Chapter 3, highlights the issue of timeliness in communication between hearing and Deaf people. As an intermediary, or someone who is in between worlds, Miriam has an awareness of both hearing and Deaf perceptions. She recognizes that the communication practices that hearing people are used to carrying out in their own communities do not go down well in hearing-Deaf interactions. She says, "[Hearing people] are going to follow hearing [communication] standards, hearing etiquette, when we shouldn't be." For instance, with conversations that are mediated by interpreters, Miriam questions how much "listening" and "processing time" should be allocated before the interpreter cuts into the conversation on behalf of the Deaf person. At an interpreter training conference, she witnessed a role-play in which two Deaf persons, with their interpreters, and a hearing person competed for a job with a hearing employer. She recalls:

> [T]he person hiring would ask a question and a Deaf person would sign, start signing before the person was done, and the interpreter didn't speak. But the hearing person did the same thing, [started speaking before the hiring person was done]. When you watch that type of setting, the hearing person goes right ahead and interrupts. The interpreter was following more like [hearing communication standards], being polite and saying "No, not now, wait till he's done." That really puts them in an imbalance of who was looking better for this job.

The hiring person addressed all potential hires at the same time. However, because of faster reception and processing time due to different modes of information delivery, the hearing person responded first, ahead of the other Deaf job candidates. Miriam says that the hearing job candidate "appeared smarter because he was answering faster or cutting in" but clearly all three prospective hires were not competing on an even playing field for the job. This simulation based on real life was an eye-opener for Miriam.

Like Miriam, many hearing border crossers learn to question and shift their frames of references accordingly in varying degrees depending on their familiarity with Deaf norms and values. Miriam realizes that the assumptions hearing people have about how to interact with Deaf people cut across contexts, and are translated into practices in schools and out of schools. "You know, you're trying to teach a child to be polite. The other kids aren't polite. They go in, they cut in," Miriam says. She is ambivalent at times during our conversations about the appropriate strategy to adopt, "And I thought, you know, am I oppressing this child? Am I teaching him to wait when he shouldn't be taught to wait? If anybody, that teacher should tell them all to wait, you know, and take turns?"

Borderlands are fraught with challenges of this kind; for example, Miriam has to assist a deaf child in a classroom to learn the rules of the hearing classroom and how to work with interpreters before the deaf child can begin to learn. Reciprocally, hearing students have to learn how to interact with the deaf child, but may not know how to do so. "That's kind of a lot to the interaction and then you have the hearing person there, who is really not aware of all the nuances involved," explains Miriam.

In light of the intricacies that could potentially snarl productive interactions between hearing and Deaf people, Miriam suggests the following strategy:

> The interpreter may want to clarify, "Please hold on your responses, or say to the person, I have to have processing time for the information so that the Deaf person may get the information, 2 seconds, 5 seconds, 10 seconds after the hearing person. - I haven't finished doing my job for you, and to wait until my hand is set down or something like that.

Other hearing border crossers also draw attention to the need to avoid propagating thinking among hearing people that the lenses through which they view the world is the right set of lenses. Jolene, another interpreter, has this reminder for hearing people, "[K]eep in mind that what we grew up with as hearing individuals is not the same experience as deaf individuals because of incidental learning and exposure to quality education." She presents a story that illustrates her point:

> I went in [to a doctor's office]. A woman had a mass, somewhere in the body, a mass of tissue, and so I thought I'm not going to try to explain this. It's really the healthcare professional's responsibility to explain this. But in some respects, what interpreters do, they do what we call expansion, so they will take the concept and give the background information to it while the communication is still going on. We call that expansion on the concept.

Interpreters develop a set of border crossing strategies that assist them to mediate communication between hearing and Deaf people, who both have different perspectives about how communication proceeds. The interpreters learn that sometimes they have to help their hearing clients figure out how to adapt when perspectives differ. For instance, some interpreters provide "expansion on a concept" for effective two-way communication: to assist Deaf consumers better understand the hearing client's messages by elaborating. From Jolene's point of view, hearing people should learn that Deaf people communicate differently and have different expectations and protocols about communication. They should experience it themselves. Masking communication problems and cushioning the impact of what it requires to fully engage with a Deaf individual through interpreter expansion will reinforce existing hearing frames of reference and not help to create change in how hearing people relate to Deaf people. Years of interpreting experience has taught her not to "try to fix that or repair that" because "it isn't [her] place to do that." Her advice is to just let the Deaf person present exactly who they are to the hearing person and to let the situation play itself out. She continues:

> So I merely said to the healthcare professional, the doctor, "Well, what's a tissue? Is it a tissue you blow your nose with, a mass of tissue? Well what's a tissue?"
>
> "Oh come on! It's a massive tissue!"
>
> "Sorry, I don't understand what you mean."
>
> And the doctor, the healthcare professional is getting upset with me, but it wasn't me. I was merely voicing what the Deaf person said. "Well, you know what a tissue is, I'm afraid I don't."
>
> "Well, it's a mass of cells."
>
> "Well, what's a cell?"

Jolene had conveyed exactly what the Deaf person meant in the hopes that the hearing client, the doctor, would realize that the Deaf person did not understand what he said because he was communicating from a hearing person's frame of reference. Inevitably, Jolene's interpreting stance upsets the doctor who is not used to having to take more time to explain English words or concepts he assumes his patients will understand.

> So I'm channeling the frustration of the doctor, who's staring at me by the way, not the Deaf consumer. I would not give the doctor any eye contact. In fact I just looked at the Deaf consumer, and just said, "No, I'm sorry, I don't understand what you mean by tissue. I do not understand what you mean by cell. Can you explain it to me?"

Jolene's story offers the perspective that there must be shared ownership of the communication process and room for learning to take place on both sides. Hearing people have to put aside preconceived ideas they have formed about communication and consider communication with Deaf people with fresh eyes. This involves reframing existing understanding about what communication means and how it should proceed.

Reverse Assumptions about Deaf People's Communication Preferences

Andy: "I just didn't think someone would sign to me [more English-like] but as far as receiving the language, they wanted it more ASL structured"

There is no one-size-fits-all formula for communicating with Deaf people. Hearing border crossers enter into the borderlands with their own points of view. They bring prior knowledge and experience that influence what they find salient in an environment. It is typical to try to apply successful solutions from past experiences to new contexts. However, some hearing border crossers recognize that to connect with Deaf individuals involves a shakeup of pre-established notions and "unlearning" what has worked in the past. Andy, a Deaf-services professional, offers an anecdote that exemplifies this principle.

In an interpreting situation at a group meeting, Andy recalls an encounter with a Deaf person who is "very strong ASL" but who signed with Andy in more English-like syntax. Group meetings are challenging interpreting assignments, Andy informs me, because "people's conversations jump around" and "it’s difficult for the person who is the recipient of the language to figure out who's talking, even with good guidance from the interpreter." Andy continues:

> I thought, "Oh, OK, he's a little more English than I thought he was." So I would sign something or [while] interpreting, give him some information and two minutes later, he raised his hand. [H]e raised a question about that very point, and the problem was, he didn't get what I was signing, and he was, too, I don't know, he didn't want to lose his pride?

Quickly, Andy realized he was not facilitating conversation. Looking back, he says, "He didn't want to go, "Wait a minute, I don't understand you." He didn't do that. " I ask Andy how he resolved the problem. He says:

> I finally had to quiz someone who was more familiar with the Deaf consumer and he goes, "Oh, strong ASL this guy." And I'm thinking, but he's signing more English-like to me. That's true, but he does understand ASL. So you get fooled sometimes, not very often, but once in a while, you get people who are trying to help you out so they change in order to help out the "poor" interpreter, so to speak. —You can get fooled as to communication.

At the time of the encounter, Andy had less interpreting experience, so his reading of the situation was less astute. In retrospect, he talks about being "fooled" by his initial expectations. He elaborates:

> And they finally asked me, "They said, "Is it [you]?" I said, "I’m struggling here, what's going on?" “Hey, this is what’s [happening].” So they told me right away what was going on and then it made sense, but I didn't figure it out. Now I know to look for that. I just didn't think

> someone would sign to me one way but as far as receiving the language, they wanted it more ASL structured rather than Pidgin Sign English.

Andy's narrative highlights two teaching points about hearing-Deaf interactions, first, one must be ready to quickly abandon old ways of thinking about how Deaf people prefer to communicate; secondly, members in a group situation can provide important feedback to help resolve the problem.

Through years of interpreting experience, Andy has acquired a few strategies to cope with unanticipated communication challenges other than turning to others around him for help. He expressed that initially he was focused on building a library of signs to get him through an interpreting assignment. He has evolved as an interpreter:

> You change from really paying attention to the language and going back here. Generally, what are we talking about, where are we going here? Keeping the topic rolling in the mind so that you can figure out those little signs you don't know but get the nuances of from before and after, and then you can figure the message out.

These days, he has learned to let go of being too exacting about the language and stepping back to survey the whole situation. By understanding the conversation in its entire context, Andy is able to follow the conversation and grasp the meanings of signs he may not know about. He likens signs he misses occasionally to someone coughing in a speech, and him not "hear[ing] a word or two, but you hear the before and after. You still might not catch it exactly, but you didn't miss the meaning parts. Or sometimes they are talking about this and they throw a sign out, and I go like, "no kidding!" Andy’s experience of scaling back on his expectations of having to get every sign correct and interpreted leads us to the sub-theme about hearing border crossers letting go, a central point of discussion in the next section.

A "Letting Go"

Reframing perspectives and adjusting assumptions indicate change. To arrive at this stage, hearing border crossers talk about relinquishing, a theme that stands out in many narratives of Deaf-services professionals and lay people. Several participants talk about "letting go" of what is not within their realm of control. Interspersed throughout this chapter are a few stories where hearing border crossers reflect on abdicating control of situations or communication: Andy's recollection about abandoning his initial expectation of not missing any signs during a conversation; Jolene’s account of letting go of perceived limitations within the medical cultural norms that constrain how she performs her job responsibly; and several lay people who talk about letting go of thinking there is only one way to communicate effectively with a Deaf person.

The Deaf-services professionals I interview all speak of being "invited" into the Deaf community and that it is an honor for them to be welcomed in. They acknowledge explicitly that they are not there to change who Deaf people are, but they are there to facilitate communication. For instance, Hannah, a social worker, gives an example of how she encourages a Deaf person to take ownership of their communication:

> 'Cause you've always been the teacher, the helper—it took me 15 years to show that I don't want to take over anything. I don't want to be your mom, I don't. I just want to give you what you need, you know, and then you

> take over. Now for some people, they love the idea of me being the mommy. You know it's like, "Why can't you make that phone call for me?" I’ll go, "No, I'll sit right here. Here you sit here, and you call and you talk. And if you are missing a word or if you are not sure about the vocabulary, I will feed it to you." And it's very scary for some folks, and for other people, it is very empowering.

Hannah refuses to take on what she sees as a parental role and insists the Deaf person make the call, but is willing to be there to provide assistance as needed. By doing this, she discourages her client from becoming dependent on her. Hannah learns that it is in renouncing control of the relationship that she allows her Deaf clients to be their true selves. The Deaf-services professional thus facilitates Deaf ownership of the communication and Deaf identity formation.

In other contexts, hearing border crossers who are professionals speak of the messiness of communicating in the borderlands over which they had tried to establish some semblance of order at the start of their careers. When they are newly certified and “qualified” to navigate in the borderlands, they envisage that communication should go well from the get-go, but it may not or does not. Jolene says, "I think when you are a new interpreter, you feel responsible for everything. Life isn't that way — [you] cannot take responsibility for what isn't yours." Over time, they realize that border-crossing in reality is more nuanced than what is described in their textbooks. There is recognition of multiple dimensions to communication in the borderlands that makes interaction with Deaf people intricate and challenging.

In retrospect, some hearing border crossers, in particular Deaf-services professionals, reflect on blurry lines between the personal and the professional. Kate speaks pensively about this:

> Looking back, I may have said, "You know what, it's Saturday today and I know that you're having a hard time with your family, but it's Saturday and I need to be with my family today." Because those lines cross the line.
> For example, last night, one Deaf kid ran away and so the parent called me and said "Do you know where he could be?" And I did what I needed to do, you know, I said, “Well, did we try this person and this person? This person can try this person and this person can try this person.” I did what I needed to do. Whereas maybe 10 years ago or 15 years ago, I might have gone to their house. You know, and said, "Okay, let me really, you know, let's get this figured out."

If they could go back in time, one thing Kate would do is to let go of being excessively responsible for her Deaf clients. Kate is not being irresponsible, but contemplating on how sometimes hearing border crossers can try to do too much unconsciously and take excessive control; going beyond a supportive role of an ally and advocate to becoming the person in charge of fixing a problem.

Some hearing border crossers also use phrases such as "being open-minded" or "without hesitation, just really opened myself up" during their conversations, words which reinforce the theme of relinquishment in the borderlands. In trying to be inclusive of Deaf people's perspectives, hearing border crossers like Charlene, a social worker, also talk about "constantly learning" so as not to "exclude Deaf people" and "not to make decisions for them." "There is a lot of informal training," according to Charlene, "and you have to open yourself up to know that, ‘I don't know it all. I have lots to learn.’"

Deaf Focus Group Feedback

On Hearing People Learning to Sign

Previously in this chapter, I discussed my findings about strategies that hearing border crossers adopt to cope with ambiguity and resolve misunderstanding with Deaf people in the borderlands. One strategy a majority of hearing border crossers put forth is the notion of hearing people learning the sign language of culturally Deaf people. In response to this finding, Deaf focus group participants welcomed hearing people's attempts to learn sign language in order to engage more productively with them. However, all of them stress that other factors complement sign language proficiency, a positive attitude towards Deaf people and knowledge of Deaf culture. Mia spoke about her encounters with Deaf-services professionals such as interpreters:

> Actually there are three factors [that help hearing people gain acceptance in the Deaf community]. First is attitude. Second is Deaf culture, you know, being comfortable and familiar with it. And then fluency in American sign language. Some people say, well, the language is tops, you know, and they are really great but they are only interested in money. Then, you know, maybe another person might have good Deaf cultural awareness but the attitude is not good. So I think that in terms of priority, attitude is first, Deaf cultural awareness, and then language.

Of the three factors Mia raises, fluency in sign language ranks last; good attitude and Deaf cultural awareness are more highly esteemed than sign proficiency. Despite their sign expertise and Deaf cultural awareness, some Deaf-services professionals in the community are regarded as being pecuniary, without a heart for Deaf people. To Deaf focus group participants, having a heart for Deaf people is most important.

Besides Mia, other Deaf focus participants are also emphatic that hearing people need to develop positive attitudes towards them. The next section will expand on Deaf participants' perspectives on the significance of doing so as part of a formal educational approach to creating Deaf cultural awareness and sensitivity.

On Hearing People Preparing in Advance & Developing an Arsenal of Skills, Awareness & Knowledge for Engagement

Generally, all Deaf participants mention the importance of respect, courtesy, and patience as desired traits in hearing people who want to engage with them. Hearing people need to establish rapport with Deaf people and tend to their relationships with them. When I ask how a good attitude might then be cultivated, there is some slight ambivalence. A majority of them feel that hearing people need to be educated through formal classes. This tallies well with what some hearing border crossers have proposed, for example, Barbra, a Deaf-services professional, who I have quoted earlier, feels that “education is the key” to reducing conflicts and minimizing misunderstanding between hearing and Deaf people. Thomas, a Deaf focus group participant, suggests, "In my opinion, every high school student should be required to have Deaf culture education as part of their high school learning experience." He feels that this way, when "they get out into the [working] world, they'll have some basic communication skills to approach Deaf people." However, at one point during the focus group, he is frustrated when he thinks about the large hearing population that needs to be educated:

> Yin: ... How can we cultivate this "right" attitude in hearing people? Any thoughts?
>
> Thomas: Just teach them to be friendly. Say hello, be patient!
>
> Yin: How do you teach?
>
> Thomas: We have a lot of people; how do you educate everyone? I don't know, it's common sense. They have to learn how to use their common sense. Everyday professionals, they're going to come across Deaf people, and it is something that they need to have as part of their daily business.

There are moments when I detect a weariness among Deaf focus group participants in their battle for their right to be heard, and to have equal access to services. My Deaf focus group co-moderator expresses Deaf participants' sentiments:

> We need to teach hearing people whether we want to or we like to. Everyday in society, we are exposing hearing people to Deaf people. Sometimes I'm ready to face that and at other times, it's like, "Please, I'm tired. Leave me alone."

As a minority group in society, Deaf people have to regularly interact with hearing people in public places. Having to face the constant inaccessibility of the hearing world and cope with the uninformed behaviors of hearing people is challenging; and sometimes, these translate into feelings of anger and frustration at hearing people. Nevertheless, what I hear from these focus group members is that they want to keep advocating for themselves. One method they mention in their interviews as a catalyst for change is for hearing people to be formally educated on Deaf culture. Three educational strategies that were suggested include formal classes with role reversal exercises, mini courses and/or workshops for the community, and acting classes to help hearing people develop more expressive and improvisation skills.

The first educational strategy several Deaf participants in the focus groups recommend is an opportunity to re-enact in the local community a role-reversal exercise called Deaf Strong Hospital (Richards et al., 1999). It has been conducted annually at the University of Rochester Medical Center since 1998, with a break between 2002 and 2005 (NCDHR website, 2011). This exercise is also now implemented in other health science schools, for example, at St John Fisher's College (Mathews, Parkhill, Schlehofer, Starr & Barnett, 2011). In Deaf Strong Hospital, Deaf volunteers become the clinicians and staff while hearing medical students become the patients. This role-reversal exercise provides medical students with an authentic experience where they encounter a communication barrier (CDC website, 2009) and learn to overcome it. They also learn that some members of the deaf community who see themselves as culturally Deaf do not regard themselves as being "disabled." Deaf focus group members feel that this role-reversal exercise would be a transformative experience for hearing people in the local community. It would be more compelling than any other strategy when hearing people have the chance to be in their shoes for a day and recognize what it is like to struggle to communicate in a dominantly hearing society on a regular basis.

The second educational strategy Deaf focus group participants recommend is mini-courses or community education workshops as feasible ways to educate hearing people on topics such as Deaf history. From their perspective, course modules on Deaf history have especially helped Deaf people themselves "understand why the Deaf community and Deaf people are the way they are today." It is a turning point for Mia, who further explains:

> *[Before Deafhood class]*
>
> It makes you take a second look at yourself. Because for example, before the course, when I go to the doctor's office, the nurse or the receptionist would kind of look at me funny because I'm deaf. And I would challenge them, you know, I would give them a look, and I would have an attitude, give it back to them. I would want to deal with it.
>
> *[After Deafhood class]*
>
> And now I'm more patient, and I understand why. Well, hearing people tend to look down on Deaf people. They think that they are stupid, [they] think that I'm just another deaf person. But now that I have taken that Deafhood class, in the last couple of years, I realize that people just aren't educated and they don't know any better. They hear "deaf and dumb" and that's what sticks with them and they have no understanding of what history has brought upon Deaf people.

Mia’s story aligns with those of a few hearing border crossers, such as Andrew and Dawn, who speak of having attended such a class and the lessons they have learned from it. Andrew says:

> [Deafhood] didn't open my eyes but it kind of made me say, "You know what, gosh, she's right! You know, I really knew this all along but she kind of validated it for me or, you know, put it in a way that I understood and it was like, she's right. The Deaf community really needs to take ownership of themselves. And I’ll be more than happy to do whatever I'm asked to do to support that. I feel honored to be a part of that community. But I don't want to control it.

These classes have the potential to bridge the distance between hearing and Deaf groups.

The third educational strategy is to have hearing healthcare professionals take acting classes. It is related to an earlier finding about hearing border crossers: Deaf and hearing people have different expectations and frames of reference when it comes to communication. I will devote the next section to both these ideas: acting classes and Deaf focus group members’ conversation on hearing border crossers’ notion of reframing perspectives and adopting different communication standards.

Hearing border crossers have spoken about developing alternative ways of communicating with Deaf people when one method of communication doesn’t work. Deaf focus group participants’ views of these methods aligned with hearing border crossers' experiences. Interpreters and note-writing are alternative ways of communicating with hearing people besides signing. However, these are not problem-free solutions nor as easy to carry out as hearing border crossers have described. Deaf participants elaborate on how these methods have worked or not worked for them at public places. Thomas states that he has used notes to place food orders at drive-ins, but they appear to be insufficiently clear and he ends up having to gesture. He describes the difficulty of writing notes at public settings:

> If we (Deaf people) do a drive-through at a [fast-food] restaurant, we're so discriminated against, we can't order from the first stop, we have to go up to the window, we have to write it out. But we have to [also] gesture. So I feel there's this label - already I'm identified as being different; I'm identified as "not normal." If we could do something with a drive-through touch screen, for example, that would be amazing. Everybody would be [treated] the same; there will be no difference.

Thomas doesn't like to have to write or to have to clarify his orders because it identifies him publicly as being "different." He "hates [it] if they ask another question, 'Do you want large or small?' I'm like, wait, I have it on the thing, you don't have to ask me if it's large or small, it's right there!" He perceives that the service representative is just not reading his order and accepting it as it is. He feels this request for note clarification happens because he is Deaf and different. Another focus group member, Laura, recalls having similar experiences and says she drives past the menu board to hand in her note. She says, "And they looked at me like, what's going on? And I said, 'Is my writing bad? Is my penmanship bad?' They're looking around like, what do we do? And they showed it to another person." This hesitation by hearing people is unnecessary to Thomas and Laura. "I'm like, you know, come on, hurry up! Let's go! I got other cars waiting behind me," says Laura. These incidents again illustrate the lack of awareness and cultural sensitivity by hearing people when it comes to interacting with Deaf people, usually for the first time. Taken aback, they are ill-prepared to respond sensitively to Deaf customers.

Even though alternative communication methods (such as note-writing) may be available and seem to present more opportunities for hearing border crossers to interact with Deaf people, in reality, Deaf people do not perceive these as advantageous as hearing border crossers think they are. Deaf people may not wish to adopt these methods if given a choice, particularly when communicating with a doctor, lawyer or real estate agent.

On Reframing Perspectives & Adopting Different Communication Standards

During group interviews, all Deaf focus group participants, at various points, share what they have learned about communicating with hearing people over the years, mainly through their direct encounters with hearing people. Leah recalls what she learned at a conference workshop, "You know, when two hearing people meet each other, they can actually talk to each other and be hearing each other without looking at each other." This statement struck me as being simultaneously simple and profound. In this sentence the communication chasm between hearing and Deaf people is evident. Someone very new to Deaf people will begin relating to Deaf people by using hearing communication standards, not realizing that one has to adjust one's expectations of how communication proceeds in a hearing way when one is interacting with Deaf people in the borderlands. Here is the rest of Leah's story about the workshop experience:

> *[Hearing Communication Priorities]*
>
> [Hearing people] can be friends based on how they are speaking without even really looking at each other and engaging visually with each other.

> Just by the sound of their voices, just by the word choices and the inflection of their voice. You know, and then if they look at each other, maybe then they'll go onto the next level of communication where they talk about their clothing and other visual things and then they become friends. So body language is second. And body language will then lead to the quality and depth of their friendship.
>
> *[Deaf Communication Priorities]*
>
> But for Deaf people, it is the opposite. Body language is of first importance. Their facial expression, their eye contact. They'll say initially I like this about that person, and they'll start to talk then because of that. And then this leads to more in-depth things about each other. And then they become friends.

Leah contrasts the oppositional frames of reference of hearing and Deaf people and learned to recognize that both “have opposite starting points. A hearing person is looking for some kind of verbal connection while the Deaf person is looking for a visual connection.” Mia singles out this observation as information that not many Deaf people are aware of. This could be included in a formal course for hearing people. Growing up in a hearing family, Mia had not been taught how hearing and Deaf people differ in their expectations for establishing communication. She says, “My mom said, “Smile when you meet people, and I learned those kinds of things. Meeting some Deaf people, they are like, “Hi, nice to meet you.” They give me a look and that's it, they shut themselves off.” This illustrates the different lenses through which some hearing and Deaf people view how rapport is established.

Some Deaf informants express that hearing people are expressionless and “it is a turnoff right off the bat!” For example, they describe hearing people as individuals who “move their lips without any facial expression.” That is, they appear robotic to Deaf people. This lines up with a stereotype that was raised by Barbra in the previous chapter, one that potentially causes a problem. She describes how hearing people are perceived as being emotionless because hearing and Deaf people may show emotion differently. Hearing people emote primarily through the inflection of their voices while Deaf people emote through facial expressions, body language, and hand gestures. Thomas elucidates, "Hearing people have mentioned that I have such an intense expression.— That's the language; that's Deaf culture, it's all a part of how we express ourselves. [W]hat do you want me to do? Sit here deadpan? I need to use my face to show what's going on."

Megan Boler (1999) writes about the politics of emotion in her book, "Feeling Power" and argues how a display of emotional intensity contravenes social conventions and is often considered a perpetration of faux pas. Emotional intelligence[33] (Goleman, 1995) is what hearing society prizes. From youth, children have been taught to subordinate their emotions or be perceived as impulsive and irrational. Deaf people's display of emotions runs contrary to how

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[33] Daniel Goleman contrasts emotional intelligence (EQ) with IQ, intelligence quotient. He is concerned with developing in students not just cognitive abilities but also abilities such as being able to "control impulse and delay gratification; regulate one's moods and keep distress from swamping the ability to think; to empathize and to hope" (1995, p. 36).

students are socialized at home and professionalized for work. Little wonder that hearing people are sometimes intimidated by Deaf people's apparently aggressive expressions and flying hands. As Thomas puts it, "Are they arguing? What's going on? They think we're angry or that we're fighting because we're so expressive. But we're just in a really intense conversation. And it might look like an argument, but we're just really into it. It makes hearing people nervous." Justin, a focus group participant who works in a school, tells the group that hearing students prefer to go to him rather than another tutor for questions about signing because he has more bland and less "serious" facial expressions and gestures.

To educate hearing people and help them become more expressive, Leah suggests:

> Maybe doctors should have some theatre training, maybe some improv stuff to get them to come out of their comfort zone, to push the envelope. Get them to come up with ways to find a gestural equivalent for their language, instead of sitting there like statues.

Leah's suggestion of acting classes for healthcare professionals intersects with a theme that emerged from hearing border crossers' narratives: that they have to adapt and improvise on the fly with Deaf people. Improvisation may be a skill or technique that hearing people could learn to facilitate interaction with Deaf people in hybrid spaces. Learning to do "improv" means learning skills to adapt collaboratively to any situation without a pre-planned script. Even though some hearing border crossers have discussed how they made some preparation in advance of scheduled meetings with Deaf people, in many healthcare situations, doctors and nurses have no time to do so. When they do make some form of preparation, it is obvious, as Mia describes, and it may have mixed results:

> Sometimes it is obvious that they have been preparing before[hand] and they look really nervous when you get there. One of my doctors, the first time I went in, they made eye contact, they treated me like anybody else. I didn't feel like we had to work to try to communicate with each other. Some people are just natural.

The focus on developing an improvisational approach to hearing-Deaf interactions seems most feasible in the light of what hearing border crossers have shared and the numerous “deer-in-the-headlights” accounts of Deaf focus participants. I will elaborate on this topic of improvisation as an instructional strategy in the conclusion.

Deaf People’s Perspective on Use of Communication Technologies

Deaf focus group participants unanimously agreed with the results from hearing border crossers' narratives, namely, that emailing and texting are tools that are used more frequently than other communication technologies to contact Deaf people. However, Deaf focus group participants furnished greater insight into mobile communication technologies and how they are used to engage with hearing people who have some sign proficiency. Thomas explains that audio and video conversations can now be made possible even without a video relay service (VRS) subscription. Free mobile communication technologies are available through two major mobile computing operating systems (OS), the Android and iPhone’s iOS. Some examples of such freeware reported by Deaf focus group participants as useful are Skype, Facetime, and Tango. These are mobile software applications that facilitate video chatting among smartphone users. They allow Deaf people to sign and be visible to each other, a "natural and spontaneous" way for

Deaf people to communicate, says Justin, a Deaf focus group participant. Skype and Tango software applications were also brought up in conversations by three hearing border crossers as alternative tools they use to connect with Deaf people.

When VRS and the videophone first became available to Deaf people in early 2000 and became federally subsidized, Mia noted that Deaf people would be on the videophone for hours. Hannah, a hearing border crosser, noted that every Deaf person she knows has a VP, "They would rather forego other necessities of life. The only thing is, they call me every five minutes 'cause I think they think I just sit here and chat. But for them, it has just opened up the whole world!"

As more sophisticated mobile technology became available, Deaf people began to switch to their cellphones more frequently for communication. Mia says, “Now we’re off [the videophone]. We’re all texting. We’re socializing in real life.” Thomas informs me of Sorenson’s newer NTouch technology which makes VRS now available on mobile devices like cellphones and tablets, allowing users to access Internet social networks like Facebook on the go. Despite English being a second language for many Deaf people, Mia says, "It doesn't stop Deaf people from socializing" or interacting with other people, hearing or Deaf, through English text messages.

Although Deaf-services professionals mention using the videophone at times to communicate with their clients, for Leah, the videophone has become an answering machine and something she hardly uses, a sign of the rapid progress made in the technology field. However, to make phone calls to medical offices Mia and Leah resort to the videophone, since interpreters are deployed at VRS centers to convey their messages to hearing people. Due to the Health

Insurance Portability and Accountability Act (HIPAA), Deaf people usually do not use emails or SMS texts to communicate with medical staff or physicians. Staff members in medical offices, who are typically hearing, often have a practice of calling outpatients by phone to remind them of their upcoming appointments and leaving a voicemail if the patient is not home. This norm, established by hearing people, has repercussions for Deaf people who may miss these phone calls and simply get a text from the VRS center because they cannot be sure when medical offices may contact them. In response to missed calls, Deaf people have to attempt to return calls to medical personnel, who are usually busy and hard to reach. Leah recounts one of these frustrating moments and suggests that medical offices consider emailing them instead as a default communication method:

> It would be so easy to say, send me an e-mail instead of getting a text that I have a missed call and I've to go and find out who it was. Sometimes I get a little annoyed when I call the front desk, and they route it to the nurse's station and no one will pick up the phone where the nurses are supposed to be. And then I have to leave a message. And then I have to sit and wait. I don't know when they are going to call me back. And that gets annoying. I'm afraid if I walk away I'll miss the call, and then forget about it, and then I have to call back, they have to transfer me to them, and they'll miss my call, and sometimes I do wish they would just e-mail. I can e-mail to them and they can e-mail me back and then I'll get it when I get it. It is annoying. I get annoyed with all of the missed calls.

All Deaf focus group participants tell me stories about their struggles to use the videophone or email. Although a majority of Deaf focus group participants use English language emails, I have previously in Chapter 4 highlighted Lucia, a hearing border crosser's difficulty in understanding a Deaf client's email because ASL syntax is different from English language syntax. When I invited several of the Deaf participants to be a part of the focus groups, five of them did not respond to me via email, but to my Deaf co-moderator through the videophone. Nonetheless, Thomas complains about one setback to using any relay service for communication:

> And I don't give up, I'll call them right back and I'll say, "Do you have a problem? Why would you hang up on me?" And they're like, I thought this was a telemarketer or a prank or something. "No, I'm not a telemarketer, I'm a Deaf person." So they don't have the patience. — Would you hang up on someone else if you didn't get it right away?

Hearing retail customer service representatives in businesses sometimes hang up the phone on Thomas because of impatience. The last sentence in the quote is a poignant question both hearing border crossers and Deaf participants have asked on different occasions and contexts during my discussion with them. When hearing interpreters fail to get Deaf people's messages correctly interpreted immediately, Deaf people sometimes question their proficiency in signing and give up on them, telling them to go back to interpreting school. When hearing people don't understand Deaf people, many of them too are quick to dismiss Deaf people. With a relay service in which hearing people cannot see Deaf people, the potential for miscommunication is present. However, despite the challenges, communication technologies have allowed Deaf people to be more independent. For instance, some restaurants have allowed customers to place food orders through online forms. This is helpful to Deaf people who don't have to face the rejections they may get from hearing people through other means of communication technologies. Thomas talks happily about his experience ordering pizza online, "One night I was on a pizza website and I saw that you could order online, and I thought, oh, instead of calling!" His transaction went smoothly and he could track the pizza delivery easily.

Deaf participants, like hearing border crossers, do not talk much about using online social media to engage with hearing people. One reason is that most Deaf participants relate to hearing people superficially at Deaf coffee socials, which are frequented by ASL students. Most of these students do not come back after a few visits when their assignments are completed. Thomas says, "I wait and see if they're interested in being more involved. And if they're making the effort, they want more information about Deaf events, then maybe we'll establish a communication around that." Both Thomas and Justin do not ask hearing people at Deaf socials for contact information; the reason they give is that they don't want hearing people to misconstrue their asking as invitations to dates.

Curtain Call

In this chapter, I have sought to present how hearing border crossers work through the challenges they face on transient borderland grounds and then add Deaf focus group participants' views on those practices. Almost unanimously, hearing border crossers, regardless of their affiliation with Deaf people, stress that learning sign language is important. Deaf people clearly responded positively to hearing colleagues who learn sign language. There is at times an evident before-and-after change in the interaction between hearing and Deaf people after hearing border crossers enroll in sign language classes. Deaf focus group participants did not disagree with the finding that learning sign language is essential but they place having a good attitude and Deaf cultural awareness ahead of sign language proficiency.

Effective communication with Deaf people requires that hearing border crossers synthesize their knowledge, skills and attitudes into a creative blend of ideas that support improvisational efforts at problem-solving. Border-crossing in hearing-Deaf terrains requires a hearing border crosser to be attentive to details and to draw on a broad stock of knowledge. Julia's narratives illustrate this idea. She also displays a grasp of how Deaf people navigate the world without sound. A heightened sensitivity to the features of visual communication facilitates negotiation and creative improvisation.

Hearing border crossers also require knowledge of technological and non-technological tools for communicating with Deaf people. Besides signing, some hearing border crossers in this study report that they use a few other methods. These include note-writing, hearing interpreters for the Deaf, Deaf interpreters, miming, and the Total Communication approach (of using multiple means to communicate). Some hearing border crossers are not averse to doing whatever it takes to convey their message to Deaf people. They bring calendars and resort to drawing if necessary. They work with Deaf assistants as interpreters or teaching assistants because Deaf people seem to intuitively connect with each other better, perhaps because they are more sensitive to the body language of other Deaf people. Some hearing border crossers also make some advance preparation before they interact with Deaf people, if they have some lead time to do so. They get ready to tell stories with vocabulary words they have learned through Internet research ahead of time; to be sensitive to the socio-cultural backgrounds of Deaf people, to better establish rapport with different types of Deaf people, and to have interesting conversations with Deaf people.

On the flip side, some Deaf focus group participants talked about drawbacks of communication methods like note-writing that draw attention to their deafness and label them as being "different" from hearing people. Notes are, by dint of the labor involved, time-consuming and inefficient. Deaf focus group informants reiterate that qualified interpreters are essential in critical settings to help Deaf people communicate and improvise on solutions to "problems" at the given moment.

Generally, in the area of communication technology use, most hearing border crossers prefer email and SMS messages to contact Deaf people. Sometimes, the nature of the relationship between hearing and Deaf people has some influence over which communication technology is used. Social media technologies appear not to be widely used by Deaf-services professionals because they do not wish to engage with Deaf people beyond their professional work hours. Deaf participants speak of not using videophones as much as hearing border crossers have indicated. More sophisticated video technology has supported the use of mobile communication technologies and software applications among Deaf people.

Besides knowledge, hearing border crossers also indicate that a reframing of perspectives and a reversing of assumptions is required. Deaf focus group participants' feedback also points to the usefulness of hearing people rethinking what communication means and how it should proceed with Deaf people. When Deaf people meet other people, they look at eyes, faces and body gestures for communication cues. Hearing people are primarily on the lookout for what the other party has to say. They listen to the lilt of their voices first, and observe their body language secondarily. Emotional intensity in Deaf people expressed on their faces and through their bodies is sometimes misconstrued as aggression by some hearing people.

For positive change in communication between hearing and Deaf people, hearing border crossers believe that education is foundational to bringing about change. Deaf focus group participants also stress that educating the dominant hearing society is essential as a means to self-advocacy and for their voices to be heard. However, they refer to a certain fatigue in having to educate a large number of hearing people on Deaf cultural norms and practices. They speak of staging role-reversal exercises like Deaf Strong Hospital or acting classes as feasible approaches for transformative learning amongst hearing people who are healthcare professionals. Their comments suggest that a collaborative improvisational learning approach appears more likely to result in sustainable change in how hearing people might communicate and better understand Deaf people.

CHAPTER 6

ENCORE

Conclusion and Implications of the Study

This study sought to gain an understanding of the perspectives and experiences of hearing border crossers on how they engage in Deaf community life. To explicate the process, I begin in Chapter 1 by stating the research problem that led to this study: Deaf people face considerable communication challenges when trying to access health care. One reason is that many healthcare professionals have little awareness or are not educated on how to relate to Deaf patients. I provide an overview of the ongoing conversations in several fields of study related to this research project. This discussion of existing literature in the fields of Deaf studies and healthcare instruction points to a gap in the design of instruction in healthcare contexts where some degree of border crossing is needed. I have thus conducted a study to extract the "wisdom" of a group of people who have hitherto not been systematically studied -- hearing border crossers.

Chapter 2 documents the qualitative research methodology and the grounded theory approach I used to guide me in implementing this study. I explain the various data collection methods and data analytic processes and how the collection of multiple sources of data ensured a rigorous study. Data were analyzed and synthesized at different levels to develop findings: within clusters, across clusters, and across all types of data. Focus group data from Deaf consultants were combined with interview and observation data in order to include at least a partial Deaf perspective on hearing border crossers' accounts. I also argue that as a border crosser myself with a deaf relative, I have some unique insights into the hearing-Deaf border crossing experience.

Chapter 3 is the first of three substantive chapters that discuss the themes in the data. Using the metaphor of the theater, I describe the "drama" of border crossing by hearing people in the local Deaf community. I start by explaining how three groups of hearing participants — lay people, Deaf-services professionals and participants with Deaf relatives — enter the "stage" of interactions. Each group of participants accesses hearing-Deaf borderlands via different trajectories. Lay people's paths into the Deaf community display the greatest diversity. Hearing children of deaf parents access Deaf spaces more easily than other groups of participants because of their family ties. Deaf-services professionals, especially interpreters who oftentimes have an intimate role in Deaf people's lives, are subjected to more stringent auditing by Deaf community members before they are accepted. My intent in this chapter is to show how hearing border crossers with different affiliations with Deaf people enter into and are positioned differently in the Deaf community.

I further unravel the intricacy of border crossing in Chapter 4. I highlight the complicating action or predicaments of border crossing. Participants' reports indicate that being "hearing" and being "Deaf" demand different cultural allegiances and limitations. The stories of informants in the "third space" indicate that when the "other" shows up, the contrast between being hearing and being Deaf is revealed. This difference triggers a potential for either positive change or withdrawal. Informants are confronted with issues of sociolinguistics and the complex challenges of learning how to interact with Deaf people. Participant challenges vary with their different affiliations and levels of engagement with Deaf people. Less is at stake for lay people than for Deaf-services professionals. Much is at stake for family members, and I examine the struggles of family members of deaf people in figuring out how a relationship between them works from different sides of the alliance -- a son's and a parent's. I also unveil Deaf-services professionals' challenges of adapting to the demands of a job that at times seems more like a vocation. I also present stories of a few Deaf-services professionals with deaf spouses or family members who are deaf. Reciprocity in relationships is a greater concern with some Deaf-services professionals.

In Chapter 5, I focus on the knowledge and skills that hearing border crossers develop through their interactions with Deaf people and identify strategies they have developed. These strategies help border crossers to find some measure of resolution to the challenges they face when navigating the borderlands. I reviewed narratives across clusters to extract these border crossing practices that informants have developed to sustain hearing-Deaf engagement. These include practices such as learning sign language, making some advance preparation ahead of meeting with a Deaf person, and fostering cultural sensitivity. Hearing border crossers also speak of developing awareness and skills in using a range of communication methods to facilitate engagement. Communication technologies such as emailing and SMS texting have also helped build bridges between hearing and Deaf people. In general, to connect effectively with Deaf people entails equipping oneself with a complex set of cognitive, social, emotional and linguistic skills. In situations that call for quick thinking, hearing border crossers blend these skills to improvise in their interactions with Deaf people. However, Deaf focus group informants emphasize that attitude ranks above language proficiency and Deaf cultural awareness when learning to relate with Deaf people.

Extending Ideas from the Study

The narrative of hearing border crossers in this study is an intricate one. This inquiry revealed many layers of complexity to the challenges of being a hearing person in Deaf spaces. The experience of a hearing person in these interactional spaces is about several things: the struggles of being included or excluded in varying degrees by Deaf people; the uncertainty of having an undefined status and role — "Is one more hearing or more Deaf?" and the repercussions of having a more transient or a more immersive experience in Deaf spaces. There is no manual for hearing people on how to become a culturally sensitive hearing border crosser. What this study has also unveiled are some practices that have worked for a sample of hearing border crossers in a certain locale. I will now extend ideas from my study and examine implications of the study findings for border crossing by hearing people in general and then specifically, in healthcare instruction. In the next two sections, I first present a discussion of some challenges in hearing-Deaf interactions, and then envision what a *real utopia*[34] (Wright, 2010) for hearing and Deaf people might look like in the borderlands.

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[34] I borrow this phrase from Erik Olin Wright's book, *Envisioning Real Utopias*. Wright revives the ideals of socialism and conceives of emancipatory social change as something realizable. He writes about "the feasibility of radically different kinds of institutions and social relations that could potentially advance the democratic egalitarian goals historically associated with the idea of socialism" (p. 1). He examines participatory city budgeting, Wikipedia, the Mondragon worker-owned cooperatives and unconditional basic income.

Challenges of Hearing-Deaf Interactions

The struggles I have documented in this study between hearing and Deaf people arise largely as a result of difference being made visible. Without the contrast made meaningful in a social context by cultural rules and mores, informants are not aware of their differences, like Dennis, the child of Deaf parents who found out he was different when he ventured beyond the confines of his home to kindergarten. The distinctive difference between hearing and Deaf people is in the mode of communication. It is this difference that contributes to misunderstanding between hearing and Deaf people. My earlier review of research on Deaf studies points to the tension between hearing and Deaf people's relationship caused by different ways of navigating the world through different perceptions of sound. Some scholars contend that sound, or the lack of it, leads to hearing and Deaf people constructing the world through different frames of reference. In my study, some hearing and Deaf informants discussed how hearing and Deaf people look for different communication cues to connect with one another. Hearing people in general expect a friendly verbal greeting; for most Deaf people, it is a visual marker on the face or body that signals welcome. Adding to the complexity is the multiplicity of preferred ways deaf people have for communication. Preston (1994) writes of being overwhelmed by the range of options that extend from three communication categories: speaking, sign language or lip-reading. Signers may use one or two hands, use more ASL or more English signs, adopt various English-based sign systems, pantomime, use home signs, lip-read with or without voice, and speak or write English. The lack of cultural familiarity coupled with communication differences contributes to the division between hearing and Deaf people. This gap of understanding sometimes leads to stigmatization of deafness and stereotyping — by both groups — that influence hearing-Deaf interactions. What seems "natural" to one community does not appear natural to another.

Despite these challenges, several scholars have suggested that hearing people's engagement in the Deaf community (see Napier, 2002 for review) is possible. One popular model suggests that participation in the Deaf community (Baker & Cokely, 1980 cited in Napier, 2002, p. 142) can be obtained by virtue of one's audiological status, political support of Deaf community goals, social contact or sign proficiency. But to gain acceptance by the Deaf community, a hearing person must have a good "attitude" towards Deaf people and their culture besides meeting any of these four criteria. This principle is emphasized in the stories of several of my hearing informants. They straddle two worlds and experience the difficulties that come with negotiating between the familiar and the unfamiliar in a borderland.

My study focused attention on how a group of hearing people from diverse backgrounds enter the Deaf community, face challenges and persist in the borderlands. Their stories made visible the efforts of these hearing border crossers who learn to develop skills and strategies to sustain their engagement in the Deaf community. These border crossers reveal, through their stories, the capacity and disposition they developed to hold different ideas in their heads (Martin, 2007) and respond appropriately to the "other." Although culture is dynamic, it is largely learned. We can teach and foster Deaf cultural awareness among the hearing community. As a hearing person, I do not speak on behalf of Deaf people; they should have their own say in how they can be educated or how Deaf culture can be taught. However, I can speak as a hearing researcher and instructional designer who wishes to cultivate more understanding of the Deaf community. Access to learning opportunities about Deaf culture can be created and made available more widely and prominently.

In the following sections, I will discuss my vision of an environment where hearing and deaf people can learn from each other to communicate effectively.

Real Utopia: Designing a Hearing-Deaf Learning Environment

To return to the instructional design research question that prompted this study, I identified a performance issue in the medical context. Deaf people face considerable problems in obtaining adequate and appropriate health care due to barriers in communication and interaction. My goal in this study was to explore how hearing border crossers participate in Deaf community life and how their experiences might point to ways of fostering effective communication between hearing and Deaf people. I have established that hearing and Deaf people construct reality from different perspectives because of how they navigate the world with or without sound. It is said that "[c]ulture is communication ... communication is culture" (Hall, 1959 cited in Neuliep, 2012, p. 11). To communicate effectively with a person from another culture, one needs to be sensitive and respectful of cultural differences. Neuliep identifies eight dimensions of communication based on a consolidation of definitions by scholars from diverse disciplines. Communication is a process, is dynamic, interactive-transactive, symbolic, intentional, contextual, ubiquitous and cultural (Berlo, 1960; Bowers & Bradac,1982; Goss, 1983; Cooley, 1909; Miller, 1966; Fisher, 1994; Stevens, 1950; Hall, 1959 all cited in Neuliep, 2012). Based on my study findings, combined with an understanding of these dimensions and ideas from my literature review, I propose the elements of a space that could support effective communication between hearing and Deaf people.

A Platform for Interaction.

Up till the 1960s, Deaf people, mainly from the working class, met in Deaf Clubs located in permanent physical spaces for community activities to share information and socialize (Padden & Humphries, 2005). Hearing people were a part of these activities only because their parents were deaf. With the growth of a Deaf middle class, interpreting, access laws and the arrival of sophisticated communication technology, Deaf clubs began their decline. Deaf meeting spaces became transient: participants met at borrowed and temporary spaces of gathering (Padden & Humphries, 2005). Consequently, as explained in Chapter 3, borderlands can now be formal or informal, virtual or physical spaces. The boundaries of hearing-Deaf borderlands are now shifting and blurring. Hearing people can now attend at least some of these public gatherings even if they are not related to deaf people by family ties. Hearing people's roles in these borderlands are being negotiated and renegotiated constantly. Some hearing people move from the periphery to near center after a period of sustained engagement and acceptance by Deaf people. Other hearing people move in and out, and then in again, at sporadic intervals. However, what facilitates engagement is a shared space. In this study, a lay participant mentioned practicing sign language through Internet chat. A majority of hearing participants interacted with Deaf people at public eating and recreational spaces, such as Panera Bread Cafes. In these social spaces, support is offered by the cafe owners for Deaf and hearing people to meet weekly and take up considerable seating space in their buildings. Beyond Deaf community activities, a few spaces where some hearing people are required to interact with deaf people, and vice versa, are in the medical and legal spaces. Unfortunately, border crossing in these spaces is frequently problematic. To improve communication in these spaces, hearing and Deaf people must have other opportunities to be educated about Deaf and hearing ways before such encounters occur.

Ideally, this platform should be a physical space that allows Deaf and hearing people to experience face-to-face contact with each other. However, we live in a digital age of electronic social networks and Internet shopping. Although Facebook and Amazon cannot replace the personalized social interaction that some people feel are essential for relationship building and service provision, many adults value flexibility and convenience in accessing education or services. The continued growth of online education is evidence of such a preference (Allen & Seaman, 2013). With increasing sophistication in educational technology, a virtual platform for hearing people to interact with Deaf people in real time must be thoughtfully considered as a future viable option. I will discuss this possibility in relation to an educational intervention in the next few sections.

Physical spaces for interaction should be designed or arranged with Deaf people's communication needs as priority. Adequate lighting, space, and consideration of seating arrangements are critical factors to consider in a physical environment that supports non-vocal visual communication and the presence of interpreters.

Improvisers, Their Tools and Attitudes.

Knowledge of how to navigate in these Deaf-hearing spaces must be acquired to replace cultural ignorance with education. Such knowledge includes conceptual or cognitive tools such as Deaf cultural awareness and symbolic tools, such as ASL ("the language of Deaf people"). Social-emotional tools such as respect, empathy and emotional poise are also important affective competencies to cultivate for cross-cultural interactions. Learning to interact across cultures in spaces where a hearing person cannot predict the course of his/her encounter with a deaf person, and vice versa, implies that an improvised communication and relational strategy has to be devised. The sometimes unexpected interactional experience in medical contexts can be described as an emergent "ill-structured problem[35]" that hearing and Deaf border crossers have to "solve" spontaneously.

Besides acquiring conceptual tools, border crossers need to develop adaptive abilities to handle the dynamism and complexity of cultures. Improvisation skills are essential at these crossroads, as attested to by several hearing participants' accounts (See in Chapter 5 the analysis of Julia's narrative revealing her improvisation skills; Zoe's spontaneous use of a laptop for mediated communication; Roger's persistence at signing despite his lack of proficiency). These skills can be developed over time through frequent practice and cultivating the fortitude to view

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[35] There is no consensus on the definition of ill-structured and well-structured problems among scholars. However, some scholars believe that a majority of everyday human problems are ill-structured problems that have no known solutions. Experts in the problem area do not agree as to what the solution is as there may be multiple solutions and solution paths (Jonassen, 1997; Reitman, 1965; Voss, 1988, 1989, cited in Hong, 1998). Simon (1973) argues that problems become well-structured because they have been prepared and defined more clearly for problem-solving.

mistakes as learning opportunities. Teachers need to steer students away from an aversion to "failure" by not just rewarding the quickest, most efficient path to "success," but also stressing the importance of "productive failure" (Kapur, 2008; 2010; 2012; see his review of literature on the hidden efficacy of delaying support structure for complex problem-solving). In Kapur's studies, groups of students were given either well-structured problems or complex, ill-structured problems to solve in the fields of physics and mathematics. By not hastening to provide support for students from the ill-structured groups (who solved ill-structured problems collaboratively followed by well-structured problems individually), Kapur argued that these students discovered how to structure an ill-structured problem on their own, facilitating a spontaneous transfer of problem-solving skills. Musicians and artists who do "improv" work have also written about the power of mistakes in helping them to unlock "creative blocks" and make progress (Nachmanovitch, 1990, p. 92; Madson, 2005). Border crossers are improvisers. Risk-taking and tolerance for ambiguity are two qualities that can be gleaned from the perspectives and experiences of study informants who navigate in the borderlands. These qualities can be fostered over time in learning environments where students have opportunities to solve authentic real-world problems.

Intentionality.

Anthropologists theorize that humans are by nature ethnocentric (Neuliep, 2012). We believe inherently that our native culture is the standard against which all other behaviors and customs should be judged. We do not typically assume that the behaviors of others may be appropriate to their culture and hence are not deviant or unnatural. The startled "deer-in-the-headlights" expression on a hearing person's face likely communicates rejection to a deaf person who looks for nonverbal gestures that connect one individual to another. To hearing people, their startled facial expression is likely not something they intentionally want to communicate, yet it is a message that is nevertheless conveyed to an external audience. I argue that we can plan to educate hearing people on aspects of intercultural communication that promote Deaf cultural sensitivity. I do not claim that education alone will lead both groups to reside happily in a utopia. However, in a supportive space for hearing and Deaf people, both groups can become more informed and intentional about how to respond to one another in ways that foster deeper and more positive encounters.

Deaf Mentors.

Another component of a supportive borderland for hearing and Deaf interactions is the availability of Deaf mentors or resource persons. Participants spoke of someone ("passport") from the Deaf community who guided them into the space. The recruitment of Deaf mentors who can ease a new hearing border crosser into learning the cultural rules or norms in the borderlands might be challenging, especially in communities with small deaf populations. The presence of Deaf facilitators does not negate the hearing person's responsibility to initiate communication with members of the target culture. Having Deaf mentors around is a practice I have witnessed several times myself at local Deaf socials when elderly Deaf people who were regulars were available to teach me signs and engage in simple sign conversations with me. This is a welcoming and inclusive gesture. A few study informants have spoken of working with

Deaf interpreters or assistants who provided them with greater insights into working with deaf consumers.

Deaf-Led Activities to Trigger Border Crossing Experience.

Improvisers, knowledge, skills and attitudes, Deaf mentors and an available interaction space are useless without an activity that can serve as a catalyst to bring hearing and Deaf people together to enact border crossing. This may sound obvious but it is not so; without a goal-oriented task or event, hearing people are often fearful to make the first move to reach out to Deaf people. Intercultural communication apprehension (ICA) is the label used to describe the condition where people experience real or anticipated anxiety about communicating with people from another culture or ethnic group (Neuliep, 2012). In this case, the solution is to have hearing people interact with Deaf people to reduce "anticipated" anxiety (Berger & Calabrese, 1975 cited in Neuliep, 2012). Such activities are best led by Deaf people, working with hearing people, and provide Deaf people with opportunities to show what they can do without sound to navigate this world. These events can be planned to demonstrate Deaf people's strengths. I will use the *Dining in the Dark* (Saerberg, 2007) events planned by blind people in Europe to elaborate on what I mean. Dining in the Dark began in France in 1993 as a special event within a staged exhibition called *Dialogue in the Dark*. In this exhibition, sighted people are led by blind and visually disabled people through a totally dark area in the exhibition of simulated everyday environments, including a park, a street, a drugstore and daily events like shopping. Saerberg argues that the idea of using a "mediation" rather than a simulation process provides sighted people with the opportunity to better understand blind people's needs and skills in an environment that empowers blind and visually challenged people. In Dining in the Dark events, blind people operate as guides and servers and sighted people have to depend on blind people for help. These events are examples of border crossing where sighted people cross over into spaces of darkness. Saerberg calls these experiences of liminality.[36]

Thus, I argue that in a real utopia, Deaf people should be empowered to function in a non-vocal environment where they can lead hearing people to experience and understand that Deaf people are not limited; to show hearing people what it is like to navigate and succeed in the world without the use of sound.

In the next section, I will offer recommendations for educational interventions in formal learning environments.

Recommendations for Educational Interventions

This study points to a knowledge gap among hearing and Deaf people that can be ameliorated by education and training. I will begin by briefly discussing the overarching learning outcomes for the instruction, a few learning theories and principles that guide the design of educational solutions for Deaf cultural awareness in the medical context, and end with a few suggested educational interventions.

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[36] Liminality is a concept first used by Arnold van Gennep, an ethnographer, in his book *Rites of Passage* (1961, Trans.) where he reasons that rituals are milestones that mark the transition of a person from one status into another, for example from childhood into full inclusion in a tribe or social group. He delineates liminality into 3 phases, preliminal, liminal, and postliminal. Liminality is thus a stage of ambiguity or transition.

Overarching Goals for Proposed Healthcare Instruction

In his paper, "Cross-cultural medical education: Conceptual approaches and frameworks for evaluation," Joseph Betancourt (2003), physician and medical researcher, outlined three approaches to cross-cultural medical education:

- The cultural sensitivity/awareness approach which focuses on fostering healthcare providers' attitudes: their awareness of different patient cultures and values, and the impact of socio-cultural factors on quality of care and health outcomes (primarily taught in first and second years of medical school)
- The multicultural/categorical approach which focuses on providing healthcare providers with knowledge of cross-cultural issues (taught throughout undergraduate medical education)
- The cross-cultural approach which focuses on tools and skills development (incorporated in clinical years during interviewing instruction and practicum)

(Betancourt, 2003, p. 561-563)

He argues that cross-cultural medical education is not complete without any one of these knowledge, skills and attitudinal approaches.

Using Betancourt's three-dimensional approach to cross-cultural medical education, I propose that one desired learning outcome of the educational intervention is learner acquisition of basic knowledge of Deaf and disability culture. In the review of literature section in Chapter 1, I discussed three models of disability: the medical model of disability as pathology (deafness is something to be "cured"); the social model of disability where disability is not an attribute of the individual but a result of complex social conditions (deafness as created by social systems and socio-environmental factors); the cultural model of disability as identity (deaf people share a common language, experience and values). Healthcare professionals should have knowledge about disability beyond the medical model. Not every deaf person wants to have a cochlear implant or to have his/her deafness “fixed.” Patient variability exists within Deaf communities just as it does across cultural groups. The goal of this suggested educational intervention to provide knowledge about Deaf and disability culture does not suggest that the culture of any group is a simple discrete and static whole that can be readily learned, with "competence" as knowledge that is easily packaged and hence "acquired" with the bridging of cultural distance (Gregg & Saha, 2006). What I have tried to do in this study is to avoid an oversimplification of healthcare and Deaf cultures by studying and demonstrating how people from rich and multiple backgrounds engage with each other successfully, and not so successfully.

A second desired learning outcome is to foster in healthcare professionals empathy and respect towards Deaf people. Deaf focus group participants ranked having a “good attitude” before knowledge of Deaf culture and sign language. Efforts to bring about a change in attitude take time; it is not something that can be achieved overnight. Nevertheless, it is an important learning outcome that can be supported in healthcare instruction by providing healthcare students with patient case studies or patient vignettes which encourage them to critically reflect and question their assumptions throughout their formal and continuing education.

A final desired learning outcome is the development and deployment of skills and tools to assist the hearing healthcare professional to communicate effectively with Deaf people. For instance, this study shows that a combination of cognitive, social and affective skills can be developed and drawn upon to assist hearing people to improvise during their interactions with

Deaf people. Hearing participants also talk about deploying technological and non-technological tools to facilitate hearing-Deaf communication. I will thus incorporate stories in my educational solutions about some of the skills and tools hearing people use to connect with Deaf people.

The integration of these three aforementioned learning outcomes in cross-cultural healthcare instruction is to ultimately prepare a healthcare professional to become a border crosser. In the next section, I will outline the learning principles that guide the design of the proposed instructional solutions to educate hearing healthcare professionals on how to become a border crosser.

Learning Principles to Guide the Design

The first principle that guides the design of these educational interventions is that learning must involve the learner in a direct and interactive experience with the cultural concepts and members of the cultural community. Kolb (1984) proposed experiential learning as an alternative to didactic learning. To him, to learn is to have a concrete experience; it is to be engaged in a continuous process of reflective observation and interaction with the environment. Other scholars have also advocated that students be offered the opportunity to "do" and not just "know," including Dewey's (1916) idea of the student as an active hands-on learner to Schank's (1999) "learning by doing" instructional theory. To quote Freire (1970/1993), we need to move away from the "banking method" of teaching and to stop viewing students as passive receptacles to fill with the commodity of knowledge.

The second guiding principle is that learning must engage the learner in critical reflective thinking that facilitates the development of multiple perspectives for inclusive learning. For instance, strategies such as integrative thinking (Martin, 2007), dialectic thinking (Peng & Nisbett, 1999) and transformative learning have been touted as processes that involve the learner in a cycle of iterative reflective thinking. Integrative thinking (Martin, 2007) refers to an individual's inclination and capacity to hold two opposing ideas in one's head at the same time. Proponents of dialectic thinking describe this cognitive process as a dance between a thesis (a point of view) and an antithesis (a different point of view), which sometimes results in a synthesis (amalgamation of both points of view). The synthesized perspective may then lead to new theses, antitheses and syntheses (Rimmington & Alagic, 2008), a dialectic spiral that encourages transformative mental processes. Mezirow (Mezirow,1997; 2000) posits in his transformative learning theory that to effect change in one's frame of reference, learners must be engaged in discourse where they question the assumptions they have developed over time. He theorizes that a frame of reference consists of habits of mind[37] and resulting points of view. Learning entails a critical assessment of competing ideas and interpretations. Mezirow (1997) cites ethnocentrism as an example of a habit of mind that needs to be transformed. He suggests that this can be accomplished through four learning processes:

- Elaborate on an existing point of view by locating further evidence for such a biased view of a new group

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[37] "Habits of mind are broad, abstract, orienting, habitual ways of thinking, feeling, and acting influenced by assumptions that constitute a set of codes. These codes may be cultural, social, educational, economic, political, or psychological. Habits of mind become articulated in a specific point of view ... that shapes a particular interpretation" (Mezirow, 1997, p. 6).

- Establish new points of view by encountering a new group and creating new meanings about the encounter — which may still be negative based on existing misperceptions
- Transform our point of view by experiencing the new group's culture and engaging in critical reflection
- Become aware of and critically reflective of our generalized bias of groups other than our own. Mezirow contends that this is the most challenging process as it requires a reframing of a generalized view. (Mezirow, 1997, p. 7)

Although some major learning theorists believe that learning is about making changes in behavior and thinking, Bandura (1977 cited in Ormrod, 1999) who asserts that learning takes place through observations and modeling, does not believe that learning always leads to a change in behavior. One must be motivated to change before any transformation process can begin. Thus, besides the above two guiding principles, motivational design of instruction has to be considered to support experiential learning and critical reflection.

Educational Interventions

I propose two educational interventions — one delivered face-to-face and the other delivered in an online format — that align with the desired learning outcomes and learning principles discussed in the previous sections. Before elaborating on my proposed educational interventions, I would like to explain why one proven strategy, the Deaf Strong Hospital (DSH) program, might not be a practical solution in every local setting. As explained earlier, the DSH isa role-reversal exercise developed by the University of Rochester Medical Center (URMC) and the Deaf Wellness Center in 1998 (Thew, Smith, Chang & Starr, 2012; National Center for Deaf

Health Research, 2011; Centers for Disease Control and Prevention, Oct. 2009; Richards et al., 1999). It has been well-received since 2006 (Thew et al., 2012).

Although my Deaf informants indicated that they would very much like to see the Deaf Strong Hospital program enacted in the local context, the DSH exercise is extensive in scale. At the University of Rochester in 2011, it involved 40 deaf volunteers, an additional 12 deaf and hearing faculty, 8 certified ASL interpreters and an unknown number of other types of personnel (Thew et al., 2012). At the St. John Fisher College in Rochester, 17 deaf volunteers were recruited, along with an additional 12 hearing faculty and 8 certified ASL interpreters(Mathews, Parkhill, Schlehofer, Starr & Barnett, 2011). Unless there is a large Deaf population in the area, such as in Rochester, it is a challenge to reproduce the Deaf Strong Hospital exercise due to the resources required to do so. Therefore, I am using findings from my study to develop additional suggestions for healthcare education.

The educational interventions I next present will make use of the strategies for border crossing (see Chapter 5) I have gleaned from my participant data. These border-crossing strategies are authentic practices of hearing people who have navigated in Deaf spaces. They are useful in introducing healthcare professionals to the concept and practices of border crossing. For a quick refresher, the six strategies are presented in the following table (Table 5):

Table 5

Border Crossing Strategies of Hearing Participants

Strategies of Border Crossing
• Learn the Language of Deaf people • Develop an Awareness and Knowledge of Various Communication Methods and Tools • Develop an Arsenal of Skills to Support Emergent Improvisation • Make Some Advance Preparation • Work Together with a Deaf Person • Reframe Perspectives and Adopt Different Communication Standards

Hearing Healthcare Professional as a Border Crosser.

To provide hearing healthcare professionals with knowledge on how to interact with Deaf patients, a face-to-face instructional unit (or module) should include the following major topics:

- Different models of disability
- Deaf culture
- The variety of ways in which Deaf people communicate
- Border crossing strategies, inclusive of interpersonal and communication skills, skills to deal with change and ambiguity.
- Working with a sign interpreter

To round up the module, students will learn to apply their knowledge and skills in a consultation with a Deaf patient.

Methods of Instruction.

Table 6 below highlights the content and some methods of instruction that can be used to achieve the learning objectives.

Table 6

Integrating Border Crossing Strategies in Healthcare Instruction for Cross-Cultural Education

Strategies of Border Crossing	Integration in Healthcare Instruction
1. Learn the Language of Deaf people	Basic "survival" or conversation signs. E.g. "Hi," "How are you?" "Pain, where?" “Restroom”
2. Develop an Awareness and Knowledge of Various Communication Methods and Tools	Knowledge of the variety of methods Deaf people use to communicate. E.g. signing (one hand or two hands), lip-reading, speaking, more ASL or more English, note-writing, texting.
3. Develop an Arsenal of Skills to Support Emergent Improvisation	(Knowledge of Deaf and disability culture provides a foundation for supporting improvisation.) Provide problem scenarios/cases for students to solve to develop cognitive and affective skills and cultivate poise during uncertainty. Use participant stories for Forum Theatre.
4. Make Some Advance Preparation	Use participant stories for Forum Theatre. Encourage students to practice making some preparation. E.g. a few basic greeting signs, preparing to be culturally sensitive (knowledge of Deaf culture), how not to look like “deer-in-the-headlights.”
5. Work Together with a Deaf Person	Provide knowledge of Deaf interpreters and how they might be useful in some critical care situations. Use role-play and work with Deaf actors. Use participant stories for Forum Theatre.
6. Reframe Perspectives and Adopt Different Communication Standards	Use participant stories for Forum Theatre, use role-play, and Deaf actors to encourage transformative learning.

To elaborate on how to teach border-crossing strategy 2, for instance, instructors may want to teach students about facilitating effective communication with Deaf people. We learned earlier in this study that this entails having an awareness and knowledge of how Deaf people rely on visual acuity to navigate the world; the frame of reference which hearing people use to guide them in communication is not the same for Deaf people. Deaf people may also communicate through a variety of ways: lip-reading, signing, gesturing, or through interpreters. The instructor could use case studies to facilitate a deeper learning of this information. This could take the form of case studies presented on paper or performed by actors. For example, the cases of Allison and Zoe, both lay border crossers, could be used to demonstrate a need for healthcare professionals to cultivate a respectful awareness of Deaf people's communication preferences. Before Allison learned sign language, her Deaf co-worker relied on note-writing or interpreters at formal meetings to communicate with her. After Allison enrolled in a sign language course, her Deaf co-worker began to sign with her, despite her elementary-level signing skills. Zoe was able to communicate with a hard-of-hearing person by improvising with the resources she had, a laptop. By re-enacting the cases of Allison and Zoe, healthcare professionals learn to recognize that a sincerity to engage with Deaf people involves asking how Deaf people prefer to communicate before the medical interview, preferably during appointment scheduling — whether it be note-writing, signing or sign interpretation. This indicates an empathic stance towards the Deaf patient. It creates rapport and facilitates effective diagnosis.

Though knowledge can be provided to students in the form of assigned readings and didactic teaching, critical thinking and transformative learning requires an active learning approach where the learner is confronted with different points of view and/or has a direct experience with the subject matter or phenomenon. To incorporate these learning principles in the instruction, I draw on Boal's Forum Theatre (1979) technique.

Forum Theatre is a part of Augusto Boal's series of theatrical forms called Theatre of the Oppressed (1979). Influenced by Paolo Freire's principles of critical pedagogy (discussed in his seminal book, *Pedagogy of the Oppressed*, 1970/1993), the rationale behind Boal's theatrical forms is "to change the people" (Boal, 1979, p.122). Freire is opposed to the dichotomy of the teacher as the content expert and the student as a receptacle waiting passively to be filled by the teacher's content. He believes in dialogue, where "no one teaches another, nor is anyone self-taught. People teach each other, mediated by the world, by the cognizable objects which in banking education are "owned" by the teacher" (Freire, 1970/1993, p. 80). Forum Theatre, described as an artistic and intellectual game by Boal (2002), proceeds along the same line of reasoning. Actors stage a problem situation the first time around like a conventional play (Boal, 2002, p. 243). Unlike conventional theatre, the barriers between actors and the audience are eliminated in Forum Theatre. At the end of the first run, the audience, who were initially spectators, are told that in the second round, they have the opportunity to participate as "spect-actors" in the play to help bring about change that solves the problem. The play is re-run and a spect-actor intervenes. S/He approaches the stage, shouts "Stop!" and replaces the protagonist. The spect-actor thus engages the other actors to try to bring about change in the situation, but the cast of actors will try to hold the spect-actor back to accept things as they are. If the spect-actor gives in, s/he drops out and is replaced by the protagonist. Things go back to how they used to be, until another spect-actor steps in. The play continues until at some point the problem is solved. A Joker must be recruited or appointed as the leader of the game. The Joker's role is to explain the rules of the game, correct errors and serve as a moderator, encouraging actors and spect-actors to not give up and work towards a resolution of the problem (Boal, 2002, p. 244).

Forum Theatre lends itself well to the intent of this educational module, which is to encourage the negotiation of meaning between doctors and Deaf patients. To assist hearing healthcare professionals (and vice versa, Deaf patients) to question their assumptions about the world, Forum Theatre provides students with the opportunities to situate themselves in the lived experience of another individual or group, create a character and offer an argument (Teoh, 2012). It can also tap on the expertise of hearing and Deaf actors. Several empirical studies show that Forum Theatre has been used effectively to enrich teaching and learning in schools (Kaye & Ragusa, 1998; Houston, Magill, McCollum, & Spratt, 2001; Day, 2002; See Teoh, 2012 for review of studies) and in medical and dental education (Kumagai, White, Ross, Purkiss, O'Neal & Steiger, 2007; See Brett-MacLean, Yiu, & Farooq, 2012 for more reviews). It is now practiced in more than 70 countries ("Theatre of the Oppressed," n.d.).

An existing practice in medical education is the use of standardized patients[38]. However, Deaf people may not often be recruited as standardized patients in these simulated learning environments depending on the availability of Deaf people who can meet the criteria set by some hospitals and health systems (The Johns Hopkins University, The Johns Hopkins Hospital, & Johns Hopkins Health System, n.d.). A suggestion is for hospitals to be more intentional in

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[38] "A Standardized Patient (SP) is a person carefully recruited and trained to take on the characteristics of a real patient thereby affording the student an opportunity to learn and to be evaluated on learned skills in a simulated clinical environment" (The Johns Hopkins University, The Johns Hopkins Hospital, & Johns Hopkins Health System, n.d.).

recruiting Deaf people to serve as standardized patients and teaching associates. Drawing upon the narratives of border crossers in this inquiry as cases for study, Deaf standardized patients can provide authentic feedback to healthcare professionals to improve their practice.

To sum up, this instructional module seeks to incorporate the findings of this study and innovative methods of instruction to help healthcare professionals and/or students recognize and ultimately develop the knowledge, skills and attitude of a border crosser.

Creating Access with an Open Online Course.

In this section, I discuss the promise of harnessing an open online course to provide greater access to healthcare professionals on information about Deaf and disability culture, and the Deaf community. The open and free access to this form of learning also motivates participation.

Although the New York Times calls 2012 "The Year of the MOOC" (Massive Online Open Course) (Pappano, 2012, November 2), a major initiative to publish resources that are "open" and freely available for anyone who wishes to learn and has access to the Internet was launched in 2000 by the Massachusetts Institute of Technology (MIT) (MIT Open Courseware website, 2001-2012). By 2012, the MIT Open Courseware Initiative has published MIT's entire curriculum on the internet and garnered 125 million visits to its site.

Although online education has been around for some time, improved educational technology has facilitated the speed of delivery of content and live interaction. MOOCs are currently being offered by several "elite" universities, with a growing number of universities joining the experiment of democratizing education to the masses. The key players in this educational initiative are Coursera, Udacity and EdX.[39] Sebastian Thrun, co-founder of Udacity and a former computer science professor at Stanford University, taught an Artificial Intelligence (AI) course in the fall of 2011 with 190,000 enrollees from 190 countries; 23,000 students completed the free course and received certificates of completion. Students created their own social networks (Facebook, Google+ or LinkedIn groups), study groups, and meetups and volunteer translators made the course available in 44 languages (Lewin, 2012, March 4). Thrun states that he has reached students he could never have reached with a traditional face-to-face class. About his AI course which was initially taught on campus to 200 Stanford students," 30 attended lectures and the other 170 took it online. The top 410 performers (out of 190,000) on exams were online students. The first Stanford student was No. 411" (Kessler, 2012, June 15).

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[39] Coursera was founded by Andrew Ng and Daphne Koller, Stanford University professors. Coursera "envisions a future where the top universities are educating not only thousands of students, but millions. Our technology enables the best professors to teach tens or hundreds of thousands of students ... We want to empower people with education that will improve their lives, the lives of their families, and the communities they live in" (Coursera website, n.d.). Udacity's co-founders are Sebastian Thrun, David Stavens and Michael Sokolsky, also from Stanford University. Their "mission is to bring accessible, affordable, engaging, and highly effective higher education to the world. We believe that higher education is a basic human right, and we seek to empower our students to advance their education and careers" (Udacity website, 2013). EdX "is is governed by MIT and Harvard... Anant Agarwal, former Director of MIT's Computer Science and Artificial Intelligence Laboratory, serves as the first president of edX. EdX's goals combine the desire to reach out to students of all ages, means, and nations, and to deliver these teachings from a faculty who reflect the diversity of its audience" (edX website, 2013)

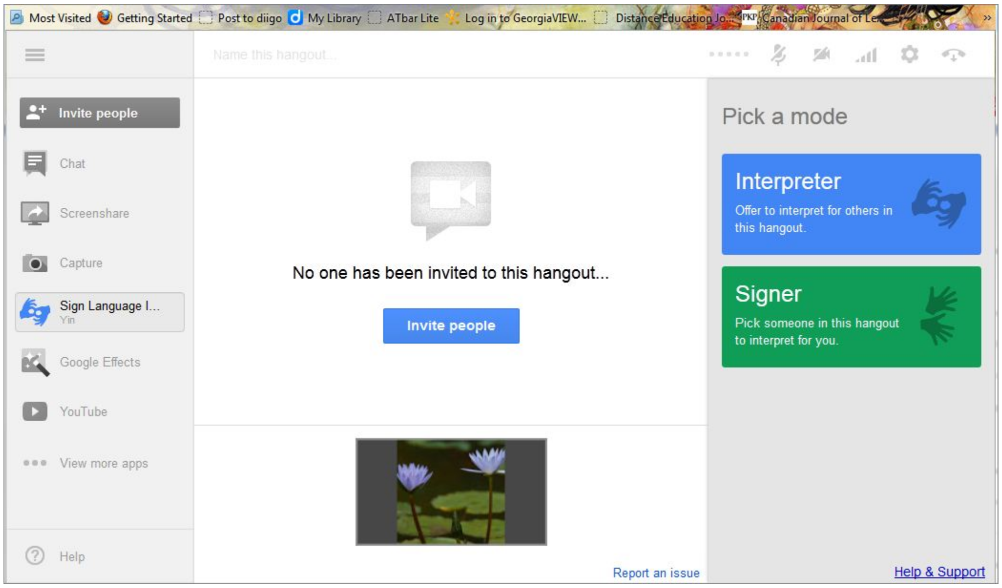
MOOCs have their strengths and weaknesses. They offer content that can be accessed anytime, anywhere and Coursera videos with embedded quizzes force students to self-assess their knowledge at appropriate junctures. However, MOOCs are still evolving in design and implementation and are more suitable for self-directed learners.

I see the potential of using sophisticated technology to facilitate the creation of an open online course (OOC) using the content discussed in the previous section. It does not have to become a massive course. I would suggest capping course enrollment to 100 at the most in the pilot stage. The premise behind this intervention is to make learning about the Deaf way of life more open and accessible to more learners. Although an OOC cannot replace an in-person actual experience with a Deaf person, Deaf and hearing professionals can design and develop the course together to make it as authentic and interactive as possible. It can be offered for free to health sciences students, and anyone interested, for a completion certificate. Subsequently, after several offerings, it can be offered for continuing education and professional development for a small fee. This is a revenue-generating model that helps sustain the open access model.

How will the instruction look like? To create a community of inquiry (Garrison, Anderson, & Archer, 2000), interactions between instructors and students can take place through synchronous (real-time) and asynchronous (non-immediate, outside of real time) communications. Content that was discussed in the previous face-to-face module can be presented through both modalities. Video clips of a story on border crossing can be created in advance and posted on the e-learning platform for student review and subsequent asynchronous discussion on online discussion boards. These instructional activities help achieve the first desired learning outcome of providing knowledge to bridge the gap of understanding about Deaf and disability culture between hearing healthcare professionals and Deaf patients.

Real-time interaction can be offered through synchronous proprietary web-conferencing software applications like Blackboard Collaborate or Adobe Connect or a free web-conferencing application like Google Hangout. Although only 10 people can participate at one Google Hangout session, an online presentation or seminar can be streamed live at the same time on YouTube and then later archived. This means many others can participate at the same time by watching and chatting via a Twitter backchannel monitored by course assistants. Those who missed the live session can view the archived web presentations alone or as a group on Synaptop Theatre (Synaptop, 2013), a free web-based application where students can watch a video and video- or text-chat about it together in real time.

Synchronous communication allows students to engage with instructors and students, hearing or Deaf, in real-time. Using this mode of communication, Deaf people can also serve as standardized patients and teaching associates to interact with medical students. This provides students with some practice opportunities to develop communication skills and attitudes on how to relate sensitively to Deaf people. Sign interpreters can also be contracted to help mediate real-time communication online. Google Hangout now allows online chatters to invite an interpreter to participate in conversations with them (See Figures 6 and 7). The software application has a designated space that stays visible throughout the conversation. These activities meet the requirements of the second and third desired learning outcomes.

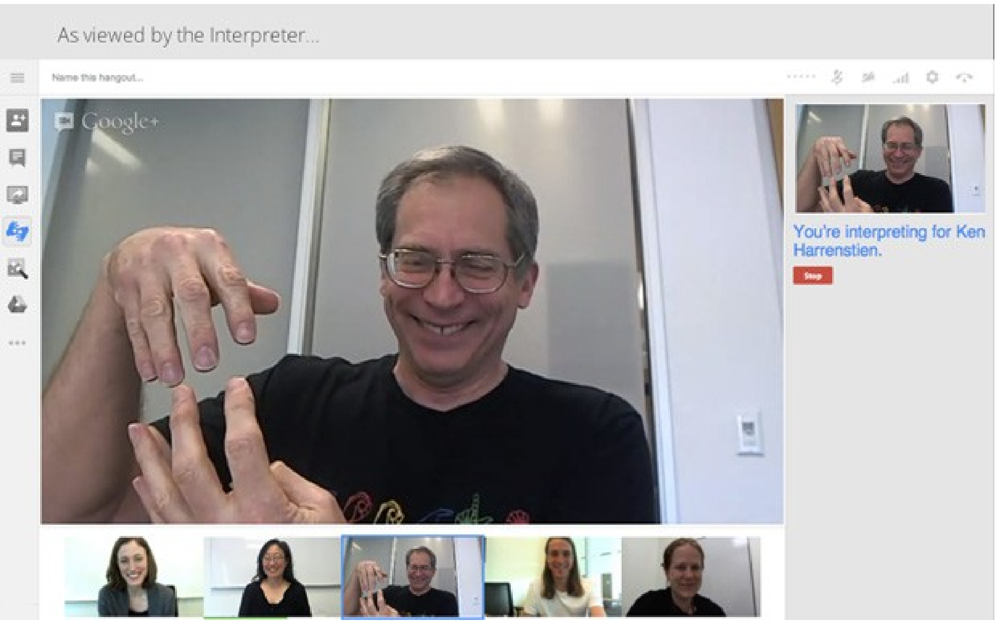


No one has been invited to this hangout...

Offer to interpret for others in this hangout.

Pick someone in this hangout to interpret for you.

Figure 6. Google Hangout screen with designated space for sign interpreter. This screen capture was completed through my GMail account.



You're interpreting for Ken Harrenstien.

Figure 7. Google Hangout screen with sign interpreter. Adapted from "Google Hangouts receive sign language interpreter support, keyboard shortcuts" by J. Fingas, March 2, 2013. Copyright 2013 by AOL Inc.

Students can also create their own reflections to discussion question prompts through multiple means of representation (a universal design learning principle) and upload them to the e-learning platform. They can submit assignments in still and moving images; through text, graphic, audio, video or a combination of any four modalities. They can share their presentations on SlideShare,[40] YouTube or Google. As online delivery of education becomes more prevalent, more people will recognize the convenience of an online education. I contend that as the learning landscape of higher education evolves in these digital times, designing an instructional module to prepare healthcare professionals to become border crossers and delivering it online is a wise investment.

Limitations of Study and Future Research

There are several areas in this study that could be pursued for further research. They can be grouped into two broad areas of inquiry; the study can be extended and refined methodologically and topically. First, due to the small number of informants in each cluster, I could not explore some themes more fully. Some of the profiles, especially those of Deaf-services professionals, revealed that there were stages of engagement that informants were going through to navigate the borderlands with Deaf people. However, the small number of informants in the lay cluster and of those with deaf kin (4) limited a stronger interpretation and validation of that emerging theme.

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[40] Slideshare is an online slide hosting platform. Users can upload files in PDF, PowerPoint and other document formats to this slide hosting service.

Secondly, all except for two participants were White, and there were more female Deaf-services informants than male informants. At Deaf socials, I have encountered on only two occasions one Black hearing border crosser and two deaf people who were Black. It would be beneficial to extend the study to include participants from more diverse backgrounds to examine what themes this greater diversity might reveal. Whereas Deaf clubs and schools used to be organized around work, class, oral versus manual, and racial lines, Padden and Humphries argue that Deaf organizations today are organized around socio-political dividing lines, like civil rights, citizenship, and professions (2005, p. 86). How will these different groups within Deaf communities influence hearing people's entry into Deaf communities, their understanding of Deaf culture(s) and how they engage with different Deaf communities and individuals?

Thirdly, the role of lay or "everyday" people in the Deaf community should be examined more closely as these are people who make considerable effort to communicate with Deaf people in "required" spaces like medical and legal settings. These are administrative, healthcare, paralegal and legal professionals who directly interact with Deaf clients. We should take heed of the "invisible" work everyday people do and not assume that these everyday[41] experiences are less significant (DeVault, 1991) than those of experts and professionals. Lay people do not have the professional training that interpreters and other Deaf-services specialists have and thus often have to make effort to improvise to interact with Deaf people. More lay participants in the same

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[41] DeVault (1991, p. 18-19), in her study of the work of feeding in families, began with the everyday experience of doing the work itself, acknowledging the “invisible” work that is often done. By not assuming that it is obvious, some work of the greatest emotional significance is revealed and acknowledged.

and different Deaf communities could be interviewed for their insights and experiences in interacting with Deaf people.

Another area I am interested in further exploring is the social networks of hearing and Deaf participants. Social network studies seek to represent relationships between individuals in a network systematically. Questionnaires[42] are mostly used to assemble data about the connectedness between people in a network as observational data are difficult to obtain. In videotaped recordings, coders report finding it difficult to differentiate between the ego (main actor in a network) and the alter (other ties relative to the ego) (Marsden, 2005). Combining social network analytic method with this qualitative research study would help to identify and map hearing people's connections, cohesion, strength of ties, and reciprocity with Deaf individuals. This would serve to strengthen the findings of this study and reveal more insights into hearing-Deaf engagement. Findings of social network analysis yield data for more thoughtful consideration of hypothesis testing for future studies.

Additionally, the results of this exploratory study, combined with social network analysis, can serve as a springboard to a few other studies using quantitative methodologies. Strategies of border crossing identified in Chapter 5 could be further examined and compared to test their efficacy. Specifically, sign language fluency,[43] Deaf cultural competency, and attitudes towards

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[42] There are limitations to survey research. Findings of surveys rest on the self-reported data of participants and introduces some artificiality (Marsden, 2005).

[43] A few studies (Kim,1991& Schneider & Jordan, 1981 cited in Novinger, 2001) have shown that "language competency is positively correlated to 'attractiveness' in intercultural communication. The majority of people prefer to communicate with a foreign person who speaks their language well" (Novinger, 2001, p. 165).

Deaf people could be examined as possible correlation variables or as potential predictors of Deaf community engagement. Is Deaf cultural competency related to level of participation in the Deaf community? A pre- and post-instruction survey could be designed to obtain the opinions, attitudes, behaviors of hearing healthcare professionals towards Deaf people. Results of a social network analysis could reveal more potential variables to create a model of potentially significant factors of hearing people's process of engagement with a Deaf community.

Finally, findings of this study have implications for the education of hearing and Deaf people. I have dedicated the above sections to elements to consider in the design of spaces that support hearing-Deaf interactions and suggested educational interventions that support inclusive learning.

This study has shown the effort that hearing border crossers engage in to cross over into Deaf spaces. However, the voices of Deaf focus group members also highlight the work that Deaf people have to do to respond to a hearing world that often does not understand them. Much more work lies ahead for both communities in removing ignorance to facilitate understanding. The narrative of hearing border crossers in this study raises questions that readers might take with them into their areas of work, school and family lives. How might this story inform our ideas of hearing and Deaf communities, communication between both groups, and disability? Besides educating medical professionals, how might this story inform policy makers and educational institutions in general about how to design more effective learning environments where deaf students are integrated into mainstream schools? How might border crossing experiences be used more effectively as educational experiences to transform frames of reference? Deafness in this study can be seen as a metaphor for any kind of difference for which an individual is marginalized or stigmatized. I hope this study challenges readers to think about how we might all contribute to the development of real utopias, and to think also about other types of differences in society that might hamper understanding of other peoples and groups.

Appendices

Appendix A. Recruitment Script for Interview Participants

[Script* for initial email or telephone contact/invitation to participate]

Dear ---:

I am contacting you to ask if you would be willing to participate in my doctoral dissertation study about hearing bridge persons' opinions and experience in bridging hearing and deaf communities. I am exploring ways of devising instruction to help hearing healthcare professionals and deaf patients communicate effectively in a health care setting. This study is supervised by Professor Marjorie DeVault of Syracuse University. In this research, I am interested in interviewing a wide range of hearing people who are involved in the deaf community.

Your opinions will help inform the design of creative instructional methods to facilitate intergroup communication and cultural sensitivity essential in promoting community health.

If you agree to participate, I will arrange a time and place for an interview, at your convenience. The interview will take about an hour. I will ask you to talk about your involvement in and interactions with the deaf community; the events you participate in and what you do to bridge the communication issues.

If you have any questions, please don't hesitate to ask. You may contact me at ywkreher@syr.edu, or by telephone at 315-4370224.

I hope you will consider scheduling an interview, and I look forward to hearing your views. Once again, please feel free to be in touch with me or my faculty advisor if you have any questions at all about the study.

Sincerely,
Yin Wah Kreher

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*I will use this script as a template, and will adapt it as appropriate, to reflect the mode of communication used (email or telephone), referral source, and prior knowledge of or acquaintance with the prospective participant.

Appendix B. Interview Guide (Semi-Structured Open-Ended)

These questions are potential questions, not all of which may be posed to the participants.

I. Introduction/Getting started with deaf community

To begin, let’s talk about …

- Tell me a bit about yourself.
- Tell me about your first encounter with a deaf person. How did you get involved with the deaf community? What motivated you to get involved?
- How long have you been involved with the deaf community?

II. Relationship

- Describe the activities, events you participate in. What things do you do together with/for the deaf? Why do you pick these activities/events?
- Describe the environment when hearing and deaf people get together at these events, what is it like socially, mentally or physically? What do you notice that is helpful for communication?
- What is your perception of deafness? What does being deaf mean to you?
- How would you describe your role in these two communities?
- What is your perception of your role in these two communities?
- How do you feel about being involved with the deaf?
- Not all d/Deaf/hard-of-hearing people are alike, and communicate in different ways, not all sign, how do you deal with the diversity?
- Has anyone commented on your involvement?

- Have you noticed any change in your participation with the deaf over time since your first encounter? What do you think contributed to this change?
- Either: What motivates/sustains you to continue with this involvement?
  OR: Taking away the work you do for deaf people, would you continue to be involved? Yes/No – why? Could you please elaborate on that choice?
- If you had a choice, would you do this work again?
- In your experience, what do you think are the challenges of getting involved with the deaf?
- In your experience, what are the best ways to encourage hearing people to get involved with the deaf community?
- If there is a play/drama about the relationship between deaf and hearing communities, what stories would you include from your experience?

III. Knowledge, Skills and/or Training

- Have you had special training to help you communicate with the deaf? What have you learned or not learned?
- If not, what sort of training would you wish to have? What more do you wish to learn to help with this work/relationship?

Levels of socialization

- How did you learn how to communicate with the deaf? Is there any special communication approach, technologies, tools, resources that you use?

- For your interaction with the deaf, what technologies do you use to contact the deaf?
- How would you rate your levels of socialization with the deaf – as clients, friends, etc?
- What is the role of technology in this hearing-deaf relationship? How does technology influence your communication with the deaf?
- Do you use social media to communicate with the deaf? Which ones – Facebook, Twitter, etc? How do you use social media? Why?
- In your experience, what do you think are the best ways to facilitate communication with the deaf community? What works well in your relationship/communication with the deaf?
- Could you tell me some unpleasant experiences/problems/challenges you have encountered in relating with the deaf? How do you overcome them?
- What do you see as the struggles of the deaf community in health-care settings?
- What are your thoughts about improving healthcare communication for the deaf in health-care settings?

IV. Concluding Questions and Remarks

- Is there anything else you'd like to tell me about your involvement with the deaf?
- Do you identify, yourself, as having any visible or invisible disability?
- Would you be willing to meet with me again if I have any follow-up questions?
- Thank you for taking the time to meet with me. Do you have any questions for me?

Appendix C. Hearing Border Crosser Individual Consent Form #1

SYRACUSE UNIVERSITY

INSTRUCTIONAL DESIGN, DEVELOPMENT, AND EVALUATION

Project: Community as Design Decision-Makers: Hearing Border Crossers on Bridging Hearing and Deaf Communities

Consent Form for Hearing Border Crosser

My name is Yin Wah B. Kreher, and I am a doctoral student in the department of Instructional Design, Development and Evaluation (IDD&E) at Syracuse University. I am inviting you to participate in a research study in which participants should be 18 years or older. Involvement in this study is voluntary, so you may choose to participate or not. This sheet will explain the study to you and please feel free to ask questions about the research if you have any. I will be happy to explain anything in greater detail if you wish.

Background/Purpose of Study:

The research project is entitled *Community as Design Decision-Makers: Hearing Border Crossers on Bridging Hearing and Deaf Communities.* For research purposes, I would like to interview you about your perspective and experience in bridging hearing and deaf communities. You are invited as a border crosser, a person who traverses both hearing and deaf cultural worlds, to participate in this study because you possess knowledge of how to interface between deaf and hearing communities successfully. Your input will help inform the design of creative instructional methods to facilitate intergroup communication and cultural sensitivity essential in promoting community health. This will allow me to articulate ways of devising instruction to bring together hearing healthcare professionals and deaf patients involved in a health encounter. It is also an instructional design planning approach that incorporates community perspectives.

Procedures:

This semi-structured interview will last for about an hour. I will ask you questions about your motivation, interactions and communication strategies related to your experiences with deaf people and/or the deaf community. All the information you provide in this interview will be kept confidential. This means that no one will know about your specific answers except the researchers. In all my presentations or research articles associated with this study, your name will be replaced with a made-up name and any other details identifying you with the interview content will be disguised and/or removed. I will also protect the confidentiality of other people you mention or discuss.

With your permission, I will audio-record the interview using a digital recorder. The audio recordings obtained from the interview will be used for this research project only. They will be transcribed to produce a written record of the interview, with identifying information removed. The transcripts (with identifying information removed) will be retained by me and used in developing my research findings. I may include quotations from the transcripts in my presentations and publications. Once I have produced a written transcript with identifying information removed, the audio recording will be destroyed.

You may refuse to answer any question I ask or withdraw from the interview at any point without any adverse consequences. In that case, all the information you provided during the interview will be destroyed. If you have any concerns about privacy or confidentiality, please feel free to share your questions or concerns with me at any time.

Benefits:

There is no direct benefit to you for participating in this research. However, by participating, you will be helping us to gain some understanding about the motivation and learning approach of bridge persons who successfully traverse both hearing and deaf communities. You will have the opportunity to reflect on your experience and voice your opinions on how you engage in deaf community life.

Risks:

The risk to you for participating in this study is minimal. It is possible that anxiety about expressing negative views or controversial opinions about the small deaf community in Central New York or surrounding region might be aroused during the interview process. Should that happen, you may refuse to answer or continue with any questions that might cause you discomfort. If you feel uncertain at any point during the interview about the extent of details you would like to disclose, you may stop the interviewing process at any time to discuss your concerns.

Questions, Concerns or Complaints:

If you have any questions, concerns or complaints about the research, you may contact me (Yin Wah B. Kreher, at ywkreher@syr.edu or 315-447-3381) or my faculty advisor (Prof. Marjorie DeVault, at mdevault@syr.edu or 315-443-4030). If you have any questions about your rights as a research participant; if you have questions, concerns or complaints that you wish to address to someone other than the both of us; or if you cannot reach either one of us, please contact the Syracuse University Institutional Review Board at 315-443-3013.

Documentation of Consent:

All of my questions have been answered. I am over the age of 18 and I wish to participate in this research study. I have received a copy of this consent form.

☐ I agree to be audio-taped.

☐ I do not agree to be audio-taped.

Signature of participant Date

Printed name of participant

Signature of interviewer Date

Printed name of interviewer

Contact Information:

Faculty Advisor
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Phone: 315-443-3013

Appendix D. Recruitment Script for Deaf Focus Group Participants

[Script* for initial email contact/invitation to participate in Focus Group]

Dear ---:

I am contacting you to ask if you would be willing to participate in my doctoral dissertation study. My research study is about hearing bridge persons' opinions and experience in bridging hearing and Deaf communities. The purpose of this study is to help me explore ways of devising instruction to help hearing healthcare professionals and Deaf patients communicate effectively in a health care setting. This study is supervised by Professor Marjorie DeVault of Syracuse University.

I have conducted numerous interviews with hearing people who participate in the local Deaf community. I am now asking for Deaf people's help in analyzing my data.

I am inviting you and a few other Deaf community members to meet with me as a small group to discuss some findings I have established through a preliminary analysis of interview data from hearing participants. I value your comments as valuable feedback that will allow me to strengthen these findings.

Your opinions together with those from the hearing participants will be consolidated and synthesized. The final results will help inform the design of creative instructional methods to facilitate intergroup communication and cultural sensitivity essential in promoting community health.

If you agree to participate, I will arrange a time and place for the small group meeting at Syracuse University. The group will be made up of no more than four Deaf people and will meet for about two hours. These sessions will be interpreted by two certified ASL interpreters and moderated by me, the Lead moderator and a co-moderator. Computer-Assisted Realtime Translation services will also be provided. Light refreshments will be served.

If you have any questions, please don't hesitate to ask. You may contact me at ywkreher@syr.edu or my faculty advisor if you have any questions at all about the study.

Sincerely,

Yin Wah Kreher

Faculty Advisor	Student Researcher
Marjorie L. DeVault	Yin Wah B. Kreher
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*I will use this script as a template, and will adapt it as appropriate, to reflect the mode of communication used (email or telephone), referral source, and prior knowledge of or acquaintance with the prospective participant.

Appendix E. Deaf Focus Group Moderator Guide

These questions are potential questions to generate discussion and to allow for dialogic interaction among participants. Participants “piggy-back” on the comments of others and add a richness to the dialogue that could not be achieved through a one-on-one interview (Rennekamp & Nall, 2009).

I. Introduction

- *Good morning/afternoon!*
- *Thank you for taking the time to meet with us. We will honor your time by making sure that we wrap up within 2 hours.*
- *Discuss procedures - informed consent, recording, pose questions, ask them to discuss* [Disseminate group interview consent form and seek permission for audio recording]

I need your signed consent before I proceed with the meeting. You may read through it first (and interpreters will go over the form with them).

- *All information I collect is confidential as to who provided it. I will not disclose who actually participated in this focus group nor will my final report attribute any quotes to your name. Quotes if included in my report will be replaced by pseudonyms. I hope this encourages you to speak freely.*
- *Everyone's life experience is different but everyone's opinion is important and there's no right or wrong answers. It' ok to have a different opinion from someone else.*
- *The ground rule is that one person speaks at a time.*
- *Any questions before we start?*

[Be sure that everyone signs and completes the consent forms**]**

II. Response to Findings about Hearing Border Crossers' Experience

(HBC: Hearing people who participate in Deaf community, they enter Deaf environments and I describe them as border crossers or bridge persons**)**

I have conducted numerous interviews with hearing people who participate in the local Deaf community. I would like to hear what you have to say about some of my findings. I'm interested in your impressions of what some hearing people have said during my interviews about their participation in the Deaf community.

[Lead moderator shares statements and invites participants' views: What do you think of this statement? What are your thoughts on this?]

Motivation for Engagement

1. Interview data show that hearing people get involved in the CNY Deaf community in a few ways. Several hearing people say that through personal connections or contact with Deaf individuals, they become invited or accepted by the Deaf community to participate in Deaf community events. There was mention of a backdoor approach by learning sign exact English first before learning ASL. What are your thoughts on this?
2. Many hearing people say they were attracted by the beauty of sign language. One opinion is that sign language may not draw hearing people to the Deaf community.

Stages of Engagement

3. Hearing participants appear to go through several stages of involvement before they become more and more knowledgeable of Deaf culture. Access > Turning Points > Exploration > Immersion in community > Preparation > Awareness/Affinity
    - Do you have any impressions of levels of participation by hearing people in the local Deaf community? Thinking back, did you observe any such levels of behavior?
    - Before learning ASL, some hearing participants mentioned being too scared/nervous/intimidated/embarrassed by the language barrier, or of offending Deaf people to try to participate in Deaf community events. What are your thoughts on this?

Exploration/Immersion in Deaf Community

4. Please describe some of the most i) pleasant and/or ii) unpleasant experiences you have had with hearing individuals who participate in Deaf community events.
5. Some hearing people described a before-and-after type of change in relating with Deaf people after they attended formal ASL classes. Some Deaf people became more open and some began to take more initiative to communicate with them after that. What are your opinions on this?

Growth Tension/Conflict While Exploring

6. Several hearing people discussed their frustration and confusion in trying to communicate with Deaf people because sometimes there are several variations of signs for one word. What is your response to this?
7. Should there be a standardization of American sign language?

Border Crossing Sites/Hybrid Spaces (Spaces or Environments where Deaf people interact)

8. Hearing people seemed to have opportunities to meet and get to know Deaf people mainly in two ways: i) through church and/or ASL classes that direct them to Deaf community events

or ii) locations in Central New York that require some traveling. What are your thoughts on this?

Use of Technology Tools for Communication

9. Hearing participants were not able to afford the tool that seemed to be most actively used by Deaf people for communication - *the videophone*.
    - *Social media* like Facebook does not seem to be fully explored for communication between hearing and Deaf people.
    - There were mixed opinions on the use of texting with Deaf people and questions were raised as to the effectiveness because 1) for many Deaf people, English is a second language, so there has to be a match; 2) one can't see the face of the Deaf person. What are your thoughts on these?

Preparation/Training

10. Hearing participants talked about how they adapt and improvise in encounters with Deaf individuals which typically cannot be fully prepared for ahead of time. This is a skill that seems to be important to cultivate in professionals who relate with Deaf patients.

- What do you think?
- What are your opinions on how to train professionals to be prepared to improvise or adapt in meetings with Deaf people?

11. Many hearing people talked about having the right attitude to make Deaf people feel welcome.

- What are your thoughts on this "right attitude"? How can we cultivate this in hearing professionals who work with Deaf people?

III. Concluding Questions and Remarks

- May I contact you if I have any follow-up questions?
- Do you have any questions for me? Thank you for taking the time to meet with us.

References:

Balch, G. I., & Mertens, D. M. (1999). Focus Group Design and Group Dynamics: Lessons from Deaf and Hard of Hearing Participants. *American Journal of Evaluation,* 20(2), 265-277. doi: 10.1177/109821409902000208

Rennekamp, R. A., & Nall, M.A. (2009). Using focus groups in program development and evaluation. University of Kentucky College of Agriculture. Retrieved on October 19, 2009 from www.ca.uky.edu/AgPSD/Focus.pdf.

Appendix F. Deaf Focus Group Consent Form #2

SYRACUSE UNIVERSITY

INSTRUCTIONAL DESIGN, DEVELOPMENT, AND EVALUATION

Project: Community as Design Decision-Makers: Hearing Border Crossers on Bridging Hearing and Deaf Communities

Consent Form for Deaf Focus Group Participants

My name is Yin Wah B. Kreher, and I am a doctoral student in the department of Instructional Design, Development and Evaluation (IDD&E) at Syracuse University. I am inviting you to participate in a research study in which participants should be 18 years or older. Involvement in this study is voluntary, so you may choose to participate or not. This sheet will explain the study to you and please feel free to ask questions about the research if you have any. I will be happy to explain anything in greater detail if you wish.

Background/Purpose of Study:

The research project is entitled *Community as Design Decision-Makers: Hearing Border Crossers on Bridging Hearing and Deaf Communities.* I have interviewed numerous hearing people, individually, who participate in the local Deaf community. I am now asking for Deaf people's help in analyzing my data. I am inviting you and a few other Deaf community members to meet with me as a small group to discuss some findings I have established through a preliminary analysis of interview data from hearing participants. I value your comments as valuable feedback that will allow me to strengthen these initial findings.

Your opinions together with those from the hearing participants will be consolidated and synthesized. The final results will help inform the design of creative instructional methods to facilitate intergroup communication and cultural sensitivity essential in promoting community health. This will allow me to articulate ways of devising instruction to bring together hearing healthcare professionals and deaf patients involved in a health encounter. It is also an instructional design planning approach that incorporates community perspectives.

Procedures:

If you agree to participate, I will arrange a time and place for the small group meeting at Syracuse University. The group will be made up of no more than four Deaf people and will meet for about two hours. These sessions will be interpreted by two certified ASL interpreters and moderated by me, the Lead moderator and a co-moderator. Computer-Assisted Realtime Translation services will also be provided. Light refreshments will be served.

This focus group meeting will last for about two hours. I will invite group participants to comment on some topics that arose out of preliminary findings from the interview data of hearing border crossers. Confidentiality cannot be guaranteed in group situations. Other participants in your group will know how you answer questions. While I will discourage anyone from sharing this information outside of the group, I cannot guarantee confidentiality by other group members**.** I will do my best to keep all of your personal information private and confidential but I cannot guarantee absolute confidentiality.

In all my presentations or research articles associated with this study, your name will be replaced with a made-up name and any other details identifying you with the group conversation content will be disguised and/or removed. I will also protect the confidentiality of other people you mention or discuss.

With your permission, I will capture the conversation using a digital audio recorder and Computer-Assisted Realtime Translation service. The conversation will be used for this research project only. It will be transcribed to produce a written record of the meeting, with identifying information removed. The transcripts (with identifying information removed) will be retained by me and used in developing my research findings. I may include quotations from the transcripts in my presentations and publications.

You may refuse to answer any question I ask or withdraw from the group meeting at any point without any adverse consequences. In that case, all the information you provided during the meeting will be destroyed. If you have any concerns about privacy or confidentiality, please feel free to share your questions or concerns with me at any time.

Benefits:

There is no direct benefit to you for participating in this research. However, by participating, you will be helping us to gain some understanding about the motivation and learning approach of bridge persons who successfully traverse both hearing and deaf communities. You will have the opportunity to voice your opinions on how hearing people engage in Deaf community life.

Risks:

The risk to you for participating in this study is minimal. It is possible that anxiety about expressing negative views or controversial opinions about the small Deaf community in Central New York or surrounding region might be aroused during the meeting. Should that happen, you may refuse to answer or continue with any questions that might cause you discomfort. If you feel uncertain at any point during the meeting about the extent of details you would like to disclose, you may stop the meeting at any time to discuss your concerns.

Questions, Concerns or Complaints:

If you have any questions, concerns or complaints about the research, you may contact me (Yin Wah B. Kreher, at ywkreher@syr.edu or 315-447-3381) or my faculty advisor (Prof. Marjorie DeVault, at mdevault@syr.edu or 315-443-4030). If you have any questions about your rights as a research participant; if you have questions, concerns or complaints that you wish to address to someone other than the both of us; or if you cannot reach either one of us, please contact the Syracuse University Institutional Review Board at 315-443-3013.

Documentation of Consent:

All of my questions have been answered. I am over the age of 18 and I wish to participate in this research study. I have received a copy of this consent form.

☐ I agree to participate in a group interview.

☐ I do not agree to participate in a group interview.

☐ I agree to have the meeting conversation audio-recorded and captured by Computer Assisted Realtime Translation service.

☐ I do not agree to have the meeting conversation audio-recorded and captured by Computer Assisted Realtime Translation service.

Confidentiality cannot be guaranteed in group situations. Other participants in your group will know how you answer questions. While we will discourage anyone from sharing this information outside of the group, we cannot guarantee confidentiality by other group members**.** We will do our best to keep all of your personal information private and confidential but we cannot guarantee absolute confidentiality.

____
Signature of participant Date

____
Printed name of participant

____
Signature of Lead Moderator, Yin Wah Kreher Date

Yin Wah Kreher____________________
Printed name of Lead Moderator, Yin Wah Kreher

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BIBLIOGRAPHY

Allen, I. E. & Seaman, J. (2013). Changing course: Ten years of tracking online education in the United States. [A Sloan Consortium Report]. (Wellesley, MA: Babson Survey Research Group & Quahog Research Group, LLC. Retrieved from http://www.onlinelearningsurvey.com/reports/changingcourse.pdf

Association of American Medical Colleges (AAMC). (2005). Cultural competence education for medical students. Retrieved from https://www.aamc.org/download/54338/data/culturalcomped.pdf

Anonymous Deaf Law Student Blog. (n.d.). Retrieved from http://deaflaw.wordpress.com/

Anzaldúa, G. (1987/1999). *Borderlands/La Frontera: The New Mestiza.* (Second ed.). San Francisco, CA: Aunt Lute Books.

Aurora of Central New York web site. (n.d.). Interpreter referral. Retrieved from http://www.auroraofcny.org/home/?page_id=704

Baek, E.-O., Cagiltay, K., Boling, E., & Frick, T. (2007). User-Centered design and development. In J. M. Spector, M. D. Merrill, J. van Merrienboer & M. P. Driscoll (Eds.), *Handbook of research on educational communications and technology* (Third ed., pp. 659-670). New York, NY: Lawrence Erlbaum Associates/Taylor & Francis Group.

Bargh, J. A., Chen, M., & Burrows, L. (1996). Automaticity of social behavior: Direct effects of trait construct and stereotype activation on action. *Journal of Personality and Social Psychology, 71*(2), 230-244. doi: citeulike-article-id:1119517

Barnett, S. (2002). Cross-cultural communication with patients who use American Sign Language. *Family Medicine*, *34*(5), 376-382.

Barr Productions. (2003-2011). Telephones-Videophones. Retrieved from http://www.barrproductions.com/telephones-videophones.html

Barton, A. C. & Tan, E. (2009). Funds of knowledge and discourses and hybrid space. *Journal of Research in Science Teaching*, 46(1), 50-73.

Barton, A. C., Tan, E. & Rivet, A. (2008). Creating hybrid spaces for engaging school science among urban middle school girls. *American Educational Research Journal*, 45(1), 68-103. doi: 10.3102/0002831207308641

Bauman, H.-D. L. (2004). Audism: Exploring the metaphysics of oppression. *Journal of Deaf Studies and Deaf Education, 9*(2), 239-246. doi: 10.1093/deafed/enh025

Bennett, S. (2010). Investigating strategies for using related cases to support design problem solving. *Educational Technology Research and Development*, *58*(4), 459-480. doi: 10.1007/s11423-009-9144-7

Betancourt, J. R. (2003). Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Academic Medicine*, 78(6), p. 560-569.

Blumer, H. (1954). What is wrong with social theory? *American Sociological Review, 19*(1), 3-10.

Boal, A. (1979). Theatre of the oppressed. (C. A. & M.-O. L. McBride, Trans.). New York, NY: Theatre Communications Group. (Original work published in 1974).

Boal, A. (2002). Games for actors and non-actors. (2nd Ed.). (A. Jackson, Trans.). New York, NY: Routledge. (Original work published in 1992).

Bogdan, R., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theories and methods.* Boston, MA: Pearson Education Inc.

Boler, M. (1999). *Feeling power: Emotions and education*. New York, NY: Routledge.

Borth, D. E. (2013). Videophone. In *Encyclopedia Britannica* (Online*)*. Retrieved from http://www.britannica.com/EBchecked/topic/627947/videophone

Boston University Center for Professional Education. (n.d.). Medical Interpreting. Retrieved from http://professional.bu.edu/programs/interpreter/medical/

Boukas, L., & Jacob, J. A. (2010 September). ABMS, ACGME Increase Emphasis on "Procedural Skills" as a Core Competency for Physician Measurement. Retrieved from http://www.abms.org/News_and_Events/Media_Newsroom/Releases/release_ABMS-ACGME_ProceduralSkills_09302010.aspx

Brett-MacLean, P., Yiu, V., & Farooq, A. (2012). Exploring Professionalism in Undergraduate Medical and Dental Education through Forum Theatre. *Journal for Learning through the Arts,* 8(1). Retrieved from http://www.escholarship.org/uc/item/50p2s33s

Brunson, J. (2004). *Sign Language Interpreting: Moving Towards Professionalization*. Paper presented at Embodied Workers Conference, Syracuse, NY.

Brunson, J. (2008). *The practice and organization of sign language interpreting in video relay services: An institutional ethnography of access.* Unpublished doctoral dissertation, Syracuse University, Syracuse, NY. Available from ProQuest Information & Learning Co.

Cappell, M. S. (2009). Universal lessons learned by a gastroenterologist from a deaf and mute patient: The importance of nonverbal communication and establishing patient rapport and trust. *American Annals of the Deaf, 154*(3), 274-276.

Carr-Chellman, A. A., & Savoy, M. (2004). User-design research. In D. H. Jonassen (Ed.), *Handbook of research on educational communications and technology: A Project of the Association for Educational Communications and Technology* (Second ed.). Mahwah, NJ: Lawrence Erlbaum Associates.

Carr-Chellman, A. A. (2005). Stealing our smarts: Indigenous knowledge in on-line learning. *Seminar.net - International Journal of Media, Technology and Lifelong Learning, 1*(2), 1-10. Retrieved from http://www.seminar.net/files/AlisonCarr-Chellman-StealingOurSmarts.pdf

Centers for Disease Control and Prevention (CDC). (October 2009). Doctors face a language barrier. In *National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health* website. Retrieved from http://www.cdc.gov/prc/stories-prevention-research/stories/doctors-face-a-language-barrier.htm

Charmaz, K. (2001). Grounded theory. In R. M. Emerson (Ed.), *Contemporary field research: Perspectives and formulations* (pp. 335-352). Prospect Heights, IL: Waveland Press.

Chen, P. W. (2009, April 29). When the patient gets lost in translation. *The New York Times*. Retrieved from http://www.nytimes.com/2009/04/23/health/23chen.html?_r=0

Clark, J. G. (1981). *Uses and abuses of hearing loss classification.* In *American Speech-Hearing Association* website, (1997-2013). Retrieved from http://www.asha.org/public/hearing/Degree-of-Hearing-Loss/

Coursera. (n.d.). About Coursera. [Website]. Retrieved from https://www.coursera.org/about

Cross Cultural Healthcare Program. (2013). [Website]. Retrieved from http://xculture.org/

Davis, L. J. (2000). *My sense of silence: Memoirs of a childhood with deafness*. Chicago: University of Illinois Press.

Davis, L. J. (2007, January 12). Deafness and the riddle of identity. *The Chronicle of Higher Education*. Retrieved from http://www.lennarddavis.com/downloads/deafnessandtheriddle.pdf

Davis, L. J. (2010). The end of identity politics: On disability as an unstable category. In L. J. Davis (Ed.), *The disability studies reader* (pp. 301-315). New York, NY: Routledge.

Derrida, J. (1993). *Aporias* (T. Dutoit, Trans.). Stanford, CA: Stanford University Press.

Devarajan, K., Staecker, H., & Detamore, M. S. (2011). A Review of Gene Delivery and Stem Cell Based Therapies for Regenerating Inner Ear Hair Cells. *Journal of Functional Biomaterials, 2*, 249-270. doi: 10.3390/jfb2030249

DeVault, M. L. (1991). *Feeding the family: The social organization of caring as gendered work.* Chicago, IL: University of Chicago Press.

DeVault, M. L., Schwartz, M. A. & Garden, R. (2011). Mediated communication in context: Narrative approaches to understanding encounters between health care providers and deaf people. *Disability Studies Quarterly,* 31 (4).

Dewey, J. (1916). *Democracy and Education: An Introduction to the Philosophy of Education.* New York, NY: The Macmillan Company.

Eckert, R. C. (2010). Toward a theory of Deaf Ethnos: Deafnicity D/deaf (Ho´maemon d Homo´glosson d Homo´threskon). *Journal of Deaf Studies and Deaf Education, 15*(4), 317-332. doi: doi:10.1093/deafed/enq022

EdX. (2013). About EdX. [Website] Retrieved from https://www.edx.org/about

Ericsson, K. A., Prietula, M. J., & Cokely, E. T. (2007a). The making of an expert. (Cover Story). [Article]. *Harvard Business Review, 85*(7/8), 114-121.

Ericsson, K. A., Prietula, M. J., & Cokely, E. T. (2007b). The making of an expert - Respond. [Letter]. *Harvard Business Review, 85*(11), 147-147.

Ericsson, K. A. (2008). Deliberate Practice and Acquisition of Expert Performance: A General Overview. [Article]. *Academic Emergency Medicine, 15*(11), 988-994. doi: 10.1111/j.1553-2712.2008.00227.x

Fingas, J. (2013, March 2). Google Hangouts receive sign language interpreter support, keyboard shortcuts. *Engadget* (AOL Tech). Retrieved from http://www.engadget.com/2013 /03/02/google-hangouts-receive-sign-language-interpreter-support/.

Forehand, M. (n.d.). Bloom's Taxonomy. In M. Orey, (Ed.). (2001). *Emerging perspectives on learning, teaching, and technology*. Retrieved from http://projects.coe.uga.edu/epltt/

Frank, J. R. (Ed.). (2005). *The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care.* Ottawa: The Royal College of Physicians and Surgeons of Canada.

Freire, P. (1970/1993). *Pedagogy of the oppressed*. (M B. Ramos, Trans.). New York, NY: Continuum International.

Freytag, G. (1900). Technique of the drama: An exposition of dramatic composition and art. (E. J. MacEwan, Trans.). Chicago: Scott, Foresman & Company. (Original work published 1894). Retrieved from http://archive.org/stream/freytagstechniqu00freyuoft#page/n3/mode/2up

Gagne, R. M., Briggs, L. J. & Wager, W. W. (1992). Principles of instructional design. (4th Ed.). Belmont, CA: Wadsworth/Thomson Learning.

Garland-Thomson, R. (2010). Integrating disability, transforming feminist theory. In L. J. Davis (Ed.), *The disability studies reader* (Third ed.). New York, NY: Routledge.

Garner Jr., S. B. (2008). Introduction: Is there a doctor in the house? Medicine and the making of modern drama. *Modern Drama, 51*(3), 311-328.

Garrison, D. R., Anderson, T., & Archer, W. (2000). Critical inquiry in a text-based environment: Computer conferencing in higher education. *The Internet and Higher Education*, 2(2-3), 87-105. Retrieved from http://communitiesofinquiry.com/sites/communityofinquiry.com/files/Critical_Inquiry_model.pdf

Giroux, H. (1992, December). Curriculum, multiculturalism, and the politics of identity. *NASSP Bulletin*, 1-11.

Giroux, H. (2005). *Border crossings: Cultural workers and the politics of education* (Second ed.). New York: Routledge Taylor & Francis Group.

Goffman, E. (2006). Selections from Stigma. In L. J. Davis (Ed.), *The disability studies reader* (Second ed., pp. 131-152). New York, NY: Routledge.

Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York: Bantam Books.

Greenwald, B. (2004). The real toll of A. G. Bell: Lessons about Eugenics. In Van Cleve, J. V. (Ed.)*, Genetics, disability, and deafness* (pp. 35-41). Washington, DC: Gallaudet University Press.

Gregg, J., & Saha, S. (2006). Losing culture on the way to competence: The use and misuse of culture in medical education. *Academic Medicine, 81*(6), 542-547.

Griffith, B. (2009). *In the borderlands of teaching and learning*. Boston, MA: Sense Publishers.

Gutiérrez, K., Baquedano-Lopez, P., & Tejeda, C. (1999). Rethinking diversity: Hybridity and hybrid language practices in the third space. *Mind, Culture, & Activity*, *6*, 286–303.

Hargadon, A. B., & Bechky, B. A. (2006). When collections of creatives become creative collectives: A field study of problem solving at work. *Organization Science, 17*(4), 484-500. doi: 10.1287/orsc.1060.0200

Harmer, L. M. (1999). Health care delivery and deaf people: Practice, problems and recommendations for change. *Journal of Deaf Studies and Deaf Education, 4*(2), 73-110.

Hawkins, L. & Brawner, J. (1997, August). Educating children who are deaf or hard of hearing: Total Communication. ERIC Digest #559". *Education Resources Information Center*. Retrieved from http://www.eric.ed.gov/PDFS/ED414677.pdf

Higgins, P.C. (1980). *Outsiders in a hearing world: A sociology of deafness.* Beverly Hills, CA: Sage Pub.

Hoffmeister, R. (2008). Border crossings by hearing children of deaf parents. In Bauman, H.-D. L. (Ed.) *Open your eyes: Deaf studies talking* (pp. 189-215). Minneapolis, MN: University of Minnesota Press.

Hong, E., Hartzell, S. A., & Greene, M. T. (2009). Fostering Creativity in the Classroom: Effects of Teachers' Epistemological Beliefs, Motivation, and Goal Orientation. [Article]. *Journal of Creative Behavior, 43*(3), 192-208.

Hong, N. S. (1998). *The relationship between well-structured and ill-structured problem solving in multimedia simulation*. Ph. D. dissertation, The Pennsylvania State University, University Park, PA. Available from ProQuest Information & Learning Co.

hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. New York, NY: Routledge.

Humphries, T., & Humphries, J. (2010). Deaf in the time of cochlea. *Journal of Deaf Studies and Deaf Education, 16*(2), 153-163. doi: 10.1093/deafed/enq054

Iezzoni, L. I., O'Day, B. L., Killeen, M., & Harker, H. (2004). Communicating about healthcare: Observations from persons who are deaf or hard of hearing. *Annals of Internal Medicine, 140*(5), 356-362.

Israel, G. D., & Galindo-Gonzalez, S. (1992/2008/2011). Using focus group interviews for planning or evaluating extension programs. Retrieved from http://edis.ifas.ufl.edu/pd036

Janesick, V. J. (1994). The dance of qualitative research design: Metaphor, methodolatory, and meaning. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 209-219). Thousand Oaks, CA: SAGE Publications, Inc.

Johnstone, D. (2001). *An introduction to disability studies* (Second ed.). London: David Fulton Pub. Ltd.

Jongkamonwiwat, N., & Rivolta, M. N. (2011). The development of a stem cell therapy for deafness. In G. Steinhoff (Ed.), *Regenerative Medicine,* (pp. 647-673). Netherlands: Springer.

Kapur, M. (2008). Productive failure. *Cognition and Instruction*, 26(3), 379-424. http://dx.doi.org/10.1080/07370000802212669

Kapur, M. (2010). Productive failure in mathematical problem solving. *Instructional Science*, 38(6), 523–550. doi: 10.1007/s11251-009-9093-x

Kapur, M. & Bielaczyc, K. (2012). Designing for productive failure. *Journal of the Learning Sciences*, 21 (1), 45-83. doi: 10.1080/10508406.2011.591717

Kessler, A. (2012, June 15). Sebastian Thrun: What's Next for Silicon Valley? *The Wall Street Journal*. Retrieved from http://online.wsj.com/article/SB10001424052702303807404577434891291657730.html

Kolb, D. (1984). *Experiential Learning as the Science of Learning and Development*. Englewood Cliffs, NJ: Prentice Hall.

Kripalani, S., Bussey-Jones, J., Katz, M. G., & Genao, I. (2006). A prescription for cultural competence in medical education. *Journal of General Internal Medicine, 21*, 1116-1120.

Kumagai, A. K., White, C. B., Ross, P. T., Purkiss, J. A., O'Neal, C. M. & Steiger, J. A. (2007). Use of interactive theater for faculty development in multicultural medical education. *Medical Teacher*, 29(4), p. 335-340.

Ladd, P. (2003). *Understanding Deaf culture: In search of Deafhood*. Clevedon, UK: Multilingual Matters Ltd.

Lane, H. (1984). *When the mind hears: A history of the deaf* (First ed.). New York: Random House.

Lane, H. (1992). *The mask of malevolence: Disabling the deaf community*. New York: Alfred A. Knopf.

Lane, H. (2002, Summer). Do deaf people have a disability? *Sign Language Studies, 2*(4), 356-379. doi: 10.1353/sls.2002.0019

Lave, J. & Wenger, E. (1991). Situated learning: Legitimate peripheral participation. Cambridge, UK: Cambridge University Press.

Lawrence-Lightfoot, S. & Hoffman Davis, J. (1997). *The art and science of portraiture*. San Francisco, CA: Jossey-Bass Publishers.

Le Maistre, C. (1998). What is an expert instructional designer? Evidence of expert performance during formative evaluation. *Education Tech Research Development, 46*(3), 21-36.

Lee, S. & Roth, W-M. (2003). Of traversals and hybrid spaces: Science in the community. *Mind, Culture and Activity,* 10(2), 120-142.

Leigh, I. W. (2009). *A lens on deaf identities*. New York, NY: Oxford University Press.

Lengell, S. (2009, April 7). Health care report: English not required. *The Washington Times.* Retrieved from http://www.washingtontimes.com/news/2009/apr/07/health-care-report-english-not-required/

Lewin, T. (2012, March 4). Instruction for masses knocks down campus walls. *The New York Times.* Retrieved from http://www.nytimes.com/2012/03/05/education/moocs-large-courses-open-to-all-topple-campus-walls.html?pagewanted=all

Locatis, C. (2007). Performance, instruction, and technology in health care education. In R. A. Reiser & J. V. Dempsey (Eds.), *Trends and issues in instructional design and technology*. (Second ed., pp. 197-208). Upper Saddle River, NJ: Pearson, Merrill Prentice Hall.

Lock, E. (2003). A workshop for medical students on deafness and hearing impairments. *Academic Medicine, 78*(12), 1229-1234.

Madson, P. R. (2005). *Improv wisdom: Don't prepare, just show up*. New York, NY: Bell Tower/Crown Publishing Group.

Marsden, P. V. (2005). Recent developments in network development. In Carrington, P. J., Scott, J. & Wasserman, S. (Eds.), *Models and methods in social network analysis*. New York, NY: Cambridge University Press.

Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: SAGE Publications.

Massachusetts Institute of Technology (MIT) Open Courseware Initiative. (2001-2012). [Website]. Retrieved from http://ocw.mit.edu/index.htm

Martin, J. V. (2010, May). *Voices of border crossing: Life histories of women elementary school teachers negotiating identity and self.* (Doctoral dissertation, Oklahoma State University, Stillwater, Oklahoma.) Retrieved from ProQuest LLC. (UMI 3427310).

Martin, R. L. (2007). *The opposable mind: How successful leaders win through integrative thinking*. Boston, MA: Harvard Business School Press.

Mathews, J. L., Parkhill, A. L., Schlehofer, D. A., Starr, M. J., & Barnett, S. (2011). Role-Reversal exercise with Deaf Strong Hospital to teach communication competency and cultural awareness. American Journal of Pharmaceutical Education, 75(3), p. 1-10.

McConnell, Michael. (n.d.). *Kokonut pundit*. [Blog]. Retrieved from http://kokonutpundits.blogspot.com/

McMillan, L., Bunning, K., & Pring, T. (2000). The development and evaluation of a deaf awareness training course for support staff. *Journal of Applied Research in Intellectual Disabilities, 13*, 283-291.

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education, 74*, 5–12.

Mezirow, J. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. San Francisco: Jossey Bass.

Michaelsen, S. & Johnson, D. E. (1997). (Eds.). *Border theory: The limits of cultural politics.* Minneapolis, MN: University of Minnesota Press.

Middleton, A., Turner, G. H., Bitner-Glindzicz, M., Lewis, P., Richards, M., Clarke, A., & Stephens, D. (2010a). Preferences for communication in clinic from deaf people: A cross-sectional study. [Article]. *Journal of Evaluation in Clinical Practice*, *16*(4), 811-817. doi: 10.1111/j.1365-2753.2009.01207.x

Middleton, A. (2010b). *Working with deaf people: A handbook for healthcare professionals*. Cambridge, UK: Cambridge University Press.

Miller, R. H. (2004). *Deaf hearing boy: A memoir.* Washington, D.C.: Gallaudet University Press.

Mindess, A. (2006). (2nd Ed.). *Reading between the signs : Intercultural communication for sign language interpreters*. Boston, MA: Intercultural Press.

Mitchell, R. E. (2005, February, updated 2011). Can you tell me how many deaf people there are in the United States? *Gallaudet Research Institute Demographics*, from http://research.gallaudet.edu/Demographics/deaf-US.php

Moores, D. F. (2010). Partners in progress: The 21st International Congress on Education of the Deaf and the Repudiation of the 1880 Congress of Milan. *American Annals of the Deaf, 155*(3), 309-310.

Nachmanovitch, S. (1990). *Free play: Improvisation in life and art.* Los Angeles, CA: Jeremy P. Tarcher, Inc.

Napier, J. (2002). The D/deaf – H/hearing debate. *Sign Language Studies, 2* (2), 141-149. doi: 10.1353/sls.2002.0006

Napier, J. (2011). "It's not what they say but the way they say it." A content analysis of interpreter and consumer perceptions of signed language interpreting in Australia. *International Journal of the Sociology of Language*, 207, 59-87. doi: 10.1515/IJSL.2011.003

National Association of the Deaf. (n.d.). [website] Retrieved from http://nad.org/

National Center for Deaf Health Research. (2011). Deaf Strong Hospital. Retrieved from http://www.urmc.rochester.edu/ncdhr/training/hospital.cfm

National Organization of Nurse Practitioner Faculties (NONPF). (n. d.). Domains and Core Competencies of Nurse Practitioner Practice, March 2006. Retrieved from http://www.nonpf.com/associations/10789/files/DomainsandCoreComps2006.pdf

Neuliep, J. W. (2012). *Intercultural communication: A contextual approach*. (5th Ed.). Thousand Oaks, CA: SAGE Publications, Inc.

New York University School of Continuing and Professional Studies. (n.d.). Certificate in medical interpreting. Retrieved from http://www.scps.nyu.edu/academics/departments/foreign-languages/academic-offerings/noncredit/certificate-in-medical-interpreting.html

Nonaka, I., & Konno, N. (1998). The concept of "Ba": Building a foundation for knowledge creation. *California Management Review, 40*(3), 40-54.

Novinger, T. (2001). *Intercultural communication: A practical guide.* Austin, TX: University of Texas Press.

Office of Minority Health (OMH). (n.d.). US Department of Health & Human Services, The Office of Minority Health. Retrieved from http://minorityhealth.hhs.gov/

Ormrod, J. E. (1999). *Human learning* (Third ed.). Upper Saddle River, NJ: Pearson Education.

Ouellet, L. J. (1994). *Pedal to the metal: The work lives of truckers*. Philadelphia: Temple University Press.

Padden, C., & Gunsauls, D. C. (2003, fall). How the alphabet came to be used in a sign language. *Sign Language Studies*, 4(1), p. 10-33. doi: 10.1353/sls.2003.0026

Padden, C., & Humphries, T. (1988). *Deaf in America: Voices from a culture*. Cambridge, MA: Harvard University Press.

Padden, C., & Humphries, T. (2005). *Inside Deaf culture*. Cambridge, MA: Harvard University Press.

Pappano, L. (2012, November 2). The year of the MOOC. The New York Times. Retrieved from http://www.nytimes.com/2012/11/04/education/edlife/massive-open-online-courses-are-multiplying-at-a-rapid-pace.html?pagewanted=all

Parrish, P. (2006). Design as Storytelling. *TechTrends, 50*(4), 72-82. doi: 10.1007/s11528-006-0072-7

Peng, K., & Nisbett, R. E. (1999). Culture, dialectics, and reasoning about contradiction. *American Psychologist, 54*(9), 741-754. doi:10.1037/0003-066X.54.9.741

Pennsylvania Patient Safety Authority, with ECRI Institute and Institute for Safe Medication Practices. (2011). Managing Patients with Limited English Proficiency (2011, March). In

J. R. Clarke (Ed.), *Pennsylvania Patient Safety Advisory* (Vol. 8, pp. 26-33). Harrisburg, PA: Patient Safety Authority.

Perry, M., Maffulli, N., Willson, S., & Morrissey, D. (2011). The effectiveness of arts-based interventions in medical education: A literature review. *Medical Education, 45*, 141-148. doi: 10.1111/j.1365-2923.2010.03848.x

Pieters, J. M., & Bergman, R. (1995). The empirical basis of designing instruction. *Performance Improvement Quarterly*, 8(3), 118-129.

Pollard Jr., R. Q., Dean, R. K., O'Hearn, A., & Haynes, S. L. (2009). Adapting health education material for deaf audiences. *Rehabilitation Psychology*, *54*(2), 232-238.

Preston, P. (1994). *Mother father deaf: Living between sound and silence*. Cambridge, MA: Harvard University Press.

Registry of Interpreters for the Deaf (RID). (2013). Retrieved from http://rid.org/

Rennekamp, R. A., & Nall, M.A. (2009). *Using focus groups in program development and evaluation.* University of Kentucky College of Agriculture. Retrieved from http://www.ca.uky.edu/AgPSD/Focus.pdf.

Reigeluth, C. M. (1983). Instructional design: What is it and why is it? In C. M. Reigeluth (Ed.), *Instructional-design theories and models: An overview of their current status* (Vol. 1, pp. 3-36). Hillsdale, NJ: Erlbaum.

Richards, J., Harmer, L., Pollard, P., & Pollard, R. (1999). Deaf Strong Hospital: An exercise in cross-cultural communication for first year medical students. *Journal of the University of Rochester Medical Center, 10*, 5-7.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: SAGE Publications.

Rimmington, G. M. & Alagic, M. (2008). *Third place learning: Reflective inquiry into intercultural and global cage painting.* Charlotte, NC: Information Age Publishing, Inc.

Rochester Institute of Technology/National Technical Institute for the Deaf. (2010, December). Healthcare interpreting certificate offered at RIT/NTID. Retrieved from http://www.ntid.rit.edu/news/healthcare-interpreting-certification-offered-ritntid

Rousch, D. (2007). Indirectness strategies in American Sign Language requests and refusals: Deconstructing the Deaf-as-direct stereotype. In M. Metzger & E. Fleetwood (Eds.), *Translation, sociolinguistic and consumer issues in interpreting* (pp. 103-156). Washington, D.C.: Gallaudet University Press.

Rowland, G. (1992). What do instructional designers actually do? An investigation of expert practice. *Performance Improvement Quarterly*, 5(2), 65-86.

Saerberg, S. (2007). The Dining in the Dark phenomenon. *Disability Studies Quarterly*, 27(3). Retrieved from http://dsq-sds.org/article/view/24/24

Sawyer, R. K. (2006). Educating for innovation. *Thinking Skills and Creativity*, 1(1), 41-48.

Sawyer, R. K. (2007). *Group genius: The creative power of collaboration*. NY: Perseus Books Group.

Schank, R. C., Berman, T. R. & Macpherson, K. A. (1999). Learning by doing. In C. M. Reigeluth (Ed.), *Instructional-design theories and models: An overview of their current status* (Vol. 1, pp. 3-36). Hillsdale, NJ: Erlbaum.

Schwartz, M. A. (2006). *Communication in the doctor's office: Deaf patients talk about their physicians.* Ph. D. dissertation, Syracuse University, Syracuse, NY. Available from ProQuest Information & Learning Co.

Schwartz, M. A. (2008). Deaf patients, doctors, and the law: Compelling a conversation about communication. *Florida State University Law Review, 35*, 947-1002.

Schei, E. (2006). Doctoring as leadership: The power to heal. *Perspectives in Biology and Medicine, 49*(3), 393-406. doi: 10.1353/pbm.2006.0048

Shepherd, C. (2011, November 10). Working with subject experts 1 - why are SMEs such a problem? Retrieved from http://onlignment.com/2011/11/working-with-subject-experts-1-why-are-smes-such-a-problem/

Simon, H. A. (1973). The structure of ill structured problems. *Artificial Intelligence*, 4(3), 181-201. http://dx.doi.org/10.1016/0004-3702(73)90011-8

Smith, M. K. (2003/2009). Communities of practice. In *The Encyclopedia of Informal Education.* Retrieved from http://www.infed.org/biblio/communities_of_practice.htm.

Steinberg, A. G., Barnett, S., Meador, H. E., Wiggins, E. A., & Zazove, P. (2006). Health care system accessibility: Experiences and perceptions of deaf people. *Journal of General Internal Medicine, 21*, 260-266.

Stokoe, Jr., W. C. (2005). Sign Language Structure: An Outline of the Visual Communication Systems of the American Deaf. *Journal of Deaf Studies and Deaf Education, 10*(1), 3-37. doi: 10.1093/deafed/eni001

Strauss, A. (1987). *Qualitative analysis for social scientists*. New York, NY: Cambridge University Press.

Strauss, A., & Corbin, J. (1994). Grounded theory methodology. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273-285). Thousand Oaks, CA: SAGE Publications, Inc.

Synaptop Theatre. [Online software application]. (2013). Toronto, Canada: Inventmode. Retrieved from http://www.synaptop.com/store/synappstore-app/id/18

The Johns Hopkins University, The Johns Hopkins Hospital, & Johns Hopkins Health System. (n.d.). *Standardized patient program*. Retrieved from http://www.hopkinsmedicine.org/simulation_center/training/standardized_patient_program/

The National Board of Certification for Medical Interpreters. (2012). [Website]. Retrieved from http://www.certifiedmedicalinterpreters.org/

The University of Georgia Center for Continuing Education. (n.d.). Spanish/English medical interpreter program. Retrieved from http://www.georgiacenter.uga.edu/ppd/courses/interpreters-education-language-education-culture/professional-medical-interpreters-tran

Teoh, J. (2012). Drama as a form of critical pedagogy: Empowerment of justice. *The Pedagogy and Theatre of the Oppressed International Journal*, 1(1), p. 4-26. Retrieved from http://ptojournalpto.com/Documents/V%201%20Issue%201%20Fall%2012.pdf

Theatre of the Oppressed. (n.d.). In International Theatre of the Oppressed Organization website. Retrieved from http://www.theatreoftheoppressed.org/en/index.php?nodeID=3

Thew, D, Smith, S. R., Chang, C. & Starr, M. (2012). The Deaf Strong Hospital program: A model of diversity and inclusion training for first-year medical students. *Academic Medicine,* 87(11), p. 1496–1500. doi: 10.1097/ACM.0b013e31826d322d

Tucker, B. P. (1998, Jul - Aug). Deaf culture, cochlear implants, and elective disability. *The Hastings Center Report 28*(4), 6-14.

Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. [Article]. *Science, 185*(4157), 1124-1131.

Udacity. (2013). About Us. [Website]. Retrieved from https://www.udacity.com/us

United States Holocaust Memorial Museum. (n. d.). Nazi persecution of the disabled: Murder of “The Unfit.” Retrieved from http://www.ushmm.org/museum/exhibit/focus/disabilities/

Ulhberg, M. (2008). *Hands of my father: A hearing boy, his deaf parents, and the language of love*. New York, NY: Bantam Books.

van Gennep, A. (1961). *Rites of Passage*. (M. B. Visedom & G. L. Caffee, Trans.). Chicago, IL: University of Chicago Press. (Original work published in 1960).

Walker, L. A. (1986). *A loss for words: The story of deafness in a family*. New York, NY: Harper & Row, Publishers, Inc.

Wallington, C. J. (1981). Generic skills of an instructional developer. *Journal of Instructional Development, 4*(3), 28-32.

Washington, J., & Evans, N. J. (1991). Becoming an ally. In N. J. Evans & V. A. Wall (Eds.), *Beyond tolerance: Gays, lesbians, and bisexuals on campus* (pp. 195-204). Lanham, MD: American College Personnel Association.

Wedman, J., & Tessmer, M. (1993). Instructional designers’ decisions and priorities: A survey of design practice. *Performance Improvement Quarterly*, 6(2), 43-57.

Wendell, S. (2010). Toward a feminist theory of disability. In L. J. Davis (Ed.), *The disability studies reader* (Third Edition ed., pp. 336-352). New York, NY: Routledge.

Wright, E. O. (2010). *Envisioning real utopias*. New York, NY: Verso.

Young, P. A. (2008). Integrating culture in the design of ICTs. British Journal of Educational Technology, 39(1), p. 6-17. doi:10.1111/j.1467-8535.2007.00699.x

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