Muted voices

Cochlear implants, news discourse, and the public fascination with curing deafness

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Introduction

The debate over cochlear implants brings to the fore questions of agency, power, and ideology, questions of particular interest to rhetorical critics and critical discourse analysts. A small device surgically implanted in the ear and connected to an external speech processor, the cochlear implant is designed to bypass non-functioning or damaged hair cells in the inner ear by stimulating the auditory nerve directly with bursts of electrical impulses. Depending on how the debate is framed, the implant promises either to restore hearing to deaf and hard-of-hearing children and adults, or to undermine the rights and viability of a linguistic minority with its own unique culture (Deaf Culture). Are deaf people tragically afflicted with an impairment that requires the mainstream (hearing) culture to care for, monitor, and educate those deemed "impaired" in order to make them more normal (i.e. more like hearing people)? Or is Deafness "a different way of being" (Sparrow 2005: 138) that is rooted in a unique culture and language (in this case, sign language)? These questions coalesce into a basic distinction between two views of deafness: the mainstream view of the medical establishment that being deaf constitutes a disability; and the Deaf Culture view that Deafness is the identity and culture of a linguistic minority. These views are both reflected and shaped discursively. In this chapter, I suggest how the resources of Critical Discourse Analysis (CDA) can be brought to bear on the question of rhetorical agency. Who has the right to speak for deaf people? To what extent are deaf voices spoken for by the mainstream news media? My sample is a collection of news articles about cochlear implants in major papers around the world over a recent three-year period. As rhetorical critics and theorists seek to reformulate agency after

postmodernism, CDA offers a means to enrich our understanding of a concept that is central to rhetoric.

In this chapter I follow the Deaf Studies convention of making a conceptual and orthographic distinction between deafness as a physical condition and Deafness as a cultural identity. Baynton (2006, p. 45) explains the distinction: "The use of 'deaf' (with a lower case *d*) to refer primarily to an audiological condition of hearing loss, and 'Deaf' (with an upper case *D*) to refer to a cultural identity (deaf people, that is, who use American Sign Language, share certain attitudes and beliefs about themselves and their relation to the hearing world, and self-consciously think of themselves as part of a separate Deaf culture) has become standard in the literature on Deaf Culture."

Rhetorical agency and critical discourse analysis

The concept of agency is tied to our very understanding of rhetoric. The classical rhetorical tradition is grounded in an ideology of individualism and agency: individual speakers (agents) seek to persuade specific audiences in specific situations. This conception of agency continues to influence our modern understanding of rhetoric. Lloyd Bitzer's (1968) notion of the rhetorical situation, for example, posits a controlling exigence that "can be completely or partially removed if discourse introduced into the situation can so constrain human decision or action as to bring about the significant modification of the exigence" (quoted in Farrell & Young 2004: 33). In this framework, the speaker is autonomous, removed from the components of the situation (exigence, audience, and constraints) as she considers the most appropriate response. The response (discourse) is also treated as removed from the speaker. While Bitzer's original formulation has been criticized for objectifying the situation (e.g., see Vatz 1973), it has had a profound effect on rhetorical studies. It is part of a larger focus in modern rhetorical studies on oratory and great orators, as inaugurated in Herbert Wichelns' founding text (1993 [1925]; see also Gaonkar 1990).

The postmodern critique of rhetorical agency, often linked to the work of Dilip Gaonkar (1997), charges that despite efforts to "thicken" the classical lexicon, rhetoric is problematically rooted in the classical notion of the citizen:

> A view of speaker as the seat of origin rather than a point of articulation, a view of strategy as identifiable under an intentional description, a view of discourse as constitutive of character and community, a view of audience positioned simultaneously as "spectator" and "participant," and finally, a view of "ends" that binds speaker, strategy, discourse, and audience in a web of purposive actions.
>
> (Gaonkar 1997: 32)

In contrast to an "intentionalist," agent-centered view of discourse and criticism, Gaonkar (1997) offers an "intertextual" view. Whereas the former defers the textual object by turning it into an effect of the writer's strategic design (p. 332), the latter takes into account what Campbell calls the "cultural grammar" through which textual object, author, and critic are situated (p. 53–4). For Gaonkar, an intentionalist strategy "cannot unlock the grammar of massive social formations such as 'modern science' that are propelled by 'system imperatives'" (p. 337–8), nor can it show how discourse "is produced and populated with significations within a matrix of technologies – literary, social, and material – that elude the reach and the imprint of the subject" (p. 337). To see Darwin, for example, "as a Super Rhetor, bestriding history like a strategic colossus" (p. 128), is to fail to account, as Gaonkar argues, for *The Origin of Species* as discourse articulated at the intersection of a number of competing, institutional frameworks.

The postmodern critique has led to a reformulation of the concept of rhetorical agency. While stopping short of characterizing agency as an illusion (see Geisler 2004: 12), rhetoricians are exploring how human agency is articulated within institutions: "its radical contingency, its fragmentary qualities, and/or its dependence on generative systems beyond the seat of an insular individual consciousness" (Lundberg & Gunn 2005: 86). For example, William Kinsella (2005: 303) explores how, in the context of the rhetoric of science and technology, "the locus of agency has shifted increasingly from the individual to larger systems of power/knowledge" in the face of "unprecedented degrees of institutionalization." In this way, organizations are treated as "primary social actors" (p. 305) within institutions that are seen as "reified, sedimented," and "increasingly recalcitrant" (p. 304).

Rather than characterize human agents as simply or only overwhelmed, oppressed, or constituted by institutions and discourses, some rhetorical critics have pursued a "reconciliation" of contingency and agency that "allows agency to remain with the agent and yet acknowledge[s] its embedding in the externals of communicative interaction" (Geisler 2004: 13). In such cases, *resistance* is key to rhetorical theory: "how rhetors without taken-for-granted access do, nevertheless, manage to exercise agency" (p. 11). For example, in her study of mothers who manage to resist the "disciplinary grid" of breastfeeding discourse, Amy Koerber (2006: 100) argues for a negotiation of the extremes of transcendent agency and overbearing structure. Koerber (2006: 88) writes, "We must account for rhetorical agency without reducing such agency either to the occupation of preexisting subject positions or to strategic, subject-centered language use that enables transcendence of such predefined positions." Human agency and disciplinary power are viewed in this study as "inextricably linked," a view that fits with the wider interest among rhetoricians in reconciling what Gaonkar refers to as intentional vs. intertextual perspectives. Indeed, a number of respondents to Gaonkar's critique of agency in *Rhetorical Hermeneutics* (Gross & Keith 1997: see esp. chapters by Leff,

Miller, and Campbell) argue for more fluid interaction between the rhetorical and structural traditions. In Campbell's words, "We can recognize that from different perspectives the speaker can be described accurately one way or the other or as a tensional fusion of both" (p. 123)

What discourse analysis can bring to the ongoing effort to reformulate rhetorical agency is a detailed, linguistic-oriented, micro-level account of how agency circulates in texts. Because proponents of critical discourse analysis (CDA) – an increasingly popular and mature approach to doing DA – are interested in questions of resistance and power at the intersection of discourse and social theory, CDA is an especially appropriate choice. Moreover, given the trend in rhetorical studies, according to a recent report on rhetorical agency (Geisler 2004:14), towards "opening up" the "essential mechanisms" – and especially the conditions and limitations – for agency and action, CDA's focus on the *mechanisms* of language can provide ways to enrich our understanding of rhetorical agency.

The specific linguistic features identified in the textual artifact vary, but "actor analyses" (Meyer 2001:16) are common in CDA, which is not surprising given its advocacy role. Key questions include: Who or what are the actors in the text? In what ways are they linguistically inscribed with agency and power? How does agency in the text link up with conventions and institutions of power in society? Critics often pay special attention to the use of pronouns, deixis, time and tense (p. 16), strategies of nomination and labeling, strategies of predication (see p. 27), modality, and number and type of agents in text (Fairclough 2005:63) – especially the attribution of agency to nonhuman actors (such as "the economy"). I turn now to an example of how this perspective can be productively applied to a social problem – the rhetoric of cochlear implants – with the goal of exploring some of the ways in which agency is linguistically achieved, contested, and muted in written texts.

Case study: The debate over cochlear implants

The cochlear implant is a small electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard of hearing. Whereas hearing aids amplify sounds, the cochlear implant bypasses the tiny hair cells in the cochlea (which may be damaged, absent, or not present in great enough numbers) and stimulates the auditory nerve directly with rapid-fire electrical impulses (Chorost 2005:81).

The cochlear implant has been hailed as a miracle. Cochlear Ltd., one of the largest implant producers, calls the implant on its website "a technological triumph. It's the only medical device designed to restore a human sense." Their motto – "Hear Now. And Always" – crystallizes a view that resonates in popular

accounts: namely, that implants provide immediate access to a full range of sound for recipients of all ages. Indeed, outcomes have been promising, even cause for celebration, especially for post-lingually deafened adults who were accustomed to processing sounds before the onset of deafness. In the case of implanted children, younger recipients tend to do better: "The earlier the baby's brain wakes up and says, 'Hey, this is audio data, I'm going to be an audio brain," then the less habilitation that baby needs" ("The Death" 2000: 38; see also Gonsoulin 2001: 553). But the National Association of the Deaf (NAD) cautions against generalizing these outcomes to all pre-lingually deafened children. The parent of a deaf child puts it this way:

> Having the implant doesn't make you hearing. It makes you hearing if you do all the work, I guess. But it doesn't make you hearing – just boom. A lot of parents are misinformed and they don't work with their children. [The numbers of children in regional day school programs] has not diminished at all, even with the influx of cochlear implants.   ("The Death" 2000: 37)

The "just boom" view that is reflected, for example, in the "Hear Now" rhetoric of Cochlear Ltd. does not account for – and to some extent clashes with – a different view, one that aims to temper the excitement about implants with the reality that each patient's results will differ.

While the surgery is expensive (between $40,000 and $60,000), it is covered by some health insurance providers ("Cochlear implants FAQ"). The FDA has gradually relaxed the age requirement on the implant, which was originally approved for adults only. Now, American children as young as 12 months may qualify for surgery ("Cochlear implants" 2000). As of 2005, the FDA reports that "nearly 100,000 people worldwide have received implants. In the United States, nearly 22,000 adults and 15,000 children have received them" ("Cochlear Implants" 2000). The risk of complications from surgery are very low. The technology continues to improve as well. Since the speech processor is worn outside the body, its software can be updated ("re-mapped") easily.

But the cochlear implant is not just a technology. A full account of the implant must include how it reflects and shapes our cultural attitudes about deafness. Michael Chorost's (2005: 189) preference for a processor worn on the body, despite the better performance of the Behind the Ear (BTE) model, begins to suggest the shape of these attitudes:

> [The version that looks like a hearing aid] is a lot easier to put on, and it works just as well. Better, in fact, because it has a clever microphone design that uses the outer ear as a funnel to collect sound. But I usually choose to wear the box on my hip. The reason? *It doesn't look like a hearing aid.* Few people know *what* the heck it is, and I find that wonderfully liberating. It frees me from all the cultural baggage that hearing aids carry.

For Chorost, the performance of the technology is, surprisingly, only one criterion for choosing between the two options. Other issues seem to play a deciding role for him – even when he is confronted with a seemingly easy choice. Chorost implies that deafness is not just a physical condition that the deaf person alone experiences and negotiates (e.g., with implants, hearing aids, sign languages, interpreters, Deaf communities), but also a perspective imposed from without by a majority hearing culture that not only subjects hearing aid wearers to discrimination but has historically made decisions about what to do with deaf people (e.g., see Baynton 1996).

The dominant ideology of deafness in American culture defines deafness as a disability to be corrected or, at the very least, ameliorated. The medical community tends to subscribe to this view, which has also been called the "infirmity model" (Lane 1999: 18) and the "pathological view" (Brueggemann 1999: 13) by Deaf activists and Deaf studies scholars.[1] In an article written for head and neck surgeons, Thomas Gonsoulin (2001: 553) describes the medical community's perspective: "a nonhearing person operates from a deficit position" that significantly and negatively affects her "neural development." As a result, implant specialists and audiologists are driven by a desire to find a remedy for a physical condition that prevents nonhearing persons from participating in the wider (hearing) culture, acquiring (spoken) language, and developing both intellectually and socially. Gonsoulin (2005: 554) suggests that what motivates the medical profession is "beneficence":

> The very reason for being a physician is to help others. This is our calling and often the validation of who we are in society. Almost by definition, deaf persons, from the profoundly to the mildly deaf, have a disability. It is part of our nature, part of our mission in life, to attempt to ameliorate that disability. We feel called to push the edge of increasing success for a promising scientific otologic intervention.

Starting from a "deficit" or "disability" perspective, Gonsoulin (2001: 554) suggests that it is difficult not to find "absurd" the argument that "deafness is not a disability."

According to Deaf studies scholars, the disability perspective makes a number of problematic assumptions because it starts from the perspective that only hearing people have access to a necessary precondition for humanness. When deafness

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1.   Brueggemann (1999: 13) makes a distinction among three views of deafness: disability, pathology, and culture. The first two she distinguishes on the basis of the "institutions behind them: literacy education finds itself most intertwined with attitudes and assessments of disability, while science – particularly biomedicine and its technologies – paves a way to pathology." Most scholars, however, make one basic distinction between disability and culture (e.g., Lane 1999; Sparrow 2005; Gonsoulin 2001), and I follow their lead here, although I acknowledge the usefulness of Brueggemann's tripartite distinction.

is reduced to a physical deficit, its potential to catalyze a vibrant and unique culture is missed or, even worse, considered absurd. Rather than starting from a set of values that "are largely negative" (Lane 1999: 18), the cultural model typically starts with the claim that because Deaf people have their own language (e.g., American Sign Language), they are a linguistic minority, akin to any other linguistic minority and deserving of the same respect and protection.

The Deaf Culture or Deaf World perspective (now written with capital letters) starts from a different set of questions than the deafness-as-defect perspective. For example: "What are the interdependent values, mores, art forms, traditions, organizations, and language that characterize this culture? How is it influenced by the physical and social environment in which it is embedded?" (Lane 1999: 19). The Deaf Culture perspective, moreover, defines Deaf identity (or "Deafhood") in relation to each member's participation in the traditions of the Deaf community, the social ties that bind Deaf people, the educational experiences they share in schools for the Deaf, the stories they tell and pass on, the Deaf clubs that have historically played an important role in the lives of Deaf adults, and so on – in short, each member's enculturation and embeddedness within a Deaf community and Deaf worldview. Rather than starting from the perspective that deaf people are a problem for a "beneficent" society, the Deaf Culture perspective calls attention to the ways in which deaf bodies have been managed historically and continue to be controlled through educational philosophies (e.g., "oralism"), the popular media, and technologies such as cochlear implants (e.g., see Baynton 1996; Branson & Miller 2002; Brueggemann 1999; Lane 1999; Padden & Humphries 2005).

The cochlear implant debate brings questions of agency to the fore. Who has the right to speak for deaf people? Do cochlear implants release deaf people from the burden of being deaf by giving them the means to join the mainstream culture? How do social structure, deafness, and (lack of) agency interact? Do the "'disadvantages' faced by people who are deaf . . . have social and institutional causes" that require "changes in the way society is organized" (Sparrow 2005: 137)? In short, to what extent do deaf people have a right to self-determination when their values clash harshly with the values of the mainstream culture?

Agency in news articles about cochlear implants

How does the implant controversy play out in the news media? To what extent do deaf people have agency in news accounts? In what follows, I report on one finding from a study of cochlear implants in major newspapers around the world for the period 2002–2004. Articles were collected using the LexisNexis database (search term "cochlear," with results restricted to major papers around the world). Articles wholly concerned with the business of cochlear implants (e.g., a financial or stock

report on Cochlear Ltd.) were eliminated from the corpus. All other articles were included, for a total of 136 news articles in the sample, spread out evenly over three years (46 in 2002, 44 in 2003, 46 in 2004). I followed Bazerman's (2004: 327) "rule of thumb" for defining a corpus: "diminishing returns plus a couple more. That is, the sample size should be large enough that adding additional samples will be unlikely to give you major new news or variations."

Overall, my analysis points to a lack of d/Deaf voices in the news, an over-reliance on implant advocates (doctors, audiologists, hearing parents of deaf children) to represent and speak for Deaf Culture, and a need for more balanced, more informed, and more culturally sensitive treatment of the ethics and implications of implant surgery. In what follows, I explore 1) the cochlear implant news genre from the perspective of technological agency, 2) the macro-level discourse practice of "sandwiching" as it pertains to Deaf Culture, 3) the reliance on implant advocates to speak for Deaf Culture and Deaf people, 4) the depiction of sign language as inferior and in conflict with common sense, and 5) the possibility for resistance within the confines of the cochlear implant news genre.

Technological agency and the miracle cure

In the mainstream news media, the most common way of writing about and explaining cochlear implants is through the trope of the miracle cure. Whether or not the implant is explicitly referred to as a miracle, it is often described as a catalyst for sudden and dramatic changes. These changes are the result of a single event in the implant cycle that is reported on religiously and obsessively: the switch-on event, which occurs about four to six weeks following surgery. By this time, the patient has had time to recover from surgery (the incision has healed) and the implant can now be activated. The switch-on event crystallizes in one single and joyous moment all of the hopes and dreams that have been leveraged on the implant. As such, the meaning of cochlear implant technology is determined in advance of surgery, activation, and speech therapy sessions. As the catalyst for seemingly miraculous changes, the technology is ascribed a high degree of agency: implant recipient, families, and even audiologists submit to its power in the sometimes hushed and always awe-inspiring activation rooms. The technology bends people and institutions to its will. Even something as ambiguous as a toddler's cry in the moments following his implant's activation – e.g., Is he crying because the electrical stimulation is painful? What does activation mean in terms of success if he is still too young to tell us what he hears? – is interpreted as a sign of another successful cure.

Indeed, success stories drive the discourse, even when articles report on future implant recipients and future switch-on events. For example, a patient scheduled to have her implant switched-on tomorrow may already be guaranteed of success

today (according to the news story), even though she is deaf today and will usually need to make a "long-term, and likely, life-long commitment to auditory training, rehabilitation, acquisition of spoken and visual language skills, follow-up, and possibly additional surgeries" (NAD position statement 2000). In the news, the switch-on event is both the climax and the end of the story, not the beginning of a long and often arduous process. The news articles very rarely acknowledge the intensive therapy that awaits an implant recipient or the impact the surgery will have on her family. Finally, because the switch-on event is offered as the triumphant end of the story, the implant is characterized as a transporter device that mediates two and only two "worlds" – deaf and hearing. World-thinking is prevalent in news articles about implants, because the assumption is that every person is either deaf or hearing. The rich tapestry of deaf and hard-of-hearing individuals is obscured and reduced to a simple and misleading opposition: you either hear or you do not.

There is hardly room in this discourse for people who are neither deaf nor hearing. A deaf/hearing binary informs news articles about cochlear implants. Because the implant is characterized as a miracle cure, each implant user can logically inhabit only one or two possible subject positions: hearing or deaf. No wonder, then, that the switch-on event ushers implant recipients into a "new world" of hearing. The hearing world is linked to life ("hearing life around her" ["Hers is resounding joy"]); the deaf world is a death sentence ("doomed to be deaf forever" ["Deaf to oppression"]).

Sandwiching: Muting Deaf voices at the macro level

Deaf people, particularly those who identify with Deaf Culture, are rarely given the opportunity to voice their views in news articles about cochlear implants. Instead, the articles in the corpus reduce Deaf Culture to a simple, and at times irrational, opposition to implants. While a small number of articles in my sample discuss Deaf Culture at length and on its own terms, most pay only lip service. A common macro-level technique, one employed across the majority of articles, is "sandwiching," in which Deaf Culture is tightly sandwiched between large slices of pro-implant discourse. Sandwiching creates the appearance of balance and fair-mindedness, but often reduces Deaf Culture to an aside. According to Jim Kuypers (2002:210):

> The practice [of sandwiching] refers to the placement of something between two other things of very different character. The press maintains that it is fair since it reports "both sides" of an issue. Although it is true that the "other side" is often presented . . . the manner in which it is presented can detract from its potential impact. Generally speaking, the press places whatever side of the issue it does not support in between complimentary points of view, which invariably agree with the position espoused by the press.

In the case of cochlear implant discourse, sandwiching provides a way for the press to satisfy the ethical obligation to be fair while at the same time subtly identifying with the preferred view. The other view (in italics below) is almost an afterthought thrown in to give the appearance of balance:

(1)   Besides the 22,000 Americans who have them, several hundred thousand more are considered good candidates for from [sic] the implants. *But there is great debate among **deaf people** about the implants, with **some questioning** their effectiveness and arguing that the use of sign language is preferable because it produces a sense of community.*

   Two American doctors – Dr. Thomas J. Balkany, a surgeon and chairman of otolaryngology at the University of Miama, and Dr. Noel Cohen of New York University Medical Center – recently completed a survey of surgeons ("Drug agency is studying").

(2)   **Wheeler** (head of Right to Hear, an advocacy group for oral training) argues that investing $50,000 to fit each child with an implant would pay for itself ten times over through savings from avoiding special schooling and other support services for deaf and hard-of-hearing children.

   *This is a sensitive issue. **Few** dare raise it because **many deaf people are hostile** to implants. There has to be a way to respect **their choices** while offering alternatives to parents and children who seek other options. I* hope Heather [i.e. **Heather Whitestone McCallum**, a former Miss America who is "hearing sound again" after being implanted] continues to use her personal experience and celebrity to try to persuade lawmakers to give cochlear implants a fair hearing ("An ideal voice").

(3)   [Article opens with an implant success story: *four-year-old Kennedy and her mother*. Then touches briefly on the Deaf community:] *Different opinions on the treatment exist within the deaf community, **Sharon Emery** wrote in an Oct. 15 article in* Deaf Today. ***Some** see deafness as a positive aspect of their lives that provides them with a distinct culture and identity based on relating to the world visually. That culture includes its own traditions and language – American Sign Language.*

   ***Some individuals** see implants as a denial of that identity*, while **others** "would pursue everything possible to hear and participate in the speaking culture," Emery wrote.

   [Article then returns to the main subject: **Kennedy, her mother Dawn Allen**, and the preferred pro-implant view.] **Allen** believes that parents and patients should research cochlear implants and make their own decisions ("Toddler joins 'hearing' world").

Without including the full text of news articles here, it is difficult to convey the large degree to which Deaf Culture is reduced to an aside and the extent to which the surrounding large slices of pro-implant discourse are so thoroughly determined and enthusiastic. In example (1), the "great debate among deaf people" is not connected to the larger discussion of potential risks for meningitis in people with implants. The article thus misses an opportunity to link concerns in the Deaf community to the subject of the article. The result is that the "great debate" seems detached from the real concerns of the experts. In all three examples, the larger pro-implant discussion that frames the opposing view gains credibility from being grounded in the opinions of specific people (not "some people") who are socially authorized to speak about hearing (two named doctors, Wheeler [the head of Right to Hear], the editorial author ["I"], Heather Whitestone McCallum, Dawn Allen and her daughter Kennedy). While example (2), an editorial, shows sensitivity to the values of "many deaf people" (notwithstanding the vagueness of such a term), it also characterizes the other side as "hostile." Their presumed hostility is contrasted with a glowing account of the "sheer joy of hearing" that Heather Whitestone McCallum and others have experienced. Example (0) is taken from a typical article about implants – i.e., a miracle story – one that, apparently, is based on information gathered primarily through two personal interviews: one with the mother of the implant recipient and another with the director of an oralist school in Houston that stresses speech therapy and strongly discourages the use of sign language. The article quotes the director of the school at length, identifies with and valorizes her perspective throughout, and ends with the center's contact information. Information about the Deaf community is gathered, it appears, from an article in *Deaf Today*.[2]

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2. Baynton's (1996, 2006) history of sign language, and in particular the nineteenth-century debate between manualism and oralism, offers a framework for understanding the dramatic shift at the end of the nineteenth century from a philosophy for deaf education dominated by sign language to one dominated by speech and "quite hostile to sign language" (2006, p. 39). The triumph of oralism was the result of associating deaf people who sign with a growing fear of foreigners and immigrants. This fear thrives today in so-called "English only" initiatives. In the nineteenth century, oralism provided the means to integrate deaf people into a national community by teaching them to speak English (2006, p. 39). Even though the debate between oralism and manualism "still exists" today (1996, p. 168), oralism is "widely rejected" (1996, p. 6). I would argue, however, that despite the public school system's focus on multiple methods for teaching deaf children, oralism continues to hold sway as the dominant method for teaching implanted children. In news articles, for example, implant advocates (audiologists, surgeons, reps from speech schools for the deaf, and hearing parents), regularly dismiss sign language. If children with implants are going to learn to speak, the pro-implant argument goes, they must not be permitted to use sign language as a crutch. In this way, the argument against sign language thrives today in pro-implant discourse, despite the inroads sign language has made, for

The CDA critic might thus note the contrast between the real people who support and represent implants and the way in which the opposition – with the possible exception of Sharon Emery – is ill-defined, unreal, and objectified ("deaf people," "some questioning," "many deaf people," "their choices," etc.). At the same time, both sides are comparable grammatically; the opponents are as likely to occupy the subject position as the proponents, which gives, like sandwiching, the appearance of balance. This appearance is belied, on close reading, both by the lexical differences between the names given for each side and by the macro-level strategy of sandwiching.

Speaking for the Deaf community

As example (3) shows, information about the Deaf community may be filtered through written texts, as opposed to gathered directly from interviews with Deaf people or people who sign. There is nothing inherently problematic with this approach, of course, and in fact an article in *Deaf Today* may provide more comprehensive and more credible information than an interview with a single member of the Deaf community. Still, example (3) raises questions about who gets to speak for the Deaf community and why the criteria of fair-mindedness and balance do not extend to a journalist's sources. Why is the interview with the director of the oralist school in Houston not balanced with an interview with the director of a residential school for the Deaf?

Unlike example (3), information about the Deaf community is sometimes not attributed to anyone in particular but instead results from vague generalizations or stereotypes. The Deaf community perspective is thus reduced to a straw opponent. As the following examples suggest, the opposing perspective is also tightly sandwiched between direct quotes from implant advocates:

(4)   [Quote from Gerald **O'Donoghue**, Professor of Otology:] "It is critical to catch them [infants who qualify for an implant] early. They must be identified within the first three years because this is when the brain is most responsive. If this window of opportunity is missed, their **language skills** will be severely impaired. There is a lot of evidence from the States to support early intervention."

*However, **not everyone** approves of such intervention. In the UK, apart from the 50,000 registered deaf, there are a further 145,000 registered as hard of hearing. A **small section of the deaf community views their disability** as a cultural issue. They interpret attempts to treat it as cultural intolerance or medical arrogance.*

example, among hearing parents of pre-lingual hearing infants (Beyer 2006; Acredolo, Goodwyn & Abrams 2002).

O'Donoghue rejects this concern, saying that 90 percent of deaf children are born to hearing parents. "These parents don't see deafness as a positive thing – they are desperate to communicate with their child. Their joy when the implant is switched on is fantastic to watch" ("A sound case for experts").

(5) **Wasser** [the father of the 10-year-old implant recipient named Luke] believes that the implant will make his son's life easier, especially as he gets older and "conversation gets more complicated ... the social interactions are broader. He'll hear better – that's the sole reason for doing it."

*What about teaching **Luke** sign language and reading lips – was that ever an alternative to the cochlear implant, which carries some controversy in **the deaf community**?* It's an issue that draws an emotional response from **Quest** [Luke's mother], who has to stop for a moment, because the tears come to her eyes as she considers it. She explains that **Luke** was not taught sign language or to read lips (although he has naturally picked up lip-reading skills over the years) because "we're a hearing family...we chose speech and hearing because we're a speaking and hearing family" ("He'll hear better").

(6) **Doctors** say that deaf children with implants or hearing aids should attempt only one language, and since Singapore's national schools use English, that's what they must learn.

*The most passionate detractors of cochlear implants, ironically, tend to be in **the deaf community**.*

*Dennis Tan's mother was stricken with measles while she was pregnant with him and he was born deaf. **Tan** does not use a hearing aid and **has trouble speaking clearly**.*

He says the Singapore Government should spend more money on sign-language classes and closed captioning for television, which he says would improve the quality of life of all of Singapore's deaf people, not just a few.

But Koh Ang Hong is grateful for her daughter **Naomi's** bionic ear, saying Naomi can expect to live a "normal life" [End of story] ("Ear that cuts").

In examples (4) and (5), the objections from the Deaf community are raised in the form of generalizations that cannot be attributed to anyone, and certainly not to anyone with authority to speak for the Deaf community. The objections are framed by and sandwiched between the direct responses of implant advocates: a professor who specializes in implants and the parents of an implanted boy. In example (4), the source for the opposing view might as well be the source for the dominant view (i.e., Professor O'Donoghue), because the opposing view in the article starts from an assumption that many in the Deaf community reject – that deafness is a disability (Sparrow 2005:136). Similarly, in example (5) the views of

Luke's parents (heavy with pathos as Luke's mother holds back tears) almost literally drown out the Deaf community. Example (6) breaks ranks by including an indirect quote from one of those "passionate detractors" in the Deaf community. But the detractor (Dennis Tan) only seems to bolster the implant proponent's argument that people who refuse implants will have "trouble speaking" (and thus fitting in). Furthermore, Tan's concerns do not directly address the issue at hand, opposition to implants. The last word is a mother's response, which invokes the "normal life" that Tan, by implication, will never have.

In addition to sandwiching and, especially in the case of example (4) representing the opposing view as relatively unpopular ("not everyone," "a small section"), the representatives for the pro-implant view are represented linguistically as controlling the systems of value in which deaf people, particularly children, circulate. In example (4), deaf infants are grammatically positioned as objects of the otologist's actions ("catch them"); when they are grammatical subjects in the next sentence ("They must be identified"), they are semantic patients in a passive construction. This both reflects and helps to naturalize their lack of agency in the face of the dominant ideology. That they are too young to speak is only one part of the larger story about controlling deaf bodies and voices: O'Donoghue speaks for that "small section of the deaf community"; Wasser speaks for 10-year-old Luke in example (5) ("Wasser believes the implant will make his son's life easier"); the journalist positions Luke as object ("What about teaching Luke. . .?"); the doctors speak for deaf children in example (6) ("Doctors say deaf children"); and Koh Ang Hong speaks for her daughter Naomi ("is grateful for her daughter Naomi's bionic ear"). In these examples, deaf people – infants, children, and adults – are silent and passive (with the exception of Tan, who is represented as having "trouble speaking clearly." Ideological passivity shapes and is shaped by grammatical passivity.

Representing sign language and reaffirming "common sense"

The opposing view (that of the Deaf community) is at times no more than a vague generalization, because it is represented as lacking the commonsensical authority of the dominant view. In my sample, it is repeatedly assumed that speech (and only speech) is the source of language, communication, and thought. Only speech (never sign language) is linked to language development, which is linked to intellectual development. Before we ever get to read about Tan's view in example (6), we confront his inability to speak clearly and, perhaps, draw a negative conclusion about his ability to think clearly. Despite playing a prominent role as an official foreign language on college campuses, and despite being recognized by linguists as a real language, sign language is often ignored or denigrated in the articles in the corpus:

(7)   **Hearing is vital for language acquisition**, so if a decision is not made early enough, a child's ability to speak could be impaired, noted Hagan [a science writer] ("From the science magazines").

(8)   Restoring deaf children's **ability to hear** as early as possible is crucial for their **intellectual development**. Children who would have encountered developmental problems because of their **inability to communicate** now have the chance to develop alongside those with perfect hearing, and can attend mainstream schools ("A sound case for experts").

(9)   After that crucial period ["within the first 24 months of life"], **language comprehension and speech** begin irreversible degeneration, says John Wheeler, head of Right to Hear advocacy group ("An ideal voice").

(10)   "Children can **learn sign language at any age**, but they have a very narrow window of opportunity for learning to listen." [Quote is from director of oralist school in Brisbane, Australia] ("Deaf get a fair hearing").

(11)   "Cochlear ear implants are helping deaf children to lead more normal lives," he [politician Dean Brown] said.

Mr. Brown said the students would be **restricted to learning by sign language** in the public education system [if funding for the oralist center dries up, as it nearly did] ("Cora Barclay funds rescue").

In these examples, hearing is linked to language development, intellectual development, and communication (examples (7), (8), and (9)). Sign language is considered neither a real language nor a form of communication. In fact, sign language is treated as something to be accepted grudgingly – e.g., a restriction placed on intellectual development (example (11)) – or deferred indefinitely – e.g., something to be acquired "at any age," but preferably after the more pressing issue of "curing" deafness is addressed (example (10)).

The distinction between sign language and hearing/speaking is also shaped in these examples by the ticking clock: the need for parents to make a quick decision to implant before it is too late ("if a decision is not taken early enough," "as early as possible," "after that crucial period," "they have a very narrow window"). Speech and "intellectual development" are positioned against the "inability to communicate" and the total absence of language.

Thinking of deafness as anything other than a physical defect to be fixed at any cost is represented as flying in the face of common sense. What parent wouldn't want their child to hear? Who wouldn't want to live in the "real world"? In the news articles, the answers to these questions go without saying. But more importantly, the questions assume a hearing readership that cannot associate being deaf with being happy, successful, well-adjusted, popular, and so on.

(12)   Why would a deaf person not want to hear? ("The Sounds of Silence").

(13)   "And if there is the least chance of your child being able to hear, what do you do?" ("Breaking the Sound Barrier").

(14)   We never hear arguments . . . [against] restoring eyesight or repairing spinal-cord damage, so **why the negative attitude towards helping** those who can't hear? ("Cochlear Marvel").

(15)   "I have always felt I was part of the hearing world," she [former Miss America Heather Whitestone McCallum] says. "It's not just the hearing world, it's the **real world**" ("Hearing Repaired").

(16)   "I don't think sign language is wrong," says Alvarez [the mother of a young implant recipient]. "It has its place. [But] the majority of deaf kids are born to hearing parents. **I have to believe these parents want their kids to be hearing, and we have the technology**" ("Deaf Center Helps Children").

(17)   "We really didn't understand their [the Deaf community's] reaction. **We thought we were trying to provide the best future for her** [**our daughter**]" ("Tackling Sounds of Silence").

(18)   But I cannot say I am glad he is deaf. A hearing life, in a hearing world, is so much easier, and what parent wants to see a child **struggle**? ("Deaf to Reason").

(19)   Trisha Kemp, of the Cochlear Implanted Children's Support Group (CICS), says that while she sympathizes with deaf parents unwilling for their children to have cochlear implants, "**the fact of the matter is that it's a hearing world**" ("Breaking the Sound Barrier").

It is hard to take issue with appeals to common sense (the "fact of the matter" in example (19)). These appeals are epistemologically rooted in "nature" and "reality" – in a seemingly obvious and universal understanding of how the world is. They are also rooted in the "ethical principle of beneficence" (Gonsoulin 2001: 554), as examples (14), (17) and (18) suggest. But beneficence – the seemingly innocent act of wanting to help those who are perceived to need it – may mask the paternalistic desire to control the other (Lane 1999).

To summarize, the mainstream, "audist" view of deafness as a disease to be cured is represented and perpetuated through the use of the interrogative form to promote a point of view that goes without saying, the construction of false dichotomies that leave little to no room for anything but implantation, the incredulous tone from parents and others who can not fathom deafness as anything but a death sentence, the framing and narrowing of meaning around key terms (e.g., "language," "communication," "intellectual development") so that they become identified with speaking but not signing, and the discursive context of developmental pressures which further naturalize the pro-implant argument.

Representing the Deaf community as the oppressor

Deaf Culture is portrayed in the news as radically "other," often synonymous with a radical, irrational agenda. For example, in "Deaf to Reason," a long editorial written by Fiona Leney, a mother who chose to implant her son, Deaf Culture is held up for ridicule. The "world of Deaf Rights" is described as a "topsy-turvy" one in which "smug" activists hold the ridiculous belief that implanting a child is "the equivalent of rape." The Deaf community is described as a "small minority" and a "bullying minority" of radicals – "hijackers" who impose their beliefs on well-meaning, rational parents like Leney who only want to "help our son to hear significantly better." The "Deaf community ideologues," when faced with such a seemingly innocuous proposition, are "horrified that I could put my child through such torture." In sum, the writer of this editorial reduces Deaf Culture to an absurd refusal to listen to common sense: "they have no right to tell us that it is best for our son not to hear." But because she views deafness as an "impair[ment]" only, she finds no common ground with them. In terms of agency, then, rational common sense confronts the irrational actions of misinformed and dangerous ideologues.

In another editorial, "Deaf to Oppression," author Andrew Bolt asks incredulously, "How mad can multiculturalism get?" His answer: "Mad enough, it turns out, to insist that more than a dozen Australian children stay deaf." His writing drips with sarcasm and disdain for what he calls the Deaf Culture argument:

(20)   All this fashionable identity politics means, of course, that to give deaf children hearing would be to steal them from their culture, just as those who rescued Aboriginal children from gross neglect and abuse are now accused of "stealing" a "generation" and committing "cultural genocide" ("Deaf to Oppression").

Bolt finds it "absurd" that the Deaf Culture position is given any credence at all. He dismisses the "shoddy arguments" put forth "by the cleverest of academics" (Bolt cites Lane 1999, and Branson & Miller 2002 as examples) who argue that disabilities are socially constructed. As far as Bolt is concerned, the meaning of "disabled" is clear and stable: it "means simply that someone can't hear." For Bolt, it is tragic that intellectuals and Deaf radicals argue about the value of being Deaf while "six-year-olds who just want to hear are being sentenced to deafness." The real culprit, then, is not the history of discrimination against people who are deaf (Branson & Miller 2002), or the attempt by social institutions to control deaf bodies and minds (Lane 1999). It is Deaf Culture itself. Its radical "ideology" is responsible for making children "suffer."

Bolt's discursive sleight of hand inverts the traditional relationship between oppressor and oppressed. In Bolt's reformulation, Deaf radicals have become the oppressors. The history of discrimination against deaf people is erased. In its place

are put well-meaning, benevolent people like Bolt who only want to help deaf children, yet find their way repeatedly blocked by irrational bullies. At times, Deaf radicals evoke fear:

(21)   It finally came to **D-Day** for the decision. Were we going to go ahead with a Cochlear or just going to take her to lip reading or sign language. There was an **absolute barrage** we copped when we made the decision for the Cochlear. **We were called vampires** . . . in some of the letters," he [the father] says, shaking his head ("Tackling Sounds of Silence").

(22)   While cochlear implants have been growing in popularity, particularly for children under three who are in their primary speech-learning stage, deaf activists have compared the procedure to **Nazi medical experiments. Tensions have run so high that some parents have allowed their children to be interviewed for positive stories on cochlear implants only on the condition of anonymity** ("Deaf like Me?").

(23)   From Congress to newborn wards, parents and policymakers face Deaf activists who extol the virtues of living Deaf. Meanwhile, implant surgeons are labeled "profiteers" and anti-Deaf "bigots," and accused of **genocide. Some are so besieged they dare not even offer patients the option of an implant.** Meanwhile, we swallow the myth that keeping a baby deaf is morally and medically equivalent to letting the baby hear ("Bringing Sound to Life").

In these examples, well-meaning, hearing parents of deaf children run for cover from crazed deaf activists who are characterized as terrorists in a war zone ("D-Day," "absolute barrage," "Nazi medical experiments," tensions running high, "so besieged," "genocide"). The tables are turned as oppressor and oppressed swap places.

Resisting from the margins

Letters to the editor do provide an outlet for responses to perceived inaccuracies about implants and Deaf Culture, although such letters to the editor are extremely rare. The letters published in response to Bolt's piece about multiculturalism gone mad (example (20)) include one from the president of the Australian Association of the Deaf (AAD), another from the president of the Victorian Council of Deaf People, and a third from a deaf-and-blind writer. The letters make the following points:

–   Bolt "seems to have a simplistic faith that hearing can be fixed easily. However, a cochlear implant is not a cure for deafness."
–   Bolt has not taken into account the "considerable support" that children require after being implanted.

– Bolt needs some lessons in Deaf culture, which the AAD will be happy to provide.
– Bolt "has failed to get the facts from deaf people themselves."
– Implants "are not a quick-fix operation."
– "No one, not even a loving parent, should be allowed to make this decision for their child."
– Not all deaf people want to be cured ("Implants for Deaf Misunderstood").

The letters offer a potentially persuasive response, especially in their often over-looked caveat that the implant is not a "quick-fix" or a "cure." Yet these, the views of leaders in the Deaf community, are cut off from the main discussion in both time and space, relegated to the back pages (or to unique URLs) of a small number of newspapers as short rebuttals to a long editorial.

There are two other cases in my sample of letter writers taking issue with mis-informed views about Deaf Culture. In one case ("Implants No Cure"), two deaf authors who have written a children's book about cochlear implants take issue with an article by John Wheeler, the chairman of Right to Hear (an implant advocacy group), for making a series of questionable claims: that implants are a cure for deafness, that implanted babies will hear normally, and that the Deaf community is adamantly opposed to implants. The second author calls Wheeler's arguments "out of date," and wonders whether Wheeler is familiar with the NAD's more bal-anced position on cochlear implants. (The NAD position statement, which was revised in 2000, recognizes the rights of parents to make informed decisions for their children, even if parents ultimately choose an implant for their child.) In the other case, two writers respond to Fiona Leney's article, "Deaf to Reason" (see above). One letter ("Beat the Bullies"), written by Jessica Rees, praises Leney for "standing up to the bullies who impose their inflexible deaf agenda," and encour-ages Leney to "teach her son to shrug off these deaf propagandists and enjoy the freedom of speech the real world affords." The second letter ("A Word to the Hear-ing"), published a week after the first, takes issue with Rees' suggestion that deaf people don't live in the "real world." According to the second writer,

(24)   I can understand that, as a cochlear implant user with 20 years' experience, Ms. Rees has strong views, but to imply that the world in which implantless deaf people live is somehow unreal is to show why the activists have ended up in the position they now adopt. British Sign is a real language, Deaf culture is a real culture, and there is nothing inferior, or unreal, about either the deaf or hearing worlds ("A Word to the Hearing").

In sum, leaders and others in the Deaf community are virtually absent from the main discussion and relegated to playing a minor, virtually inaudible defense in the back pages of newspapers, while implant supporters (hearing parents, speech

and listening therapists, and implant specialists) not only dominate the discussion but speak for d/Deaf people and respond to journalists' overly simplified views of the Deaf community.

Conclusion

This sample analysis of a social problem suggests how "power is signaled not only by grammatical forms within a text, but also by a person's control of a social occasion by means of the genre of a text" (Wodak 2001: 11). Because the Deaf community has seemingly little control over the social occasion of writing a mainstream news article about implants (compared to the implant specialists, oralist school representatives, and audiologists), they are locked out of the debate. Rather than speaking for themselves, they are spoken for by those whose values are compatible with the values of the mainstream culture (and hence with the mass media).

This sample analysis also suggests how, in the context of news discourse, the Deaf community is not merely weaker politically. They lack rhetorical agency. Because they are not typically consulted during the interviewing and research phases of news story production, they are left with the unenviable position of playing defense after the fact in the editorial sections of the same newspapers that promote the views of implant advocates. Rhetorical agency is conventional. To take efficacious action, one must negotiate the conventional constraints of genre and form (see Geisler 2004: 14). In news discourse about implants, generic conventions seem to keep Deaf people (and those who represent Deaf Culture) from the table. They are rarely consulted, perhaps because they are inaudible to hearing journalists with mainstream values. Moreover, they lack the authority of the medical establishment. When culturally Deaf people are consulted, their views may simply be left on the cutting room floor (e.g., see "Myths and Facts"). Nan Johnson (2003) suggests that rhetorical critics need to "document the extent to which rhetorical agency has been denied along racial and class lines in the United States." To race and class we might add deafness, insofar as Deaf people "are not perceived to speak for conventional values and aims." Indeed, they may not "speak" at all. While this sample analysis shows again how rhetorical agency is a "requisite performance of conventionality," it also sets out to disrupt the conventions that maintain the status quo of mainstream values.

The seeds of an alternative discourse about implants are being scattered, albeit rarely and almost invisibly, in the pages of the same news media that reinforce conventional values. This alternative discourse is skeptical of quick fixes, presents Deaf Culture on its own terms as a linguistic minority, provides a more balanced account of the debate over implants, and includes voices from leaders in the Deaf

community. Ideally, this imagined discourse about implants would adhere to what the NAD calls a "wellness model":

> The general public needs information about the lives of the vast majority of deaf and hard of hearing individuals who have achieved optimal adjustments in all phases of life, have well-integrated and healthy personalities, and have attained self-actualizing levels of functioning, all with or without the benefits of hearing aids, cochlear implants, and other assistive devices.
>
> <div align="right">(NAD position statement 2000)</div>

An alternative news discourse about cochlear implants – one based on a wellness model – would start from the perspective that the current discourse has been dominated by a narrative of inevitable triumph over tragedy and a simplistic faith in the implant as a miracle, a quick fix. It would be committed to making room in the discourse for other stories, so that the range of views in the news media more accurately reflects the range of views in the general population – not just the views of hearing people. A more balanced and ethical discourse about cochlear implants would allow the Deaf community a voice, to offset the common sense view (i.e., hearing at any cost, deafness as defect only) with the views of those whose voices are too often muted or absent.

Finally, what can we learn about rhetorical agency by applying a CDA lens? First, CDA provides a set of tools for "opening up" the "essential mechanisms" of rhetorical agency (Geisler 2004: 14). CDA explores how agency is mediated at a linguistic level. Second, CDA offers an orientation for doing critical research in rhetorical studies. In the case of rhetorical agency, a critical approach complements CDA by asking how rhetorical agency intersects with (and is sometimes denied along the lines of) race, class, gender, access, ability, and so on (see Johnson 2003). And third, CDA is built on a significant body of linguistic and social theory, which no doubt has implications for our current understanding of rhetorical agency, and especially for the relationship between rhetoric and action.

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