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Living on the Edge: Parallels Between the Deaf and Gay Communities in the United States

Abstract

However diverse their experiences, most linguistic, ethnic, and religious minorities share a certain number of defining characteristics. Minority status automatically transfers from one generation to the next; elders also pass down cultural history, giving young people role models with whom they can identify and creating an immediate sense of common ground between members of the same minority group. These experiences do not hold true, however, for either the Deaf community or the gay community; people with these identities often do not share minority status with their families or friends, and society's pathologization of their differences has made it very difficult for either group to develop its own history or mobilize in the struggle for civil rights. This paper examines the parallels between the experiences of Deaf people and gay people in the United States, addressing misconceptions held by the general public, the pathologization of difference, and the question of choice. An examination of common stereotypes held about the two groups reveals their overlap, while a look at the politics of change demonstrates the factors motivating people to alter their identities in fundamental ways. The paper also addresses ethical issues that confront parents who do not share the minority status (deaf or gay) of their children and compares each community's struggle to define itself in relation to the surrounding dominant culture.*

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Living on the Edge:

Parallels Between the Deaf and Gay Communities in the United States

I. Another Friday Night

What we have experienced is so similar. If you are deaf, you know almost exactly what it is like to be gay, and vice versa.

– MJ Bienvenu, lesbian Deaf activist and chair of ASL & Deaf Studies at Gallaudet University (Solomon 1994)

As dusk fell on June 27, 1969, it seemed to be a Friday evening like any other. Across the country, families were tucking their kindergarteners into bed. Several thousand of these children could not hear their parents sing or read stories to them; at an age when they should have been taking their first steps toward literacy, many had yet to acquire any human language, and they had lived the first years of their lives in a bewildering silence. These were the daughters and sons of the “rubella bulge,” the results of a rubella epidemic that swept the United States from 1963 to 1965. Also known as German measles, rubella is a viral disease that afflicts its sufferer for only a few days. Passed from a pregnant mother to a developing fetus, however, it can have disastrous and lifelong medical consequences. Infants who contract prenatal rubella from their mothers are often born with various physical and neurological problems; during the years of the epidemic, 8,000 babies were born deaf (Karmel 1982). As these children drifted off to sleep, their parents watched over them – many, surely, with anxiety and dread.

1969 was a frightening time to have a deaf child. Good schools for the deaf were hard to find, and good job opportunities even rarer; hearing families were bombarded with misinformation by everyone from the media to the medical establishment, warning them that deaf students who learned to sign would never master English and that most deaf people were mentally retarded anyway. With few examples to suggest otherwise, most hearing parents gathered that the most they could expect for their children was semi-literacy and occupation in an unskilled trade – a popular choice for deaf men was working in a factory or a print shop, where their indifference to the ceaseless mechanical noise actually gave them an advantage over their hearing peers (Shapiro 2006). At best, capable deaf adults could hope for teaching jobs in residential deaf schools, but even this career seemed like a dismal and ghettoized fate to families who knew

nothing of deaf education or Deaf culture.¹ Wanting to provide better opportunities for their offspring but clueless as to what those opportunities might be, these families of the “deaf of hearing” – Deaf terminology for deaf people born to hearing parents – expected little of their children’s futures. For them, June 27 was just another Friday night.

In Manhattan’s Greenwich Village, the night was anything but silent. Here too, however, the evening seemed off to a perfectly ordinary start: People were beginning to filter into the neighborhood, ready for another weekend on the party circuit. Among the most popular and notorious venues in the Village were the many gay bars lining Christopher Street. Each had its own personality – some held weekly drag shows designed to entertain straight tourists, while some catered specifically to young professionals and others to street hustlers – but the most popular of them all was the Stonewall Inn. For one, it was the only gay bar in New York City that allowed dancing; further, Duberman (1993: 182) explains that many of the Christopher Street regulars saw the Stonewall as “a safe retreat from the harassment of everyday life ... one that drew a magical mix of patrons ranging from tweedy East Siders to street queens.” As the night wore on, the usual crowd began to fill the bar, most of them unaware of the tangled political scheme that kept the doors open and the liquor flowing.

Despite their widely disparate characters, the Greenwich gay bars had one thing in common: Almost all were controlled by one branch or another of the Italian Mafia (Duberman 1993). The bars were kept alive by a complex web of Mob connections, police payoffs, and tacit agreements between bar owners and various local officials; in this respect, the Stonewall was no different from the rest. While it was common for the Sixth Precinct’s police officers (both uniformed and plainclothes) to stage raids on area gay bars in order to threaten the patrons and employees, it was quite rare for bar owners to be caught unawares by the arrival of police. Stonewall was “raided” approximately once a month, but the management was always warned ahead of time – and the police, who had no interest in destroying a

¹ In keeping with current practice, throughout this paper, “deaf” (in the lower case) refers simply to people who cannot hear, while “Deaf” (capitalized) refers to people who are fluent in one or more sign languages, identify strongly with Deaf culture and pride, and are active in the Deaf community. For more on this issue, please see Brueggemann (forthcoming).

business that paid them off so well every week, generally left the facilities undamaged and the customers unharmed (Duberman 1993).

June 27, however, was the night that broke the mold. No one is entirely sure why the precinct cops failed to warn the Stonewall's owners of the upcoming raid; the one certainty is that everyone in the bar was caught off-guard at 1:20 AM on June 28, when eight detectives entered and began to check state ID's, physically and verbally harassing customers and arresting all who were caught without identification or dressed in clothing "inappropriate" to their genders (Duberman 1993). Even as patrons were herded out onto the sidewalk and either released or loaded into police transport vehicles, to those who were familiar with Christopher Street raids, it was still just another Friday night – until something snapped.

No two accounts concur as to exactly what started the chaos. The only certainty is that once it began, nothing in the world could make it stop. In a matter of moments, the horde outside the bar simply exploded. The gathering of onlookers quickly turned into a shouting mob, and when they began fighting and throwing things (from pennies to bricks), the outnumbered police fled inside the sanctuary of the Stonewall Inn. At 2:55 AM, they broke down and called for assistance from the riot-control Tactical Police Force (Duberman 1993). The TPF finally managed to clear the streets, but not before they themselves had experienced a substantial amount of resistance, harassment, and mockery from hundreds of exuberant drag queens. Four officers and countless others were injured in the confrontation.

As it turned out, this was far from the end of the Stonewall riots. Many residents of the Village spent Saturday celebrating in the streets; on Saturday night, there was another showdown, and it was well after 4:00 AM before the police finally withdrew (Duberman 1993). The rioting would continue well into Thursday morning, giving local officials good reason to sit up and take notice. But the long-lasting effects of the night when a crowd of frustrated, long-abused bar patrons finally fought back were surely unimaginable even to its participants; they were certainly not apparent to many mainstream gays, who were embarrassed by the press coverage of such a mob of "stoned, tacky queens" (Duberman 1993: 206). Few could have predicted that June 27, 1969, would go down in history as the opening date of the Stonewall

Rebellion – the watershed that forever changed the face of the gay civil-rights movement in the United States.

In March 1988, nearly nineteen years after Stonewall, a very different kind of resistance movement was brewing. The deaf children of the rubella-bulge generation had recently come of age, and many of them were enrolled at Gallaudet University in Washington, D.C. Because there were now more deaf young adults in the United States than ever before, Gallaudet was gaining prominence as the heart of culture for the American Deaf; when then-president Jerry Lee announced his resignation in August 1987, the Deaf community waited eagerly to see who would take on his role as the effective leader of the Deaf world. Gallaudet's board of trustees undertook a lengthy selection process, finally narrowing the search down to three. Students, faculty, and onlookers alike were overjoyed: Two of the three candidates were Deaf. Everyone with a stake in Gallaudet's future was anxious to hear the board members' decision on the evening of March 6; no one expected them to choose the only hearing candidate, Elisabeth Zinser. Although Zinser was a seasoned educator with extensive administrative experience, she had no ties to Deaf culture and knew no American Sign Language (ASL), the language in which Gallaudet classes, meetings, and social events are conducted. The chairwoman of the board, Jane Spilman, dismissed initial complaints about the choice, acknowledging the new president's lack of experience with the Deaf but assuring the school community and the press that Zinser was a "caring person" (Williams 1988).

Caring person or not, the university's students were unimpressed by Zinser and outraged at Spilman's alleged explanation that she was chosen because "Deaf people are not ready to function in a hearing world" (Williams 1988).² With the support of Gallaudet faculty and staff, they blockaded all entrances to the campus in protest and issued a statement of their demands to the board of trustees: They wanted a Deaf president, a new chair of the board, at least 51% Deaf membership on the board itself, and amnesty for everyone involved in the protests (Lane et al. 1996). "Deaf President Now!" became the ASL

² When confronted about this claim, Spilman initially denied making the statement, then held that her words had been misinterpreted (Ayres 1988).

motto of the protesters on campus, who won national prominence as they held rallies in the Gallaudet football stadium and burned effigies of Spilman and Zinser (Lane et al. 1996); the cry was an effective one, and many wryly joked that Zinser now knew her first three signs in ASL: “Deaf-president-now” (Jankowski 1997). Support for the Deaf students poured in from all over the country, and on March 10, Zinser resigned. Protests continued through the evening of March 13; at that point, the board publicly announced that it had made a decision to meet all four of the students’ demands. With that, I. King Jordan – a popular dean at the school and one of the two Deaf candidates who had made it to the final round of selection – was appointed as the first Deaf president of Gallaudet University, and the Deaf-pride movement was born.

At the surface level, the twin events of the Deaf President Now movement and the Stonewall Rebellion seem to have little in common. After all, what do protesting college students share with rioting drag queens? And how could the struggles of Deaf people (who identify themselves not as a disabled community, but as a proud linguistic minority) possibly compare with the concerns of the still-growing lesbian/gay/bisexual/transgender/queer/questioning (LGBTQ)³ movement? In fact, the Deaf and gay communities have more shared ground than might be immediately apparent. Both have struggled to define themselves to the larger culture as celebrants of identity, rather than victims of pathology, and both are making more strides now than ever before as they petition for societal acceptance and equal rights under the law. This paper examines the parallels between the experiences of the Deaf community and the gay community in the United States, addressing misconceptions held by the general public, the pathologization of difference, and the question of choice (focusing on the majority-culture groups insisting that “people can change,” particularly cochlear-implant advocates who insist that deaf people can become hearing and pioneers in “homosexual reparative therapy” who, contrary to the current stances of mental-health and

³ Trying to keep up with the constantly changing language used to describe sexual minorities in this day and age is enough to make anyone’s head hurt. This paper uses “gay” and the infelicitous “LGBTQ” as interchangeable blanket terms; as the currently popular term “queer” retains a strong negative connotation in many circles, I have elected not to use it here.

medical organizations,⁴ are certain that gays can alter their sexual orientations). The final section of the paper will compare the two communities' varying responses toward cultural "turncoats" – what happens when a Deaf person becomes a part of "hearing" culture by acquiring a cochlear implant, and what happens when a gay-identified person undergoes a gender transition and suddenly becomes "straight"? An examination of the results of these two seemingly very different scenarios reveals further similarities between these groups' perceptions of the dominant culture and the ways in which their minority status defines their sense of self.

II. Whose Identity? Types and Stereotypes

My mother made me a homosexual, and if you give her some yarn she'll make you one too.

– Quentin Crisp, English writer and actor

Every minority group must determine its place in the world in relationship to some real or imagined dominant culture, whether in terms of religion, ethnicity, sexuality, or perceived ability. Because of their relative smallness⁵ and historical invisibility, the Deaf and gay communities have long faced particularly vicious discrimination from all sides, and they have long suffered the effects of desperately erroneous representations in popular media. Both of these groups face special difficulties because their difference is somehow perceived as a defect; their members are dismissed as sinners (opponents of gay rights view LGBTQ people as "living in sin" and sometimes refer to AIDS as a divine punishment for sexual immorality, while hearing people in centuries past viewed deafness as a similar form of divine retribution), or else pitied as victims of a horrible, disfiguring pathology. In order to better understand the

⁴ The American Psychiatric Association declassified homosexuality as a mental disorder in 1973. All major mental-health organizations have rejected the dual claims that homosexuality is a disorder and that sexual orientation is mutable. The American Psychological Association (2006) lists a few of these: the American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers.

⁵ Determining the exact number of either LGBTQ or Deaf persons in the United States is a difficult task, as many deaf people do not self-identify as Deaf, and many LGBTQ people prefer not to identify themselves at all. Padden (1987) cites an estimated number of between 100,000 and 500,000 ASL users in the United States, while Lane et al. (1996) claim that the estimate is better placed between 500,000 and 2,000,000. For more on this question, see Mitchell et al. (2006). Meanwhile, while the famous human-sexuality researcher Alfred Kinsey stated that approximately 10% of humans were predominantly homosexual (Gebhard & Johnson 1998), the more recent National Health and Social Life Survey (Laumann et al. 1995) places the number between 4% and 5%.

history of their civil-rights struggles, it is worthwhile to examine some of the most common stereotypes and generalizations about both Deaf and gay people here.

As political correctness has become more and more of a priority in American culture, the phrase “deaf and dumb” has gone out of vogue. (Deaf comedian Ken Glickman quips: “Deaf and dumb? No, I’m Deaf and bright. You must be hearing and dumb or you wouldn’t have asked me that” (Solomon 1994). Meanwhile, hard-of-hearing communications specialist Maggie Casteel (2004) cheerfully refers to herself as “deaf and blonde.”) Yet the misconception that deaf (or Deaf) is dumb is a difficult one to shake. Oral deaf people, those who communicate by speaking and lip-reading rather than signing, face some discrimination because their speech will never sound like that of people with perfect hearing; however, the problems they experience in the hearing world are nothing compared to those of the signing Deaf. Hearing culture often types prelingually deafened people as mentally retarded because their speech is sometimes almost impossible for an untrained ear to understand, and the poor command of written English exercised by many native ASL users only exacerbates this problem. Even educators and others who are active in the Deaf community sometimes embrace these stereotypes. Marschark (1997: 154) notes the number of “teachers and researchers who, although they deny that language and speech are the same, nevertheless do not believe that sign language is sufficient to allow normal intellectual functioning and therefore assume that deaf children who cannot speak must be intellectually inferior.”

Nevertheless, even the acknowledgment by the hearing establishment that language is not necessarily synonymous with speech is a recent achievement for the Deaf. Until the 1960s, even linguists generally considered signed languages to be crude systems of “monkey signs” used by deaf people too stupid to acquire speech. But the history of Deafness in America changed forever with the 1960 publication of a paper by Gallaudet University linguist William Stokoe: *Sign Language Structure: An Outline of the Visual Communication Systems of the American Deaf*. Stokoe’s groundbreaking research demonstrated that ASL was a complete and sophisticated language with its own phonology, morphology, and syntax, wholly independent of English; the work made it clear that ASL users were fully linguistically competent, and that

they were no more inferior to English-speakers than were native speakers of Chinese or any other spoken language. The event that marked the beginning of real cultural acceptance for ASL as a complete language system, however, took place at the first National Symposium on Sign Language Research and Teaching in 1977. There, Deaf linguist Carol Padden gave a legendary explanation of the structure of DNA, from Watson and Crick's discovery to cell reproduction to nucleotide bonding – all in ASL. Padden's lecture was definitive proof that a signed language could convey even the most abstract and complex of scientific concepts, and the audience was floored (Humphries, forthcoming).

But the problem remains: Stars like Padden notwithstanding, are Deaf children less intelligent on average than their hearing peers? Marschark (1997: 151) puts it best: “Are deaf children as smart as hearing children? ... Perhaps a better question would be, How much weight should we put on intelligence tests and achievement tests for deaf children?” Hearing students consistently score better on IQ tests, reading exams, and verbal-creativity studies than do Deaf students; then again, all of these tests are conducted in English. To reuse the last paragraph's example, an English-language standardized test would hardly be an accurate reflection of a Chinese-speaker's intellectual ability, though the average Chinese-speaker is presumably comparable in intelligence to the average English-speaker – yet ASL users are expected to compete with native speakers of a language that many Deaf children never master. Placed in mainstream classrooms with no auxiliary English instruction, they often fall behind their classmates, score poorly on the standardized tests that have become the new hallmark of American public schooling, and are shunted into special-education classrooms, where their boredom makes them disruptive and causes them to fall still further behind.⁶ This situation, repeated countless times all over the country, does seem to indicate a failure of intelligence – but not on the part of Deaf students.

More common still in hearing culture is the certainty that all deaf people view their deafness as a

⁶ Interestingly, this is a problem that haunts ESL (English as a second language) students as well as ASL users. Non-English-speaking immigrants are occasionally forced to take standardized placement tests in English, then placed in classes “appropriate to their demonstrated abilities.” This was the case for four of the author's cousins, who immigrated to the United States from Colombia in 2000 and were promptly enrolled in special-education classes. The principal of their suburban public high school was reluctant to change their placement or provide an ESL teacher, insisting that “They just didn't do well on the tests” (B. Healy, personal communication, 2000).

disability. Woodward (1982: 11) observes that “the Deaf community has had a more difficult time overcoming inferiority stereotyping by the majority culture than other minority groups, since Deaf people are viewed as a *medical* pathology.” Even professionals familiar with deafness are sometimes baffled by suggestions that such a “handicap” might be a source of pride. Cochlear-implant surgeons are optimistic about their abilities to reduce deafness to a minor inconvenience, or even to eliminate it altogether (Aronson 2000), and many would likely be astounded by the declaration of Lane et al. (1996) that wide-scale implantation of deaf children will eventually result in ethnocide. Lane et al. (1996) add that, “as several Deaf organizations have pointed out, the United Nations Convention on the Crime of Genocide prohibits forcibly transferring children from a minority group to another group” (403).

While the majority of Deaf people would likely hesitate to use the words “ethnocide” and “genocide” to describe the effects of cochlear implantation, most also take serious offense at any suggestion that their language and culture are best viewed as offshoots of pathology. Hearing psychologist Alan Ensor concurs with this view, explaining, “I don’t view deafness in the medical, clinical model. They’re not disabled. It’s a linguistic difference” (Fisher 2002). Hearing parents, however, are frequently devastated when they learn that their children are deaf; nothing can convince them that their children’s difference is anything other than a crippling defect. Similarly, hearing people who have little or no contact with Deaf culture often wonder why anyone, ever, would possibly want to be deaf.

“Why would anyone possibly want to be ...” is a phrase deeply familiar to those in the gay community, as well. Gays are among the most demonized and longest-maligned minorities in American history, and the misinformation disseminated about them is similarly overwhelming. Numerous mainstream television stations, newspapers and online news sources do an effective job of suggesting that every gay-identified person in the country is a sex-crazed, gender-dysphoric child molester, likely to frequent bathhouses and spend free moments “recruiting” children for the gay cause. Joseph Nicolosi, the president of the National Association for Research & Therapy of Homosexuality (NARTH), opens an essay entitled “Why Reveal the Dark Side of the Gay Movement?” by referring to mysterious “statistics

[that] tell us that gay sex is often tied to substance abuse, promiscuity and unsafe sex practices” (2004a) – although he does not cite specifics or note a source.

The function of gender roles in sexual orientation is of particular concern for organizations devoted to helping gays become straight; homosexuality and gender identity disorder (terms often used synonymously in this context), they argue, are the result of gender confusion, and their roots often lie in childhood. Perhaps the child who grows up to be gay never had a positive same-sex role model, or identified too closely with his or her opposite-sex parent. Psychologists who advocate reparative therapy frequently cite deficient parenting as a primary “root” of homosexuality, even for clients who have positive relationships with their families and no history of abuse. Nicolosi & Nicolosi (2002: 71) state that “mothers of homosexual men tend, in our experience, to be expressive, extroverted, emotionally accessible, engaging, and highly involved in the boy’s [sic] life. The mother’s problem might be that she is too invested; the boundaries between her and her son are not clear.” Or perhaps a family noticed oddly masculine behavior in their young daughter, or oddly feminine behavior in their young son, but did nothing to stop it until it was too late. In *Bringing Up Boys*, James Dobson, founder and chair of the anti-gay lobby Focus on the Family, gives parents some helpful hints for recognizing a condition he calls “prehomosexuality” in their sons: “They may cry easily, be less athletic, have an artistic temperament and dislike the roughhousing that their friends enjoy. Some of them prefer the company of girls, and they may walk, talk, dress and even ‘think’ effeminately” (Dobson 2001: 114). At any rate, the stereotype of gay men as effeminate and lesbians as masculine is a common one; in fact, gender identity disorder (a strong identification with or desire to become a member of another gender) is wholly independent of homosexuality (sexual and/or romantic attraction to members of the same gender). The American Psychiatric Association (2000) explains that people with gender identity disorder may have any sexual orientation:

For sexually mature individuals, the following specifiers may be noted based on the individual’s sexual orientation: **Sexually Attracted to Males**, **Sexually Attracted to Females**, **Sexually Attracted to Both**, and **Sexually Attracted to Neither**. Males with gender identity disorder include substantial proportions with

all four specifiers. Virtually all females with gender identity disorder will receive the same specifier – sexually attracted to female – although there are exceptional cases involving females who are sexually attracted to males.

This distinction provides a clarity often lost in the writings of researchers who believe that same-sex attraction is rooted in gender confusion or childhood trauma. Nicolosi (1995: 57) effortlessly muddles the ideas of gender identity disorder and homosexuality in a way that would puzzle most psychiatrists.

Boys with gender-identity confusion are often excited about dressing up and being pretty, while not at all interested in (in fact, quite resistant to) doing things with their fathers. While not all prehomosexual boys evidence such effeminate behavior, still they often missed [sic] this “doing” dimension of development in the early father-son relationship. Later in life, they are often particularly drawn to the mystique of masculine boldness, strength, and power.

Questions of early-childhood gender identification notwithstanding, the fact remains that perhaps the most common stereotype held about Deaf and gay people alike is that their difference is somehow a *choice* – that, given a little effort and truly devoted hearts, members of either one of these groups could reconstruct themselves as “normal” if they wanted to. While the LGBTQ community has long dealt with claims like these, the circumstances are slightly different for the Deaf. It is true that many Deaf adults grew up learning that their failures at speaking and lip-reading were entirely their fault, due to their own stupidity, laziness, or reluctance to learn; to be fair, it is also true that many students in oral deaf schools are heavily resistant to speech therapy and lip-reading classes, rejecting the educational system that treats them as disabled, impaired, or otherwise imperfect imitations of hearing people and instead embracing a cultural model that recognizes them as perfectly capable Deaf human beings.⁷ Nevertheless, the question of choice in Deaf culture is no longer limited to the speaking/signing debate. With the advent of cochlear implantation, many people (hearing, deaf, and Deaf alike) now see the entire question of personal identity – hearing, deaf, or Deaf – as a matter of personal preference.

A cochlear implant is no ordinary hearing aid. Rather than simply amplifying sound, as conventional hearing aids do, implants are surgically placed inside the head to receive sound waves and

⁷ It is for this reason that many Deaf people reject the term “hearing-impaired.”

stimulate nerve cell bodies in the cochlea (the section of the inner ear that processes sound waves). The implanted receiver then plugs into an external sound processor (O'Reilly et al., forthcoming). Because of this radical approach to sound transmittal, people who were previously profoundly deaf can hear with implants in ways that were impossible for them before. But are they “hearing,” as people born with perfect hearing are? Are ex-gays ever “straight,” as people who have always been heterosexual are? In order to address these questions in a way most relevant to the present thesis, it is necessary to examine in a little more detail the rhetoric and practices of those who do believe that such changes happen – that is, that deaf people can become hearing and that gay people can become straight.

III. People Can Change!

I am astonished. I am pained. To ask the value of speech? It is like asking the value of life!

– Alexander Graham Bell, when asked if speech was important for the Deaf (Lane et al. 1996: 401)

Amidst the many furious debates about the ethics of changing identities, the most obvious question is sometimes lost: What motivates people to change at all? There are as many different answers as there are people contemplating their own senses of identity: Some want to become more “normal,” some more radical; some (as proponents of oral deaf education would argue) want to have access to many different worlds and cultures, while others (as Deaf-pride advocates respond) concentrate on excelling in the community with which they identify most. Some are upset because they feel that their “abnormal” identities (as deaf, gay, or something else entirely) have alienated them from their families; others feel that their differences are at the root of a host of problems, from difficulty in school to depression and substance abuse. At any rate, few would deny that changing one’s sexual orientation or deafness represents a dramatic identity shift – and few people undertake such decisions lightly.

Though activists in the Deaf community maintain that deafness is anything but a disability, it is true that to be deaf or hard-of-hearing in a predominantly hearing world (not to mention using ASL in a predominantly English-speaking world) places real and serious obstacles in the way of Deaf people who

wish to achieve educational or financial success, and many cochlear-implant advocates cite pragmatic reasons for their beliefs. Parents of deaf infants, seeking to provide the best possible lives for their children, still routinely hear from doctors and popular media that academic mediocrity is a lofty goal for deaf children. Karen Hunt, the parent of a deaf three-year-old in Idaho, was afraid that her daughter would grow up semi-literate if denied an implant: “I’d read all about being deaf and about how time is of the essence and how she’d only have a fifth-grade reading level if we didn’t hurry. I was just hoping she was deaf enough to go through with the implants” (Aleccia 2006). Tony Saccente, a Deaf interpreter and educator with lifelong involvement in the Deaf community, asserts that most Deaf adults who pursue cochlear implants do so out of a desire to communicate more easily in the workplace. However, he also notes with concern that some Deaf people mistakenly believe that implantation will solve all their mental-health or other personal problems (T. Saccente, personal interview, November 15, 2006). Advanced Bionics, a leading manufacturer and distributor of cochlear implants, shares the stance that implants are desirable as a source of health and happiness (Advanced Bionics Corporation 2006a, emphasis in original):

Why do people get a cochlear implant? **Simply put, they want to hear better.**

They want to be **included instead of left out.**

They want to be **more independent.**

They want to **use the telephone, enjoy music, and hear the sounds of nature.**

They want **more opportunity for the future.**

They want to be **peaceful and relaxed.**

They want to **hear their family and friends.**

In short, people who seek cochlear implants (for themselves or for their children) are seeking better lives – a goal they believe is attainable only through completing the shift from deaf to hearing.

The quest for a better life is also the primary motivator for gay-identified people who attempt to become heterosexual. People Can Change, an organization promising to help men who wish to “overcome unwanted same-sex attractions,” conducted a survey of its various online support groups in July 2006; among the 189 respondents, the most common reason for their desire to alter their sexual orientations was

the “desire to heal emotional wounds at the root of [their] same-sex attractions.” 90% or more of participants also included “personal values” and “expectation of unhappiness in gay life,” while other factors included “shame” (73%), “fear of rejection” (65%), and “outside pressure from others” (55%) (Wyler 2006a). Given the opportunity, many of these men would likely leap at the prospect of a magical Advanced Bionics implant that would permit them to be included instead of left out, offer them more opportunity for the future, and make them peaceful and relaxed – something they are certain only heterosexuality can do.

What, then, are the motivations of those who try to change the identities of others? PeopleCanChange.com is straightforward: “Are you conflicted over same-sex attractions? ... We know what it’s like. We’ve been there.” Many such advocates of change are trying to ease for others the suffering they have experienced themselves, and some “ex-gay” ministries exemplify this attitude. Others simply view homosexuality as a sin or a moral outrage and wish to stamp it out. Dobson (2006) is direct with this view, declaring that the “Scriptures ... condemn homosexuality and premarital heterosexuality.” While Nicolosi, a practicing psychologist, couches his views in scientific terminology – explaining, for example, that “Homosexuality is a developmental problem that is almost always the result of problems in family relations, particularly between father and son ... This is the most commonly seen clinical model” (1995: 51), he also freely states that his approach to psychology has sources other than science: “What is needed is not more research. What psychology really needs for its advancement is not another study, but a more accurate worldview. That worldview must take into account our creator’s design, which inevitably involves gender complementarity” (2004b).

Though modern American culture does not treat deafness as a sign of moral turpitude, Deaf parents of deaf offspring often find themselves struggling with ethical questions of identity. Some want to protect their children’s Deaf identities and others would prefer that their children hear, but all hope to protect the next generation from the frustrations and discrimination they suffered during their own childhoods. The documentary film *Sound and Fury* paints a moving portrait of this problem: Nita Artinian,

the Deaf mother of a Deaf five-year-old girl, acknowledges that she wants her daughter to take pride in being Deaf – but also worries about how hard life will be for her (Aronson 2000).

People Can Change, like other ex-gay organizations, takes a stance on the matter of choice that is particularly intriguing when compared to common attitudes toward oral education and cochlear implantation of the deaf: You didn't choose to be this way, they acknowledge, but you are responsible for taking the first steps toward change. Exodus International, the largest and best-known Christian ex-gay organization, declares: "No, homosexuality is not genetic. But neither do people choose to have homosexual feelings" (Exodus Global Alliance 2006). Dobson (2001: 115-116), known for his fiery attacks on adults who choose to act upon their homosexual "tendencies," explains that people who merely experience such feelings – especially children – are in need of sympathy, not condemnation.

We know ... that the disorder is not typically "chosen." Homosexuals deeply resent being told that they selected this same-sex inclination in pursuit of sexual excitement or some other motive. It is unfair, and I don't blame them for being irritated by that assumption. Who among us would knowingly choose a path that would result in alienation from family, rejection by friends, disdain from the heterosexual world, exposure to sexually transmitted diseases such as AIDS and tuberculosis, and even a shorter lifespan? No, homosexuality is not "chosen" except in rare circumstances. Instead, bewildered children and adolescents ... find themselves dealing with something they don't even understand.

Gays have suffered many and varied attempts by others to alter "this same-sex inclination" over the course of history, including electroshock therapy, hormone injections, castration, and lobotomy (Eskridge 2002). Today's ex-gay movement, however, takes a somewhat different approach. Many ex-gay groups, sometimes described as "transformational ministries," offer residential programs for teens and adults that are structured a bit like therapeutic summer camps. They combine intensive group discussions with lessons in "gender-appropriate behavior" (a male graduate of one such program, Love in Action, dryly recounts participants' annoyance with all the compulsory football games), and they often ban television, secular books and music, and stylish clothing or jewelry (Williams 2005). These organizations are commonly staffed by self-identified "ex-gays," who now have either entered into heterosexual relationships or chosen

to live celibately. Such ex-gays generally acknowledge that their same-sex attractions have not disappeared, but claim that they have changed enough to live successfully in the straight world and that the rewards of their identity shifts far outweigh the hardships.

So how are these circumstances similar to those of the deaf person who decides to live in the hearing world? In some ways, the two scenarios are completely different; for one, the oral/sign and cochlear-implant debates lack the religious cause that forms a significant part of the motivation behind the ex-gay movement,⁸ and there are no longer very many lobbyists trying to prevent the deaf from marrying or raising children.⁹ Nevertheless, similarities between the two remain. Immediately obvious is the belief of many well-meaning outsiders that sufficient religious faith will “fix” the damaged gay or deaf person. Numerous gay people can recount undergoing forced exorcisms at the behest of family members, and Lane et al. (1996: 16) share the story of one Deaf man whose parents took him to a “faith healer”: “When I was five or six years old, my mother took me to a faith healer, although I didn’t understand that at the time. I remember there was a big audience and I was standing in front of a guy in a dark suit behind an altar. He stuck his fingers into my ears and pulled them out as fast as he could to create a sucking effect. I remember that it hurt.” Further, those who seek to exact changes in both Deaf and gay people truly believe that they are performing acts of kindness. Cunningham (1998) quotes the father of a five-year-old cochlear-implanted boy: “Let’s not kid ourselves, deafness is a handicap, just as is blindness or spinal cord injury ... Would you question a loving parent trying to give his blind child an opportunity to see or his wheelchair-bound child an opportunity to walk?”

Most intriguing of all, however, is the similar language used by ex-gay spokespeople and cochlear-implant advocates, acknowledging that their newly “straight” and “hearing” success stories never quite

⁸ It should be noted, however, that many of the first oral programs for the deaf were founded by missionaries concerned that deaf people would be eternally damned if they were unable to confess aloud their faith in Jesus as their savior (Woodward 1982). Further, in their study of contemporary Mexican “miracle cures” for deafness, Noriega & Ramsey (2001) capture the views of many parents of deaf children around the world: “If a child’s voice is absent, it marks God’s abandonment, withholding of love, or punishment of the parents for a past sin.”

⁹ This has not always been the case. A landmark in Deaf history occurred in 1575, when a Spanish lawyer named Lasso concluded that deaf people who learned to speak were “no longer dumb” and should be permitted to bear children – a right that the deaf in Spain had routinely been denied in the past (Disability Social History Project 2003). Spain was far from the only nation to impinge so drastically on the fundamental human rights of the deaf.

achieve the degrees of normalcy they desire. The Web site of Advanced Bionics explains that everyone has a different maximum hearing potential; the information page cites a patient's current age, duration of hearing loss, age when hearing loss began, health of the inner ear, and compounding medical conditions as examples of "biological factors that can influence one's hearing potential" (Advanced Bionics Corporation 2006b). Most audiologists warn that not every deaf or hard-of-hearing person is a candidate for cochlear implantation. The generally accepted statistic is that the highest-performing¹⁰ 20% of implant recipients achieve such good results that they are able to function almost flawlessly (though not effortlessly) in the hearing world, while the lowest-performing 20% receive no benefit from their implants at all (D. Napoli, personal communication, September 13, 2006), finding that their situations have actually worsened because of the frustration and demoralization they experience when implantation fails to help them. Most recipients who trade in their hearing aids for implants agree that the sound quality and clarity delivered by their cochlear implants is substantially more effective, though they also note that it is far from perfect. Michael Chorost, a writer born hard-of-hearing who became profoundly deaf at age 36, explains: "A score of 70% [on a Hearing-in-Noise Test at plus-five decibels, a test commonly used by audiologists] would be bad news for a normally hearing person. But for a totally deaf man, it's like a dog getting a C in algebra" (Chorost 2005: 185). Despite the generalizations of outside observers who blindly hail cochlear implants as "technological developments that can help even the most profoundly deaf people learn to speak" (Cunningham 1998), most of the informed medical community takes a more careful stance. Implantation is the right solution for some, they caution, but not for all – at least not yet.

Similarly, most ex-gay programs warn that total "straightening out" is an impossible goal for non-heterosexuals. Medinger (2005) argues that such a goal is not only highly unlikely, but fundamentally unreasonable; since people of all sexual orientations struggle with their sexuality in some way, he states (married heterosexuals struggle to be faithful; most people are distracted by sexual urges), it is illogical for an ex-gay to assume that all of his or her unwanted feelings will instantaneously – or ever – disappear.

¹⁰ The terms "highest-performing" and "lowest-performing" refer only to implant recipients' hearing abilities (as measured by scores on standard hearing tests) post-implantation and are not indicative of social, academic, or any other performance.

What are these changes? Are they so complete and radical that the individual's new condition carries no vestiges of the old homosexuality? Do we become "just like everyone else?" That is the goal of most people who come to our ministry. Or is change more like that of the 12-step member who continues to carry the affliction, but has gained control over the behavior? ... It may be true the person being healed of homosexuality does not become "just like everyone else," and a few old reminders of the past may linger. We have no need to apologize for this.

People Can Change goes further still; though citing no statistics for how many among their ranks have safely emerged from homosexuality, the "Questions and Answers" section of the organization's Web site suggests a "success" spectrum similar to that of cochlear-implant recipients. A few members find that they are able to function almost flawlessly (if, like implant users, not effortlessly) in their newly heterosexual identities; a few fall into deep depression when they find themselves unchanged; most fall somewhere in the middle. (Unlike the cochlear-implant experience, however, the ex-gay experience seems to feature many stories of people who oscillate between one extreme and the other.) In answer to questions about those who have attempted to change their sexual orientation and failed, People Can Change states clearly that the eponymous "People" is not necessarily all-inclusive. While certain that some gays can permanently alter their identities, they are hesitant to claim that all can do so.

As we read the stories of "ex-ex-gays," we have to accept the validity of their experiences and choices, just as we ask them to accept ours. Isn't it possible that some people CAN'T find a way to change their feelings? Why does it have to be either-or, them or us? Clearly, we know that some people CAN change their sexual desires, because we have experienced it ourselves. Other people state emphatically that they don't WANT to change, so the question of whether they could or couldn't if they wanted to is, for now at least, moot. Isn't the experience of all three types of people equally valid FOR EACH OF THEM? (Wylar 2006b, emphasis in original).

In this sense, the policy and rhetoric of such groups are much like that of mainstream audiologists: While they are confident that identity change is correct for some, they acknowledge out of experience that it is not feasible for all.

IV. Save Our Children (From ... ?)

I want to know who has been sneaking out with those SMUT-PEDDLING RECRUITERS!

– Mary Brown, *But I'm a Cheerleader* (Babbit 2003)

Every culture places a premium on protecting its children. When society opposes the very existence of a given culture, however, protection becomes a matter of personal opinion. In addition, Deaf and gay youth face a unique challenge that most members of racial and religious minority groups do not share: They are often the only “different” members of their families,¹¹ and so are left wholly without role models or mentors as they try to determine where they belong in the world. While a child from the only Jewish household in town may face discrimination in her day-to-day life, she can go home to the assurance of a family that is knowledgeable, supportive, and ready to teach her that her difference should be a source of pride, rather than shame. For Deaf children who grow up in hearing families, or for gay teenagers certain that everyone else in the world is straight, this kind of support network is all too rare. When it comes to acting in the best interests of young people, there are passionate voices on every side of each debate. For every adult concerned with giving voice to gay youth, there are several anxious to shield teenagers from “homosexual recruiters”; advocates of cochlear implantation are just as fervent as their opponents. In the Deaf community, one of the most prominent aspects of this culture clash is the oral/manual education debate.

Deaf schools, more than any other institution, have been foundational to Deaf identity. The Deaf-school movement in the United States began in the early 19th century; the first permanent residential school, the American School for the Deaf, was founded in 1817. Early deaf schools were sign-oriented, with all classroom instruction conducted in ASL. The communities formed within them began to give Deaf people a sense of cultural self-awareness, as well as to standardize ASL across the country (Burch 2000). Signing schools were generally successful, and the founding of Gallaudet University – also a sign-oriented institution – in 1864 brought the Deaf community access to higher education. ASL seemed to be

¹¹ As the actor Charles Pierce once noted, “I’d rather be black than gay, because when you’re black you don’t have to tell your mother.”

on its way to recognition as a minority language, and while the Deaf still faced serious discrimination from hearing people, they had a community solidarity that was in large part structured around the learning and use of sign.

However, all of this changed in 1880, with the second International Congress on Education of the Deaf. 164 educators – only one of whom was deaf – gathered in Milan, Italy, to discuss the future of Deaf education, and the results would have disastrous effects on Deaf schools around the world for more than a century to come. After watching select oral deaf students perform exercises that demonstrated their speaking and lip-reading skills, the delegates passed a near-unanimous resolution declaring that oralism was the only acceptable means of instruction for Deaf students (Lane et al. 1996). One Milan presenter was the infamous Alexander Graham Bell, who advocated not only strict oralism, but also mandatory sterilization of deaf people (Lane et al. 1996) – even though both his mother and his wife were deaf.

As a result of the Milan Congress, the late 19th and early 20th centuries saw the development of a new methodology for teaching deaf students, one that insisted on the primacy of speech and discounted the value of signing. Advocates of oralism insisted that any deaf child, with effort, could learn to speak; they dismissed ASL and all other forms of manual communication as “monkey signs” undeserving of real-language status. Hearing parents were seized with hope that they might one day hear their silent children’s voices, as well as enchanted by the idea that their deaf sons and daughters might one day be more like them. The emphasis on this normalization, on becoming as “hearing” as possible, permeated every aspect of deaf life; deaf children were reprimanded or beaten if they were caught using sign language in school, while teenagers and young adults were encouraged to master speaking and, if they could, marry somebody “normal” – which meant, invariably, marrying somebody hearing.

While many deaf people resisted the force of oralism and continued to sign and participate in Deaf culture, the Deaf community still suffered a serious blow, and non-native signers in oral schools (usually deaf children born to hearing parents) had much more trouble learning ASL and introducing themselves into the Deaf environment than their peers who learned to sign in the classroom. In many scenarios,

children who were prelingually profoundly deaf (that is, those who were born deaf or otherwise became deaf before acquiring language), denied ASL and unable to master English, went without adequate linguistic input for so long that they were never able to become fluent in any language.¹² Meanwhile, oralist teachers' constant attacks on deafness caused even the most capable Deaf students to become ashamed of their identities and look upon themselves as diseased and disabled. Further, oral teachers were (and still are) generally hearing adults who had varying degrees of familiarity with Deaf culture. When Deaf teachers disappeared from schools, deaf students lost crucial role models. Without paradigms for how to be successful Deaf adults, they were left with oralist teachers who labeled them as failures.

The oral/manual controversy is still raging today, and there are strong proponents (and opponents) of each movement. Modern advocates for oralism believe that students must learn to speak and lip-read if they want to be successful in a world that is primarily hearing, and they claim that denying children the opportunity to learn spoken English is denying them many opportunities for academic, professional, and economic success. Further, they argue that a lack of grounding in spoken English makes it nearly impossible to master written English, noting that the average deaf high-school graduate can read at only a fourth-grade level. Proponents of sign contend that oralist schools generate graduates who are less adequately educated, not more, than students taught primarily or entirely in ASL. They highlight the fact that many students, especially those who are prelingually profoundly deaf, are simply unable to succeed in oral schools; they cannot master spoken language or lip-reading, and to refuse to teach them sign is to deliberately retard their development. To the literacy experts, they point out that no one can become literate without first acquiring fluency (speaking or signing) in some language – any language – because reading demands a grasp of basic linguistic principles that cannot be demonstrated by someone with a total lack of language competence, fluent neither in English nor in ASL. Further, anti-orallists express concern that oral schools devote so much time to lip-reading lessons and speech therapy that they sacrifice other

¹² Linguists generally agree that the first five years of life are the critical period for human language development, while the first twelve are crucial for the attainment of native-speaker fluency. That is, a person who does not learn to speak a given language before the age of twelve is unlikely ever to become as fluent as a native speaker; a person who acquires no human language before the age of five is unlikely ever to master one at all.

subject areas in the process. Burch (2000) explains, “The ramifications of oralism were immense for the Deaf. Not only did oralism challenge the validity of sign as a teaching and communication method, but it also curtailed the effectiveness of the education itself as the focus of Deaf education shifted from academic subjects to speech training.” Deaf actress Jackie Roth affirms this claim, recounting the frustration of her years at the all-oral Lexington School for the Deaf. “History lessons: We spent two weeks learning to say ‘guillotine’ and that was what we learned about the French Revolution” (Solomon 1994).

Elizabeth Peet, dean of women at Gallaudet in the early 20th century, expressed another concern about oral schools: Deaf children who are surrounded by their deaf peers, if denied the opportunity to learn a standard language, will develop their own system of signs. While this phenomenon can have positive effects (it sparked the development of Nicaraguan Sign Language in the early 1980s, for example¹³), it can also be disastrous for American children who leave school and find themselves unable to communicate with the wider Deaf community. Peet put it bluntly in a lecture to a group of Gallaudet undergraduates: “The fact remain[s] that signs are used by the Deaf, and if not permitted openly in school, they shoot up in the dark like ‘weeds’ ... and the result is a curious and grotesque combination of furtive gestures and expressive faces which no one but the children themselves can understand” (Peet 1934: 2). Her concern about communication between Deaf people reflects another source of serious trepidation regarding oralism, one that has little to do with literacy or even the academic quality of deaf education: the belief that oral schools are bad for Deaf pride and irreparably destructive to both the self-images of Deaf individuals and the Deaf community at large. While they agree with oralists that the goal of educating children is to produce graduates who are able to function in society, a significant part of the debate stems from disagreement over what that “functioning” looks like and what that “society” should be. Many Deaf advocates, from those who take a strong anti-assimilationist stance to those who support some involvement with hearing culture, argue that the best education is one that prepares deaf students to integrate themselves into the Deaf world as fully as possible. They point out that children must learn to

¹³ For more on the development of Nicaraguan Sign Language, please see Senghas (forthcoming).

sign if they want to be part of that world, and they argue that deaf students who are forced to speak often grow up with low self-esteem and cannot be proud of being deaf – a statement that seems to be supported by deaf adults whose memories of school are a nightmare of endless hours of speech therapy and constant feelings of failure (Cohen 1994).

As hearing technologies grow more and more sophisticated, the Deaf-culture debate has acquired a new ethical wrinkle: Should deaf children receive cochlear implants? Many Deaf adults are horrified by current processes of implanting infants and toddlers – in part because the surgery is invasive (though it is no longer considered experimental (Christiansen & Leigh 2002)), in part because they fear that children with implants grow up unable to claim their Deaf birthright. Lane (1992: 82) states, “The audist establishment is concerned with neither the deaf child’s cultural heritage nor his language, which is an embodiment of that heritage. They are denied.” In 1991, the National Association of the Deaf published a position paper declaring pediatric implantation “unsound scientifically, procedurally, and ethically” (Lane 1992: 232).

Nevertheless, the Deaf community’s attitudes towards implants in children are slowly changing. As more and more children acquire implants while still mastering ASL and becoming involved with the Deaf community (Gallaudet’s Kendall Demonstration School has even developed a program specifically geared toward implanted children; its mascot is an action figure called “C.I. Joe”), both oralists and ASL users are coming to accept that bilingual education is both a feasible and a desirable goal for deaf children (Christiansen & Leigh 2002). Even the National Association of the Deaf has revised its views. In 2000, the organization’s Board of Directors issued an updated position paper stating that while “cochlear implants are not appropriate for all deaf and hard of hearing children and adults ... The NAD recognizes the rights of parents to make informed choices for their deaf and hard of hearing children [and] respects their choice to use cochlear implants and all other assistive devices” (National Association of the Deaf 2000). Deaf psychologist Irene Leigh explains, “There is a place in the Deaf community for kids with cochlear implants ... The bridges have been crossed, and that, I think, is the story ... [Deaf adults] are seeing those Deaf kids

going into the hearing environment, connecting with them, working with them, playing with them, and they're still coming home to the Deaf community” (Aronson 2006).

Given the steadily falling number of prelingually deafened people (due, among other factors, to improved prenatal care for mothers and new vaccines protecting infants from diseases like meningitis) and the fact that only 10% of Deaf parents have deaf children (Sell 2001), the population of Deaf young people has fallen dramatically in recent years. While Deaf activists are concerned with rescuing their language and culture from the danger of extinction (Lane et al. 1996), many oralism advocates see them as shameless “recruiters” for the Deaf cause, trying to build their own questionable community by saddling children with a disability that will haunt them for the rest of their lives. It is interesting to compare such thoughts with the infamous words of 1970s pop singer Anita Bryant: “As a mother, I know that homosexuals cannot biologically reproduce children; therefore, they must recruit our children.”¹⁴ Bryant was an aggressive anti-gay crusader, leading a successful 1977 campaign to repeal an ordinance that prohibited sexual-orientation-based discrimination in her home of Dade County, Florida, and founding the organization Save Our Children – a group specifically aimed at protecting children from the “recruitment” tactics of predatory gays. Armed with stereotypes about the “homosexual lifestyle,” Bryant and her allies zeroed in on the fears of parents all over America. After all, few straight parents are pleased to learn that their sons or daughters are gay. Some are upset for moral or religious reasons, while others simply share the questions of hearing parents of deaf children: *Will my child ever have a job or a family? What kinds of opportunities will s/he miss in life? What did I do to cause this problem? How do I fix it?*

However, like Deaf activists who push to ensure that children from hearing families have access to the Deaf community, queer advocates are working to help rid parents of their myths and misconceptions

¹⁴ In fact, the scientific establishment has repeatedly demonstrated that gay parents are no more or less likely than straight parents to raise gay or gender-confused children (Patterson 2004, American Psychological Association 2004), and many same-sex couples are now choosing either to adopt or to “biologically reproduce” via surrogate motherhood or artificial insemination. Further, in an impact-assessment statement on their proposal to legalize same-sex marriage, the Canadian Justice Department suggested that children of same-sex parents might have an advantage over those of opposite-sex parents, noting that gay parents’ relationships are often more “supportive and egalitarian ... These strengths could contribute to parents’ relationship quality and have a positive impact on children” (Tibbetts 2004). In response to these claims, however, the pop-singer establishment has remained oddly silent.

about homosexuality and to provide a safe space for queer youth – which means, in part, speaking out against ex-gay programs aimed at teens. In 2005, a summer camp called Refuge gained worldwide notoriety due to the blog of one of its attendees. After he came out to them, 16-year-old Zach Stark’s parents told him that they planned to enroll him in Refuge, the youth branch of the Memphis-based Love in Action; Stark’s Web posts in the days leading up to his departure gained international attention. Supporters of gay rights around the world were outraged, and LGBTQ activists in Memphis formed a group called Queer Action Coalition that protested outside Refuge and Love in Action’s headquarters (Brody 2005). Just as Deaf activists hope to prevent another generation from experiencing the shame and misery they felt in their youth, queer activists are concerned with providing community, pride, and a “safe space” for queer young people who have nowhere else to turn.

V. Deafness and Transgender Issues

I want to know, how can I leave behind such a heavy identity, such a completely defined worldview? ... I want to ask,

How did you become “the enemy” and survive? Do any of your old dyke friends talk to you anymore?

- Max Wolf Valerio, on transitioning from female to male (Valerio 2006: 110)

Though members of minority communities struggle every day for equal treatment and acceptance in an unfriendly dominant culture, those who attempt to transition out of their minority groups face a path more difficult still. Deaf adults who choose to pursue cochlear implantation or otherwise integrate themselves into the hearing world, whether for personal or professional reasons, risk criticism and ostracism from other Deaf people. Meanwhile, although ex-gays are unlikely to seek acceptance from LGBTQ activists, an increasing number of transgender and transsexual people find that they receive mixed reactions from gay communities – particularly lesbian communities – that once welcomed them with open arms.

As detailed in Part IV, a long history of oppression has made the Deaf community protective of its own, and many members are suspicious of hearing people who attempt to integrate themselves into Deaf culture. A fictitious character in Lane et al. (1996: 374) explains: “Even hearing people who speak ASL very

well still have the option of leaving the DEAF-WORLD¹⁵ any time they want and going back to their hearing world. It's not that Deaf people don't want to mingle with hearing people, it's that we make this world our place." The nature of the "we" laying claim to Deaf history and culture, however, is anyone's guess, and attempts to define what Lane et al. term the DEAF-WORLD have caused the community no small amount of strife.

Just as deafness and Deafness are different phenomena, "How deaf are you?" and "How Deaf are you?" are questions with very different answers. Audiologists measure deafness in clinical terms, and a "deaf" person may have a hearing loss rendering her unable to hear sounds below 60 decibels (the volume of normal conversation), 80 decibels (the background noise heard while driving on the expressway), or 115 decibels (the effect produced by standing next to the speakers at a rock concert) (Marschark 1997); those with hearing losses above 80 decibels are considered profoundly deaf (O'Connor 1995). Deaf culture, however, recognizes a variety of factors in determining the degree of a person's Deafness. These include not only decibel loss but competency in ASL, connections to other members of the Deaf community (Is he from a Deaf family? Does she have Deaf friends? Does he date Deaf people, hearing people, or both?), and educational background (Did she go to a Deaf school? If so, was it oral or sign-oriented?). Trading information about such cultural matters strengthens the Deaf community and gives Deaf strangers an immediate common ground, but it can also raise ugly questions about who is Deaf "enough."

The problem of Deaf identity gained national prominence in October 2006, when students took over the Gallaudet University campus to protest the selection of Jane K. Fernandes as their next president. Students and faculty alike opposed Fernandes' appointment for an assortment of reasons, stating that she had a poor attitude towards students (Judkis 2006), that she failed to recognize ASL's importance at Gallaudet and its centrality to Deaf culture (Schemo 2006), and that the board of trustees' presidential search process was gravely flawed (Cohen 2006). The most vicious claim leveled at the president-elect, however, was that she was "not Deaf enough." Fernandes attended oral schools and did not learn ASL

¹⁵ Small capital letters indicate English glosses of ASL signs.

until the age of 23 (Judkis 2006), leading some to question her aptitude for running a university that is emblematic of American Deaf culture. The protesters were relentless, occupying buildings and forming a human blockade across the school's front gates (Schemo 2006), and on October 29 – six months after Fernandes' appointment and 18 days after the students' first successful attempt to shut down classes on campus – the Gallaudet board announced its decision to terminate Fernandes' contract.

Deaf adults who seek cochlear implants face attacks even more pointed than those leveled at Fernandes. In many Deaf circles, they are perceived as sellouts, shamelessly trying to ingratiate themselves with hearing people in hopes of currying favor from the dominant culture, or weaklings, falling prey to what Lane (1992: 132) calls “the audist program of forced assimilation of deaf people.” Some activists refer to Deaf adult implant recipients as THINK-HEARING, a sign reserved for Deaf people who idealize hearing culture or behave as though they were hearing – a concept that Rutherford (1983: 319) notes is “directly analogous to calling a black person an ‘Oreo.’”

Fearing this kind of reaction, some people who are considering implantation choose to keep their decisions secret. Saccente notes, “Once in a while, someone you know will show up at a party with an implant. It’s a total surprise, he never told you he was getting it, you’re thinking, ‘Why didn’t you tell me you were thinking about this? Are you really my friend?’” (I. Saccente (through interpreter), personal interview, November 15, 2006). However, as the Deaf community becomes more amenable to the ideas of bilingualism and biculturalism, discrimination against implant recipients is lessening. John Christiansen, a Gallaudet University sociologist and scholar of Deaf culture, had an implant activated in April 2001 and stated that he had faced no criticism from his friends (both hearing and Deaf) or from the students or faculty at Gallaudet (Christiansen & Leigh 2002).

Acceptance of this degree is something that most transsexuals are lucky to find in the lesbian community. Like Deaf culture, lesbian culture has a long history of complicated identity politics, and the feminist movement that laid so much of the groundwork for gay liberation in the 1970s was strongly prejudiced against transgender and transsexual people. Valerio (2006: 81) recounts his first reading of *The*

Transsexual Empire, a book by lesbian feminist academic Janice Raymond that

basically set the tone of feminist discourse about sex change for years to come. Raymond postulated that all transsexuals were dupes of the patriarchy, “mutilating” their bodies in order to live out stereotyped sex roles instead of changing those roles through a rigorously applied program of radical feminism ... She stated that transsexuality should be “morally mandated out of existence,” and began the task of making this happen, working with the Reagan administration to eliminate Medicare payments for both sex-change surgery and hormones for poor transsexuals in Minnesota.

Many lesbians view female-to-male transsexuals with an attitude similar to that of some Deaf activists toward cochlear-implant recipients: Either they are “dupes of the patriarchy,” or they are deliberately abandoning their identities in order to gain the privilege and social status attached to maleness in Western culture. Gender-research specialist Ken Zucker observes “the sense that a transman is ‘betraying the team,’ joining the oppressor class and that sort of thing” (Vitello 2006), while author Leslie Feinberg complains of “the misunderstanding that transmen are just butch lesbians who transitioned because they couldn’t deal with their oppression – as though it’s so much easier to be transsexual in this society!” (Lee 2000). Califia (2002: 88) agrees, arguing that a long history of repression, subjugation and harassment has made lesbians suspicious of those who transition genders: “When a group you have been affiliated with is under siege, it is very difficult to leave it. Being a female-to-male transsexual can seem like giving in to misogyny or lesbian-baiting, looking for an easy way out.”

And, like the Gallaudet protesters, some feminists are concerned with deciding who is female “enough” to merit inclusion in organizations and events that are open to women only, from sports teams to rock concerts. Though few lesbian feminists continue to hold Raymond’s view that male-to-female transsexuals are “out to infiltrate and weaken the feminist movement by declaring themselves to be lesbians, joining feminist women’s organizations, and slipping like a rapidly spreading virus into ‘women’s space,’ slowly taking over from within” (Valerio 2006: 81), many still feel that transwomen have no right to claim women’s space as their own. The most controversial single-sex event in lesbian culture is the Michigan Womyn’s Music Festival; open to “womyn-born womyn” only, the gathering has drawn fire since

1991, when a transsexual woman named Nancy Burkholder was ejected from festival grounds by security officers. Despite criticism from those who consider the policy anti-trans, the festival's organizers maintain that their exclusiveness is not born of prejudice. Co-founder Lisa Vogel states that "Supporting womyn-born-womyn space is no more inherently transphobic than supporting womyn-of-color space is racist. We believe that womyn-born womyn have a right to gather separately from the greater womyn's community. We refuse to be forced into false dichotomies that equate being pro-womyn-born-womyn-space with being anti-trans" (Vogel 2006). Author Tristan Taormino, however, captures the views of many others in her dismissal of the festival as "a safe space, but only for certain *kinds* of women" (Taormino 2000).

Nevertheless, like Deaf people who are growing gradually more tolerant of cochlear-implant users, lesbian culture as a whole is slowly beginning to re-examine its perceptions of gender in a way that makes room for trans people. A case in point is the makeup of Camp Trans, an organized protest that transgender activists have staged across the road from the Michigan Womyn's Music Festival since 1994. Gender activist Riki Wilchins describes the change: "At the original Camp Trans, it was transsexuals¹⁶ struggling with the Festival. But this year it was young, radical lesbians ... I thanked one of them for her outspoken support, and she responded, 'I wasn't supporting you. If you're not welcome, I'm not safe here either. This is my issue, too'" (Koyama 2006).

Both the Deaf and lesbian communities are still engaged in the struggle to break free from a long pattern of oppression; this history has made each group close-knit and protective of its members, but has also made them wary of outsiders and conservative in deciding who is permitted to share their identities. Even so, as civil rights for minorities become more of a reality, each group has slowly begun to reevaluate its criteria for membership, expanding its range of compassion and tolerance in the process.

The experience of transsexuals is similar to that of Deaf people in one other important way: While activists in both groups are adamant about depathologizing their identities, others are concerned that ending society's view of their difference as disability or disorder will have serious legal and economic

¹⁶ Some trans activists prefer the spelling *transsexual* to the more common *transsexual*; Valentine & Wilchins (1997: 222) describe this as "a conscious political move to displace the term from its medical origins."

implications. One very real concern for the Deaf community is that if the Deaf are treated only as a cultural minority, they will no longer receive protection under the Americans With Disabilities Act (ADA) – a law that currently prohibits employment discrimination against the deaf, mandates accessibility measures (including TTYs, visual fire alarms, and ASL interpreters) in all government-funded facilities, and requires phone companies to provide relay services that enable Deaf and hearing people to converse freely with each other (Lane et al. 1996). Losing the rights guaranteed by ADA coverage would be a terrible blow to the Deaf community, and while legislation specifically geared toward the Deaf could replace laws that are presently couched in the language of disability, many people are uninterested in taking such chances with their basic human rights. Similarly, if the American Psychiatric Association elects to declassify gender identity disorder as a mental-health disorder, life will become even more difficult for transsexuals who seek aid from health-insurance providers or Medicaid offices in order to pay for the hormone treatments and surgery that will help them complete their transitions (Middleton 1997). In the struggle to depathologize difference and ensure equal rights for all minority groups, no one has yet proposed a solution to either of these concerns that proves sufficient to protect those who are most economically vulnerable.

VI. Final Thoughts

By the time the next seven years have come and gone I'll be the one the dictionary has trouble naming.

– Kate Bornstein, transgender author and performance artist (Bornstein 1994: 238)

“The dominant theory of social movements,” says Jankowski (1997:163-164), “has tended to treat these movements as marginalized groups trying to establish access to the dominant society ... by persuading the dominant to allow them to do so, rather than from the perspective of encouraging society to accept diversity.” For most of their respective cultural histories, the Deaf and gay communities have attempted to do exactly this. In their desperation to win respect from their surrounding societies by proving their normalcy, as measured by similarity to the dominant culture, both groups have found that they are actually reinforcing that culture’s demonizations and pathologizations of their differences. When

they define their own identities in relationship to those of hearing people by calling themselves “hearing-impaired,” Deaf people often discover that the hearing world catches only the *impaired*; the mainstream gay movement’s insistence to straight people that “We’re just like you!” has met with skepticism and scorn from those convinced that “Homosexuality is dangerous to the well-being of the family and America” (Brown 2005), who adamantly oppose the suggestion that they might share any ground at all with gay people.

Upon this rejection of their attempts to assimilate, each community has struggled to avoid internalizing the sense of inferiority projected upon it by the dominant culture. Perhaps as a result of this, both groups have been plagued by infighting and identity politics. Califia (2002: 170) recalls how “[Lesbians in the 1970s] were so guilty about being queer that only a rigid adherence to a puritanical party line could redeem us from the hateful stereotypes of mental illness and sexual debauchery.” Bornstein (1994: 133) painted the same picture in 1994: “In order to reinforce their newly-included position within the dominant ideology, assimilationist lesbians, gays, bisexuals, and transgendered people must ... cast as outsiders those who would threaten the integrity of their membership. They need to disown their own.” In the course of determining such divisions, LGBTQ people found themselves divided over everything from political ideology to standards of dress, so consumed by internal strife that it was nearly impossible for them to present a united front until the AIDS crisis of the mid-1980s forced them to cooperate (Califia 2002). Meanwhile, speaking deaf people and signing Deaf people have drawn their own party lines, isolating themselves from each other at Gallaudet and in the world at large (Judkis 2006).

Yet those lines are, however slowly, beginning to erode. Christiansen & Leigh (2002: 321) are optimistic about the future of Deaf solidarity, declaring that even “the walls between those who support pediatric implantation and those who oppose the procedure are, if not crumbling, at least beginning to show some noticeable cracks.” Meanwhile, the LGBTQ movement – as Riki Wilchins noted in observing the changing composition of Camp Trans – is gradually becoming more open to people with differing sets of politics, religious beliefs, sexual preferences, and gender expressions. As each civil-rights movement

makes progress toward equality within the dominant culture, tolerance within the communities becomes a chicken-or-egg question: Has a changing social climate made these two minority groups more willing to embrace their fringe members, or is it only upon accepting their outsiders that they have grown strong enough to pursue change? Whatever the answer, it is clear that each of these communities might find it has something substantial to learn from the other's history of oppression, struggle, and liberation.

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