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THE VIEW FROM WITHIN AND WITHOUT: CONDUCTING RESEARCH ON DEAF ASIAN AMERICANS

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Abstract

This paper is a reflection on the process of researching and writing about Deaf Asian Americans (Akamatsu, 1993; Fischgrund & Akamatsu, 1993). As a hearing person, I have used both quantitative and qualitative methods to study issues of bilingual language development primarily in deaf populations. However, it was not until recently that I realized that much of what I knew about deafness was in relationship to white Deaf Americans, and that much of what I knew about Asian Americans was about hearing Asian Americans. Two questions are considered in this text:

1. In what way does looking at a problem from the inside contribute to one's thinking in terms of formulating questions and interpreting the data?
2. What social, institutional, or cultural barriers (if any) exist that prevent insider knowledge from becoming general knowledge?

The text that is to follow is rather a story of research and writing rather than an academic treatise addressing the questions in any formalized way. My thinking about the questions will be interwoven throughout rather than addressed directly.

Looking at a Problem from the Inside

It seemed logical to begin with writing about who Deaf Asian Americans are. How big is the population? How diverse? I began with information about Asian Americans. Personal experience informed me that this is an ethnically and linguistically diverse population, and from certain perspectives, with a political and social history that would divide rather than unite us. The concept of Asian/Pacific American (APA) is an American political concept, rather than a natural social concept brought over from Asia and the Pacific. In addition to personal experience, I consulted several books that have been written about Asian Americans (e.g., Kitano and Daniels, 1988; Takaki, 1989). These volumes, written by Asian American researchers, contain both qualitative and quantitative information about the population. Both personal experience and these more academic writings would warn me against making generalizations, or at least, making too many generalizations of the wrong kind.

Looking at the Problem From the Outside

Having worked in a professional capacity in schools for deaf children and adults for over a decade, I also knew from personal experience that the deaf and hard of hearing population is also quite diverse. Here, however, some of the diversity seems to stem from an outside source. Unlike most APAs who are born into APA families, most deaf and hard of hearing people are born into

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hearing families. The most natural instinct is to want to raise one's children to become like oneself. Thus, most deaf and hard of hearing children initially meet with resistance to who they are, from people who are most instrumental in defining identity: their families.

Any of the following terms could have been used to access the population: deaf, hard of hearing, hearing impaired, acoustically handicapped, hearing handicapped, acoustically impaired, speech and language impaired, speech delayed, language delayed, and many others point to the confusion in exactly what constitutes "deaf and hard of hearing."

Solving my First Problem: Who are APA Deaf People, or Conversely, Who are Deaf APA People; and is this Really an Important Question?

Ethnic/multicultural groups as a whole are over-represented in the deaf and hard of hearing school population (35 percent). The proportion of deaf and hard of hearing APAs receiving special education services is also somewhat higher than the proportion of APAs in the general population. However, it is unknown whether hearing impairment is more prevalent among APAs, whether it is more prevalent among the more recent APA immigrant population and therefore among the younger school aged children, or whether there are actually more APAs than census counts indicate. The difficulty in ascertaining the size of the deaf and hard of hearing APA population is combined with one startling statistic: The 206 percent increase in deaf and hard of hearing APA children under the age of 6 enrolled in the school system in the last decade (Allen, Rawlings, & Schildroth, 1989). This alone argues the necessity of finding out who these children are, where they are, what their backgrounds are, what

kinds of services need to be provided, and how best to accomplish this.

Furthermore, in spite of a 150 year history of Asians in this country, many APA children are probably recent refugees, deaf and hard of hearing children among them. Therefore, there is a segment of the population for whom English is the home language with American-educated parents, and a segment that speaks everything but English, with a wide diversity of schooling histories, both of the children and the parents.

The higher incidence of deafness could be caused by lack of adequate health care of both mother and child, especially if the pregnancy, birth, and infancy were spent in refugee camps. In addition, medical services in the U.S. are prohibitively expensive, and it is unlikely that many refugee families participate in any group health insurance plans. Even when low-cost or free help is available, personal problems (in particular, mental health and social problems) are not topics for public airing. A child's hearing impairment that leads to delayed or deviant communication patterns (from a hearing person's point of view) and difficulties in social interactions may be viewed as a taboo topic. Therefore, even after arrival in the U.S., treatable health problems that can lead to hearing impairments can go undetected and untreated until permanent damage is done.

Interestingly, neither the U.S. Department of Education nor the Office of Civil Rights collect statistics on the numbers of Asian/Pacific Americans (APAs) receiving services for deaf or hard of hearing children. Obviously this does not mean they do not exist. Rather, it means that they have been "invisibilized," re-categorized somehow for whatever reasons. Typically, the deaf population is broken down into White, Black, and Other.

One can approach this problem from two perspectives. The first is to find the number of

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deaf and hard of hearing people based on the general population and calculate the deaf and hard of hearing APA population based on the percentage of the general population that is APA. The second is to find the number of APAs, and calculate the deaf and hard of hearing population based on the percentage of the general population that is deaf and hard of hearing. Using these two methods alone, I estimated the population to be somewhere between 8,410 and 450,000 deaf and hard of hearing APAs. Obviously, terminology was playing a major role in my ability to find information. This included how states and programs defined the population. Because of the population surveyed, these figures are likely to underestimate the actual numbers of deaf APAs since the proportion of APAs in the general population has grown in recent years.

Issues

Effect of my Asian-ness and Hearing Status on my Research

It seemed reasonable to assume that Deaf and hard of hearing people themselves would define their own "diversity," regardless of what hearing people said or tried to do. Current wisdom says that Deaf people identify as an ethnic group unto themselves, with the most powerful identifier being the use of American Sign Language (e.g., Lucas, 1989; Padden & Humphries, 1988). That being the case, one would expect there to be less racism in the Deaf community than in the hearing community. Yet, there is a Black Deaf Association within the National Association of the Deaf. Moreover, I have had the experience of Deaf Asians/Asian Americans invite me into their exclusively Asian group when we are in a mixed deaf/hearing setting. Is it because I sign, or because I am Asian? When the group is all white, but mixed deaf/hearing, I am politely relegated into

the hearing group, in spite of the fact that Deaf people have said that I "sign like Deaf." It is clear that I am not seen solely as a hearing person, nor solely as an Asian American, nor solely as a signer. Depending on the circumstances, one characteristic is more important than the other.

The issue of objectivity arises when studying Asian Americans. There is a constant push-pull between personalizing findings and the authority of the printed word. Thus, I often find myself thinking, "That is not true in my experience, therefore the research is flawed" and at the same time thinking, "Gee, it's in print so it must be true, and I must have misinterpreted my experience." Elliot Eisner once said that complete objectivity is not possible, because we cannot divorce our perceptions from our experiences. We all bring particular lenses to our work, and some work better than others.

The printed word that I (personally) take as authority with regard to Asian Americans is the word of fellow Asian Americans. This is not to say that research done by non-Asian Americans is necessarily flawed. Nor do I claim that work done by Asian Americans is flawless. Rather, I believe that I am looking through the same set of lenses as other Asian Americans, and through a different set of lenses from others.

There may be times when over-generalizations actually might help in formulating questions or interpretations: x happens in my community, maybe it's also important in theirs. For example, the institutions of the Deaf club and JA community centers. Just as I find it odd for a white person with no obvious attachment to the Japanese American community to be involved in a JA community center, Deaf people wonder what a hearing person with no obvious connection to the people there is doing at Deaf club. On more than one occasion, a deaf person has said to me, "Well, you must understand the oppression of Deaf people, because you've been oppressed yourself."

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Because of this perception of me, correct or not, I have been told things they would not typically tell a hearing researcher who did not understand sign language.

Whose Knowledge is Valued?

What does "special population" mean? In this day and age, it could mean almost anything, but it usually refers to a population that is distinctive for some reason, usually race, class, gender, or disability. These "special populations" are special because they do not fit the stereotypical white middle class (male). They have not historically been part of the privileged class, whose voice were the only recognized voices. Unfortunately, the privilege voices were the only voices that most of us heard. Consequently, those were the voices who we, along with everyone else, were taught to value.

A Western education is based on scientific method. Observe, make hypotheses, test the hypotheses, draw conclusions. What was worth observing? What kinds of hypotheses were allowable? What kinds of tests of hypotheses were allowable? What kinds of conclusions were allowable? There can be no doubt that the answers to these questions have a relation to the socio-political climate of the time.

A Western education is also based on Western philosophy, with its insistence on separating subject from object, studier from studied, action from object, and actor from acted upon. The active agent, the studier, the actor decides what will be studied, and how that study will take place. Consider the ramifications of this.

In 1914, Deaf people were thought to be generally deficient. In 1954, they were not so much deficient as concrete. In the 1970's, Deaf people became "normal" but different. In the 1990's, Deaf people are a cultural phenomenon who must be studied in terms of their own culture.

Did the Deaf people change, or did the research methodology change?

At the turn of the century, Asian immigrants were thought to be generally deficient, and not fit to live with white people. In the 1940's, their bilingual children were retarded because the bilingualism. In the 1980's, they turned into geniuses, except for the ones that weren't. The same questions can be asked here: Did the people change, or did the research methodology change?

Ethnographic research methods hold much promise for studying "special populations" because they allow the people being studied to define that which is being studied. That is, meaning is made in terms of those who make the meaning, not in terms of some external meaning that is imposed, with better or worse fit. However, the key to convey this making of meaning is language, and this is where research runs into jeopardy, especially for cross-cultural research. If language is the key, then information can be lost in the translation of meaning from one language to another.

Padden and Humphries (1989) give a perfect example of this with their explanation of HARD-OF-HEARING. From a Deaf perspective, one who is "a little hard of hearing" can barely hear. One who is "very hard of hearing" can hear quite well. From the hearing perspective, it means the opposite. Thus, the term "hard of hearing," while easily translated between English and ASL is not so easy to understand.

Similarly, "smart" babies have different characteristics in different cultures. In the West (or at least in America), a baby who moves around a lot, who is curious, and who is into everything may be perceived as a "smart" baby – one who loves to learn. In the East, such a baby is a nuisance – the really smart ones would appreciate that the adult can't be looking at them every minute and will sit still, or at least confine their activities to a small area.

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Conclusion

As a hearing person whose primary professional identification is a "someone who works with deaf people," I find myself in a privileged status in general society. I am the "non-handicapped" person who works with the

"handicapped." I am on the outside, looking in. I KNOW there is another side to that coin, a side that for very good historical reasons, very few will let me see, and even fewer will trust me to understand what I see. I have also been on the inside, looking out.

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