The SAGE Deaf Studies Encyclopedia

Oralism, Psychological Effects of

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Few studies have addressed the psychological effects of *oralism*, a philosophy that most commonly advocates auditory-verbal training (AVT), while simultaneously discouraging or outright banning sign language. The psychological ramifications of oralism are pervasive and enduring, reaching far beyond the childhood years, well into adulthood. Oralism directly and indirectly influences psychological development and functioning and perpetuates the prevailing societal attitude of audism, the belief that being able to hear and speak is inherently superior to being Deaf and signing.

Meaning of Psychological Effects

Psychological effects refers to the cumulative impact of a specific experience on one's mental health, more commonly of a traumatic nature. This experience can consist of a single event or series of events over time. Deaf children who are raised orally suffer countless psychological harms, most of which are overlooked or minimized. The first and most severe psychological trauma they experience is not that they are Deaf per se, but that they are deprived by oralism to full access to language. Linguistic deprivation leads to impairments in cognitive development and functioning. These, in turn, impede social development. Together, all of these traumas create immense psychological damage to self-image and self-esteem. Deaf children subjected to oralism widely experience chronic feelings of isolation, loneliness, humiliation, shame, unworthiness, anxiety, and depression. In order to understand how these psychological impacts unfold, it is first necessary to understand the power structure inherent in deciding Deaf children's language rights, the contradiction and psychological impact of suppressing a natural language, and the pressure and psychological strain parents face upon learning their child is Deaf.

Origins of Oralism and Power Structure

The 1880 Milan-based Second International Congress on the Education of the Deaf sparked the rise of modern-day oralism, cementing the legislative and psychological power that hearing professionals were to wield over Deaf people throughout the next century. Influenced by evolutionary theory and a belief that sign language is primitive and detrimental to evolution and higher thinking, a delegation of hearing educators voted to mandate an oral-only approach to Deaf education. Their goal was to "normalize" Deaf children through the usage of speech, while ousting sign language in the process. In doing so, they believed they were ensuring the evolution of humankind and its ascension to a higher order of life.

In the decades after Milan, oralism became the predominant instructional method in American Deaf schools. Many Deaf teachers were reassigned from academic to vocational classes. Others were replaced by hearing administrators who were tasked with the goal of attempting to integrate Deaf students into society by teaching them spoken English. Students who signed in classrooms often faced various forms of psychological or physical repression. In some of the most extreme instances, these included having their hands whacked with rulers, taped to the desk, or tied behind their backs. The oralism movement that originated more than a century ago subjected multiple generations of Deaf people to mostly unsuccessful efforts to assimilate completely into the hearing world through the use of spoken language and auditory aids. Far more than the hurt caused by physical punishment, the psychological impact of oralism cannot be understated.

Natural Sign Language Versus Oralism

When children are born Deaf or become so early in life, their natural inclination to bonding, communicating, and learning is through a visual modality. In the same way that hearing children acquire spoken language almost effortlessly through auditory channels, so do Deaf children acquire American Sign Language (ASL) with the same ease through visual channels. Deaf children born to Deaf parents who sign to them from birth develop linguistic fluency with remarkable speed. At age 8 months, ahead of their hearing peers, many Deaf babies sign their first word. By age 12 months, Deaf babies can possess a sign language vocabulary of 10 signs, including *milk*, *more*, *mother*, and *father*. The recent popularity of baby sign classes and videos for hearing babies attests to a growing desirability and newfound respect for visual language and its unique advantages. In completely ignoring the benefits of ASL and suppressing Deaf babies' natural predisposition toward visual language and learning, oralism imposes psychological trauma.

The irony of oralism is depicted in Maureen Kluska's iconic cartoon showing a smiling hearing baby signing next to a teary-eyed Deaf baby whose hands are bound in chains. While hearing babies receive encouragement to learn signs and reap the benefits of early cognitive and linguistic development, the majority of Deaf babies born today to hearing parents are steered toward oralism, deprived of access to a language which, in a world unscarred by oralism, would be their natural birthright. From the beginning, the withholding of ASL leaves Deaf babies and children frustrated and confused about communication. The missed opportunities for observing the rhythms of conversation and learning how to give and receive responses set into motion a long chain of psychological traumas.

Pressure to Choose

Medical professionals, the majority of whom have little to no knowledge about ASL, Deaf people, and the psychological harm to which they are complicit, press oralism on parents from the moment their child is identified as Deaf. Having been trained to view being Deaf as a pathological condition, doctors are quick to offer solutions such as cochlear implant surgery or hearing aids, despite highly variable research findings regarding their success rates. These devices provide hope to parents who are grieving their Deaf child's medical diagnosis, desperately seeking a cure, and willing to place their trust in their doctors' perceived knowledge and expertise. They want their child to hear and speak as they do. Brochures, videos, and advertising materials from cochlear implant and hearing aid companies highlight oral success stories, suggesting to parents that their child can be one of these select few, despite statistics that indicate otherwise. For most hearing parents, the idea of allowing their child to grow and live as a signing Deaf person is an inferior option.

In conjunction with implants and hearing aids, treatment teams composed of doctors, audiologists, speech therapists, and early childhood teachers stress an oral-only intervention as the best choice in imparting language to a Deaf child. They warn parents that a Deaf child exposed to ASL will naturally prefer to communicate in sign language since it is easier for them to learn. According to the clinicians, ASL will interfere with development of the child's spoken English fluency. Parents face a choice between spoken English or ASL for their child. Bilingualism is rarely offered as a third option. Oralism frequently leads to complicated and strained parent-child relationships, particularly when frustration with the child's lack of progress with oral communication sets in. Parents, motivated by their own fears and agenda, may pressure their child to attend more AVT sessions and try harder, while children may refuse to speak or wear their hearing aids or cochlear implants. Oral Deaf children receive the message early in life that they are not good enough the way they were born. They feel

compelled to succeed with speech and auditory skills in order to earn their parents' acceptance. Although the parents' intentions may be well-meaning, the devastating long-term effect of the psychological harm the children experience from oralism remains.

Linguistic Deprivation

For Deaf children, oralism is not a natural means of language acquisition. To date, no technological intervention makes it possible for Deaf people to hear in the same way that glasses enable most people to see almost perfectly. The oral approach requires years of substantive therapy, yet even so, there are no reliable predictors of success. Exposure to language occurs through the artificial process of AVT, rather than a natural process of development through observation and play with peers, family members, and others in daily life situations.

Oralism poses a substantial risk for delays in language acquisition, a risk of which parents are often not informed. For every child who appears to be succeeding with AVT, there are countless others who are lagging farther behind each day. The critical period of language acquisition occurs during the first few years of life. If an oral Deaf child does not acquire fluency and a solid foundation in spoken English before the critical period ends—and most do not—the psychological implications of linguistic deprivation will be compounded.

Supporters of oralism often consider sign language a fallback plan. Unfortunately, by the time parents recognize and accept that their child is not making sufficient progress with an oral-only approach, the critical period of language acquisition has passed. If and when the Deaf child is finally allowed to learn ASL, research shows that the level of fluency attained will not be equivalent to that of a native signer. Deaf children who begin learning ASL from birth or during the first few years of life show greater fluency in reading and writing English than do Deaf children who are trained orally. Because the harm from oralism can be so painful and stark, some critics of oralism label it communication abuse.

Cognitive Development

The close correlation between linguistic and cognitive development is well documented. When children experience inadequate input and exposure to language during their early years, as do most oral Deaf children, they are vulnerable to delays and impairments in cognitive development. These deficiencies are not correctable by introduction to ASL during later childhood or adolescence. Studies show that delays in early language acquisition correlate with development of cognitive processes, including mental language representation, working memory, memory organization, and symbol manipulation. The language-delayed child's ability to learn to read and write is impacted. Rates of illiteracy are higher among the oral Deaf population than the general population. A solid first language is also linked to acquisition of knowledge in different cognitive domains. Without full language access, children have difficulty understanding other people's behaviors and differing beliefs or preferences. Deficits in cognitive functioning disrupt the child's ability to learn social norms and values, moral reasoning, and empathy and can make it difficult to maintain healthy relationships in the future. Many oral Deaf children miss out on a full education, not only because they do not get all the information in class but also because they are unable to process or understand the material due to cognitive functioning deficits. The psychological implications of this are long lasting, with many oral Deaf children later facing stress and feelings of degradation related to unemployment or low-paying jobs.

Social Development

Oral Deaf children who trail in language development also face delays in social skills development. Jean Piaget, the noted developmental psychologist, stressed the importance of language in enabling children to navigate and function more effectively within social groups. Lack of language exposure results in missed opportunities for vicarious social learning through observation and overhearing conversations, both at home with family and out in the world. A large proportion of oral Deaf children do not acquire adequate social skills because they do not have access to learning in their family units. Attachment studies on parent-infant bonds have found a relatively high incidence of insecure attachment among oral Deaf infants. A shared experience among many oral Deaf people is the dinner table syndrome, which refers to being left out of hearing family members' conversations during meals. Requests to repeat or explain what is being discussed are often met with dismissive remarks indicating that whatever was just said is not important or will be explained later. Ensuing feelings of frustration and rejection typically lead the Deaf family member to leave the table early, retreat to another room to eat alone, or avoid family meals altogether.

A major criticism of oralism is that the hours spent in AVT detract from hours that could be spent learning academics, as well as social and leadership skills. All of these are essential to healthy psychological development. As a result of communication barriers, oral Deaf children may have difficulty making friends. They are also susceptible to bullying. The isolation experienced in mainstream educational settings places these children at risk for impaired social skills development, also referred to as mainstream syndrome. This is described as a group of specific social behaviors, including, but not limited to, domination of conversations and inappropriate turn taking in order to maintain control and follow the discussion, or complete withdrawal from conversations so as to avoid embarrassment over misunderstandings; pretending to understand what is being said; displays of linguicism and dysconscious audism by professing the superiority of English over ASL, and hearing culture over Deaf culture, respectively; and displaying a general awkwardness in social situations. The lack of Deaf adult role models is another factor that impedes social development.

Other Psychological Implications

Oralism's impact on psychological well-being is extensive. The ongoing pressure to learn to speak and lip-read perfectly, the constant failure to do so, and the resulting humiliation and frustration take a major toll on the child's self-esteem. Parent-child relationships suffer when children feel like disappointments to their parents for failing to meet their expectations. Some relationships are marked by struggle when children want to sign instead of speak but are discouraged or even forbidden from signing or socializing with signing Deaf peers. Parents of oral Deaf children can become overprotective as they attempt to smooth the way for their children in the world. This not only stunts the child's development of independence and self-confidence but also fosters anxiety. Oral Deaf children spend years suppressing feelings of rage, sadness, and angst in order to survive the oppression in their lives. It is mentally draining to face hidden and overt discrimination on a daily basis, in addition to feelings of marginalization in society. Antisocial behaviors can surface in adulthood when there are major gaps in social skills development caused by isolation and lack of access to communication.

Oral Deaf children who remain oral through adulthood may deny or detach from their Deaf identity. Although they may appear psychologically well-adjusted on the surface, the suppression of their identity can have consequences. Those who do learn ASL often

experience identity crises as they attempt to resolve their places in the Deaf and hearing communities. A large proportion of formerly oral Deaf adults deal with depression, grief, and anger when they realize what their lives may have been like if they had been allowed to learn to sign and participate equally in social groups. Many cope with prolonged effects of Posttraumatic Syndrome Disorder, commonly known as PTSD. For all of these reasons, children raised orally are at greater risk for dangerous behaviors, substance abuse, mental illness, unemployment, and imprisonment.

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**At the request of the authors, Deaf has remained capitalized throughout this entry.*

See alsoDeaf Education History: Milan 1880; Language Attitudes; Oralism and Manualism; Oralism, Philosophy and Models of

Further Readings

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