

CREATING MEANING *TOGETHER*

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Who am I?



Parent



Researcher



Early Intervention
Provider



AGENDA

Primary goals

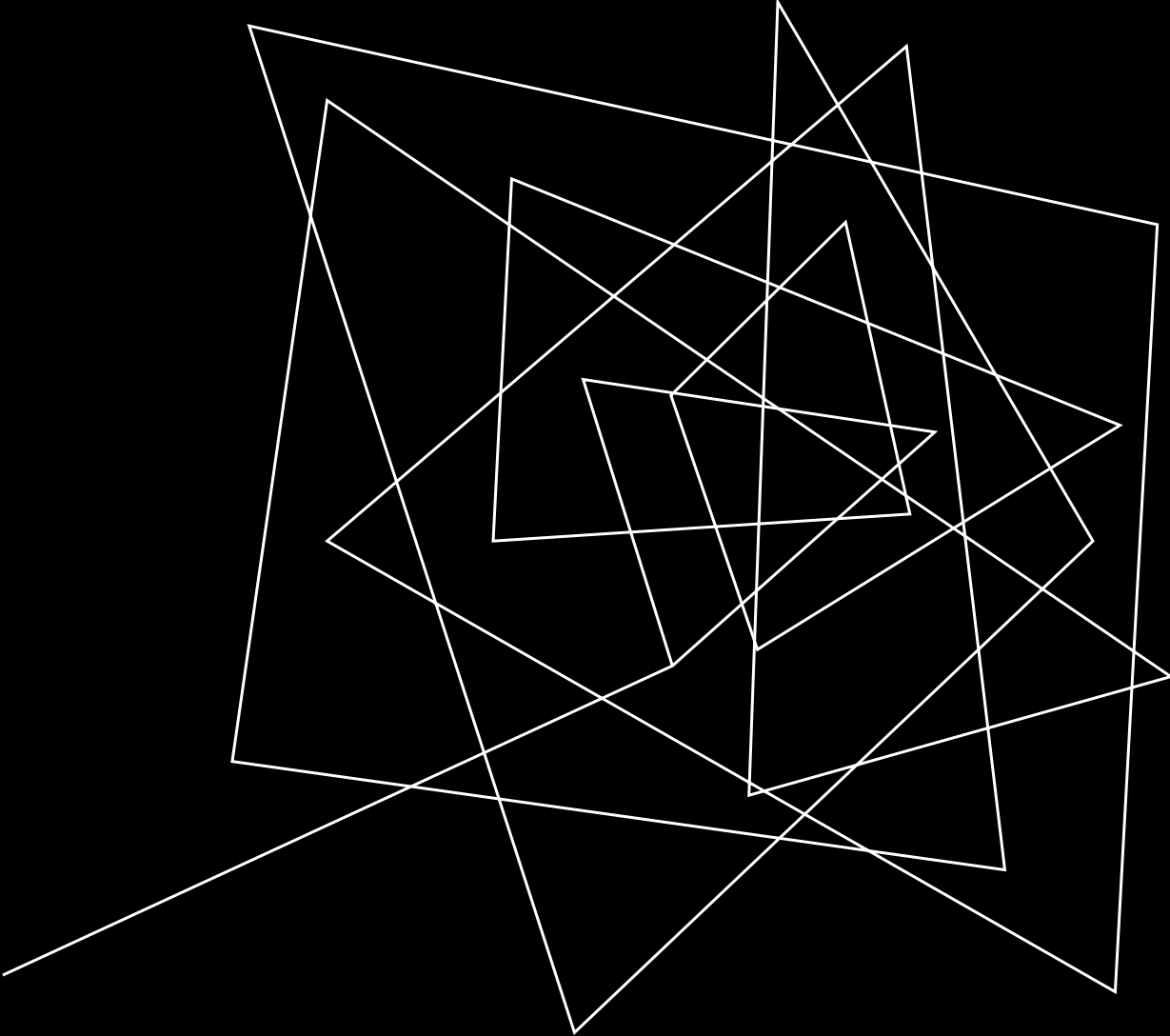
Introduction to Social Construction

Is it a disability?

What I say matters.

Barriers

Next Steps



PRIMARY GOALS

- Participants will distinguish the basic components of a social model of deafness/disability
- Participants will identify their beliefs and recognize the impact on families
- Participants will examine barriers in EI and discover ways to improve practice



MEDICAL MODEL VS. SOCIAL MODEL

Medical Model

Rao (2006) explains three assumptions of the medical model: the individual has an organic deficit, the deficit is objective and can be quantified, and exists regardless of cultural norms.

Social Model

The cultural or social perspective of deafness encourages a shift from “an overarching framework of normalcy to one of diversity” (Bauman & Murray, 2014, p. xv).

Why a social model?

Holler et al. (2021) found that the medical model has “unintended negative consequences” including focusing on a perceived deficit (p. 1). They found that practitioners who were familiar with a social model of disability preferred it to the medical model and would focus on ability.



The social construction model is a useful theoretical framework because it can “include both those with disabilities and those without” (Jones, 1996, p. 350). In this framework, persons with disabilities, their families, and professionals work together to construct meaning.




Creating Meaning *Together*

QUICK WRITE

Disability is “not determined by one’s physical capabilities but rather reflect the social consequences of that disability. In short, the individual’s perception of a handicap is tempered by the society in which the person lives” (Groce, 1985, p. 127).

SOCIAL CONSTRUCTION MODEL

CONDITION	COUNTRY	FEDERAL LAWS	FRIENDS	TRADITIONS
COGNITION	CITY	LOCAL LAWS	ACQUAINTANCES	LANGUAGE
MENTAL HEALTH	NEIGHBORHOOD	BUSINESSES	SOCIAL MEDIA	VOCABULARY
HORMONES	HOME	SCHOOLS	ENTERTAINMENT	EXPRESSIONS
BIOLOGY	FAMILY	CHURCH	INTERNET	BODY LANGUAGE



A CONDITION THAT AN INDIVIDUAL HAS DOES NOT AUTOMATICALLY EQUATE TO DISABILITY. "RATHER, A DISABILITY IS FORMED ON THE BASIS OF A COMPLEX INTERPLAY OF A VARIETY OF FACTORS INTERNAL AND EXTERNAL TO THE PERSON. THESE FACTORS *MEDIATE* THE EXTENT TO WHICH A CONDITION RESULTS IN A DISABILITY".

DR. J. SCHERBA DE VALENZUELA,
PERSONAL COMMUNICATION, JANUARY 23, 2020

IS IT A DISABILITY?



WHAT PEOPLE DO/SAY MATTERS

Read the comment.

Examine the language used.

What other social context is at play?

How does it create or negate barriers?

How might you change the comment?

Other thoughts?

The extended family:

“My uncle called me – and I love my uncle. He’s a great guy, nothing against him, but he called me and he’s like, ‘I’m just so sorry to hear about your son. It’s so terrible.’ Blah, blah, blah. I got angry. I know he was trying to be nice, but it didn’t feel that way. I was like, ‘He’s great. And he’s going to be awesome. Don’t even say stuff like that. He’s deaf – it’s not a death sentence. It’s an adjustment. He’s gonna look a little different than his friends, but that’s ok.’”

A little gesture:

“When we told the preschool that Milo was deaf, they actually got new artwork for their walls. They put up a couple of like ASL alphabets and actually put some pictures of a kid with hearing aids and a kid with cochlear implants. They didn’t have to do that. I did notice it and it was appreciated. They were trying to teach the kids. They hadn’t seen a kid that had his apparatus, so that was good.”



You are in or out:

“I grew up near a school for the deaf. To me, being deaf meant you were either in the deaf community or you were out. The school for the deaf had big fences around it – and I think it’s just because there’s kids there – but that’s the kind of visual I’ve always had. If you’re deaf, you interact with other deaf people.”

Just like us:

“I went to school with a boy who was deaf, and we were in a hearing school. He did not have Cochlears. He uses ASL only. He was just – and I don’t use the word – but he was normal. I mean, he did everything that we did. He was in advanced classes like calculus and all that stuff. Like, how do you even sign in a calculus class? It just baffles my mind. He went to the dances, did sports, and had girlfriends. He just fit in. He lived the same life I did. I never saw him with another deaf person though.”

EXAMPLES OF BARRIERS

SCREENING	DIAGNOSTIC PROCESS	EARLY INTERVENTION	SOCIETAL BARRIERS	ME
Imperfect equipment, location, etc.	Loss to follow-up, fluid, other medical complications, etc.	(Un)Qualified providers, loss to follow-up, location, timelines, choices, training, biases, etc.	"Normalcy," values, media, biases, family, fears, stigma, etc.	My experiences, fears, biases, knowledge, etc.

Professional > Family > DHH Child



According to Wilkinson and Morford (2020), “a family’s openness to bilingualism conveys their acceptance of deafness, the ways of the deaf community, and the language of the deaf community. This communicates to deaf children that their families accept and embrace them” (p. 1335).

DEAF GAIN

Instead of seeing deafness from the normative view of hearing, Bauman and Murray offer the idea of deafness as diversity. Deafness contributes to the many ways of being human and enhances our society. They further argue that “falling outside the boundaries of the normal can serve as a stimulus to creating new technologies and new ways of thinking” (Bauman & Murray, 2014, p. xxiii).

Deafness, from the social construction standpoint, has different meanings based on the perspectives and experiences of different people. Valente et al. (2011) argue that the “biological notion of normative sensory experience is not so natural and normal after all but is, rather, a phenomenon formed through the complex interplay of biological function and cultural and political mediation” (p. 246).

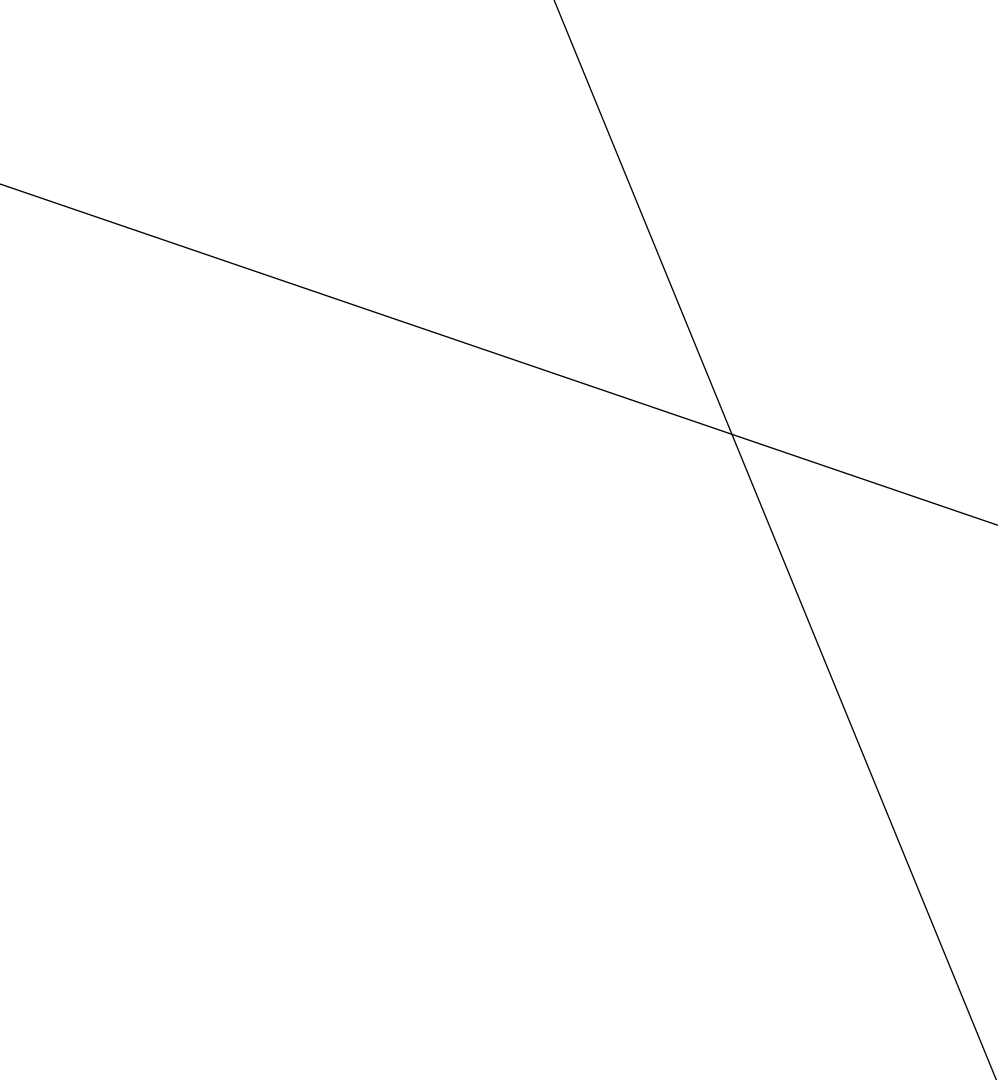
Q1 ————— How are my words creating barriers for DHH children and their families?

Q2 ————— How are my actions creating barriers for DHH children and their families?

Q3 ————— How does my practice create barriers for DHH children and their families?

Q4 ————— What can I do to reduce these barriers today?

NEXT STEPS FOR ME



“What and who others,
as well as we, are
depends upon our
relationships with them
and what we choose to
make of us.”

(Bogdan & Taylor, 1989, p. 146)



thank you



THANK YOU!!

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