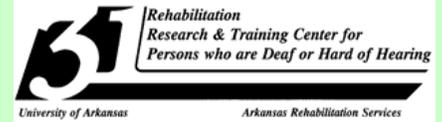




Selected Proceedings of ALDAcon 2004 “Green Mountain Odyssey”



I DIDN'T DIE, I JUST CAN'T HEAR: A STUDY OF ACQUIRED DEAFNESS

Dr. Jane Schlau

Jane Schlau: I just finished my dissertation and I'm very excited about it. I've presented to you many times, but this is very different, because I'm presenting research to you. I will try not to be dry. I want to be interesting, because it's research about us.

My hearing loss started six years ago. Five years ago, I panicked because I was in education. I was losing my hearing quickly, and I thought, "What am I going to do if I can't function in a mainstream school?" My professor and mentor from before that, said to me, "Jane, go back to school. Get your doctorate. You can always teach in college." I went back to school. I never thought I'd finish, but I finished in five years with a ton of support from the people whom I was in school with. This presentation will show you my research, the theory behind it, why I did it, what I did, and what it means to us.

Two hundred years ago, Samuel Johnson called deafness the "most desperate of human calamities." That's because there's a breakdown in communication, as we all know. It affects every single part of our lives: our family, our friends, our jobs, and our co-workers. The basis of our reality changes, because we can no longer communicate easily. Most of us can spit it out, but we don't get it back. When I started to lose my hearing, I did a lot of research. For my dissertation, I was amazed to find that there's little out there about acquired deafness. There's less out there about accounts from us, our voice.

I was a school administrator when I became deaf, and I had already started in this program. When you start your dissertation, they tell you, "Pick a topic no one else has researched." I had no focus in my life at that moment in time, other than "Oh, my God, I'm becoming deaf. What am I going to do?" First semester, I sent an e-mail to my professor, and I said, "Bob, I can't do this. I think I'm going to withdraw." He brought that e-mail and presented it to the class, with my permission, and my class, called learning communities, decided I couldn't quit. They said, "We will not let you quit." I said, "What are you going to do, write my dissertation for me?" They said, "No, but we will support you." We started with ten and went down to eight. Most of us graduated. They supported me, and because of my need to focus on my hearing loss, and because of my profession as an assistant principal, my professor said, "That's your topic. It's right in front of you. You're a school administrator. Late deafness is happening to you. It's an

educational issue." My goal, therefore, became to study what we go through. What do we do to adjust? And for a dissertation, I needed to develop a theory of how we cope, how we adjust, based upon your experiences.

There are approximately 28 million Americans with hearing loss. Twenty-seven-plus are hard of hearing. A little over a quarter of a million are prelingually deaf, meaning deaf before language. 840,000 of us are late-deafened. Three out of four people who are deaf are late-deafened, meaning we have become deaf after language.

I researched this 15 times, because I couldn't believe it. I truly could not believe there are more of us than culturally Deaf people. These are the statistics I found. There are conflicting ones. I analyzed these, as best as I could, but I really believe there are more of us, and more of us do need to be members of ALDA.

Part of a dissertation is you have to review the literature formally. When I lost my hearing, I didn't know what to do. I got books. Very few formal studies out there focus on only acquired deafness. I tried to weed out as much hard of hearing as I could, to focus on my late-deafness criteria in the literature I read. Not all of this does that. I had to report on all of literature, so this is the mix of all hearing losses.

Our hearing loss has impact on our families. I've been at a workshop where's it came out that we don't realize it's not only our hearing loss, but also our family's hearing loss. They need to change. Also. I know I was very focused on me: What am I doing? My family was going through a huge change, too. The literature states there are negative effects on intimate relationships and I got reports from people telling me how their sex lives changed. They said they could no longer talk in the dark or whisper in the dark; there was tremendous impact on their intimate relationships.

Some families reported in the literature were supportive, many ended up divorced. I was amazed with what I found in the literature on the high rate of divorce. Family members became impatient, angry, and confrontational. There is significant negative impact on our relationships. We stop some activities. Our interests change. I'll talk more about that later and what you all said about that.

The results on employment that I found were very mixed. There was a range from no change to unemployed. Some reports said there was no loss of employment. Others said there was a likelihood of underemployment and unemployment. Another report mentioned that our hearing loss presents hazards in the workplace. I did have one construction worker tell me he had to quit, because it became too dangerous. He couldn't hear warnings.

Very few of us tell our employers we're deaf, we have hearing loss, or we're hearing impaired. Another theme that came out of the literature is our coping strategies. They're parallel to a catastrophic event. The literature compares becoming deaf to dying. It frequently talks about the Kubler-Ross stages of grief. One interesting piece of literature I found was by Rutman, because she adapted the stages of grief to hearing loss. We all mourn our loss, and many of us try to find others with hearing loss from groups like

ALDA and SHHH. We also go through an identity crisis. How many of you knew deaf people before you became deaf?

We bring to deafness our feelings and opinions about deafness before we lost our hearing. Me, personally, I thought I knew deafness. I had a degree in deafness rehab. I will say, I had not one clue, nothing, no idea. And I trust that maybe some of my ideas were negative. The literature states we become fearful. We're afraid of being alone, isolation. We're afraid of being different. We're afraid of losing our hearing life. We become deaf but not deaf. Do you understand what I mean by that?

This was my theoretical framework. When we were babies, communication is the most important thing in our lives. We hear, they say, when we're still in our mother's womb. We hear our parents talk. We pick up culture. We pick up innuendoes. We pick up societies and rules from our family. That is the foundation of our reality. That's what theory says is the primary reality. Based upon that, we develop a view of deafness or a view of disability. But then, we get hit with deafness. We grieve. We have a loss. But we need to change that reality. Our lives have changed dramatically.

I believe that reflection is the key to our process. Reflection being even more than just thinking about it, but thinking, looking back, and analyzing what happened—what did I do? What can I do differently? What can I change? Identifying that, internalizing that, and really changing your reality. When I became deaf, I was still hearing. I would go into a classroom. They'd all start to talk to me and I'd stand there like a deer in headlights. My assumption, my reality was still based on hearing. Inconsistencies between those assumptions and how I function almost hit me in the head. It was, "Wake up, you need to do something different." My governing assumption was I was hearing. I'm used to functioning in a hearing reality. I had to make new assumptions and have what's called a new theory in use. I thought I was hearing because I was functioning with hearing. There's a sign—it's not supposed to be a nice sign—but like hearing on the brain. I was physically deaf. But I was still hearing.

What I did was I wanted to study us. Let's remove me for a minute. I need to study here. It's called "grounded theory." I needed your experiences. I needed to hear your stories, only in relation to your deafness. I needed to examine your theories in use—what you said you were doing compared to what you actually did. So if I can say, "Well, I'm going to a meeting. I'm going to need CART," but I never call to set up the accommodation, my espoused theory, what I'm telling you I'm doing, is deaf. What I'm really doing is very hearing. That's the difference. I needed to examine your experiences through that lens.

Twenty-four of you ended up participating in my study, mostly ALDAnS. All were deafened after language acquisition. All had bilateral hearing loss of 90 decibels or more. All were members of the Say What Club or other Internet groups, because honestly, that was the easiest access I had to you. My school could not afford to pay me to visit all of you. All the participants were 18 years or older. I sent out an e-mail survey. It's called a semi-structured interview. Everyone got the same survey, but when I got it back, I'd look at it, I'd pick out pieces, and I'd ask a question back. With most people, I had a minimum of three dialogues. For a dissertation, that's not good enough. I had to

verify what you said. So I monitored all these e-mail lists, I went to ALDAcon, and I met many of my participants, documented what I saw, and matched it with what you wrote.

There's a term called reflexivity. I was stuck on that term for a couple of weeks in class. It's really my own shtick. I'm standing here telling you about my research. Pretty much this is very similar to what I presented on my dissertation defense. I keep putting in little stories of my experience. I can't take me out of the picture. Reflexivity accounts for that. When I started this four years ago, my first project was a literature review. I would read the literature, and I'd cry. I said, "This is not me. I don't accept this. I don't want to go through this." A couple of years later, I was up to reading your stories and they would break my heart. So many people from my first pilot study really just withdrew, and I would sit and cry, but I can't include that in the research, so I needed to literally walk away, take myself back in control, and start again.

When I did the real dissertation, I needed to try to leave me out of it. Reflexivity allows me to share my perspective from my lens, which is the same as yours. As the researcher, I picked out your words. They're called codes. And I grouped those words into categories.

The first category was "in the beginning." I found that in the beginning, absolutely all of us go through the exact same thing. I was sort of surprised. We all have various reactions and feelings of stigma. We all got hearing aids. We all went to the doctor. Every one of my 24 participants ran to the doctor, and 23 of 24 got hearing aids. The 24th didn't because the person had surgery and the auditory nerves were cut, so they knew hearing aids would not help. But the person did ask.

We all experience symptoms. You go in to some place, notice you couldn't hear a little bit more than last time. Sometimes I look around the room, and I see the behaviors, and to me that would be a symptom of not hearing. We're not behaving the same way we used to behave. Talking about it: most of us do talk about it to family or others. Some of us don't have family that will listen or don't have family to talk to. But it was part of the process, coming to terms, finding ways to talk about it, to adjust. Physically: making adjustments to begin internalizing the adjustment. I had what I called "defining moments." Every one of you also had defining moments. The two biggest ones were loss of the telephone and loss of music. When you experienced those defining moments, there was a lot of grief—a lot of tears and a lot of realization. Those defining moments would begin to bring you to come to terms that you're really deaf. Once people started to learn they were deaf, they really internalized that learning and began to adjust, to accept. We go through all these steps in our adjustment.

I categorized my participants. Many were struggling. I don't know if it was Kubler-Ross stages or grief. I didn't buy into that. That was my thing. I classified it as they were angry about being deaf. Most had an overwhelming sadness. Most were bitter. And all were angry: at their ears, at life, and at God. Nine participants were what I call resigned. "Okay, I'm deaf. I can't change it. It's how it is." They had given up, surrendered, no control, can't change it. As my friend the social worker calls it, "it is what it is." Eight of

my group were what I call accepted. They accepted their deafness. They internalized it. They willingly talked about it, and they had really a new deaf reality.

When I sat to figure this out, I was amazed. Of the 24 People in this group, we were pretty much divided evenly by thirds. I started to describe to you before, that I met many of the participants in person. One person was struggling—obviously depressed, sad, very negative, and sarcastic almost all the time. Anything this gentleman wrote, had a little edge of sarcasm, talked about his struggles, disappointment, and losses. Never saw anything positive happening to himself. Another one in the resigned group had a very significant hearing loss: 110, 120 decibels. Does not consider herself deaf. She has absolutely no speech discrimination. She doesn't feel deaf, believes deaf people are only those who sign. She doesn't live in a deaf world. Lost her job, and can't use the phone. On the other side of her kind, her family is supportive; she does acknowledge she can't hear. She has invoked the ADA for help on her job. But all these deaf things took real conscious thought and effort on her part. I classify her as resigned because there was some struggling, some leaning the other way. The accepted case study that I talked about in my paper, this guy accepts his deafness. He wrote to me, "Deafness was the best thing that happened to him." Now, I read this, and I'm thinking, "Oh, my God, maybe you're a little whooo." Because when he became deaf, he said he grew. He went to school. He changed his careers, formed an ALDA or SHHH group, made friends and really believed deafness was the best thing that ever happened to him. I then compared the groups.

Interesting facts about each group: the struggling group, all the participants were on SSDI. They had little or no family support. Not one had a cochlear implant. None were interested in sign. They could find nothing positive about deafness. They hid their deafness. Their only friends were hearing, or they didn't have friends. And they really didn't reflect on their deafness. They were too scared. The group in the middle, the resigned group, had little or no family support. They weren't interested in sign and had few friends. They did tell some people about their deafness. They began to think about it a little bit. And that's what's called "single-loop learning," because they were able to say, "Well, I need this," or, "Well, yeah, I guess I can't hear," as compared to the first group. The "accepted" group: they all had fulfilling jobs. They all had strong family support. There were some implants. I'm not saying the whole group had implants, but in that group, there were a few implantees. They all signed. I was shocked when I found that. One signed a little bit, but accepted sign. The rest signed. They all found positives in deafness. Now, that doesn't mean they all said, "Oh, deafness is the best thing that happened to me," but there was good in what they had to write. They all talked about it. They all had deaf friends. And, because of all this, I believe, they thought about it, and internalized their deafness, and that's what's called "double-loop learning." They are living a deaf life. I was amazed that of the struggling group, they're all on social security disability; it amazed me. And I was doubly amazed, because I'm a strong advocate of sign language, all the accepted signed.

Audience Member: I'm a little bit surprised by the family support in the three groups because, it seems to me that it looks like you create your own family support. In other words, you do things that help your family support you, rather than the reverse.

Jane Schlau: I believe these people are numb. They're embarrassed. They're scared. Many were afraid to talk to their families. Many families minimized it: "Oh, no big deal." That's not supportive. That's an elephant in the living room. I believe you can't go through this alone. My husband is the most supportive person you can imagine. We couldn't talk about it. And every day my hearing loss was getting worse, and I was feeling horrible. I was sometimes afraid to discuss it. He would say, "What's to discuss? There's nothing to do." My husband wanted to help me, and he told me, "I can't help you. What's the point?" Many of us in our relationships are with people that want to help. They can't. We can't help ourselves in that physical sense of hearing loss. We're going through a change. We need to adjust. It affects our family; they need to adjust. And I'm guessing, when we adjust together, we can begin to talk about it and support each other more. Just so we're all clear: there are things about each of us I couldn't measure. We all have different personalities. We all have a little common sense. We all have different feelings about ourselves and our self-esteem.

The struggling group was deaf approximately four-and-a-half years. The resigned group, on average, was deaf 14 years. The accepted group was deaf almost 22 years. Time plays a huge factor. Family support was key in the accepted group. Employment was crucial, too. Struggling: all on SSDI. The resigned group was a mixed bag on employment. The accepted all had satisfactory employment. There was one or two who were on SSI, but they retired from satisfactory jobs, not from their hearing loss.

Cochlear implants were a factor, because it seemed the accepted group at least knew about and discussed implants. The struggling group was not there yet. Sign language, the accepted group, the whole group signed. The accepted group had some positives in deafness. The struggling group—not a thing positive about it.

I hope I described reflection clearly. I'm going to give you an example so you understand my point in reflection because it was key to my dissertation. I went to a workshop from Hofstra, my school. All attendees were doctoral students; a guest speaker from Canada came. I sat in the front with my learning community and my team of interpreters. I understood every word because of my interpreters, but they had group activities. I never said to the presenter, "I'm deaf. If I need participation, please tell me." I never told anyone what I needed. I think I just wanted to be invisible. I was tired of being noticed all the time because I can't hear. So I just wanted to go to this workshop I had to go to and just be there. It didn't work that way. There were many group activities. I was lost. My interpreters were doing their job, but I was lost. When it was over, I just broke down. I went to my professor, I said, "I'm sorry. I had to leave." I was crying. I couldn't deal with it.

Cheryl Heppner said before, we can all advocate for each other. Any of you could have been in that situation. I could have told you exactly what to do. I knew what to do. I didn't do it. Reflection: when it was over, we had an activity to do for another class, and I put down what I thought at that moment. That moment I thought, "I'm not getting it. I'm not doing anything. I want to disappear." What did I know to do? Tell them what I need. On reflection, I realized I knew what to do. I chose not to, for whatever reason. Believe

me, it sounds so simple, almost ridiculous, but that realization for me as a late-deafened person just happened. Okay, Jane. You know what to do. Do it. You don't need to cry. You don't need to feel so sad—so desperate. If I told them and was included, what a different feeling! That's reflection. Now when I go into a situation and I see what's happening and I need to tell someone what I need, I am aware. That's part of reflection.

I can tell the person, "Please, I'm deaf. I need..." I was recently in a situation with my daughter, and she said to me, "Mom, why didn't you tell them?" I chose not to. I chose. I didn't want to be bothered. I didn't feel bad about it. It was up to me, my choice. That's empowering. And that growth is based, I believe, on reflection.

Disclosure: when you accept your deafness, you can talk about it. You can tell people about it. You don't care. I'll go anyplace and tell people I'm deaf. My Choice. It doesn't faze me. Identity: we all have different identities. Some of us label ourselves hearing impaired, late-deafened, hard of hearing, don't hear so good--it's up to you. It didn't matter within the groups. Support made a difference. All the people in the accepted group had live support, not online—and I love on-line support. That was wonderful. But the accepted group knew other deaf people, also critical.

Psychological background: Some of the literature talks about us being more depressed, more suicidal, all these wonderful psychological issues. It didn't matter amongst the groups. Socialize: the accepted group all had deaf friends. That was the big difference. The struggling group did not have any deaf friends. The resigned group generally did not have deaf friends, either.

We all start out the same. We all have an emotional reaction. We all get hearing aids. We all go to the doctor. Then we go through this wheel of events, this wheel of adjustment. There's employment, our common sense, our reality. And we end up in one of these three groups: accepted, resigned, or struggling. What influences the whole picture is time.

Hearing health professionals have no clue what we need. I needed my audiologist to tell me I was deaf. He couldn't say the word. And I'll never forget when my hearing aids were starting to not help me, I said to him, "Ira, am I deaf?" and he said to me, "Well, if you were born now, you would be considered a deaf baby." I'm not a baby. I was 40-something years old. Say the word. It's not a curse. It's fine.

Hearing health professionals need to support our families, too, because we need them. They need us. They don't want to lose us, because we can't hear. Our families need to work together and hearing health professionals need to acknowledge that. Hearing aids don't always help us. Now, many people have hearing aids. I wore hearing aids for a number of years with a lot of success. But sometimes they don't work any more, or sometimes they don't help enough. There's nothing wrong with sign language. It's not a stigma. It's not a curse. It's a beautiful way of communication.

Cochlear implants: They're an option, not a cure, but you need to be informed to know that if you lose your hearing, you can opt for that. It can help you a lot.

When we seek vocational help, "I'm not dead. I'm deaf." I didn't become dumb. I just can't hear. Please treat me that way. Many of my participants, who wanted more education, did not know about vocational rehab, did not think they could go to school because they're deaf, did not know their schools must provide accommodations. They need to learn that. Training for our jobs is critical. Most of us have our education. Maybe we want more. Maybe we want a career change. We don't have to do anything lesser because we can't hear. Deafness is perceived very negatively. I read so many theories about disability. I'm not going to change the world. But if we could change ourselves from the inside, deafness is not a curse word. We're deaf. Big deal. "We either make ourselves miserable or we make ourselves strong." I'm not going to be miserable because I'm deaf. I'm only 49 years old. I want a nice life. You don't always get what you want, but you have to try.

We, as late-deafened adults, need to face our deafness. That's reflection. Think about it. It may hurt. You may cry, but you grow from the experience. I broke down in my class when I had to report that group situation. I just balled like a baby. But, wow, did I learn from that. Becoming deafer, and the people in my study groups let themselves feel that hurt, and reflect, learned and grew and accepted.

The weaknesses of my study were that I really needed more people. My study was not racially diverse at all. It was all white people, and that's not really a fair assessment of the late-deafened population, but I need to share that information with you. I would like to know more about the effects of sign language. I also did not account for socioeconomic status. Now, I have to believe every one in my study had computer and Internet access. So I would guess I'm talking, minimally, middle class. I don't know about lower class, And I really did not take that into account.

My professors would like to know what are the characteristics of the people in the accepted group. When I did this, I was only deaf maybe four and a half years. Why was I on the low end of the scale? What made me different? I believe I took a class in reflective practice and that helped. But it would be really nice to examine that accepted group better to maybe help the other two groups. That is my study.

Audience Member: You mentioned Elizabeth Kubler-Ross, the grief process, and she mentioned that the grief process is not like a linear process. You can bounce back and forth between different stages. I was curious if you noticed that, with your study, the people bounced between those three stages. Because hearing loss is gradual sometimes, and sometimes at the different stages of loss, it's almost like you're going through these different stages all over again.

Jane Schlau: I didn't see it as much as I read about it. I had to be very careful. I didn't want to force my participants into these stages. I was not able to fit them into all those stages. Yes, sometimes there was denial; there was anger. I did not have one person make a bargain. I did not see that at all. Once a person went into resigned, they really didn't go back to struggling, in this group of people. The accepted group were deafened longer. They didn't go back to struggle. So, honestly, I didn't really see that in this group.

My own hearing loss was progressive. When I thought I was fine, I'd lose more hearing. I would struggle for a very long time. I thought for a while that I'd be okay. Maybe I bordered on resigned. I can tell you I went back and forth with that. Once I accepted it, I was okay, I think.

Audience Member: Both the struggling and the resigned group showed non-supportive families. Only the accepted group showed supportive families. Two questions: you can't reach the accepted group unless you have support of family and the situation, is that the theory? And did you collect any information on whether they were the same, family personas, or divorce as part of the changed family group?

Jane Schlau: I didn't really collect information on divorce in that group. All they said was that their family was supportive. Do you have to have family support to become accepted? My research would not support that. My research supports the group I labeled as accepted, that group had family support. So if you never have family support, can you be accepted? My research wouldn't say yes or no. Maybe that's not what you want to hear, but that's a limitation.

Audience Member: I think when you become deaf, you find out who your friends really are. Did your study talk in any way about that? Because if you have the support of your friends, who probably are all hearing at that time, it's a help.

Jane Schlau: My research showed that people in the accepted group had at least some deaf friends. That means they made some new friends. Did they give up their hearing friends? No. They have a few. Most in that group did not have the same big group of hearing friends, but, like you said, you find out who your friends really are. They had a smaller, closer group of hearing friends, plus deaf friends. The struggling group, it was all the same friends. They were really struggling with that issue.

Audience Member: Suppose you've been a hearing person all your life, and you become deaf, and it's fairly fast, how did they make deaf friends, if they didn't know anyone to begin with? You can go to a group like this, but that doesn't mean you're going to meet people in your neighborhood or your area. And with some of the deaf agencies, many people are not late-deafened, and they're not exactly in the same cultural group as you.

Jane Schlau: When you come to a meeting like this, you make friends, and you may not see them until next year, but you can keep in touch. I know when I did. I kept in touch with Edna for quite a while by e-mail. I don't know anyone late-deafened in my neighborhood. I know culturally deaf friends. They don't understand when I cry over my hearing loss. I know exactly what you're saying. Many of the participants in the accepted group went to SHHH groups and ALDA chapters. Now, if you don't have a local ALDA chapter, you can do like I did and start with SHHH, just to meet other people who are going through hearing loss. Most of the people I met there were a lot older than me. I was so embarrassed, like I didn't fit in. But I was wrong, because they had experiences to share that really helped me get through.

Audience Member: I had a question about whether gender played any part in your study.

Jane Schlau: It didn't matter. I expected to find a difference between men and women. I had half and half.

Audience Member: How About their adjustment?

Jane Schlau: It was mixed. Made no difference in any of the groups.

Audience Member: I had discussions with some of the deaf women here who have said to me that they felt that maybe women are a little more nurturing, and that, for that reason, a female spouse may be able to understand the loss a little better or deal with it a little better than a male spouse.

Jane Schlau: I really didn't find that one way or another. Some men said their wives were very understanding. Others said their wives refused to learn sign. The opposite held true, also. There was no pattern. I was surprised, too.

Audience Member: When you did this study, did you also look into religious groups? Did they get support from their church or synagogue, or was this not a factor?

Jane Schlau: Not enough people mentioned religion to be a factor. Some people mentioned religion as being their support, what got them through. One woman, who happened to be an acquaintance of mine, said she would take long walks and feel God with her, and that helped her adjust. Another woman wrote, "Why did God do this to me? Why did God desert me?" Those were a few comments. Most of the 24 people did not really discuss a lot about God. The comments were extremes, either with me or abandonment.

Audience Member: I'm curious if your study, as part of the adjustment, saw anything alluding to the gender issue, in regard whether the male felt more guilty about being deaf and because of the fact that society looks towards men to be the bread winners, to support the family, to be the strong one in the family. And a little bit what this woman was saying about the gender issue. I'm just Curious; I have a late-deafened male friend who is single right now, but he just gets really sad and upset because a lot of the hearing women out there, who are looking for male partners, don't look at him as being strong and everything. I was curious if that kind of thing was shown in there, and if that was really a big factor in the adjustment? And if that made it harder for men to adjust to the hearing loss than the women?

Jane Schlau: I didn't find a difference between men and women adjusting. I didn't find that at all. I did get comments exactly like what you're saying. Some men felt they needed to go out further and do more and be successful anyway. Other men felt, well, "I can't get a date because I'm deaf, so I have to live alone." It was a mixed bag, but no pattern that I could support. I need a bigger group. For a dissertation, this was fine. The literature for this kind of research suggests between 20 And 30. So to do it again with

about the same number, even, I would be able to look for some of the things we're discussing here. I need a bigger and more diverse group.

Audience Member: How many people in the study actually grew up hard of hearing and then became late-deafened or deaf?

Jane Schlau: Off the top of my head, I don't know the number. All had to have hearing and become deaf after language acquisition. So some could have been hard of hearing and functioning as hearing. Thank you.

Jane Schlau, Ed.D., has been a Special Educator for the past 16 years. Most recently an Assistant Principal in a New York City High School, she has accepted an administrative position at the American School for the Deaf. Jane completed her doctoral studies this past year at Hofstra University, researching acquired deafness. She also has an MS in Special Education, a BA in Psychology, a Specialist Diploma in School Administration, and a Certificate in Deafness Rehabilitation. The current ALDA President Elect, Jane has published various articles regarding acquired hearing loss, late-deafened culture, and interpreter training. She is also an experienced speaker, having presented at a number of symposiums, universities, and institutes, on topics ranging from reflective practice, acquired hearing loss, families and hearing loss, and accommodations in the workplace. Jane began to lose her hearing in 1998 and became profoundly deaf within two years. She is married with two grown children.

This paper was originally presented at the ALDAcon held in Burlington, Vermont in September of 2004.