
Hearing and Listening: Audiology, Hearing, and Hearing Impairment in Everyday Life

L'audition et l'écoute : L'audiologie, l'audition et la déficience auditive dans la vie quotidienne

William H. McKellin, PhD

Department of Anthropology and Sociology
University of British Columbia

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Abstract

This paper provides an overview of an anthropological approach to the study of hearing impairment, disability, and handicap. Cultural categories and social patterns of interaction shape individuals' experiences of hearing loss in everyday life. Anthropology provides methodological and epistemological concepts that reveal the role of cultural assumptions and social institutions in individuals' experiences. It also provides a framework for examining the cultural tools that modify the experience of hearing loss, the social processes that contribute to the construction of individual and collective social identities, and the development of traditions. An understanding of the social consequences of hearing impairment will provide audiologists with a means of assessing the effectiveness of rehabilitation in everyday social settings.

Abrégé

Cet article décrit une approche anthropologique de l'étude de la déficience, de l'incapacité et du handicap auditifs. Les catégories culturelles et les modèles d'interaction sociale façonnent l'expérience de la perte auditive subie par les personnes dans la vie quotidienne. L'anthropologie apporte des concepts méthodologiques et épistémologiques qui révèlent le rôle des postulats culturels et des institutions sociales dans le vécu des personnes. Elle constitue également un cadre permettant d'examiner les outils culturels qui modifient l'expérience de la perte auditive, les processus sociaux qui contribuent à modeler les identités sociales individuelles et collectives et la naissance des traditions. Par la compréhension des conséquences sociales de la déficience auditive, les audiologistes pourront évaluer l'efficacité de la rééducation dans les contextes sociaux de tous les jours.

Obviously, the final criterion of hearing aid excellence is the success with which the instrument functions in everyday situations (Carhart, 1946, p.780)

What does an audiogram mean? To a clinician an audiogram signifies a pattern of auditory functioning or the effectiveness of a hearing aid. The audiogram may also have the same meaning for a client. Yet once the audiometric equipment is put away and the client and the audiologist are engaged in conversation, the test results are replaced by the demands of listening in everyday life. As the client leaves the clinic for home or work, the auditory and social requirements of these situations modify the meaning of the clinician's findings. While the audiogram remains the same, the client's communicational demands and strategies change with the various social expectations of a spouse, child, parent, co-worker, or teacher.

The articles in this issue focus on the experiences of hard-of-hearing people in everyday, natural language situations. Rather than concentrating on measures of auditory perception and diagnosis, these articles explore the impact of hearing loss on the lives of individuals at home, in schools, on the job, and in residential homes and prisons. The goal is to explore the place of audiology in the social, not just the clinical lives of clients. The authors shift the focus from the clinic and diagnoses to effective rehabilitation in the home and workplace. They seek to transform the clinician's monologue about loss into a dialogue between the audiologist and client concerning access to the soundscapes of everyday social situations. These family and social contexts shape the effectiveness of audiological interventions — what it means to be hard-of-hearing.

This collection of articles addresses three focal questions: what do hearing and hearing loss mean in the context

of North American society; how do social relationships and cultural categories and values shape individuals' experiences of hearing loss; and, what are the implications of clients' experiences in their communities on the goals and practices of audiologists and other professionals who work with the hard of hearing?

Culture and Meaning, Identity and Traditions

The papers were originally presented at an anthropology conference, an unusual setting for audiologists, acoustical and electrical engineers, and others primarily concerned with hearing and hearing impairment. Anthropologists are commonly pictured studying remote peoples in exotic locales such as Papua New Guinea, Africa or the Arctic rather than in audiology clinics, seniors' homes, and prisons. While anthropologists may be known for their remote research settings, the intriguing locations belie the anthropologist's interest in the mundane - the tacit, often unarticulated understandings that serve as the basis of social interaction and communication. Anthropology's contribution to an understanding of hearing loss derives from its interest in people's everyday lives. As we are socialised, we learn to take much for granted in our daily interactions. Anthropology has developed epistemological and methodological tools designed to reveal the everyday experiences and the hidden patterns of assumptions that we call culture.

An anthropological perspective provides two methodological and epistemological orientations that can inform our understanding of hearing loss and hearing impairment. It also provides a framework for examining the cultural tools that modify the experience of hearing loss, the nature of social identity, and an approach to studying the temporal dimensions of hearing loss. First, the methodological strategy helps to discover the assumptions of everyday lives. We assume that our experiences are perceived through the network of collective meanings and practices called culture. This leads to the epistemological assumption that each society constructs culture-specific constellations of significance that members of a community acquire as they are socialized. These can be identified by studying the implicit categories, behavioural norms, public symbols, and processes of the culture.

This article will examine three ways that an anthropological approach to hearing impairment contributes to our understanding of individuals' experiences. First we will examine the ways that cultural values and categories create social definitions of hearing loss. Second, we will discuss how cultural categories and the patterns of social interaction describe peoples and contribute to establishing personal identity. Third, we will consider culture as a process that produces and regenerates categories, symbols, relationships, and social identities over time.

The Anthropological Orientation

Anthropologists take a basic epistemological stance that questions the naive assumptions of direct, necessary relationships between physical conditions or states and their social significance. Cultural meanings are constructed by social convention and are not necessarily inherent in an object or person. Cultural variation arises out of this gap between the necessary and the possible. While a rose may be a rose, it can also be a prickly bush or a political symbol. Cultural conventions and their underlying presuppositions are reflected in explicit and implicit social and linguistic categories and symbols, and in the conventional patterns of interaction within a community.

At home, in more familiar surroundings, it is difficult to stand back and observe how even the simplest activities, such as walking, eating, breathing, listening, and speaking are moulded by our culture. Anthropologists conduct research in foreign communities not just to see how different peoples live, but more importantly, to confront the societies' dissimilar assumptions. The anthropologist's own tacit cultural understandings and expectations are placed in relief against those of the host community. This inductive approach enables the anthropologist to address people using their own assumptions and concepts, rather than working through those predefined by the researcher. By recognizing these differences, it is possible to emerge from many of one's own culture's biases and begin to understand the complex web of meanings that form "the natives' point of view".

The authors have sought to understand the experiences of hearing impaired people by setting aside the culture of the clinic and audiological definitions of hearing impairment. Their goal is to see how hearing and rehabilitation fit into the web of individuals' lives. As a collection, these papers investigate the interplay between hearing loss and its social and cultural ecology. They change the focus from the clinic to the community, from diagnosis to rehabilitation, and from objective accounts of client behaviour to phenomenological accounts of personal experiences. Three of the individuals Laszlo, Warick, and Dahl are themselves hard-of-hearing and bring their own insights into the discussion. It is essential to understand the particular assumptions of a culture to appreciate the relationship among impairment, and its cultural and social expressions, disability, and handicap.

The Cultural Construction of Disability and Handicap

A key concept in anthropologists' analyses and in the discussions in these papers is the concept "culture". Culture is not a precise, narrowly defined technical term but an odd job word whose meanings reflect the ethnographic and theoretical interests of the researcher. Generally, the term

describes the assumptions and categories, or the networks of meanings distributed among individuals in a community (Hannerz, 1992). While these cultural resources are not evenly shared among all members of a society, they are the "givens" of social interaction and communication. They include the knowledge, collective representations or symbols and the rules for their use in the community. There are two essential questions in these papers that concern the ways that cultures shape the meaning of hearing loss: what is the social significance of hearing impairment, and what does hearing impairment reveal about the place of hearing in the complex sets of cultural assumptions and symbols?

Physical impairments are universal and found in all societies (Scheer & Groce, 1988), but the meanings attached to these physical conditions varies according to the culture's values. This collection of articles begins with the assumption that clinicians and therapists must understand the cultural values of the society in which impairments are diagnosed and identified if they are to provide socially relevant and appropriate rehabilitation. This necessarily requires an appreciation of the presuppositions that transform physical abnormalities into social disabilities and handicaps and the meanings associated with hearing and hearing loss.

The World Health Organization distinctions among impairment, disability, and handicap that provide a touchstone for these papers are based on the recognition that a biological status does not necessarily entail limitations to a person's normal activities in a society, and that individuals are not necessarily limited, disadvantaged, or stigmatized by a physical impairment (WHO, 1993).

While the definition of an impairment focuses on the diagnosis of an individual's physiological abnormality, disability is defined by the loss or reduction of normal ability resulting from impairment - the interaction between an individual and his or her social and physical environment. The relationship between impairment and disability is easily taken for granted. In the diagnostic process, disabilities are often the symptoms that lead to identifying an impairment. However, no necessary relationship exists between an impairment and disability. For example, the condition responsible for dyslexia is likely to go undetected and to remain inconsequential among the largely non-literate Managalase of Papua New Guinea with whom I have worked. In North America, it may impose a serious disability for a school child, but hold less significant consequences for a painter. Disability is a function of the social and cultural contexts of an impairment.

Each society has means of defining the physical status of its members within its own cultural categories. Medical anthropologists have long made the distinction between

sickness and illness; the former the afflicted person's perception of their physical state and the latter the condition as recognized and socially categorized by an expert's diagnosis. Since there is not a necessary relationship between a condition and its social recognition, the process of diagnosis is as much one of redefining a condition as it is of discovering it. In Ontario, hearing losses in children are usually identified by parents or other relatives (Shah, 1978). The audiologists' or otolaryngologists' role in these cases is not to discover the hearing impairment, but to change the social status of the child with a formal diagnosis. Though the child's hearing ability has not changed, the new social status provided by the diagnosis makes the patient eligible for a range of specialized services.

Furthermore, the distinction between an impairment and cultural concepts of disability is also seen in the ways that individuals account for their disabilities. Several of the articles in this current volume note individual's reluctance to have their hearing tested. Pichora-Fuller and Kirson discovered that individuals were likely to mis-attribute hearing impairments to other communication problems. McCormick et al. also report a similar reluctance on the part of university students and staff to recognize hearing impairment. They note that a range of social considerations shape the perceptions of hearing impairment and its diagnosis. Physical impairments may be disabling, but society, not the impairment, handicaps the individual. Both disability and handicap are directly concerned with the public aspects of abilities.

Cultural assumptions and values play a subtle role in defining disability and handicap by framing the notion of hearing in contrast to hearing impairment. In North American society we rarely acknowledge our cultural presuppositions about hearing, the metacommunication about listening. Cultural notions of personhood, gender, and social roles are associated with hearing and shape the identities of individuals. To a large extent, these are unrecognized until we see the same cultural values applied to hearing loss where they frequently result in disenfranchisement and social stigmatization.

The connection between hearing and thought is evident in Pichora-Fuller and Kirson's discovery that hearing problems are more likely attributed to a listener's cognitive state or even ability, rather than a listener's perceptual problems. This metacommunicative assumption is not merely a prejudice, but a presupposition that actively misinforms individuals' communication strategies and judgements in interactions with hearing-impaired people. Warick also found that this association affects the responses that hearing impaired young people anticipate from others.

Similarly, there is a strong tie between being able-bodied and maleness. The clash between cultural notions of gender and physical ability were found to constrain hearing impaired workers' (Getty & Hetu) and prison inmates' (Dahl) willingness to have their hearing tested and diagnosed. McCormick et al. and Dahl have even shown that individuals may be handicapped as much in response to the rehabilitation and the equipment that publicly labels them as impaired, as by the disability itself. (This handicapping effect of rehabilitation should sound a cautionary note for clinical practitioners about the potential social impact of intervention.)

The metacommunicative assumptions of cultures are also evident in the acoustics of meeting places, sociolinguistic patterns of interaction, and the design of auditory assistive devices. Unless a building is a concert hall, architects give priority to the visual impact of a building over its acoustical properties. While attention is given to sightlines and landscapes, the soundscapes of the rooms used for classes and other public spaces are treated with much less consideration. Hodgson notes that the unseen acoustical environment is frequently the hidden environment, unacknowledged like other essential aspects of a culture.

Cultural Tools, Amplifiers, and Strategies

Culture also has an instrumental value. As shared, collective representations technology, symbols, language, and cultural categories enable individuals to go beyond their own individual capacities. Both anthropologists (White, 1959) and psychologists (Vygotsky, 1978; Bruner, 1966) have recognized that cultural categories, technologies, and languages are collective, physical, and conceptual tools that extend physical and cognitive capacities and enable people to transcend their individual limitations. Thus, the wheel enhances the motive power of the foot, language enables the transfer of information and collective activity, and writing expands the ability to remember. Bruner (1966) refers to these tools as *cultural amplifiers*. The cognitive, linguistic, and technological modifiers discussed in these papers may be thought of as specialized forms of these cultural amplifiers.

Inherent in Bruner's notion of amplifier is an awareness of individual human limitations. The papers by Hodgson, Pichora-Fuller and Kirson, Johnson and Pichora-Fuller, and Unger explore the ways that the experience of hearing loss is modified by acoustical environments, cognitive strategies, cultural assumptions about hearing, the sociolinguistic goals of discourse, and assistive devices. In many ways the limitations encountered by those with hearing impairments may be extensions of the biases of the media. The restrictions they impose may also be felt by people without hearing

impairments. This is explicit in Hodgson's discussion of acoustics. The visual bias of classrooms, designed to enhance the visual access of students to an instructor, may mar the unseen acoustical environment for all students regardless of their hearing status. Frequently acoustics become a concern only after a building is constructed and the properties of a room drop below acceptable standards. Unfortunately the tool-like properties of acoustical spaces only become evident when they are ineffective.

Sociolinguistic rules and goals have a profound impact on individuals' abilities to communicate. They are also cultural resources that reveal the biases of social roles and amplify social differences in linguistic exchanges. The role of sociolinguistic strategies is demonstrated by some individuals' ability to use this knowledge to communicate more effectively than others with the same level of hearing impairment. Pichora-Fuller and Robertson discovered that social and sociolinguistic routines themselves could be communicative and take the place of words spoken and perhaps not heard. They enable socially effective communication which may be mistaken for adequate audiological status. McCormick et al. also reach a similar conclusion in finding that social contexts and communicative goals have an impact on communicative ability.

Johnson and Pichora-Fuller also found that the goals of interactions affect communication. Interchanges between audiologists and their clients are based on transactional exchanges of information rather than on interactional (social) uses of language. Their analysis of the transmission of information in clinical settings also provides evidence of culturally based biases in communication, and power differences between clinicians and clients. Clinical encounters are transactional and information-oriented. Clinicians, not the clients determine what information is relevant. The goal is to provide information rather than to establish a broader social relationship between the clinician and client. Yet, it may be important for the clinician to know what is relevant to the client to understand the impact of the hearing loss and in turn assess the effectiveness of rehabilitation.

The preference for transactional interactions is also found outside of the clinic. The priority given to information oriented, transactional communication in clinical sessions is consistent with other patterns of discourse in competitive or hierarchical power relationships. Transactional communication is more common in task-oriented activities such as those found on the job or in communication by men. By contrast, the interactional strategies that give priority to the social relationships of the participants over the information conveyed are more commonly found in less power-oriented relations, particularly those between women (Maltz & Borker, 1982).

This apparent gender difference in sociolinguistic strategies is significant given Getty and Héту's discussion of the contrasts between men's and women's responses to hearing loss. Men resist public acknowledgement of their impairment at work, where communication is most likely transactional and concerned with the exchange of information. The support relationship of spouses that contributes to their willingness to have their hearing tested is likely to be less goal-directed and more interactional. Furthermore, women admit that the greatest impact of their hearing loss is its effect on their social relationship and their role as nodes in family networks. These differences in sociolinguistic repertoires suggest that men and women will experience hearing loss and rehabilitation differently.

Unger's discussion of assistive devices returns us to more familiar kinds of amplifiers for the hard of hearing: hearing aids, FM units, and infrared systems. His examination of the industry's difficulties to develop and market these devices displays the cultural embeddedness of technology. Hearing Assistive devices are media, technology shaped by society, rather than simply inert objects. He describes the attempts to match electronic hardware with social software. This electronic technology, as well as the acoustical properties of spaces, patterns of language use, cognitive strategies, and communication goals are all employed by individuals as means of adapting their audiological status to their social environments.

Culture and Identity, Deaf and Hard of hearing

The papers by Laszlo, Getty and Héту, Warick, McCormick et al., Dahl, and Pichora-Fuller and Robertson examine the experience of hearing loss and the issues of the social identity of the hard of hearing. In many ways these are responses to the development of Deaf culture. The discussion is founded on the social rather than audiological definitions of being Hard of hearing or Deaf. The contrast between the Hard-of-hearing identity and Deaf culture also raises more general issues about the nature of cultural and social group membership.

The concept "culture" has been used in two ways to classify and identify people and their traditions. The term can be used simply to describe or refer to a people or community who share assumptions and practices. It can also be used rhetorically to delineate a group and contribute to their distinctive identity. The dual uses of the term for identification and self-definition can be traced to the mid-nineteenth century German romantic and nationalist movements, and the writings of Wilhelm von Humboldt and the brothers Grimm, who figured prominently in the early development of anthropology and linguistics. The social and

cultural classification of people, as hard of hearing, deaf, Hard of hearing and Deaf are products of broader social and cultural categories and conceptual models. The discussion of collective social identity and culture in both descriptive and rhetorical senses figures in the emergence of hard-of-hearing identity and Deaf Culture. These distinctions are akin to the identification of cultural and ethnic identities.

The analysis of cultural and ethnic affiliations has taken two tacks. The first focuses on characteristics that are common among members of the group. It assumes that certain attributes are necessary conditions for group membership. Geertz (1973) described this kind of ethnicity as "essentialism." Ethnicity is assumed to be inchoate and primordial, an inherent aspect of a persons' being - like blood.

By contrast, Barth focussed his attention on the mutability of individuals' group or ethnic identity (1969). He describes ethnicity in terms of the features that are used in various combinations to define the boundaries between groups. Language, religion, residence, skin colour, and other features can be used as boundary markers. Against this landscape, individuals can manipulate their identity by highlighting or hiding indicators of ethnicity in particular situations. Individuals may present alternative profiles of themselves by switching languages, or emphasizing a religious affiliation. This enables them to present different facets of themselves to different audiences. They may cross back and forth across the well-recognized boundaries between groups. One of the characteristics of hard-of-hearing individuals is the potential of crossing the boundaries that separate the deaf, normally hearing world, and the community of the hard of hearing.

The ways that individuals present themselves in each instance are shaped by the social settings. An individual's private self identity is inaccessible to an outside observer, except when it intersects with a person's public roles. Goffman has used the term "career" to describe this meeting of the private and public self in total institutions, such as residential facilities:

One value of the concept of career is its two-sidedness. One side is linked to internal material held dearly and closely, such as image of self and felt identity; the other concerns official position, jural relations, the style of life, and is part of a publicly accessible institutional complex. The concept of career, then allows one to move back and forth between personal and public, between the self and its significant society, without having to rely overly for data upon what the person says and he thinks he imagines about himself to be. (1961, pp. 127-128)

Goffman describes total institutions such as asylums, prisons, and residential schools as places of both residence and work. Inhabitants are cut off from the wider society for an appreciable periods of time. This creates an enclosed, formally administered life (p. xii).

Public roles in these total institutions are more limited, hierarchical, and clearly defined than elsewhere in society. They provide a more uniform set of assumptions shared by residents. Dahl's investigation of penitentiaries describes the extremely well delineated careers of the inmates and their counterparts, the guards. The activities of inmates are extremely restricted. For the majority of prisoners who conform to the career expectations of the institution, the rigid, conformist rules provide a foundation of shared values and a source of a collective social identity. They also impose stringent penalties for those who deviate from the anticipated career path. Hearing-impaired inmates, whose disability distinguishes them from the norm, find hearing loss as stigmatizing, socially debilitating, and personally destructive.

This analysis of careers can be extended to workplaces and schools since these social institutions also dominate individuals' activities and impose expectations that play large roles in defining individuals' public selves (McKellin, 1995). Each social context has its own distinctive role expectations or careers that give a particular form to the experience of hearing loss and rehabilitation. The multifaceted relationships within families provide a myriad of ways that individuals can create norms that are less disabling and handicapping. But, as Laszlo points out, the contrast between family members' patterns of interaction with hearing members of the family and community and with the hard-of-hearing family member can remain problematic.

Deaf culture and Hard-of-hearing identities are constructed in different social settings. Deaf culture sprang from students' interaction at residential schools. These total institutions encompassed a full range of social activities and formed closed communities of common experiences (Markowicz & Woodward, 1982; Padden, 1980). Signing (particularly in American Sign Language), the most salient and defining feature, was shared among students, with or without the consent of the staff. It was used with less competence, among siblings, parents, teachers, translators, and hearing children of deaf parents (Preston, 1995). Thus, while students educated in schools for the deaf serve as the exemplars of Deaf culture, hearing individuals are only included as peripheral members of the Deaf community (Preston, 1995).

The papers by Laszlo and by Getty and Héту note that there is considerable heterogeneity among the careers of the Hard of hearing. The diversity of social experiences of the

hard-of-hearing population (though they may have similar hearing losses), and the relative lack of shared careers contrasts with the relative homogeneity of the Deaf population and the defining forces of signing and the residential school. This suggests that Deaf culture is an inappropriate model of group identity for those who are hard of hearing.

Barth's fluid model of ethnicity captures the necessary flexibility of the Hard-of-hearing identity. Individuals can move across the boundaries of deaf, hard-of-hearing, and hearing according to demands of a particular situation. Notions of shared meaning and experience are largely limited to rehabilitation, and the effects of disability and stigma. This tends to restrict the ability of hard-of-hearing individuals to coalesce into a social force comparable to the Deaf culture movement of the 1970s and 1980s.

One of the most difficult aspects of the hard-of-hearing identity is the pervasive sense and anticipation of stigma. This spoiled sense of identity is due in part to the cultural associations of hearing loss and disability with impaired cognitive skills and a loss of manliness (Getty & Héту, Dahl). In addition, deviating from the appropriate institutional careers may lead to disparaging comments from co-workers (Getty & Héту) and other forms of stigmatization. Each paper notes that many of those with hearing losses do not seek professional help. They refuse to be diagnosed or identify themselves publicly. The authors observe that those who have acquired hearing losses perceive their condition as highly stigmatized. The stigma prevents individuals from acknowledging their hearing loss and getting assistance. McCormick et al. recognize that the reluctance to being diagnosed is a rational strategy. Rather than denial, their responses may be attempts to avoid the serious social consequences of a publicly recognized hearing disability. By avoiding situations that would reveal their hearing loss, they also prevent the development of a Hard-of-hearing culture (Getty & Héту).

Careers and Traditions

Culture and collective identities are not timeless, they have a temporal aspect, tradition. Traditions emerge through repeated social routines of thought and action. The processual nature of social and cultural life is also recognized in Goffman's concept of career. He contends that, "the main concern will be with the moral aspects of career - that is, the regular sequence of changes that a career entails in a person's self and in his framework of imagery for judging himself and others" (1961, p. 127-128). Goffman's career implies that individuals face a sequence of options that are characteristic of particular kinds of careers. The career anticipates the sequence of events in a person's life.

As part of this process, the range of expectations, opportunities, and potential social identities decrease with time. Decisions at one stage reduce the options available later; each choice precludes others.

When children are diagnosed with a hearing impairment, the parents decide on a mode of communication and education that directs the child's future. Children with prelingual hearing losses, who are in oral programs may have careers that are distinct, but very similar to those who are Deaf. The diagnosis of an early loss presents a child and his or her parents with a different set of options and opportunities than the majority of the hard of hearing who experience their losses later in life. Young children and adults are taught how to use their hearing aids and other devices, they learn communicative strategies from others, and develop their own variations for interaction with family, friends and co-workers.

The diagnosis of a hearing loss may significantly alter an individual's anticipated career and expectations. A child with a hearing loss and his or her parents may anticipate schooling, adolescence, and an adulthood that is identifiably different from his or her normal-hearing sibling. If a hearing loss occurs in an adult, this may suddenly redirect his or her life expectations. He or she may fear that previous goals are now inaccessible. Furthermore, publicly disclosing one's disability makes the individual vulnerable to discrimination and abuse. The admission of a hearing loss may undermine a worker's prospects for promotion or a woman's importance in her family network (Getty & Héту). Students may find that their instructors' assessments of them decline and that their grades and recommendations may suffer (McCormick et al., Warick). An identified hearing loss jeopardizes an individual's access to the normally anticipated social career paths in each of these institutions. Individuals fear that public recognition of their hearing loss may lead others to assume that abilities unrelated to their hearing are affected and that their expectations and goals are inaccessible. Revealing a disability may actually put an individual at risk, and make him or her vulnerable to stigmatization, discrimination, and even abuse.

One possible exception to the stigma associated with hearing loss is found among seniors whose loss occurs late in life. While we may expect that a senior's loss of hearing and consequent social withdrawal may be considered a departure from his or her career, our cultural model of aging anticipates that, as people age, they will become disengaged and withdraw from normal activities (Marshall 1980). Seniors' ability to hear is expected to decline just like their memories, their physical activity, and their interest in sex. This "successful aging" career path (Pichora-Fuller & Robertson) offers a non-stigmatized, socially legitimated

explanation for hearing loss that transforms impairment, disability, and handicap into an age-appropriate ability.

Taken collectively, the careers and activities of individuals in families, institutions, or society as a whole constitute the social *praxis* of everyday life. When repeated, reinterpreted, and reified as social conventions and conceptual patterns of practice they are transformed into custom or *habitus*. Over time, habitus is crystallized and represented as the social categories, cultural assumptions, and symbols that, in turn, shape future actions and perceptions (Bourdieu, 1990). This process accounts for the reproduction of social knowledge and ways of being as they are communicated from generation to generation.

The careers of individuals in schools, work places, prisons, or even families become traditional ways of acting or thinking. They are taught to new members and become self-perpetuating. The hard of hearing do not have a single, unified pattern of praxis that can be moulded into a single custom or tradition. The careers of children whose hearing loss is diagnosed early contribute to different kinds of habitus from those whose hearing loss occurs when they are seniors. Common social experiences of the various hard-of-hearing groups, rather than similarities in their in audiological status may produce several socially recognized collective identities.

This collection of articles also draws attention to another process of production and reproduction, the education and training of audiologists. Members of professions tend to train their students in the patterns that they themselves practice. This in turn becomes the practice of a succeeding generation. The articles in this issue cast a self-aware gaze over generally accepted audiological procedures and attitudes and their impact on clients. They call for a reassessment of the goals of audiological practice and training. In the future students will need to move out of the clinic to see the breadth of their clients' lives to gauge the impact of their intervention. These articles return audiologists and clients to their places in the community and in wider networks of meaning that constantly manipulate the significance and consequences of hearing loss.

Conclusions

An anthropological view of hearing loss emphasises the experiences of individuals in their social and cultural contexts. It focusses on the interaction between hearing impairment and the social and cultural ecology. These articles provide insights into the impact that hearing loss, its diagnosis, and rehabilitation have on audiologists' clients at home, at school, in the workplace, and in residential insti-

tutions. The authors also provide audiologists with the opportunity to look reflexively at the practices and values they pass along to their students and junior colleagues. Audiologists and the other professionals who deal with hearing impairment are important players in the cultural definition and social construction of hearing loss. These articles remind us that the true assessment of the effectiveness and appropriateness of rehabilitation is measured by the ability of clients to live and communicate in everyday situations in their communities.

Please address all correspondence to: William H. McKellin, Dept. of Anthropology and Sociology, University of British Columbia, Vancouver, BC V6S 1Z1.
E-mail: mcke@unixg.ubc.ca

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