

**Review of Elizabeth S. Mathews, “Language, Power, and Resistance –
Mainstreaming Deaf Education” (2017), published by Gallaudet University
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The use of a minority language often entails a willingness to resist majority norms. In this case, Elizabeth Mathews examines the educational landscape and early interventions put in place for deaf and hard of hearing (DHH) children in Ireland, paying particular attention to the position of Irish Sign Language (ISL), and what this means for families for whom ISL becomes the language of the home.

This volume critically examines the claim that the education of deaf and hard of hearing children in mainstream settings is a step towards greater equality. Mathews does this by talking to the people who live the experience: the deaf and hard of hearing children who are experiencers of educational policy and practices, their families and their teachers. While this makes so much sense, this approach to analysis of deaf education is remarkably rare; indeed, this is the only volume I know of to date that takes an empirical approach to deaf education in Ireland.

Mathews presents us with a wide-reaching overview of the implementation of mainstream education, noting that, in Ireland, underpinning assumptions included the belief that educating DHH children in mainstream settings would better prepare them for the workplace, thus positioning DHH people to be net contributors rather than (assumed) net beneficiaries in the economy. Further, there was a concern that education should provide equity, social justice, and improvement in the situation of disadvantaged populations – including DHH children. Mathews points out that when combined, mainstreaming ideology



therefore draws frequently on discourses of economic viability as well as equality and social cohesion (p. 21). These societally driven concepts intersect with the established, recognised authority of the medical professional who is typically the key point of contact for parents with a deaf child. Mathews notes that government and society recognises, indeed, promotes, the position of medical and allied healthcare professionals, viewing them as 'objective and expert' in contrast with the view of Deaf community members, who are seen as 'personal, biased and subjective' (p. 83).

The voice of parents comes through clearly too. They report on the process of securing diagnosis of deafness, which follows a pretty prescribed pathway that entails engagement with community health nurses, audiologists, hospital driven tests and, perhaps, engagement with cochlear implant teams. Drawing on Grounded Theory, Mathews identifies core concepts 'seduction' and 'manipulation' at play in the system – emerging in structures where parents are encouraged to think of spoken language as the preferred means of communication for their DHH children. Mathews observes that this outcome is perhaps more the result of social norms around speech than a product of the influence of medical professionals per se. However, she argues that when professionals adopt a stance whereby they reinforce speech as the only means of communication promoted, 'manipulation' ensues as a result of gatekeeping of resources by those who could be gate-openers.

Mathews reports that every single child in her study immediately received hearing aids on diagnosis, that parents were advised about the potential benefits of Cochlear Implantation when appropriate and put on waiting lists for speech and language therapy. In contrast, there was silence around Irish Sign Language (ISL). Indeed, only 1 of the 20 families in this study were provided with information about ISL in the aftermath of identification of deafness. One quarter of the families in her study had never heard of the ISL home tuition service, a government funded scheme established to support the development of ISL in families with deaf children. The lack of resourcing and poor management of the ISL home tuition service is also highlighted: Mathews notes that ISL teachers must travel to the family home to give classes, often traveling considerable distance to reach more rurally located families, but their transport costs are not covered. She also notes that there is currently no register of recognised ISL teachers, allowing anyone to call themselves an ISL teacher.

Mathews points out that there is ambiguity around what constitutes qualification for the role and the onus is placed on parents to find a suitable tutor. Tutors inform the Department of Education and Skills of work completed, but payment goes to parents, who in turn, pay tutors. Application for accessing the service is complicated – and all of these things combine to create a system that discourages – and makes problematic -engagement with ISL but actively promotes and makes normative, the pathway towards spoken language.

Mathew’s work strongly suggests that power is a moveable feast. Power, in the education of DHH children, moves from the institution to home and school as medical goals are transferred from experts to parents and teachers, and to the child. This happens by embodying the goals of medical institutions and reinforcing them in the home/at school. Of course, resistance occurs too. Mathews notes that families who resist, persevering with use of ISL, for example, do so over time, as a result of finding connection with the Deaf community, and/or because they have multiple deaf children. However, as she points out, “Noncompliance, perseverance, mobilisation, and protest, are used to resist this hegemony, although this transgression/resistance is temporally and spatially restricted and rarely involves collective action. The result is a challenge that does little to dismantle an audist, hegemonic medicalised system” (p. 136).

Mathews argues that the mainstreaming movement has seen a significant change in how these discourses are realised BECAUSE the shift is accompanied by a dramatic rearrangement of the geographies of deaf education. Given this, “the practices of dominating and resisting power familiar to the field of deaf education are evolving, with unforeseen circumstances for DHH children, their families and the Deaf community at large” (p. 57).

In looking forward, Mathews recommends that a large scale nationwide census of deaf education is needed to establish demographic information on educational placement, and educational and social outcome measures (p. 138). Further research exploring DHH children’s accounts of their experience in mainstream settings must be addressed as an imperative for further study. Additionally, the needs of immigrant DHH needs attention.

In short, this is an excellent work of scholarship. This is an exceptionally timely given publication, which coincided with the passing of the Irish Sign Language Act (2017) and ratification of the Convention on the Rights of Persons with Disabilities (United Nations, 2006) here in Ireland (7 March 2018), which includes reference to the right of deaf people to access education in sign language. I am certain that this volume will inform parents, policy and practice as we move towards a new era for deaf education in Ireland, where access to Irish Sign Language is not seen as something to be resisted, but as something to be embraced and celebrated.

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