EXPLORING THE COMMUNICATION AND SYSTEMATIC BARRIERS DEAF AND HARD OF HEARING GRADUATE STUDENTS FACE IN HIGHER EDUCATION

by

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Abstract

This research focused on the communication and systematic barriers Deaf and Hard of Hearing graduate students face in higher education. The research explored the experiences, roadblocks, and inequities the DHH students face daily in academia. This study utilized narrative inquiry and qualitative approaches to better capture the human experience of the obstacles DHH graduate students faced in academia. A total of eight DHH students were recruited nationally to share their narratives about their experiences with graduate education and the lack of qualified communication access and other academic roadblocks in their journey. The findings indicate the importance of communicational accommodations. Additionally, findings discuss the sources and the factors that influence the lack of funds and other tools to accommodate the DHH students in higher education.
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Truth is not born nor found inside of the head of an individual person, it is born between people collectively searching for truth.

—M. Bakhtin

It is quite natural. Some hear more pleasantly with the eyes than with the ears. I do.

—Gertrude Stein
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CHAPTER 1: INTRODUCTION

When I first immigrated to the United States, I was eager to start my studies in America with the best accommodations possible for my deafness. I remember hearing and watching movies about how qualified and trained sign language interpreters were assigned to students to match their personal needs. Because of that, I believed that interpreting services and accommodations for the deaf would be provided at all times, and I thought I would be able to participate in class, sports, social gatherings, and any event the school would host. I remember that admitting me into the educational system was easy. I had to take several assessments to determine which courses I should be taking in high school. Still, the hardest thing I had to go through was having access to American Sign Language (ASL) interpreting services and other accommodations.

On my first day of school in America, I had only taken roughly three semesters of English in a Mexican high school, indicating that my English was very limited, and I was not aware of my rights as a student. For that reason, I was presented with an interpreter that had only learned ASL in high school. After graduating from high school, I enrolled in a community college known for its exceptional interpreting services, and there I learned more about my rights as a student and as a deaf individual. While the community college had a higher standard for their interpreters, they were unable to hire enough interpreters for all service requests to be covered. As a result, I had to adjust my schedule to fit the availability of interpreters.

I eventually transferred to a 4-year university. I faced the same issues—not enough interpreters, lack of communication access—and failed to build rapport with my peers and faculty. Additionally, most of the videos in class were not
captioned. I was encouraged to bring a notebook to write back and forth at the tutoring center whenever I needed tutoring services. I could not participate in group studies because I did not feel comfortable asking my peers to write down what we would discuss. After all, they were trying to learn too. To resolve communication barriers, I was encouraged to have professor/student discussions via email instead of personal face-to-face conversations. The way I see it, accommodations are a reciprocal approach. Hearing people will need access to an interpreter to communicate with a Deaf or Hard of Hearing (DHH) individual, and a DHH individual needs a sign language interpreter to communicate with the hearing individual. Yet, access to appropriate communication resources was not readily available.

The issues with the lack of sign interpreters have persisted all the way to my studies in this doctoral program. Since the beginning of my time in the doctoral program, I have been requesting Communication Access Real-Time (CART) captioning services, and I have consistently been denied those services from the services for students with disabilities (SSD). As Richards (2021) explained, ASL is a visual and thoroughly conceptual language. The ASL grammatical structure is formed to sign the object of a sentence first. For example, in English, one would say “the boy skipped home” in ASL, we would sign ‘home,’ and then we would have to introduce the boy and then we would sign ‘skip.’ With the way ASL has its structure order, it can cause a great deal of confusion and misunderstanding when quotes, citations, and terms are interpreted. That is one of the main reasons I and other deaf individuals require CART captioning services to fully understand everything discussed in class. Having a real-time captioner at the doctorate level provides the verbatim accommodation that a DHH student desperately needs to be able to participate in class discussions equally and have
the ability to fully understand the terms and codes that are discussed in class. The real-time captioning transcript is also used as notes and provides detailed word-for-word documentation that is not translated fully in ASL.

So far, my career as a student has been inequitable in the aspect of communication accessibility. From my own experiences navigating the educational system to my scholarly exploration of the deaf community, our needs have felt consistently like an afterthought. Through my studies, I have repeatedly requested specific accommodations to aid me with my academic success. I have been repeatedly denied those services for the reason that there are no funds to support my communication needs or that the tools and equipment required for my success are not available on campus. DHH students deserve equitable access and communication to ensure academic success. This is the impetus for this study.

**Background of the Study**

The challenges for the deaf in academia are predominantly related to the lack of accessibility. The last 10 years have seen research conducted to see if educational institutions with significant exposure to ASL are receiving fair treatment in terms of accommodations and communication services as well as tools and equipment, such as interpreting, captioning, and notetaking (Garberoglio et al., 2019). One out of 20 Americans has a functional hearing impairment or is deaf (Mitchell, 2005). As recently as 2019, approximately 5% of DHH adults under 65 were enrolled in higher education (Burke, 2021). Logically assuming that most adults under 65 are enrolled academically in higher education, we can also wonder how many DHH students are equipped with the proper tools and equipment to succeed academically in a higher education setting. The National Center for Education Statistics (NCES; 1994) indicated that 18% of these institutions (one in five) did not provide interpreters for academic purposes, such
as for lectures, question-and-answer periods at meetings for students, and discussions in the office and laboratory. That is a significant problem that DHH students face during their higher education studies.

It is crucial that DHH students succeed with the *communicational* access and accommodation they receive, as well as the relationships they build with their classmates and instructors (Cerney, 2007). Sign language or CART captioning and other accommodations are very critical and complex accommodations requiring financial backing. Hanks (2014) stated that ASL interpreting and other accommodation expenses are uncommon for most institutions. For that reason, they are usually forgotten during the budgeting process and end up surprising those in charge. Such accommodations and expenses would not be forgotten and money would be allotted in student services if they would consult with the right people who coordinate the students’ accommodations (Hanks, 2014). Rocco (2005) confirmed the lack of support for the students with disabilities by stating that disabled people’s voices are not heard because they are not asked or they are ignored.

**Problem Statement**

With DHH students enrolled in graduate programs lacking full communication access, the impact of these barriers warrants further exploration. Through decades of policies and programs to aid our hearing peers in academic pursuits, DHH students continue to fall behind their hearing peers in a variety of academic domains and placement settings (Marschark et al., 2006; Stinson & Kluwin, 2011; Traxler, 2000). Contemporary research shows that DHH students face greater challenges with respect to language, socialization, and emotional well-being than hearing students (Blanchfield et al., 2001; Safder et al., 2012). For years, Deaf students have been lagging in the classrooms because of the lack of
full support in their academic accommodations and needs and linguistic and social-emotional development. There is a lack of understanding of and priority to Deaf graduate students’ psychological, communicative, and interpreting accommodations, which results in them falling behind in class (Marschark et al., 2006). There are many reasons why students with disabilities may lag in their education, feel unsupported, and experience inequitable representation and recognition of their communicational, physical, and educational needs. A DHH graduate student can have basic accommodations and still would not be able to comprehend the academic content fully. As Palmer et al. (2019) found, DHH students are racially and ethnically diverse, they may have multiple additional disabilities, and they are often veterans or first-generation college students. Additionally, they communicate in many ways in addition to identifying themselves. Because DHH students have an array of ethnicities, disabilities, and modes of communication, it would be necessary to offer both qualified and diverse accommodations at the same time so that they can succeed in academia and feel comfortable with the language they are speaking, writing, and signing.

**Overview of DHH Students in Higher Education**

Postsecondary education is essential for every student to achieve career satisfaction, long-term financial stability, and independence (Garberoglio et al., 2019). The ability to enhance personal and professional networks as well as becoming a productive member of society are goals that every human being strives to achieve. One out of every 25 students with disabilities are Deaf (Garberoglio et al., 2019). The tools and resources towards communicational access in an institution are what influence the academic success of the DHH students. Cerney (2007) emphasized that communicating effectively with students and forming relationships with them are key factors for their academic success. A nationwide
survey conducted by the National Center of the Deaf on Postsecondary Outcomes (NCDPO) indicated that 60% of DHH students receive more than one accommodation, and 40% of DHH students received only one accommodation (Palmer et al., 2019). As Gordon et al. (2016) pointed out, disabled students encounter significant limitations in their major life activities and in the area of education compared to the general population. DHH students face multiple limitations in academia, yet only 40% of them receive at least one accommodation, which means they are still missing out on other educational content, such as captioning for videos or word-to-word instruction rather than the only accommodation of conceptual interpretation in ASL. One accommodation is not enough to meet the needs of DHH students given the long list of necessities.

In the 1980s and early 1990s, Stinson and Walter (1991) estimated that 75% of deaf students quit university before earning their degrees. Research indicates that DHH students continue to struggle academically (Watson et al. 2007). The struggle is such an arduous experience that only few DHH are successful with their academic goals. In a recent study, Garberoglio et al. (2017) found that only 18% of Americans with hearing loss obtained their bachelor’s degree or higher compared with 33% of hearing adults. Marschark et al. (2006) emphasized that there is a lack of understanding of and priority to Deaf graduate students’ psychological, communicative, and interpreting accommodations in graduate programs, which results in them falling behind in class. Cawthon et al. (2014) explained the reason for the continuous academic struggle for DHH students: basic classroom accommodations do not guarantee that deaf students are able to fully engage with the broader learning climate and do not always result in positive outcomes. DHH students are very diverse and come from diverse backgrounds, and they need different accommodations and specific quality of
education. There are DHH students who have visual issues, and they need protractile interpreting services. Additionally, a DHH international student would require a multilingual interpreter. Every DHH student needs an interpreter who is certified in their profession to provide qualified and equitable services.

**Accessibility**

According to CAST (n.d.), accessibility is defined according to what people need to do, their interactions with the environment, and their personal preferences. In that way, a person with disabilities can access the same information, interact with the same people, and use the same services in a way that is equally efficient, equally integrated, and substantially easier to understand. Accessibility is a simple concept, but it is a very complicated practice. What is accessible for someone with learning disabilities is not apt for someone who is a DHH. Accessibility, according to CAST (n.d.), can be divided into several categories to explain in depth how it is used for our personal preferences of communication and interactions with our environment:

- Accessible educational materials (MAE): print and technology-based materials.
- Accessible formats: audio, ASL interpreting, braille, tactile graphics, etc.
- Accessible digital materials: websites, eBooks, videos, podcasts, etc.
- Accessible technologies: tools that provide learners with access to content in accessible digital formats.
- Assistive technologies: text-to-speech, screen readers, and speech recognition.

Millet (2021) explained the effectiveness of captioning in increasing comprehension among students who are deaf, have learning disabilities, and are
English language learners (ELLs) by explaining that students can read and re-read the transcript at any point in the class. CAST (n.d.) explained when people with disabilities can access material or technology, they receive the same information, are able to access the same interactions, and receive and enjoy the same level of service as nondisabled people. Accessibility goals must be achieved efficiently, integrations must be equal, and the ease of use must be similar for people with disabilities.

**Purpose Statement**

DHH students enrolled in graduate programs lack full communication access to meet their communicational needs. DHH students deserve a full and clear exploration to understand their experiences in academia and why barriers continue to exist. This study explored the experiences of DHH graduate students navigating academia with the lack of proper communication access to aid them in an equitable and prosperous educational experience. This research explored the impediments DHH students face in higher education, leading them to lag in classwork or drop out of school entirely. I sought to understand the obstacles and the solutions that DHH students have come to realize while struggling with inequity and lack of rapport development with their peers and instructors. This study revealed the experiences DHH graduate students have had to overcome, including barriers to gain the resources and accommodations necessary to succeed academically. Lastly, this study’s implications may enrich the decisions educational leaders make in regards to how they can provide the full support DHH students deserve and how inequitable decisions can impact DHH graduate students’ academic success.
Research Questions

The research question that guided this study is as follows: What are the communicational and systematic barriers DHH students face in higher education?

Framework

The framework guiding this study focuses on the importance and relevance of communicational accommodations. For this study, I adapted concepts from disability studies in education (DSE) to guide me through the research to fully comprehend how the success of a DHH student depends on the accommodations provided for their education. Researchers in disability studies are examining how disability interacts with different aspects of culture and society. As outlined by Gabel (2009), disability studies integrates critical inquiry and political advocacy, as well as education and humanities and humanistic/post-humanistic social sciences. Through its use in educational research, teacher education, and graduate studies in education, the analysis, and interpretation of disability are central to all fields of educational inquiry. DSE aligns with my inquiry as I focus on the various aspects of disabilities, culture, and education.

Additionally, the DSE promotes “counter-narratives” that solicit the views and experiences of persons with disabilities (Gabel, 2009). Employing a narrative inquiry methodology alongside the DSE approach, I sought to more deeply understand the experiences and barriers DHH students face in their graduate education. Engaging DSE allowed me to better discuss the academic accommodation and other educational resources that support the students’ learning and showcase their learning like their classmates without disabilities (Connor et al., 2020). By exploring students’ experiences, I was able to offer insight into how DHH students have navigated communicational accessibility obstacles and inequalities throughout their academic careers. DSE theory requires a constant
view on the disabilities that distinguish barriers, attitudes, and actions that work to exclude individuals with disabilities from society. Students with disabilities face many challenges during the pursuit of higher education (Gordon et al., 2016). DHH students’ experiences can illustrate how consequential limitations are in essential life activities compared to most people in the general population.

**Methodology**

To address my research questions, I employed a qualitative narrative inquiry approach. In qualitative narrative inquiry, the researcher engages participants in conversations about their experiences (Clandinin, 2013). When using narrative inquiry as the guiding research method, students and researchers have an opportunity to learn in-depth how to apply this method in their own research. The narrative approach is best suited to address the complexities and qualities of the human experience in teaching and learning (Mertova & Webster, 2020). Narrative inquiry methods aligned perfectly with my research because my main focus has always been the holistic views of human educational experience, life’s complexities in academia, and the barriers that hinder education success for DHH students in higher education.

Mertova and Webster (2020) explained that narrative inquiry aims to uncover, explore, and elaborate on individual interpretations and worldviews related to complicated, human-centered events. My use of narrative inquiry provided me with the ability to understand what participants thought was the best accommodation, how these experiences impacted their lives, and how these experiences could prevent others from experiencing the same hardships. I collected data from the DHH participants who were enrolled in or recent graduates from higher education. All of the participants identified with several identities but were not limited to Deaf, Hard of Hearing, Deafblind, Deafdisabled, or Late
Deafened. Lastly, the DHH students had the experience of requesting accommodations such as interpreters, captioners, or any other accommodation considered necessary for academic success. As Connor et al. (2008) stated, DSE’s work within practice focuses on creating and sustaining inclusive and accessible schools. In order to attain better educational outcomes and experiences, I categorized the accommodations, the communication between the DHH student and service providers, and the communicational services. In terms of accommodations, I examined the quality of the accommodations and the number of accommodations they had at the beginning of the semester and at the time of graduation. DSE promotes “counter-narratives” that solicit the views and experiences of persons with disabilities (Gabel, 2009). Regarding the communications, I investigated how the request for better or more accommodations went, whether the university was supportive of the requests or adamant about approving them because they had different views. Lastly, I discussed how communication services helped the students with their academic journey, as well as how they contributed to their academic achievements.

My analysis of the data was shaped by whether the participants received their communicational needs or if they were provided with other tools to succeed academically. In summation, the narrative inquiry was the perfect framework for this research. As explained by Josselson (2011), narrative analysis involves getting a sense of the overall meaning of the story, then relating the parts to that meaning so that there is a holistic understanding of the story that encompasses all the parts. In order to develop a deeper understanding of narratives, the researcher must first develop a broad understanding of the individuals’ lives. I determined to analyze and apply the narrative inquiry method to understand and analyze the unique experiences I aimed to understand and explore. In narrative inquiry, Mertova and
Webster (2020) described how story structures are imposed to construct meaning from random experiences. Storytelling is not an objective reconstruction of life; it is a rendering of how people perceive life. As such, it is based on the participant’s life experiences and depicts selected aspects of the respondent’s life.

**Definition of Key Terms**

For the purposes of this study, I refer to a number of terms that are important to provide clarity and definition. The terms are defined as follows:

- **Academic accommodations**: The facilitation (tools) of learning in educational institutions for deaf faculty and students (Smith & Andrews, 2015).

- **Academic mobility**: Allows Deaf faculty and Deaf students to achieve various academic standings by understanding cultural norms in the academic environment, specifically in higher education institutions (Houston, 2020).

- **Americans with Disabilities Act**: Enacted in 1990. Most recent ratification took place in 2008. Contains numerous sections which address employment, transportation, and buildings.

- **American Sign Language (ASL)**: American Deaf people prefer this language as their primary form of communication. ASL is a language composed of complex systems, grammar, and meanings. As a minority language and culture, it also belongs to the Deaf community (De Clerck, 2010).

- **Audism**: Refers to the discrimination, prejudice, or superiority to those who are Deaf and Hard of Hearing. Humphries (1977) stated, “the notion is that one’s capability of hearing or the act of a hearing person is a cause of prejudice against others who are deaf” (p. 12).
• **Bicultural Deaf Person:** A deaf person who lives in two worlds simultaneously, the hearing and the deaf (Holcomb, 2013). Deaf individuals who are able to blend in nicely with both the Deaf and hearing communities.

• **Deaf:** In Kusters et al. (2017), deafness is described as a binary that isolates various cultural groups as a result of the dichotomy of Deaf and Hard of Hearing. It is the ideal way to address the deaf community’s multiple identities. In order to identify individuals with hearing loss and cultural identification, the word ‘Deaf’ will be used throughout this study.

• **Oral communication:** Interaction between two individuals and their social and physical surroundings by exchanging information through language, signals, and behavior (Stephens & Kramer, 2009). Many DHH individuals communicate orally and it can be attributed to the means that they do not know sign language exist or have yet to learn.

• **Section 504 of the Rehabilitation Act of 1973:** A federal law that prevents discrimination against disabled individuals and requires organizations to receive federal financial assistance to accommodate disabled individuals (United States Department of Labor, 2017; Wright & Wright, 2017).

**Limitations**

As with any study, there are important limitations to consider. Narrative inquiry works with people to narrate their stories that are often untold. In addition, participants construct stories to reinforce their interpretation of themselves, events, and their own experiences. Among the limitations mentioned in Peshkin (1988), it could be argued that stories come with multilayered and dubious aspects; therefore, the artificial nature of the truth and the creator’s subjectivity is evident
in narrative inquiry. Although qualitative research is not intended to be generalizable, the subjective stories produced in this study can have transferable implications for the field of education.

Further, it is imperative to acknowledge the ways in which my DHH identity and experience enhanced trust and rapport with participants. As my participants were recruited across the country, my ability to gain their trust and credibility was potentially limited. However, my lenses as a researcher were focused on the integrity of the participant’s academic experiences as well as on collecting data focused on my research. My shared identity with my participants was also a strength in allowing me to establish more credibility and trust with them throughout the research process. In chapter 3, I further describe my positionality statement.

**Significance of the Study**

It has been reported by NCES (1994) that approximately one out of five colleges that admitted Deaf and Hard of Hearing students could only provide one accommodation. In addition to the lack of resources, the NDCPO (Palmer et al. 2019) stated there has been no institutional interest in learning how to be more deaf-friendly. The attitude has been one of resentment of tolerance at best. Such findings warranted a deeper exploration of the experiences DHH students in higher education face in their daily lives as students. Findings from this research provided important implications for educational institutions toward fostering a deaf-friendly institution equipped to accommodate and support DHH student success.
Chapter Summary

This chapter established the need for my research on communication access for DHH people in higher education. Relying on the DSE framework, I also utilized narrative inquiry methodology to explore the experiences DHH students face in higher education institutions. This research aimed to explore and discuss how accommodation practices in higher education affect DHH students, namely if they assist or hinder their academic success or experience detriment to their academic success. As a result of this study, we were able to expose the experiences of DHH students and the practices of higher education by revealing important topics to explore, such as methods, purposes, experiences, and how we conducted ourselves.
CHAPTER 2: REVIEW OF THE LITERATURE

I grew up being very active in my church, and my faith is very important to me. Yet, I recall over the course of my life that hundreds and hundreds of ministers, missionaries, teachers, and church-going people have asked me if they could pray for me to regain my hearing. As recently as a few years ago, I had the privilege of going to Israel with my friends, and a rabbi offered his praying services to “cure” my deafness. Certainly, the thought of having the ability to hear my daughters’ voices is a dream. Still, I am at peace with the fact that I will never hear again, and for that reason I, like many other DHH individuals, have politely declined the offers of “prayers for our ears.” The attribution to the prayers offered by various religious leaders indicates that the constant search for a cure for a deaf person is a universal hope. The deaf are universally seen as abnormal and that their ears are things that need to be fixed. This is a longstanding assumption that has contributed to stigma and harm to DHH people over millennia.

This review of literature revolves around the history and the importance of DHH students in higher education, especially post-baccalaureate students, and the history behind education for the Deaf. The second part of this chapter discusses the roots of ASL and why DHH individuals prefer it to English. Additionally, I discuss how communication access is also essential for educational institutions and DHH students. Through this review, I also discuss the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Act (IDEA) policies in order to illustrate how providing accommodations to DHH post-baccalaureate students can make their educational experience equitable and just.
Historical Overview

The historical overview explains the oppressive experiences DHH people have experienced and continue to encounter through modern-day’s cures. The aim of this section is to discuss the oppressions and the “cures” that medical experts, religious leaders, and scholars have attempted for DHH individuals to gain hearing. The world still looks at deafness as a physical abnormality that needs to be fixed.

The Oppression

Ancient Greece is the centuries-old birthplace of the oppressive label of “deaf and dumb.” In approximately 355 BC, Aristotle stated “those who are born deaf all become senseless and incapable of reason” (Gannon, 2012). With Aristotle being a critical philosopher in his time, people believed and practiced his doctrine, which led to the oppression of disabled children for centuries (Moores, 2001). Due to the difficulty with verbal communication that comes with deafness, the Greeks viewed deafness as an intellectual disability. Deaf people were referred to as “deaf and dumb” by the ancient Greeks in an apt way to describe their perceptions of them (Rose, 2003, p. 120). The Greeks measured intelligence with speech, and the ability to live a normal life was based on one’s ability to speak. Ears were associated with hearing and communication as well as intelligence (Rose, 2003).

Rome took the oppression of the Deaf even further. In 530 A.D., the Romans devoted a great deal of time and thought to the legal status of deaf individuals, at least at the end of the Roman Empire (Moores, 2001). According to Peet (1851), from the Corpus Juris Civilis (Body of the City Law) for Justinian I, a Byzantine emperor, five classifications of deafness and muteness were identified. The Justinian Codes were in accordance with Aristotle’s deaf doctrine as Aristotle
had said the deaf were incapable of reasoning, but they were not provided with the basic education needed to reason. As a result of lack of speech and hearing, they were removed from society, and they were not awarded the ability to experience freedom, marriage, and inheritance. Only individuals that had lost their hearing or ability to speak later in life were able to maintain their freedom and ability to pass down their name through their children (Peet, 1851). There is a deep sense of offense in the deaf community when the term “deaf and dumb” is used. The word “dumb” is often said to have evolved into “silent,” but Gannon (2012) provided an explanation that DHH people have encountered many people who believe an individual who is incapable of interacting with others has nothing to offer.

**The Salvation**

Led by Aristotle’s doctrine and other influential men’s beliefs that Deaf men were incapable of reason, St. Augustine’s (354-430 A.D.) doctrine stated that the deaf were unworthy of the salvation because they could not hear the Word of God (Gannon, 2012). In addition, St. Augustine taught that parents with sinful natures would produce disabled children as punishment (Laes, 2011). Many aspects of life were forbidden to deaf men, women, and children (who were called deaf and dumb) in early modern Europe. According to Oates (2019), in early Modern Europe people would associate speech and hearing with language, and because the deaf were deprived of education, they did not have the ability to control any aspect of their lives. Due to education deprivation, the deaf were not given the right to legally marry or gain an inheritance. The Catholic church was a predominant religion that held those beliefs, and they were an influential force within the community. With many deaf individuals residing in monasteries, the church started to grow concerned about whether the deaf could enter heaven (Oates, 2019). Oates (2019) wrote:
As the Catholic church believed that confessions, salvation, and performing the sanctuary sacraments were only obtained by voice. The religious leaders were concerned with doubt whether a prelingually deaf individual could enter heaven as they believed that faith was built upon hearing. Families, as well as priests, believed that deaf people could find a cure for their deafness through prayer. That is why, among many other reasons, deaf people sought refuge in monasteries and other religious temples. The practice of praying for the ears has continued into the 21st century. The thought and the strategies to evangelize to the Deaf continued for years, and the priests came up with several techniques to develop communication abilities. According to Oates (2019), for memory purposes Dominican friars used to encode their sermons with their fingers and call it fingerspelling. While assuming that deaf men and women could not perform their confessions without speech, they introduced the finger encoding method to them for conducting confessions and performing other religious rituals. The Dominican friars’ creation of fingerspelling was what slowly influenced the creation of sign language (Oates, 2019).

The First Educator for the Deaf

Deaf children born to nobility were assigned to the care and tutelage of Pedro Ponce de Leon (1520-1584), a Benedictine monk residing in a monastery in Valladolid, Spain (Moores, 2001). Ponce De Leon taught the deaf sons of a royal family so that they would be able to legally gain an inheritance (Plann, 1997). Around that time, the Marquis of Berlanga, Juan Fernández de Velazco, one of the wealthiest and most powerful families in Spain since the 13th century, had kept his two deaf sons out of the sight of society (de Chaves & Soler, 1974). Even centuries after St. Augustine and Aristotle, the oppression and shame of bearing deaf offspring continued. Velazco’s children were sent to the Monastery of Ona, the monastery of Ponce de Leon. The Velazco family, according to de Chavez and
Soler (1974), entered into endogamous marriages in order to avoid the breakup of the family estate. Throughout the Velazco family, endogamous practices caused a number of deaf children. Because of the sheer number of deaf children and the desire to prevent deaf offspring, the children were sent to monasteries.

As Ponce de Leon wrote in his final letter, “It was my privilege to teach people, known to men as deaf and dumb, how to perform the holy sacraments, rituals orally, how to read and write, and how to confess their sins orally” (Moores, 2001, p. 34). Pedro Ponce De Leon was a successful teacher for the Deaf in his time. His educational accomplishments proved to defy the centuries-old views of Aristotle. There is little documentation of the influence of Pedro Ponce de Leon due to his unexpected death. In 1755, abbe de l’Epee was credited for opening the first public school in the world for the Deaf, in Paris (Moores, 2001).

19th Century Developments

The Milan conference, commonly known as the Second International Deaf Education Congress, was a meeting of the world’s elite educators of the deaf to discuss the best way to help the deaf improve their quality of life by improving communication. The DHH community did not get the desired results from the conference. There have been generations of scars left behind by the outcome of the Milan Conference in 1880 on the DHH community, and they persist even today. Part of DHH history is shaped by this event. Deaf Americans from Cincinnati organized a national association in August 1880 while hearing evaluators of the deaf gathered in Milan, Italy in September and adopted a resolution that would affect generations of deaf people worldwide (Gannon, 2012). The national association in Cincinnati aimed to improve public understanding of deafness and pushed for improvements in vocational and educational methods as well as an end to employment discrimination. Gannon (2012) wrote:
A total of 164 participants attended the second international convention in Milan, including 87 Italians, 56 Frenchmen, 8 Englishmen, 5 Americans, and 8 other participants. America was the only group with a duly elected representative. They represented 51 schools with a total enrollment of over 6,000 students, more than the 159 other participants combined. The five participated on behalf of the Association of American Instructors of the Deaf and Dumb and were selected at the meeting in Northampton, Massachusetts, in May. The lone deaf participant was James Denison, principal of the Columbia Institution in Washington D.C. Edward Miner Gallaudet, president of the National Deaf-Mute College, who was also among the American delegates.

Gannon (2012) noted that 164 people attended the Milan Conference to discuss the advancement of the Deaf community worldwide. The conference had only one Deaf participant out of 164 participants. The hearing individuals created a DHH conference and made oppressive and degenerated decisions to determine how the DHH individuals should live their lives (Gannon, 2012). Alexander Graham Bell led the majority of attendees, who voted to ban the practice of teaching deaf children through sign language and instead promote oral education (Gannon, 2012).

As a result of the Milan Conference in 1880, the deaf community underwent unprecedented changes. A series of resolutions passed, along with the dominance of oralism in US and European deaf schools, contributed to significant changes that affected deaf education, deaf instructors, the future generations of deaf graduates, and our culture and livelihood. The United States replaced Deaf instructors with hearing instructors in order to nourish students’ residual hearing abilities and their ability to speak (Gannon, 2012). The practice of prioritizing speech for the Deaf has continued to this day. Christensen (2019) explained that physical punishment by the educator was common at various schools if students were caught signing or gesturing because of the oralist pedagogies the school was part of. Even with the great number of speech instructions, DHH students were not
capable of acquiring the academic and speech skills educators hoped for. Baynton (1996) and Lane et al. (1996) explained that even after years of training, some deaf students were unable to develop speech acceptable to hearing instructors and administrators. Moreover, schools put more emphasis on oral communication than academic skills. Although DHH students were taught verbal communication skills, they could not develop speech that society would consider acceptable or understandable despite the changes within the deaf education system. The 19th century may have lacked the appropriate resources and tools needed to teach DHH students to develop a speech that met the new verbal standards created, but Lane and colleagues (1996) argued the educators’ commanding attitude prevented the students from meeting the verbal goals.

Alexander Graham Bell may be one of the most revered and venerated people of modern times for his innovation and creations, but the deaf community has looked at him in a different light for his leadership role in the Milan Conference (Gannon, 2012). The admiration for Bell is widely known for his invention of the telephone, but he is not known for his attitude and views toward the deaf. Bell symbolized America’s attitude toward disability and the deaf community during that era when it was intolerant to its deaf community’s language, education, culture, and marriage practices (Greenwald & Van Cleve, 2015). Bell was the son of Alexander Melville Graham who was a speech therapist, and his mother was Eliza Grace Bell who had been deafened by scarlet fever from age 4, and he used the manual alphabet to communicate with her (Bender, 1970; Bruce, 1974).

While a professor at Boston University, Bell taught vocal physiology, and he became romantically involved with one of his first pupils, Mabel Hubbard, who also was deaf (Moores, 2001). Despite being a teacher for the deaf, having a deaf
mother and wife, his views on the deaf did not make him a supporter or a better teacher for the deaf. It was Bell’s belief that “herding” deaf children under one roof was cruel, and this action, he believed, created lifelong bonds and encouraged intermarriage (Gannon, 2012). According to Bell, Deafness was “a calamity,” and marriage between deaf people is a “great calamity” (Greenwald & Van Cleve, 2015). Bell not only held horrific views toward the deaf, but he also acted on it and promoted his views on eugenics. For many writers as well as the Deaf community, Bell symbolized America’s attitude toward disability and the deaf community during that era when it was intolerant of its deaf community’s language, education, culture, and marriage practices (Greenwald & Van Cleve, 2015).

While we cannot attribute every misfortune the deaf community faces on a daily basis to Bell, the oppression faced by the DHH community, the scars, and his influence remain today nonetheless. As Greenwald and Van Cleeve (2015) stated, Bell’s policies and actions in his day and today contributed significantly to the economic and social challenges faced by deaf people. People were treated as second-class citizens because of incorrect assessments about the effects of deafness. Today, the Deaf are slowly but surely combating the circumstances in which they were placed. In attestation to Greenwald and Van Cleeve’s point of the effect Bell has today is that of Bell’s influence in the 1880 Milan Conference. As an educator for the deaf he was responsible for not only changing the livelihood of the deaf but also stripping DHH individuals of their identities and trying to force them to be people they are not, ultimately depriving the DHH community from their own language.
The Quest for Normalization

For most of its history, there has been a continual quest for normalization for the DHH community by the “experts.” In addition to normalization, the DHH community has been fighting stigmatization. Goffman (1986) described stigma as a socially devalued identity that lowers one’s status in society. These battles have continued into the 21st century. The so-called experts are often referred to as people in the medical field, religious leaders, and scholars. Before we had the technology we have today, the DHH community went through oppression, stigmatization, and life or death situations to find a cure. The experts and families of the DHH individuals prioritized the normalization of the DHH community through ill-advised “cures” and treatments by destroying their identity and neglecting their well-being in the process rather than investing in better education and a better quality of life for the DHH community. This section will focus on the experiences and oppression the DHH community faced at the hands of their family and the “experts” that tried everything to heal their Deafness so that they could lead a normal life.

Deaf Flights

In the early days of the 20th century, technology was advancing. As medicine was making advancements, physicians were still trying to find cures for deafness and other illnesses. Henry Renz, a veteran of World War I, suffered from ringing in his ears, and his doctor recommended that he hop on an airplane to see if the loops and hoops could cure the problem. A few hours later, the patient and pilot landed, and Renz stepped from the aircraft, his first words were, “I’m not sure whether I can speak,” delivered in a normal voice without any signs of ringing in his ears, according to newspaper reports (Daugherty, 2017). The news sent shockwaves throughout the country in 1921, and although aviation was still a
novelty, people thought it was an amazing medical discovery. Parents of deaf children were advised by medical professionals and other experts to put their children in the cockpit of a plane and go on loopy rides to cure their deafness. There are no concrete records indicating the number of deaths of children or of the people that were advised to do the “deaf flights.” According to McEnerney in 1921, airlines, hysteria, or elevations of 12,000 feet or greater do not cure illness or deafness (Daugherty, 2017).

Deaf advocacy groups and psychologists have condemned parents and medical professionals who encouraged unorthodox treatment in the Journal of American Medical Association (JAMA). According to JAMA, it is “usually futile, and often fatal.” The Deaf journal points out that parents are more to blame than the medical professionals and so-called experts, for any catastrophe caused by stunt flying is almost entirely their fault (Daugherty, 2017). Rather than investing in education specialized for their DHH children, parents chose to “fix” their broken ears instead. Instead of showing love and acceptance for DHH children that required special attention, parents welcomed fatal risks in an attempt to “cure” hearing loss in DHH children and adults.

Devices

In today’s world, experts say devices are closest to a cure. Cochlear implants can help those with severe hearing loss who are unable to use hearing aids. Communication and quality of life can be improved by cochlear implants (Mayo Clinic, 2020). The ear trumpet, created in the 17th century, was the first hearing aid to help the hearing impaired. From sheet iron to animal horns, trumpets of all shapes and sizes can be found (Hearing Systems, 2019). For years, the so-called “experts” have been heavily invested in developing devices to find a
way to fix one’s deafness. It was not until the 1980’s that a high-tech hearing aid was available.

Small electronic devices worn behind or in the ear are hearing aids. Hearing aids enable a person with hearing loss to listen, communicate, and participate in everyday activities more effectively. They can improve hearing in both quiet and noisy environments. The National Institute on Deafness and Other Communication Disorders (NIDCD; 2013) stated that only one out of every five people who could benefit from a hearing aid wears one. The NIDCD (2013) explained that an increase in volume is a feature of hearing aids. A hair cell detects these nerve signals, which are then sent to the brain. Damage to the hair cells in the ear causes hearing loss. As a person’s hearing loss becomes more severe, the more hearing aids are needed. Damaged inner ears will not be able to translate even large vibrations into neural signals.

For someone who is severely deaf or hard of hearing, a cochlear implant may provide some sense of sound. A portion of the device sits behind the ear, while the remaining portion is implanted under the skin. As explained by the NIDCD (2013):

When a microphone is placed in a specific place, the sound will be picked up and the microphone will process and arrange the sounds. Speech processors send commands to the transmitter, which are then converted into electronic signals by the receiver/stimulator. An electrode array collects the electrical impulses being transmitted from the simulator and sends them to various locations along the auditory nerve.

At the beginning of their invention, audiologists said that cochlear implants would change the lives of the deaf and bring the long-anticipated cure that would “normalize” the deaf community. Early on, some hailed the procedure as the Holy Grail. This was envisioned as the long-awaited “cure” for deafness, as well as the gift of sound and normality for deaf children (Moores, 2010). With those
predictions and anticipations, people started to think it was going to be a new dawn for the DHH community and that there would not be a need for sign language interpreters and education focused on the deaf. It was thought that the implants would eliminate the need for special schools or classes, as well as for interpreters, allowing educational systems to save hundreds of thousands of dollars over the children’s educational lifetimes (Moores, 2010).

The uncertainty and potential success of the cochlear implant caused a great deal of fear within the deaf community, the interpreting community, and deaf education, indicating that the creation and success of the cochlear implant would threaten their jobs and livelihood. Others expressed concerns that implants could threaten deaf culture’s very existence as the opposition operated under the implicit assumption that implants would be effective (Moores, 2010). Science is powerful even when the research is not valid. It can be a potent message for certain communities. Moore (2010) pointed out that science can be heavily influenced by expectations, especially when stating questions, collecting data, and interpreting results. When the first cochlear implant was implemented on a human, everyone thought it was a miracle, and the deaf community and the medical community both eagerly awaited the results.

While the cochlear implant may not have cured deafness, the technology did cause concern among many in the DHH community. Many in the DHH community believed that the cochlear implant would cause the same harm that the Milan Conference of 1880 caused. According to the NIDCD (2013), using a hearing implant, deaf people can learn useful aural communication skills, understand speech, and identify sounds in their environment. It takes a few years for a cochlear implant recipient to attain equal speaking ability with their peers (Dalton, 2017). There were a lot of people and companies involved in developing
the cochlear implant, so it was difficult to determine if the device would be successful. It is noted in Moore (2010) that the early studies on implants were often carried out by researchers who had a vested interest in the success of the process. As of now, 80% of the implants are effective (Romeo et al., 2004). Comparing the speech of deaf children with implants with their counterparts without implants who communicate in ASL, there is logical proof that the kids will find it easier to communicate in ASL without implants. Cristina Burgos stated, “My decision was not to provide my son [Xavier] with a cochlear implant since he picked it up faster than I could teach him a cochlear implant” (Dalton, 2017)

Social Model of Disability vs. Medical Model of Disability

Systemic barriers, derogatory attitudes, and social exclusion are factors that make it difficult and impossible for persons with disabilities to participate fully in society, in accordance with the social model of disability (Oliver, 2013). The social model of disability (SMD) was developed in 1983 by Mike Oliver. In the 1970s a document called Fundamental Principles of Disability asserted that people were not disabled because of their impairments, but rather because of social barriers (Union of the Physically Impaired Against Segregation [UPIAS], 1976). Oliver drew upon this work for his proposals. As instruments for creating a collective sense of disability, SMDs serve to strengthen and develop the disability movement. By identifying and eliminating the barriers to participation that disabled people share, the movement was able to change how the media portrayed DHH people. Transporting companies (which transport wheelchairs and other accommodations that are too large to fit in a car) were willing to make their services more accessible to disabled individuals; public properties and the law
were amended so no one could discriminate against disabled people (Oliver, 2013). The SMD is a way to view the world from a disability lens. When it comes to the environment, SMD will recognize every barrier that prevents the disabled from participating fully in society, as opposed to “experts” who aim to seek a cure to heal DHH individuals while intentionally ignoring every barrier exposed to the disabled.

Generally, a disabled person would not be concerned about their disabilities or impairments at home or anywhere they would feel at home until they are no longer able to function or perform the activities they do daily. However, it is a society that believes that people with disabilities are defective, unfixable, or incurable and are prevented from participating in society (McCain, 2017). There are still many things for society to learn and understand about disabled individuals. Schools would not be surprised at the costs of interpreting services for DHH students if institutions would acknowledge that it is a necessity to have budgets for several accommodations (Hanks, 2014). The SMD is a model that aids both society and the disabled community to see the barriers the disabled community face in our society. Macrae describes the SMD as asserting that most people with disabilities live with significant consequences for their conditions. Disability is not what creates our disabilities; it is the factors that do (Scope, n.d.). According to Oliver (2013), many obstacles have appeared and continue to appear and are intractable, but every barrier we come across is a challenge that we can overcome with the right attitude and mindset. Every barrier we have is because society constantly reminds disabled individuals that they have a disability and that they are physically limited from doing many things that they wish they could do.

A DHH person would not consider themself disabled whether they are at home where everyone speaks the same language or in a DHH institution (Lane,
The DHH individual will only feel disabled if they face discrimination or are not provided with accommodations (Berke, 2020). DHH individuals and other disabled people do not dwell on their disabilities or what they cannot do. By focusing on impairment and difference, Oliver (2013) cautioned that we will simply depoliticize the social model and prevent the development of new models or methods that can contribute to improving or defending the lifestyles of people with disabilities. Government officials, administrators, and others in high-ranking positions are taught that these criticisms of the social model can be used to amend policies that ignore barriers and cause inequality in economic and social policy (Oliver, 2013).

The SMD model explains disabilities from the perspective of the disabled. Next, I discuss the medical model of disability (MMD) to understand disabilities as seen from a medical standpoint. In order to understand disabilities as experiences or as living things, we must look beyond the medical facts.

We need to understand what a disability is and what it is to live with it. Without experiencing a disability, it is difficult to comprehend the meaning of disability. In the mid-1950s, psychiatrist Thomas Szasz coined the term “Szasz Model of Disorder,” which has undergone numerous iterations since then (Hogan, 2019). Using the MMD framework, Szasz said an illness or disability occurs when an individual is suffering from a physical condition that is part of their body, will severely harm their quality of existence, or will create substantial social disadvantages.

Sandell et al. (2010) suggested that through the MMD, health, disability, or illness can be controlled or at least managed based on clinical knowledge. However, this understanding of the MMD opens questions about whether there is
a cure for everything? Does everyone want a “cure?” Does every disabled person ask “Am I disabled, or do I feel disabled? Does a DHH person want a ‘cure?’

Brisenden (1986) noted that choosing which treatments to receive and how to live is not the only problem but also something to consider. Brisenden’s comment that disabled people cannot choose their life implies that there are no medical or scientific cures for everything. It is noble to want to cure every illness or disability, but again why can disabled people not be seen as normal people rather than people with disabilities? Brisenden (1986) explained:

Numerous colloquialisms illustrate how damaging improper terminology can be. People who refer to disabled people as ‘cripples’ are seen as weak, pathetic, and in need of sympathy. People with cerebral palsy have the indignity of being equated with raving, dribbling idiots when called ‘spastics’ - these are the facts that go beyond medical ‘facts’. We must instead get to know the person within the disability image rather than this image.

MMD focuses on what is wrong with people, rather than listening to what they need, explained Scope (n.d.). Disabled individuals have found that it is difficult to become independent, satisfied, and in control of their lives when society has low expectations and views the disabled community as a group that needs fixing.

Cochlear implants have recently become increasingly common among children (NIDCD, 2013). When a baby is born, regardless of whether the parents are deaf or not, it will go through a hearing test. A baby with a failed hearing test will be told, “your newborn has failed the hearing test.” Within a few hours of giving birth, hearing the words ‘failure,’ ‘my newborn,’ and ‘hearing test’ can be the most heartbreaking thing parents can hear. Whenever parents discover that their child is deaf, the parents are always referred to a specialist, who will most likely invoke the MMD and recommend an implant to cure their deafness. Tait et al. (2007) suggested that the mean age for implantation is decreasing worldwide, and
in many centers has become less than 2 years of age, not long after parents discover their child is deaf.

DHH individuals are assessed using the MMD and the Szasz Model of Disorder in order to determine whether they are disabled or if they can be cured. Having a disability means being limited in one’s abilities due to an impairment. Deaf people suffer from some limitations due to impairments in hearing (Lane, 2002). According to Samaha (2007), a disabled individual can be disabled, but this does not imply that they have a disabled life. According to this, a person with a disability may not perceive themselves as disabled unless their environment, people, and circumstances cause limitations and prevent them from functioning independently. The MMD would say being DHH is a disability that would need a cure to be able to live independently in society (Sandell et al., 2010). While it might be true from the medical standpoint, Lane (2002) stated that we designate some human variation as a disability in the United States based on functional limitations arising from an impairment, whereas we consider other forms of human variation as normal and not a disability. Therefore, Lane stated that deafness is not a disability but rather a limitation. To accentuate both models, deafness is a disability by choice. Only the DHH individual can state whether they are a disabled individual or not.

**Public Education**

Public education for DHH individuals has always been a challenge in terms of education, communicational resources, and developing social capital. The unique communication and accessibility needs of DHH individuals often highlight their differing status from hearing people. Individuals who are deaf often employ different languages and communication tactics unfamiliar to hearing people. The DHH community, for example, frequently uses ASL, a language to which most
hearing people are not accustomed (Mousley & Chaudoir, 2018). On top of the stigmas put upon DHH individuals due to their way of communication preferences, DHH students enrolled in graduate programs lack full communication access. The impact of these barriers warrants further exploration and research. In the course of time, many new ideas have come into and gone out of style. Various resources and substations have indicated that DHH students with significant hearing loss continue to perform worse than their hearing peers in a wide range of academic areas and placement levels (Marschark et al., 2006; Stinson & Kluwin, 2011; Traxler, 2000). There have been many resources provided to DHH individuals and other people with hearing impairments by the public education system, including interpreters, assistive technology, and tutoring services. However, there are still many barriers that prevent these people from attaining the same degree as their hearing peers. The educational attainment rate for hearing people is at 34.0%; in contrast, deaf people continue to have lower rate, with only 18.8% of these adults having earned a bachelor’s degree (Garberoglio et al., 2019). DHH communities continue to find ways to equalize the education success of their hearing counterparts.

In their pursuit of higher education, students are faced with a variety of challenges. Palmer et al. (2019) reported in a recent study that there was a 15% education gap between deaf and hearing people who reached the level of a bachelor’s degree. It is crucial to acknowledge that because it indicates that higher levels of education narrow the employment gap between deaf and hearing individuals (Garberoglio et al., 2016). Among deaf individuals in the United States, only 18% hold a bachelor’s degree or higher, compared with 33% of hearing individuals. Garberoglio et al. (2020) identified that hundreds of DHH students cannot communicate effectively and frequently in a college classroom,
particularly if they do not share their peers’ conversational language. DHH students are more likely to experience reduced engagement in the classroom if there is a disconnection between their hearing peers and their learning environment. As a result of the disconnection, the DHH might become less engaged in their studies. Even with the help of an interpreter, the fast pace of exchanges between hearing students can pose a barrier to a deaf student who communicates in ASL (Cawthon et al., 2015).

**Deaf Education**

For many generations, monks and many other educators were able to develop the use of sign language. The use of sign language had grown, and the education for the deaf had significantly grown in America. To stop Deaf children from wealthy families from being sent to Europe, a school for the deaf and dumb was founded in Hartford, Connecticut in 1817 (now called American School for the Deaf; Moores, 2001). There were approximately 24 schools for the deaf in the country in 1861, the year the Civil War began (Gannon, 2012). On April 8, 1864, the United States Congress and President Abraham Lincoln passed legislation authorizing collegiate degrees to be awarded by the Columbia Institution for the Instruction of Deaf and Dumb and the Blind (now Gallaudet University [GU]; Armstrong, 2014). Schools in America had focused primarily on the use of sign language.

In the 1800s, Deaf education in America began to grow rapidly. That period brought the first Deaf college to the U. S., thanks to the effort from Thomas Gallaudet, currently known as GU (Gannon, 2012). For decades, it was the only university in the world that educated the Deaf in sign language until other higher education programs started to appear in the 1960s. In the 1960s higher education for the Deaf began to expand, and the first two programs for the Deaf outside of
GU were California State University, Northridge’s (CSUN) Deaf program in 1964, and National Technical Institute for the Deaf (NTID) in 1968 (Gannon, 2012). CSUN had the distinctive honor of being the first public university to offer an integrated program to Deaf students in 1964 (Morgan, 2014). Higher education opened doors towards equity and educational opportunities for DHH students.

GU has employed hearing presidents and board of trustees since its inception in 1864 (GU, 2014). Elizabeth Zinzer became the new and 7th president of GU in 1988 with no prior experience as an educator for the deaf. Students at GU formed a protest calling for a deaf president as the appointment was proceeding (GU, 2014). It was formed in order to bring a revolutionizing change within the institution by appointing competent and experienced DHH teachers at the highest levels who can better lead the community education of the DHH students than those who do not master the language or have not taught DHH students before. The protest raised awareness of Deaf issues for the hearing world, which led to new employment opportunities for Deaf people. In response to “Deaf president now,” the school invited and appointed its first Deaf president, Dr. I. King Jordan in 1988 (GU, 2014). Now GU is fully operated by a Deaf president, a Deaf board, and Deaf professors for Deaf students.

American Sign Language

The first sign language instruction book for the deaf was published by Juan Pablo de Bonet in 1620, despite Pedro Ponce de Leon being credited with being the first teacher for the deaf (Plann, 1997). A physician named Girolamo Cardano proposed that ideas can be understood without hearing words (Plann, 1997). ASL consists of signs, gestures, and body movements that are used to communicate a legitimate language (Valli & Lucas, 1992). Sign Language is another form of
communication that utilizes symbols to convey a meaning without utilizing a sound.

There was a time in America when people were asking if ASL was a language. In the 1950s scholars and educators started to question the legitimacy of ASL as a formal language (Maher, 2010). GU hired William Stokoe, who later became known as the father of ASL, to create a manuscript and instructional materials explaining ASL as a language (Maher, 2010). Stokoe (1960, 1993) was able to demonstrate that ASL has all the components to classify it as a language. Various forms of symbols facilitate linguistic communication (Valli & Lucas, 1992). According to Maher, Stokoe explained:

Sign language is quite similar to English or any other language. There is a visible contrast between its elements instead of an audible one. Combinations can be made in certain ways and not in others. These combinations, signs, “have meaning” as words or morphemes do. The construction of sign combinations, just as the construction of words, conveys meaning more fully and in a more complex way than the construction of single signs. Syntactic constructions are rules-governed, systematic forms of expression. (Maher, 2010, p. 69)

Maher discussed the contention that Stokoe was convinced that sign and speech were equal and that both were manifestations of language. Maher recounted Stokoe’s explanation that a DHH individual is capable of receiving and conveying any message utilizing the linguistic, syntactic, and grammatical structures of the ASL (Maher, 2010).

ASL is the predominant language for DHH individuals. Deaf people in the U.S., who use both ASL and English in their daily lives, both as part of the Deaf communities and in the mainstream, are often referred to as bilinguals (Holcomb, 2013). Bilingualism for the deaf community varies on the DHH individual and their positionality in the mainstream world. Although DHH Americans speak some English daily, ASL is the most accessible language to them due to its visual
features (Holcomb, 2013). Americans who use ASL make up between 500,000 and two million people in the country, making it the fifth most popular language after Spanish, Italian, German, and French (Clason, 2016).

DHH individuals may be a small community, but there are DHH individuals who predominantly use ASL all across the country. A DHH individual can be Latino, and while everyone at home speaks Spanish, the DHH individual would speak both Spanish and sign language besides English. The same goes for a DHH individual living in predominantly Italian, Chinese, or other communities. Due to the omnipresence of ASL all over the country, colleges, and universities have acknowledged the need for and importance of language acquisition. Among the most studied languages, Spanish and French remain the top two. Since 2013, ASL has replaced German as the third most popular language (Looney & Lusin, 2018). With ASL rising to the third of the foreign languages most studied in America, it clearly displays the effect that ASL has on American society.

**Sign Language Interpreters**

There is a belief that signing can be a language that is somewhat new, although it also represents an extension of an ancient belief (Stokoe, 2001). Sign language has existed for centuries, and time, communities, and cultures have revolutionized it into a more sophisticated and more constructive language than the one that was originally developed. Since the early 21st century, we have seen a rise in ASL awareness globally, but one thing that has failed to be acknowledged is that ASL is more than just a language. The DHH culture, language, and identity are interconnected with ASL. Lane et al. (2011) emphasized that language is intertwined with identity for every group globally, including small tribes and huge nations. Because of the cultural values reflected in language, it is impossible to separate language from culture as language is an expression of communal values.
The sign symbolizes the personality of the Deaf community. As Bienvenu (2008) explained, ASL is a language that is rich with signs referring to the experiences of people who are deaf. Due to their own unique experiences and identity, deaf individuals sign a word in a way that reflects their own identity. Each type of deaf person has specific signs that indicate their affiliation and identity with the Deaf community (Holcomb, 2013). As part of its uniqueness, ASL is rooted in culture, language, and identity, which shows the language’s value to the community.

Frequently the case is that the interpreter assigned to DHH students are the ones that are available on campus or in the Deaf community, and other times those interpreters are the ones that are employed by the university. Many DHH individuals would say sign language interpreters are known as the voice and ears of the DHH community, but other times they can be the biggest obstacle a DHH student can face. According to the Registry of Interpreters for the Deaf (RID; 2007), a sign language interpreter is a highly skilled and trained professional who facilitates communication between those who are deaf or hard of hearing and those with hearing. An interpreter is an essential component of communication between all parties involved in a communication setting. Sign language interpreters are strongly encouraged to obtain their RID certification since it is the most valued certification to verify that they have the training and expertise to interpret the varied users of signed and spoken languages (RID, 2007). It is a very unique situation when there is an educational institution with enough sign language interpreters, let alone certified interpreters. The task of interpreting is one of the most challenging jobs one person can have.

Many sign language users, professors, and interpreters fail to acknowledge that interpreters can influence the outcome of any given situation. They set the precedent of how the conversation and interpretation will be. If the interpreter
makes a mistake or is not qualified to interpret, both the hearing person and DHH student will be adversely affected. That will also be a case of language deprivation to both individuals, who were affected by the lack of proper interpretation. As the National Association of the Deaf (NAD; n.d.) explained, language deprivation or a lack of exposure to language due to inadequate access to spoken language or sign language can severely affect these DHH students with health, education, and quality of life. While we talk about the importance of interpreting and qualified interpreters, we also have to note that there are never enough interpreters to fulfill the interpreting assignments at educational institutions (Schick et al., 2005). There are many reasons to answer to the lack of interpreters in educational institutions, but one of them is that most times schools do not allocate enough funds to provide resources to DHH students or to hire qualified interpreters (Schick et al., 2005).

As previously stated, sign language interpreting is among the most difficult professions. Forestal (2014) explained that the professionalization of interpreting services is relatively new. Due to the popularity of sign language as one of the most spoken languages in America and the world, interpreters of sign language are growing at an unexpected rate. ASL is a rapidly expanding field, as RID (2007) confirms. The NDCPO (2019) stated that interpreters must translate between two separate languages, ASL and English, both visually and verbally. The hardest part of interpreting is translating from ASL to English. It can add a layer of complexity to the interpretation process when there is an interpreter who does not fully comprehend or fails to capture the spirit of the content intended by the DHH individual. ASL is a complex visual-spatial language, and it can complicate the interpretation of a DHH.
Legislation

Among the first civil rights laws aimed at equalizing and protecting the rights of people with disabilities in the United States was Section 504 of the Rehabilitation Act, passed in 1973 (United States Department of Labor, 2017). Thus, accommodations for students with disabilities started taking effect in higher educational institutions. In addition to prohibiting discrimination, the law also prohibits being excluded from participating in projects, receiving financial assistance from government agencies, and receiving grant funds. The IDEA, in conjunction with the ADA and Section 504, protects students and adults with disabilities from exclusion and enables them to live a normal and equitable life at school, at work, and in the community (United States Department of Labor, 2017).

With the inspiration and the support of Sec 504, the ADA was enacted in 1990 and it opened many opportunities for people with disabilities to gain access to various fields of employment and education (ADA National Network, 2022). According to the ADA, the policies have five sections: Title I pertains to employment, Title II to state and federal government, Title III to private entities, Title IV to telecommunications, and Title V to other provisions (ADA National Network, 2022). The ADA, Section 504 of the Rehabilitation Act, and virtually every entity except churches and private clubs are subject to the ADA. The ADA and Section 504 need to be complied with in schools receiving federal funds. Thus, public education institutions are mandated to provide reasonable accommodations for students with disabilities.

Interpreting visual communication utterances can take longer than auditory communication, and that can disrupt comprehension. DHH students require the presence of another person. In definition, using accommodations is a way for DHH students to learn through a “third party,” i.e., a person who facilitates
discussions and provides access to content in class (Lang, 2002). As for many of the experiences of DHH students, Wagner et al. (2012) estimated that the retention rates are around 53% 8 years after enrollment in postsecondary education. It is often that DHH students are provided with accommodations that are not linked to their communication or language needs. This greatly impacts their academic performance and experience (Cawthon et al., 2015). As Watson et al. (2007) confirmed, Deaf students in graduate programs are falling behind in class because school institutions have failed to prioritize and understand DHH students’ psychosocial, communicative, and interpreting accommodations. Providing DHH students with the wrong accommodation or no accommodation greatly discourages their desire to remain in school.

**Access Issues in Higher Education**

A large role has always been played by Individualized Education Plans (IEPs) and Section 504 plans in k-12 education (United States Department of Education, 2010). The accommodations required for such students are similar to those required for hearing or physically abled students. Section 504 and IEP plans use federal funds. Section 504 is used to help students who need wheelchairs or other physical assistance but do not qualify for IEP services. Students with academic problems may also use Section 504 (United States Department of Education (2010). They are assisted and supported by the people who know the students, their parents, their teachers, and the experts in their respective fields. High school students have access to professionals who will monitor the use of the services that help them attain their academic goals (Understood, n.d.).

ADA law provides accommodations for college students who have special needs, but college students do not have the same plans as high school students. A college student must know and occasionally advocate for their own
accommodations. Some students may not be aware of which accommodations are appropriate for them or may not know what accommodations they require. Due to the IEP not being enacted for college students (United States Department of Education, 2010), college students with disabilities have a much more difficult time navigating academia. College students with disabilities are usually provided with the following accommodations: registration for courses to locate appropriate accommodations, additional time on tests, and devices such as calculators, laptops, or video recordings to assist them during tests (Stefanakos, n.d.). Additionally, there is the option of signing language interpreters and text-to-speech programs. According to the United States Department of Education (2010), there are accommodations that are lacking in college, such as the ability to give exams in alternate formats and lack of repeated instruction. Providing accommodations that change the nature of the curriculum, which lower or substantially modify academic standards, as well as accommodations that are unnecessarily complicated, difficult, costly, or burdensome.

**Services for Students with Disabilities**

According to Cone (n.d.), the Rehabilitation Act of 1973 was the first federal civil rights law to protect people with disabilities. Section 504 was passed into law to guarantee all disabled people an equal opportunity to live a dignified and nondiscriminatory life and to have equal access to education and societal resources (United States Department of Labor, 2017). Following the law’s enactment, educational institutions had to develop services to support students with disabilities to achieve academic success (Cone, n.d.). SSD are tasked with providing accommodations to students with disabilities of all types who have enrolled academically and registered with the SSD office (Fresno State, n.d.). Accommodations vary depending on the needs of each student. It is possible that
the type of campus DHH students attend may influence their experience and accommodations with regard to their education.

The services for students with disabilities are tasked with filling the gaps that hinder disabled students from attaining academic success (Humphries & Allen, 2008). For instance, it is well documented that DHH students will face barriers related to in-class social interaction and instructors’ pedagogical philosophies. These barriers influence teaching effectiveness and the types of services needed for DHH students to receive equitable access to social interaction and the instructor’s pedagogical philosophies (Humphries & Allen, 2008; Marchetti et al., 2012; Marschark et al., 2008). Often, students with communication and learning disabilities and ELLs face barriers to full participation, resulting in them feeling isolated and having lower levels of academic success (Schley & Stinson, 2016). The isolation and lack of social interaction among students with disabilities and ELL students are well known among academia. The services for students with disabilities are also responsible for filling the gap in teaching the students the art of soft skills such as time management, study habits, organization skills, and other basic habits that would train the students in becoming successful (Albertini et al, 2012; Marschark et al., 2010). SSD are tasked with helping DHH students develop social skills, but at the same time they are also responsible for instructing professors to teach and encourage students to be more considerate of the barriers DHH students face apart from accommodations. Apart from filling the gaps in accommodations, SSD are also responsible for negotiating contracts with sign language interpreting services and other captioning services that require independent contracting.

Additionally, student services offer a variety of counseling and advising to students. At the SSD, the counselors are not only advocates, facilitators, or
teachers, but also counselors who guide students toward employment after their educational careers are over. As the American School Counselor Association (ASCA) explained (2003), transitioning students to postsecondary institutions benefit from taking part in activities that develop academic, career, and personal/social skills.

**Conclusion**

The literature aimed to review aspects of Deaf education, history, rights, and perspectives to support the exploration of DHH individuals in graduate education. Further, I discussed legislation that would provide accommodations to help DHH students achieve their academic goals. In Chapter 3, I explore the methods, approaches, and theories used to support my research inquiry.
CHAPTER 3: METHODOLOGY

My whole life I have seen communication access such as ASL interpreting services, CART captioning services, and others being fundamental to my educational needs just as a laptop or a notebook is to my hearing peers. But most importantly, I have always believed that the interpreting services were not primarily for me. They have always been for my hearing peers and my instructors even though they are not the ones using them. A hearing person can learn sign language, but a Deaf or any DHH individual cannot be taught how to hear. Deaf individuals are not blessed with the privilege of hearing, but the privilege of resilience and adaptability, while hearing people are blessed with the privilege of hearing and the ability to accommodate others.

In my educational career as a student, from elementary school all the way to the doctorate program, and as an employer, I have frequently encountered situations in which I was not provided with accommodations that were needed by institutions to meet my communicational needs or those of my hearing peers. The sensation of feeling alone in a crowd, feeling lost in an educational setting, and having difficulty expressing myself freely are some of the feelings thousands of DHH individuals experience every day. Their stories deserve to be heard and known. These stories will be brought to light in this research by applying the narrative inquiry so that students, educators, and service providers will be aware that many students under their supervision that are struggling to receive their support and attention to obtain their educational goals.

This study sought to understand the experiences of DHH students in higher education. Therefore, a qualitative research methodology was selected to address the study’s research question. The methodology can be understood and applied
from various perspectives, but ultimately methodology influences the type and purposes of research and interviewing approaches (Jones et al., 2014). Methodologies are not mandated but rather necessary to design a structure for a clear and thorough research process. The methodology of choice for this study’s inquiry is narrative inquiry. Narrative inquiry was an appropriate methodology of choice in that it seeks to recount individuals’ lived experiences through narrative (Clandinin, 2013). Research that uses narrative inquiry has the unique feature of honoring lived experience as a repository for important knowledge and understanding, a way to study human lives.

Further, this research was grounded by the framework of DSE. Based on the disability studies of DHH students in academia and how DSE can emphasize the dynamic interplay between disability and various cultural and social elements, this research examined how disability studies can be applied to various aspects of culture and society (Gabel, 2009). In this study’s context, recounting and analyzing stories is expected. This research was formed on stories told by current and former educational students that fought to receive the accommodations necessary to achieve their educational goals.

DSE has developed a vibrant field of research as well as a critical platform for social/educational advocacy and activism (Connor et al., 2008). DSE brought a legitimate view to analyze the participant perspectives where I sought to understand the communication challenges faced by DHH students in higher education. Employing the DSE method allowed me to formulate strong interview questions and research strategies. DSE seeks to develop a deeper understanding and more data of the everyday experiences of people with disabilities at schools and universities, in contemporary society, in diverse cultural contexts, and throughout history. More specifically, DSE creates and sustains inclusive,
accessible schools. The purpose of the DSE is to deepen understanding of how people with disabilities live their lives in schools and universities, across contemporary societies, within diverse cultural contexts, and through historical lenses. Additionally, DSE’s work within practice focuses on creating and sustaining inclusive and accessible schools (Connor et al., 2008).

**Narrative Inquiry**

Developed by Connelly and Clandinin in the late 1980s, narrative inquiry was applied to capture the experiential knowledge of teachers through writing (Clandinin, 2013). Connelly and Clandinin initially called the concept interpretative accounts. They explained that they read a part from Alasdair MacIntyre’s (1981) book *After Virtue*, which claimed that stories live because they are being told. It is because we experience narratives in our lives ourselves and because we understand ourselves in terms of narratives that narrative provides a method of understanding others’ actions in the form of storytelling, and that is when the name of narrative inquiry was born.

The narrative inquiry methodology was selected for this research for a variety of reasons. The narrative approach is particularly well suited to teaching and learning the complexities and qualities of human experience (Mertova & Webster, 2020). This type of research helped examine the experiences of DHH students in academia. Cladinin and Connelly (2000) wrote that those oral histories are autobiographical and fall under the description of narrative inquiry. Family histories passed from generation to generation can also be a source of narrative inquiry. Stories being passed down are important to the research because they always contain valuable research that can interconnect the past, present, or future.

In this study, interviews were conducted to elicit stories about DHH students’ experiences in higher education. Participants were asked about their
experiences related to their educational history, disability, and obstacles they had to overcome, or if they were still working on overcoming those obstacles. DSE theory aligns well with narrative inquiry methodology because it offers a critical lens for addressing inequities in education. A constant view of disabilities is central to DSE in order to distinguish barriers, attitudes, and actions that restrict the participation of disabled people in society.

Students with disabilities face many challenges during the pursuit of higher education (Gordon et al., 2016). Narrative inquiry captures and integrates the tensions inherent in experience: the past with the present, the functional with the ‘real’, and the official with the unofficial. Akisnaya and Bach (2014) explained that the purpose of narrative inquiry is to make sense of, evaluate, and integrate the tensions inherent in experiences: the past with the present, the functional with the ‘real,’ and so on. As part of this research, I investigated the experiences of DHH graduate students at colleges and universities, and this methodology helped examine these experiences in a raw and in-depth manner in order to fully understand and analyze the barriers and resiliency students experience when attempting to achieve academic success.

**Research Purpose**

This study focused on exploring the communicative and academic experiences of DHH students in higher education. Gordon et al. (2016) explained only 40% of DHH students receive at least one accommodation for each class in academia, which could leave them behind from gaining invaluable content that cannot be adequately addressed by one accommodation. With only 40% of the students receiving one accommodation, it is evident more institutional support is necessary (Watson et al., 2007). More specifically, the purpose of the study was to explore the communicational and systemic barriers DHH students face in higher
education. As part of the research, I also examined the experiences and accommodations they received as well as how they aided their success or hampered their results. During this study, I analyzed the types of oppression and deficit thinking faced by DHH students during their graduate studies while highlighting the common themes of success the students achieved during their studies. This study also aimed to reveal higher education best practices for student success and to understand what accommodations are best tailored to address individual DHH student needs. The research question that guided this study is as follows: What are the communicational and systematic barriers DHH students face in higher education?

**Theoretical Framework**

For a research study, the theoretical framework determines the parameters from which all knowledge is derived, both metaphorically and literally. According to Grant and Osanloo (2014), a theoretical framework provides structure and illustrates the rationale, purposes, and sense of the study. The theoretical framework uses specific variables and a specific viewpoint (framework) to limit the extent of the data by focusing on specific variables and determining what approach to take in analyzing the data gathered. It offers new knowledge through the validation or challenge of theoretical assumptions, as well as through the clarification of concepts and variables according to defined terms. The relationships of the theories are used to show the relevance of the ideas to the study.

The theoretical concepts guiding this study are based on DSE framework. One distinctive feature of DSE is that it allows for flexible interpretations of disability experiences and encourages various critiques of the social model of disability (Gabel, 2009). The DSE provides critical insights into the experiences of
disabled individuals, including DHH individuals. Gordon et al. (2016) explained that students with disabilities face many challenges during the pursuit of higher education. DSE is primarily concerned with interpreting stories, understanding experiences, and reliving occasions that impacted the outcomes of a student with disabilities in their quest for academic success (Gordon et al., 2016). The goal of this inquiry is to illustrate how consequential limitations are in essential life activities of DHH students compared to most people in the general population.

As Connor et al. (2008) noted, DSE adheres to the following tenets:

- Contextualize disability within political and social spheres. This refers to the times where we study and focus on disability in order to gain knowledge and advocacy on behalf of the disabled persons or DHH individuals in our case. In addition to the focus and study, DSE also provides a clear picture of the political views that create systematic barriers for disabled individuals and aids the individuals in dismantling those barriers.

- Give priority to the interests, programs, and voices of people with disabilities. With this tenet, disability is highlighted, recognized, and valued as part of human diversity. DSE aids the disabled and DHH individuals to use their voices to raise awareness of their struggles and the barriers that others have yet to acknowledge.

- Persons with disabilities should have access to comprehensive and meaningful educational opportunities, as well as complete and meaningful inclusion in all aspects of life. Cooper et al. referred to the promotion and discernment of all aspects of the curriculum that feature information about disability stories, culture, and contributions. These tenets help disabled individuals develop a positive disability identity.
This approach presumes competence rather than deficit thinking. This DSE challenges the medical model’s view of disabled individuals as objects of medical authority. DSE points out the abilities of the disabled and DHH individuals and the competence of those with disabilities.

According to Ware (2012), DSE is concerned with contextualizing disability by utilizing the political and social spheres to help people better understand disability. DSE advocates for and supports individuals who have been stigmatized and discriminated against for their disability. Lastly, DSE seeks justice and equal educational opportunities, accommodation, and justice for all disabled individuals involved in academia. The DSE approach examines disability in a social and cultural context. Within DSE, questions are raised regarding the definition of disability and the assumptions and practices pertaining to special education (Taylor, 2006). The DSE provides a method and framework to examine perspectives and practices within academia of disabled individuals since DSE contextualizes disability within the broader sphere of politics and society. Further, DSE serves as an advocate for social justice, equal access to education, and meaningful inclusion in all aspects of society for everyone with disabilities (Capper, 2019).

Data Collection

Participant Sampling Criteria & Strategy

Participants are an integral part of any research project because they provide perspectives and valuable content. Participant sampling criteria were divided into three categories. First, they were classified by their Deafness identity. The participants were either Deaf, Hard of Hearing, Deafblind, Deafabled, or Late-Deafened. These identities provided a deeper understanding of the
importance of accommodations and help to understand how much DHH students rely on accommodations for their academic success. The second factor considered was their education level. Participants must have been currently enrolled in or recently graduated from a master’s or doctoral program in the United States within the last 3 years. Lastly, DHH students needed to have the experience of requesting accommodations such as interpreters, captioners, or any other accommodation considered necessary for academic success.

The recruiting process was carefully monitored among the desired participants. I employed purposeful sampling as my strategy to recruit participants. Qualitative research often uses purposeful sampling to identify and collect relevant cases of interest to the phenomenon being studied (Palinkas et al., 2015). I was interested in locating participants that were experienced in requesting accommodations for their academic success. Because of their experience and understanding, they were recruited. It was in the best interest of the research to have students who knew how to answer the questions designed for this research. In the DHH community, one of the greatest advantages is that it is so small that connecting with others is easy. First, I reached out to my colleagues at GU and the National Institute of Technology for the Deaf (NTID) to identify students who had experienced communicational barriers and were interested in participating in the research. I then relied on snowball sampling (Jones et al., 2014) where participants were able to refer me to other potential participants across the country. I was confident that I would be able to locate the desired eight participants through my communication and networking relationships.

Apart from networking with my colleagues, I created a recruitment flyer (see Appendix A) that outlined the study criteria, participant requirements, and contact information so that they could contact me if they were interested in
participating. The flyer was posted on all social media platforms to give me a more diverse sample of participants.

The qualitative section of the study was divided into two phases. The first phase involved the selection of participants from different universities across the United States. Based on my contacts and outreach strategy, I was able to reach out to interested students, and the students received my email with a set of criteria and questions (see Appendices B and C) that familiarized them with my interview plan (see Appendix D), and they were then able to decide whether to participate or not. A total of eight participants were enrolled in the study. Following the initial recruitment, I then coordinated Zoom or face-to-face interviews with the participants.

**Interviews**

In this section, I discuss the interview process, the purpose of the interview, and the consent of all participants to record the interviews. My goal was to obtain in-depth information regarding their experiences in higher education by asking the participants a series of semi-structured interview questions. Interviews questions had a strong context in regard to DSE and narrative inquiry. In developing the questions, I sought to highlight how DHH students’ needs for accommodations would best enable them to achieve academic success. In addition to detailing accommodations, the questions highlighted the barriers DHH students face in requesting accommodations and how their disability impacts the type of accommodations that are available. I provided the interviewees with the room to discuss diverse topics in regard to accommodations and their journey in higher education and fully articulate their narratives.

A sign language interpreter was assigned to the eight interviews to voice the interviewees’ answers and to interpret my questions. We audio- and video-
recorded entire interviews with the interpreter. Lastly, I explored the possibilities for transcription of the recorded interviews with the university’s SSD, and they were able to hire a transcriber to translate the interviews from ASL to English. Interviews were conducted mostly on Zoom with the exception of one, at the convenience of the interviewees. One of the interviews took place in person at a location agreeable to the participant.

**Data Analysis**

Data analysis used ongoing documentation through various aspects of the research process. The use of memos enabled the research to identify early perspectives and interpretations of the data (Jones et al., 2014). Memoing was a critical part of my research because it helped me to maintain the integrity of the research and avoid plagiarism and data manipulation.

To further clarify the process of data analysis, Mertova and Webster (2020) emphasized that results should be explained in a manner that allows a reader to revisit selected extracts from collected stories and further enhance their own analysis. Thus, I also relied on thematic analysis to assist in the curation of participant narratives, which identified larger themes demonstrating shared experiences navigating accommodations and graduate education experiences (Jones et al., 2014).

**Trustworthiness**

I followed Jones et al.’s (2014) inquiry competence approach to ensure the research’s trustworthiness and credibility. In demonstrating proper research practices, I went into more detail about the accommodations DHH students need and the barriers they face continuously. This project was viewed from both the student and educator’s standpoint.
Inquiry Competence

To ensure the credibility of the research using the data resources, I used Jones et al. (2014) as my guide as I made sense of the several data resources. Researcher credibility is obtained through prolonged involvement and use of multiple sources to support the study’s findings (Jones et al., 2014). I was able to interview multiple DHH students or recently graduated students, as well as have peer and expert reviewers to enhance the credibility of my research. Jones et al. (2014) claimed researchers must verify that data are not reshaped in order to meet their assumptions. To ensure that the data do not reshape to meet my assumptions or expectations, I described examples, experiences, and stories to help everyone understand the purpose of the data. It was my research goal to have accurate and credible information, but also to provide institutions with transferable narratives that support a more accurate and considerate way of looking at accommodation for students so DHH students have a more favorable and appreciated academic experience.

Research Positionality

Another important aspect of research credibility and trustworthiness was naming my positionality (Jones et al., 2014). Throughout my life, I have loved listening to and telling stories because I feel it is essential to understand someone and the world through their stories. For my research, I have chosen narrative inquiry because it focuses on the shared experiences of individuals seeking clarification and understanding (Clandinin, 2013). In terms of interpretation and communicational accommodations I have received during my academic career, my experience is very relevant to other DHH students because such experiences are very prevalent in academics for DHH students. Each chapter begins with an account of my life as someone who is a DHH and my experiences as a student to
lend a deeper understanding of my findings. Creswell and Poth (2017) explained it is essential that the participants tell stories about their lived experiences, connect them to the social contexts in which they occur, and reflect on them. A story deserves a personal reflection and can also serve as a motive for research. The stories I write are personal stories that have given me the inspiration to write my research.

**Summary**

This chapter focused on the methodology, framework, and research process used to address the research question. As part of my project, I conducted interviews using the narrative inquiry approach to understand the challenges DHH students face in making their cases for academic and communicational accommodations. I further explained how I recruited and engaged participants. Interviews were used to learn and become familiar with the DHH students’ experiences and the accommodations they received to ensure a successful educational journey. Chapter 4 introduces each participant and reviews the primary findings from my research.
CHAPTER 4: FINDINGS

During my junior year of college, I vividly remember I had an emeritus professor in one of my Sociology courses, and I loved his class. The class consisted of overhead projector slides instead of PowerPoint slides, and the exam questions were typed with a typewriter. I enjoyed the course because I knew the professor would be the last old-school professor I would have. It was a Monday morning, and my class started at 9:00 a.m. Before registering for that class, I always knew it was a risk. If my interpreter called in sick, it would be complicated to find a replacement for him since most interpreters would be at other assignments, and the interpreting coordinator would not be at work since she worked part-time.

On a particular Monday, my worst nightmare came true. The interpreter emailed me that he was not feeling well and had already left a voicemail and emailed the coordinator to notify her that he was not coming to work and that he needed a substitute for the class. The main issue was that Monday was a review day for our exam on Wednesday. I remember frantically reaching the coordinator by email to see if they had heard from my interpreter and what they would do about it. In the email, I left my text number so the coordinator could contact me directly, and at 9:00 a.m., she texted me and said she would send someone to help me. I waited patiently for an interpreter to come, but a student assistant with a tape recorder showed up instead. Knowing that transcribing would take a few days or even a week, I was so frustrated knowing I would not have the notes for the exam ready by Wednesday, so I walked out of the classroom.

The biggest displeasure of the whole situation was not that the student assistant with a tape recorder showed up. It was that I was not part of the decision-
making process. The SSD made a critical decision for me without my consent, and I had never felt so much disempowerment as an adult and as a college student. Additionally, I knew that I would have to do my exam in the testing center, which I hated because I always looked at it as a place where it segregated me from my classmates and emphasized my disability. The whole situation made me feel like a child who had to go to “detention” because the SSD had failed to provide the proper accommodations I desperately needed in times of urgency.

In this chapter, the findings of this study will be presented in the following manner. This dissertation provides brief biographies of the eight participants recruited for this study so the reader may understand both the individual and collective experiences of the participants. The findings are framed in accordance with Clandinin’s (2013) narrative inquiry, which is centered on shared experiences of individuals seeking clarification and understanding of the events that occurred. In the study, the biographies of the participants provide insight into their experiences and allow the results to be better understood.

Narrative inquiry was selected due to the reality that anyone who is not a DHH individual cannot comprehend the lived experiences of DHH students in academia. Each participant encountered a wide variety of communicational needs that have not been met or are still in the fight to receive the trust and/or the essential needs to achieve their academic goals. The struggle for academic accommodations for DHH students from the service providers is a long-term struggle that they must face regularly at school, in the classroom, in internships, or at home. The interviewees described the effects of the lack of educational support and the difficulties they faced while completing their studies at home due to the absence of full and complete accommodations designed to meet their needs.
**Participant Introduction**

Prior to exploring shared themes, I begin by providing a brief biographical sketch of each participant. Their names have been changed to ensure confidentiality. These biographies provide a deeper understanding of the participants’ experiences and serve as a guide to understanding the study’s overall findings.

Chloe, age 26, is a Chinese American female who was 1 semester shy of graduation at the time of the interview. She was enrolled in the doctor of physical therapy (DPT) program at a university from the Western Association of Schools and Colleges. Although she was raised orally, she uses ASL as her preferred mode of communication. Chloe is a capable, goal-oriented, and successful individual. She was one of the most affected in terms of educational support out of all of the respondents. She indicated in her interview that the faculty at her program lacked faith and support in her abilities to become a successful student and physical therapist as a result of her need to use sign language interpreters. The struggle for educational support did not stop there. She also struggled to receive real-time translation (CART) as the Disabled Student Services (DSS) made her choose between sign language interpreters or CART communicational services.

Georgina, age 31 at the time of the interview, was a White, Latina, female who holds a Ph.D. in clinical psychology from a private, federally chartered university on the East Coast. As a recent graduate, the scars of the difficult experience of struggling with the lack of communicational access in the classroom as well as in her clinical internships are still fresh. Her preferred mode of communication is ASL even though she was raised orally. She discovered that communication access in the classroom would be difficult for her while she was studying at a DHH university. Professors were required to teach in ASL, but they
were not fluent, and the interpreters were assigned to provide access for the hearing students who were not familiar with ASL. Further, during her clinical internship, she struggled to find ASL interpreting services; as a result, she fought for accrued time to fulfill the requirements for graduation and to provide appropriate care to her clinical patients during COVID-19.

John was a 30-year-old, White male, in the last quarter to obtain his Ph.D. in mathematics from a New England Association of Schools and Colleges at the time of this interview. Although he was raised orally, he uses ASL as his preferred mode of communication. John is goal-oriented, composed, and a very brilliant student. One of the difficulties he had academically was that he felt he was navigating the program alone. People do not understand what being the only DHH student in a program means, not to mention that it is a 6-year program. He was also faced with an incredibly large obstacle in academia: he could not or would not be able to use an ASL Interpreter to translate mathematical answers, comments, or thoughts from ASL to English. In the event an interpreter could have accomplished that, it would have been a miracle, but at the same time having to respond to everything orally on his own because no interpreter could understand his mathematical language was a hindrance to his education.

Margaret was a 43-year-old, Deaf, White, cisgender female at the time of the interview. She holds a Ph.D. in education leadership and public policy from a public land-grant research university in the Northeast. She uses ASL as her preferred mode of communication. Margaret is a strong-willed, goal-oriented, and insightful student. When she navigated academia, she encountered many challenges, and one of them was locating sign language interpreters who held the qualifications to work at her level of education. Furthermore, she felt that some
educators and classmates failed to be supportive or collaborative enough with her views on the DHH community and her educational journey.

Ophelia was a 34-year-old, White, Latina, female and a 2nd-year doctoral student focusing on interpersonal health and family communication at a public land-grant research university in the Midwest. She uses ASL as her preferred mode of communication. Ophelia is a goal-oriented, charismatic, and brilliant student. Ophelia explained that being a student during the COVID-19 times took a toll on her; as a result, she was unable to establish a stable relationship with her classmates, and her professors did not always try to develop an educational relationship with her. She also has had a hard time finding an interpreter that could fully translate her signed words, expressions, and thoughts into English. Although interpreters have done an excellent job translating from English to ASL, they have not been able to translate from ASL to English, which has prevented her from fully expressing her ideas, thoughts, and perspectives that are required in the program. Her message was also distorted by the interpreters’ inability to voice-interpret her sign language, which prevented her professors and students from noticing her warm, engaging personality.

Rahm is a 25-year-old, White, transgender male, who uses both the hard-of-hearing and Deaf labels depending on the situation. He is a master’s student in public health at public land-grant research at a Western research university. His preferred mode of communication is English, but he recognizes that ASL is necessary for his communicational access. He also stresses the importance of CARTs on ZOOM and captions in any educational setting. Rahm explained that he has always felt supported by his professors, but they have been unable to do much as the DSS have not been able to provide him with the communication accommodations that match his needs. The lack of staff at the DSS is a factor in
providing accommodations not only to him but to many other students with disabilities. During COVID-19, he was lucky if he had an interpreter or if the interpreter would show up to Zoom. Despite being near the end of COVID-19, the fight for communicational needs has persisted.

Ricky was a 55-year-old, Deaf, Latino, male who also identified as a member of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community. He holds a master’s degree in deaf education from a university from the Southern Association of Colleges and Schools and completed one year of a doctoral program before leaving. His preferred mode of communication is ASL. Ricky explained that his biggest struggle has been collaborating with interpreters who struggle to understand ASL at the level he is used to signing. Due to the lack of experience his community’s interpreters have with students or DHH individuals from Gallaudet University, he feels unable to fully express himself. As a result, the interpreting community has not seen Ricky for who he really is, who just wants to fully express himself and sign freely without the limitations that interpreters have placed on him due to their incapacity to catch up.

Skylar was a 34-year-old, white, Deaf, nonbinary individual who has their Ph.D. in language and literacy at a public land-grant research university at a large public Southern university. ASL is their preferred mode of communication. Skylar is strong, persistent, and goal-oriented. Skylar enjoyed both their academic studies and the close friendships they made in their cohort of peers, as well as the clubs and communities in which they became involved. Like other respondents, they struggled to have interpreters that held the qualifications to interpret their level of education. Although the DSS seemed to understand and listen to their pleas, they still refused to provide Skylar with any assistance based on the principle that the existing interpreters were qualified. However, Skylar fought night and day with
the DSS to receive competent interpreters who could keep up with their level of signing and level of education, as well as to have access to CART services and take part in college clubs that align with their personal beliefs and philosophy of life.

**Findings**

In the following sections, the findings reveal experiences DHH graduate students experienced regularly. The findings have been framed in accordance with Clandinin’s (2013) narrative inquiry, which is centered on shared experiences of individuals seeking clarification and understanding of the events that occurred. I identified overarching themes that have made DHH students feel alone in a classroom or at their educational institution, feel lost in educational settings, and have difficulty expressing themselves freely.

DSE was leveraged to gain a critical understanding of the lived experiences of DHH students. Connor (2016) argued that DSE is intentionally used to promote assistance for people with disabilities in achieving social justice, equitable and inclusive education, as well as equal and meaningful access to all aspects of society. The findings reveal how I was able to gain a clearer picture of how DHH students interpret disability and the barriers they face throughout all phases of their graduate education.

**Fighting Inequities can Lead to Feeling Like a Burden**

Through the interviews with participants, I was able to discern multiple cases of inequality and discrimination in academia that DHH students have experienced. As a result of inequities being the common phenomenon experienced by DHH students, it is their stories about communication access and interactions
with faculty and services providers that will unfold in this chapter. Many of the participants’ responses reflected how they were perceived by faculty, peers, and administrators due to their constant requests for communication access. As the constant request for communication is defined, the hesitancy and the feeling of being a burden to others were often discussed. This was evident when they discussed the accommodations that peers and instructors did not provide during classes and academic events. Examples of this include not being provided with captioned educational videos or not respecting them as scholars because of their preferred method of communication. Chloe recounted:

After I was repeatedly told no to receive CART captions from the service providers, I decided to buy the subscription for Otter.ai, $30 a month and I do not know. I just paid for it myself. I did not want to be a burden.

Most of the time, DHH students are in the fight alone and often fail to receive necessary communication access. Having professors, interpreters, or counselors as allies to aid DHH students with the help they need would make an enormous difference in the fight for CART and other proper accommodations.

This constant fight for their needs is one of the many fights they face along with the absence of interpreting services or the lack of qualified interpreting services. Georgina recalled:

I applied for several internships and job opportunities, one of them was at a trauma center. It was a group interview. Prior to the interview, I had informed them that I require an American Sign Language interpreter. They responded and informed me that I would have to bring my own interpreter. I freaked out. I had never experienced this before and was not sure how to approach this situation. I did not grow up using interpreters and I was not sure what to do. If I responded with their legal responsibilities to provide accommodations under the Americans with Disabilities Act (ADA) and informed them that they were engaging in discrimination, they would never hire me for this other position, and I lost out on a lot of opportunities because I requested interpreting services.
Georgina, like many other deaf people, developed the feeling that she was a burden to others due to her communication needs. Although the needs of DHH individuals should not be a burden, it is an emotion that cannot be helped or understood due to the constant requests for assistance. Georgina’s story can be viewed as if she was not hired due to retaliation for trying to hold the hospital accountable. However, Georgina reflected, “they viewed me as if my services were not worth the interpreting fee.”

With the repeated refusal of services, many DHH students often feel a sense of anxiety and despair when they must request any accommodation because there is a fear and worry of being told no so often. Rahm recalls, “Really, there is no one there to support the DHH students. That is why I worry about asking for help from the faculty and service providers.” Rahm, like many other DHH students, works so hard to avoid the anxiety and feelings of rejection he undergoes whenever he must ask for accommodations, so to avoid all of that, he chose not to ask. Rejection and mental weight are not to be taken lightly, especially when they occur on a regular basis. The mental weight of rejection does not only lie in rejection but also in being told the reason why someone cannot get the resources they genuinely need.

Chloe recalled, “[Student Services for Disabilities] said that due to a decrease in funding, there was not enough money for both interpreting and CART services.” She was told that when she requested CART services, people fail to realize that the rejection and the tone of the rejection creates a sense of guilt that there might not be enough funds because they may have used all the funds for additional accommodations, resources, and for other students who might need accommodations. DHH students can be their own obstacles, too. In some cases, DHH students lack the patience and persistence to advocate for the accommodations and resources they need, and they quit easily when it becomes
clear that they will not succeed in their fight or will not receive the accommodations they request. By doing so, they create obstacles and prevent themselves from receiving necessary accommodations. Communicating transparently is important, especially explaining the reasons or implications behind the non-provision of accommodations, but the tone behind it is what defines the tone of the communication.

**Communication Access**

This section illustrates common situations faced by DHH students in their pursuit of proper communication access. The participants’ vignettes guide us through the multiple barriers associated with the lack of proper support from service providers, as well as the limitations associated with the communication services provided.

**ASL Interpreters are Language Facilitators**

Sign language interpreters are usually the main and preferred method of communication, according to the respondents. Nevertheless, this does not mean that every interpreter assigned to interpret for DHH students is the best interpreter for them. Interpreters provide a conduit between two speakers. An interpreter serves as a language facilitator, delivering the message in both ASL and in English, but their main responsibility is to ensure that the tone, meaning, and spirit of the message are accurately communicated. Whether the interpreters succeed or fail in delivering the message accurately from the sources, ultimately it is the message they forward on behalf of others that will be believed as coming from them. Whether the message was the right one or not, it will have an impact on everyone. Ophelia explained:

> Oftentimes, my professors and classmates express a superficial acknowledgment of my deafness but lack a true interest in getting to know
me and who I am. My personality is often perceived based on who the interpreter is. If my interpreter is bubbly and silly, that becomes the definition of who I am. I am in this situation because there are no other interpreters at the university or in the area who can interpret my tone, mannerisms, and way of talking.

This is a perfect example of how DHH students are hindered from the ability to develop an educational and supportive relationship with their peers or instructors. Many participants including Ophelia have confirmed that due to the interpreters’ inability to accurately translate from ASL to English, many professors find themselves confused and unsure how to respond. Most professors would superficially thank the DHH students for their comments despite the students trying to passionately explain their views.

Similarly, John shared:

So, while I am explaining the mathematical concepts, the interpreter is not always using the correct English terminology. Instead, I change how I sign, and how I communicate, to accommodate the interpreter, and to ensure my message is conveyed correctly. For in-person classes, I speak for myself. I do not have another choice.

Interpreters are conductors of participant voices, and their duty is to interpret faithfully in content and in spirit. John’s story illustrates that he had to modify his way of signing or his views in order to adapt to the interpreter, which is the opposite of what he should have done in the first place. And again, his communication and views inside of the classroom were not fully interpreted, illustrating another barrier to John’s learning. These collective experiences illustrate challenges associated with interpreters and whether they are able to properly meet the needs of participants.

Choosing Between Two Necessities

The next sub-theme illustrates how CART subtitles/captioning is a necessary accommodation DHH students require to have an equitable collegiate
experience. CART subtitles provide the verbatim transcript that ASL interpreting cannot provide the DHH student. Participants reported that instructors have sometimes questioned their level of academic writing due to the fact that one sign in ASL can mean so many different things, thus CART is a crucial tool for ensuring fuller communication access. Margaret shared:

professors have made offensive comments to me that my English was convoluted. When I attempted to clarify and fix the assignments, they refused to accept my corrections. I was asking for the opportunity to learn and improve but they denied my request.

Margaret’s experience shows how her faculty lack an understanding of her communication needs, while also failing to provide empathetic support to ensure her success. The majority of educators do not understand that DHH students sometimes struggle with academic writing as well as the English language in general, since English is their second language. The educators’ inability to understand the language barrier DHH students face as well as being in a graduate program puts an even greater pressure on DHH students to convince their peers and professors that they are highly qualified despite their struggles with the English language. A good educator would provide students with the tools and resources to succeed while also acknowledging that in order to succeed in a program, students need resilience and the mentality to succeed, but the professor in Margaret’s case did not adequately empathize with her language barrier concerns.

Chloe’s experience illustrates similar challenges with faculty. She said, “one professor that just does not care. She does not care if English is a second language. Her feedback is always critical and never constructive.” For example, if a professor says the word “unlike,” the interpreter will sign the concept for that. However, that same sign can also mean different, distinct, disparate, and all of the
words also can mean unlike. These distinctions are why CART captioning is necessary, as the DHH person may not capture the exact words the professors say.

Chloe explained:

I requested both interpreters and CART services for my classes, and my request was denied. SSD said that due to a decrease in funding, there was not enough money for both services. Then, I had to pick CART or interpreters. That is how it has been from that semester on.

Chloe also explained that even in year 3 of her program, she still has to ask her professors and peers to add subtitles to their videos. This lack of support for proper communication access suggests a lack of concern for Chloe’s well-being as a student, as well as for her educational needs. Chloe is pursuing a doctorate in physical therapy, and we can only imagine how the physical therapy jargon cannot be translated into ASL or how much she would miss from the lectures if the interpreters had to fingerspell everything since that field has its own language.

Chloe recounted the time that CART transcripts were available to her for 1 semester:

They were great because I would have access to the lecture through the interpreter and the CART transcripts, which were sent to me after the lecture, which would support me by providing specific vocabulary and terminology that was important to the content of the lecture.

This reveals how necessary CART accommodations are, as she has been struggling to understand various terminologies and vocabulary during her entire 3-year program. Chloe’s experience demonstrates how ASL interpreters are not enough, as much can be missed when relying on only one form of communication.

Very few participants have been able to obtain both interpretation and CART services. Participants have stated that CART has been instrumental to their academic goals, but they have all reported that their quest for accommodations has
been exhausting, difficult, and has negatively impacted their mental health. John explained:

If I attend a conference hosted by the college and the assigned interpreters are terrible or receive other methods of communication, I feel angry. At night, when I am mulling over different ideas, I get mad. I require time to learn, analyze and process information, but that time is being consumed by anger. That is one thing that I really hate about being Deaf at a hearing institution- all the time I have wasted in anger.

John explained that he is deeply passionate about his goals and works hard to try to achieve them, but it is irritating to have valuable information, resources, and educators in front of you and not have an equitable opportunity to communicate. It takes an emotional and mental toll on John and many other DHH individuals, and they develop frustrations that can last long periods of time. Even worse, those emotions and mental struggles can hinder DHH people from fully focusing academically. John’s account also affirms how all students learn differently, needing time to reflect and process information. This becomes difficult and troublesome when not provided multiple forms of communication access.

Rahm shared a similar experience:

I tell myself at nights, I have to persevere, advocate for myself because I am on my own. It would be easy to give up and redirect the energy I am investing into this struggle to another place. Right now, I have been hit with the fatigue of everything- it is overwhelming.

Rham’s reflection illustrates a level of exhaustion with being his own advocate for proper communication access. When service providers, professors, and others do not consider their DHH colleagues or peers, they may not realize how it takes a toll on DHH students’ sense of belonging. The bureaucratic and political barriers DHH students have to overcome are the battles that take the longest, and they are the battles that they need allies and advocates the most to aid them in with the fight.
Challenges Accessing Necessary Services

In addition to these experiences, DHH graduate students are hindered from receiving the respect they deserve as scholars in their field. In terms of finding the best interpreters for students, there is frequently a lot of bureaucracy blocking the way for a dialogue or for a feasible way to solve the interpreting and communication issues. Almost every participant explained the hesitancy they felt about asking for additional or for qualified interpreting services because there is never an equitable dialogue between students and service providers. Students become beholden to the institution, which rarely provides the full services necessary for them to be successful academically. Rahm shared:

I was expecting a decent provision of services. In reality, it has been atrocious. Last year, my first year of the program, we were fully online. For the first month of instruction, there were no interpreters provided. I would have to connect to my classes through the call-in function by using Video Relay Service (VRS). I had to explain to my professors how the automatic caption function worked. I received no support from the Disabled Students Program (DSP) because I could not get a response from their office.

Rahm, like any other student, wants to advance his knowledge and have an impact on society both as a scholar and human. However, he found himself unable to follow the lectures because there were no interpreting services available to him, and he could not understand why he did not receive accommodations for his communication needs. With the number of students assigned to DSP offices during the pandemic, it is understandable that they can be overwhelmed; however, the DSP made no effort to communicate the issues related to providing interpreters, nor did they make it feasible for Rahm to inquire about the services. Participants necessitate strong and consistent communication from institutional service providers.
Similarly, Georgina recounted, “It got to the point where the hospital started asking me, ‘Do you really need an interpreter for the full day? Maybe you can cut back on your hours.’ Ridiculous!” Here, Georgina was told to cut her working hours so that the hospital would not have to provide sign language interpreting hours during her internship and her pleas to the university to provide support went unanswered as well. Service providers have directly or indirectly stated how DHH students are a financial burden that the institution cannot afford. Skylar points out “the offices are accustomed to only allotting hours for classes and instruction, as opposed to extracurriculars and events. It is a scramble to coordinate schedules, to ensure no staff members went over their hours.” That is one of the main reasons why DHH students are often told that there are no extra funds to support our accommodations. Whether the lack of funds might be true or not, it is still a battle for DHH students to fight for the things they need to have an equitable and enjoyable academic journey. Unfortunately, many DHH students do not know their rights as students, nor do they know that any university that receives federal funds is mandated to provide accommodative services that match their needs to have an equitable academic journey. The participant narratives illustrate direct ways institutions have failed their DHH students.

**Impact on Professional Relationships**

One of the greatest obstacles to communication and systematic barriers for DHH students is that they are never able to show their true identity in words. Participants noted that interpreters have repeatedly failed to translate their thoughts, views, and educational perspectives in an equitable and accurate way. This lack of proper interpreting is one prominent reason why many DHH students are unable to establish true relationships with their classmates and educators to create networking and professional opportunities. Ophelia recalled: “I’m the only
deaf student in my classes. It can be lonely. Oftentimes, my professors and classmates express a superficial acknowledgment of my deafness but lack a true interest in getting to know me and who I am.” Ophelia faces the critical issue of not being able to develop a more meaningful relationship with her peers inside or outside the classroom or even be respected as a scholar. Ophelia is in the doctorate program studying to be a scholar in her field, but interpreters are not giving a very accurate interpretation of her thoughts, views, and spirit, so she is hindered from the opportunity to be fully recognized for her capabilities. Her peers are then missing out on much of the knowledge Ophelia offers. For as long as Ophelia has the same interpreters, nobody in her cohort will be able to fully understand or genuinely get to know the real Ophelia, potentially limiting additional opportunities for peer engagement outside of the classroom.

Ricky also noted similar limitations with interpreting. Ricky shared, “the majority of interpreters were unable to match my language use and therefore could not interpret for me. I found myself changing the way I communicated, to accommodate the interpreter’s lack of fluency.” All Ricky wanted to do was to be an exceptional student with a voice, but it all was hampered when he was assigned to interpreters that lacked competence. His voice, ability to participate, and ability to develop a rapport with his peers or faculty were restricted because his concern of being a student was shifted to becoming a better signer for his assigned interpreters. Thus, he was silenced from fully participating and sharing his experiences. Consequently, Ricky does not recall ever developing a cordial relationship with any of his peers or professors due to not having competent interpreters that were able to accurately represent him.
Experiences with Exclusions

DHH graduate students have been made to feel unwanted on numerous occasions either because of their mode of communication or because of the accommodations they need to succeed. It is not uncommon for their requests for collaboration and class involvement to be flatly rejected. As John explained, “I picked my advisor as the person I wanted to write my research with, after having a professor refuse to work with me because he was unsure because he had communication concerns.” Any rejection is always very hard to take, but one of the worst rejections can be when they are aimed directly at their identity, their needs, and goals. In this case, John hoped to collaborate with this professor to develop a study for his research, but instead he was met with a brash rejection because he has a different way of communication and must bring an interpreter with him to every meeting. This rejection then becomes about the DHH student’s identity, needs, and goals, and is ultimately personal.

Ophelia recounts her similar experience. “During my master’s program, I did have an issue with one professor. When she was notified that I would need accommodations, she requested that I drop the class. Obviously, I refused and there was an ordeal with her.” In this case, Ophelia committed no wrong and yet was turned away from a class because she needed accommodations. Ophelia, like many of her peers, was never allowed to prove herself in the classroom or even in her field. Instead, DHH students are pre-judged for the way they communicate or because they need accommodations. This outright refusal to allow students in the classroom is not only discriminatory but also dismisses the intellectual potential offered by the student.

Chloe recounted a situation where some faculty members never had a DHH student under their leadership. She stated:
The chair of the department assigned me to give a workshop to all of the students and faculty in the department about how DHH and students and professors can effectively collaborate. While everyone was in support, many of the professors and the ones who never had DHH students walked out and said that was more suitable for the students.

This experience intrigued me because the chair of the department assigned a student to provide education and exposure to the whole department about collaboration with DHH students. It is also important for the faculty to reconsider their role as educators and leaders toward the students because their refusal to learn about collaboration with DHH students is enabling the entire department to be an ongoing barrier for the DHH students.

Educational support is part of the communicational support DHH students receive from their instructors or peers in the classroom. A good classmate and instructor would understand the communication barriers DHH students face as well as the fact that English may not be their native language. It is essential that the professors and classmates understand DHH students’ needs in order to provide them with an equitable learning environment. It must be assured that students and professors would provide captioned videos if needed for lecture, taking into account the fact that a DHH student requires translation services, as well as other services such as CART captioning and additional support.

Chloe also recounted her experience in the classroom with her peers and instructors, noting examples of when faculty and peers failed to consider DHH student needs:

When I first started in the program, my professors would not turn the captions on automatically and now they occasionally do. I have informed my professors that it is standard practice at the university that videos shown in class should be submitted for captioning by SSD or the faculty department that provides accommodations. My professors say they sent them but never heard back or that the office that processes them is too far behind. The issue is they tend to add videos at the last minute, which does not give enough time for them to be sent off for captioning. The auto-
caption feature on YouTube is not always accurate and they lack punctuation, which makes them hard to follow.

These experiences show that many students like Chloe are hesitant about asking for assistance, whether it is for accommodations or for educational purposes. DHH students are both nervous and fearful. On one hand, they are nervous about educators’ reactions to their request for certain features to gain equitable access to their education. On the other hand, they are afraid that educators will believe they are trying to inconvenience them.

DHH students sought to be treated as equals and respected for their academic achievements. Chloe continued:

When I emailed my professors, politely explaining that I could not access the material, they would brush me off or they would get frustrated with me. Sometimes, when I ask my professors to make something accessible, for instance, they abruptly change the class or meeting schedules and that affects me and my scheduled interpreters per my accommodations or if I need information about my accommodations, they call me defensive and tell me to calm down.

By brushing Chloe off and being frustrated with her, the professors hindered her from developing a collegial relationship with her professors and made it more difficult for her to pursue her academic goals.

As Chloe recalled the experience, she reflected that it might be the professors and students who lack exposure to and experience working with disabled students. She elaborated:

Maybe they see me and wonder how I can be successful in this field, as a deaf person who uses interpreters? I am constantly advocating for myself and refuting their claims that it is not safe for the clients to have a deaf practitioner or that the interpreter is a safety concern. Some still do not comprehend, while others are starting to accept that it is possible. In some cases, I have distanced myself from professors, hardly interacting with them now that they are not my professors any longer.
Chloe’s narrative illustrates how a lack of equitable access to communication support impacts Chloe’s experience as a student and her relationship with her faculty members. Apart from professors and colleagues, there have been times when DHH students felt they had no support from the student services providers, who should be their biggest advocate supporters.

There are many people who support DHH students, but accommodations or help are often not available until after a worrying event has occurred. Participants repeatedly stated that they are often hesitant and even afraid to approach service providers because their requests are often ignored or scoffed at, and they feel unwelcome and unwanted. A common comment I heard during the interviews was that DHH students are told, “there are no funds for such accommodations.” This is a failure on the part of the service providers because firstly, they are not complying with the 504 Plan that requires schools that receive federal funding to provide the best accommodations to their students; secondly, they are not being attentive to their communication and educational needs.

**Summary**

The findings reveal the barriers DHH students experience during their graduate education journey. I discussed the ways in which participants spoke about their challenges interacting with faculty, their peers, and the struggles with institutional service providers on their campus. It is important to reiterate that a DHH student’s voice can be silenced by the incompetence of an interpreter. Aside from the hindrance of equity and access by the lack of competence from the interpreters, the service providers are equally responsible for many of the students’ inability to access resources in the classroom.

Participants discussed similar experiences to my own shared at the beginning of this chapter. Service providers took away the ability to decide for me
what would be the best accommodation when an interpreter was not available. Even more, they take away the decision-making power from the student and force their decisions on DHH students. With such deprived power, DHH students are often left to feel powerless, hopeless, and lost by the people who should be their strongest advocates. Additionally, DHH students may feel isolated because they cannot form relationships with their peers, instructors, and service providers, and that can be detrimental to their educational and professional development. The findings from this study provide important implications for improved practice to support the success of DHH graduate students. Chapter 5 offers further discussion on their experiences, as well as providing implications for research and improved educational practice.
CHAPTER 5: DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

Throughout my career as a student, I have challenged myself and service providers to supply me and others with the communicational needs they desperately need to succeed academically. There have been times when I have not been successful, and others when I have received my accommodations, but they were substandard. While I appreciated the fact that service providers listened to my requests and provided the accommodations I requested, I still struggled to get equitable communicational access. There is no perfect system, but there is an issue with the system and allocation of funds. One can acknowledge that working in the educational field, the pay structure is never comparable to their competency, and that is the main reason why students are not receiving the quality accommodations they desperately need. We have seen qualified and competent service providers leave the profession or the educational institution for different professions or a more financially competitive paying job.

During my Ed.D. studies, I had the privilege of having two certified and qualified interpreters; however, it was a long and arduous process for me to receive the interpreters that I so desperately needed. As far as accommodations go, I have been fortunate in terms of ASL interpreting accommodations, but unfortunate in other aspects. Despite a long and complex process of conferring with service providers together with my professors and advisors, we were able to find and receive the accommodation I was seeking: CART captioning services. As eager as I was to enjoy the newest accommodation, I found myself in a bind yet again.
There is a common procedure in educational institutions that is first to utilize the resources and staff that are under their payroll before engaging the services of outside agencies. Although it might be a customary practice, I would not consider it a practical one. As a result of low pay for the personnel, we would receive substandard accommodations. In my case, I have two captioners. One is a staff at my university, and the other one is a contractual captioner; the contractual captioner provides marvelous services. The contractual captioner will always be on point with the spelling, sentence structure, and pace for the first twenty minutes. This is gratifying for my level of education. Within twenty minutes, university employees will be in charge of captioning, and for the next twenty minutes, I will be filled with frustration due to the reduced quality of the captioning services. Considering such experiences, I wonder if it is better to ignore the university staff’s services to avoid frustration. My mind is constantly racing with thoughts that distract me from the content of the class when the university’s staff captions my class. These examples illustrate how many DHH students struggle with poor quality communicational access.

**Study Summary**

The purpose of this research was to explore and understand the experiences of DHH graduate students receiving the support and accommodations they need to achieve equity and the support they need to reach their academic ambitions. I introduced the terms I would be using through my research in Chapter 1 and also inquired if the DHH participants received communication support from their service providers at their prospective universities. In addition, I pointed out that the challenges for the deaf in academia are predominantly related to the lack of accessibility (Garberoglio et al., 2019). In Chapter 2, I highlighted the history and the importance of DHH students in higher education, especially post-baccalaureate
students, and the history behind education for the Deaf. I also discussed the roots of ASL and why DHH individuals prefer it to English. Additionally, I discuss how communication access is also essential for educational institutions and DHH students. Through this review, I discussed the students’ rights, the Americans with Disabilities Act (ADA National Network, 2022), and the Individuals with Disabilities Education Act (United States Department of Education, n.d.), in order to illustrate how providing accommodations to DHH post-baccalaureate students can make their educational experience equitable and just.

Chapter 3 detailed the methodological approach I took to understand the experiences of DHH graduate students in higher education. A qualitative research methodology was selected to address the study’s research questions. I discussed the reason for narrative inquiry, and why it is the appropriate methodology of choice in that it seeks to recount individuals’ lived experiences through narrative (Clandinin, 2013). I also illustrated the reason why I chose DSE (Gabel, 2009) as the framework for the research.

Chapter 4 reported on the study’s findings and highlighted the participants’ graduate experiences. Many of their experiences were centered on several themes; Communication Access, ASL Interpreters are Language Facilitators, Choosing Between Two Necessities, Challenges Accessing Necessary Services, Impact on Professional Relationships, Experiences with Exclusions. In this final chapter, I offer discussion and reflection on how the participant experiences advance our understanding of DHH students in higher education and provide implications for research and practice.

Discussion

Many of the stories of the participants highlighted the barriers that hinder DHH students from having an enjoyable and equitable academic experience. This
section is attributed to the issues discussed earlier in the previous chapters as well as to answering my research question. This study was guided by the following question: What are the communicational and systematic barriers DHH students face in higher education?

I employed the narrative inquiry method in order to understand the experiences of participants and help illuminate a deeper understanding of the communication barriers they face in higher education.

Every participant revealed valuable lessons and education about the barriers they faced in higher education. Further, many of the participants also reinforced the barriers and oppressions they experienced in higher education from different standpoints, showing that no DHH student is immune to communicational barriers and systemic oppression. There is no higher barrier than the other; every barrier poses an equal threat to their education. The systematic barriers are barriers that have been there since the existence of the educational system and implies that they might never leave, but that also tells us that we need to build our own community to dispute every act of oppression and discrimination based on our disability and preferred form of communication.

Rahm’s experience noting the lack of interpreting services is a problem and a barrier itself, but in a deeper view, it is the service providers that do not seek to employ enough interpreting services for DHH students. Not employing enough interpreters also raises concerns that they might not know where to find interpreting services, agencies, or even know the importance of their presence or understand how to evaluate the quality of interpreters.

Ophelia’s experience revealed that there are some interpreters that can interpret from English to ASL just perfectly, but that does not imply that they will excel at interpreting from ASL to English, hindering DHH students from fully
expressing themselves freely. The interpreters’ failure to fully interpret the tone, meaning, and spirit deprives the DHH student of their voice and ability to gain respect as a scholar and to develop a rapport with their professors and peers. Hence the reason why many DHH individuals state that their academic journey in graduate school can be very lonely and occasionally drop out of their programs.

Chloe showed how requesting additional accommodations besides interpreting services is exhausting. Chloe understood that in her program she would greatly benefit from CART subtitles, but the service providers were not very supportive. After she fought for additional accommodations and was not successful in her efforts, she gave up and decided to pay for her own accommodations.

John’s story revealed how there are many faculty members, mentors, or even service providers that do not want to collaborate with DHH students due to having a different mode of communication. John’s professor who refused to collaborate with him shows how DHH students face discrimination and prejudice in higher education. Unfortunately, faculty and mentors may pose a barrier by not understanding DHH student needs, accommodations, and preferred methods of communication. Additionally, that can indicate that there may be faculty who do not possess the desire to learn about or mentor DHH students. Further, faculty may not be provided enough information from service providers to understand DHH students needed accommodations.

Georgina’s experience showed the allocation of funds and the mentality of prioritizing and retaining funds instead of providing DHH students with their needs are significant barriers. In Georgina’s reflection related to her internship site not providing proper accommodation, she recounted, “as if my services were not worth the interpreting fee,” which affirms how expansive experiences of
discrimination can be. Georgina’s only goal was to help her patients, but the administrators had other views. Since Georgina’s interpreting bill was expensive, they did not believe her or fight for her, preventing her from practicing, helping her patients, and teaching others about accommodations both for her and her patients. Her narrative illustrates how people in charge indirectly tell DHH individuals that they are an expensive burden, and they would rather prioritize retaining funds instead of offering equitable accommodations.

**Sign Language Interpreting**

ASL interpreting services are the preferred accommodation of DHH students; however, unqualified interpreters have been the most common and expected barrier faced by DHH students in higher education. Participant stories reflected that interpreters struggled to interpret from ASL to English, especially the tone, meaning, and spirit of DHH students trying to communicate their expertise, experience, and their scholarly views. Bienvenu (2008) explained that ASL is a language rich with signs referring to the experience of people who are deaf. Due to their own unique experiences and identity, deaf individuals sign a word in a way that reflects their own identity. Each type of deaf person has specific signs that indicate their affiliation and identity with the Deaf community (Holcomb, 2013). As part of its uniqueness, ASL is rooted in culture, language, and identity, which shows the language’s value to the community. Bienvenu (2008) and Holcomb (2013) reflected on how DHH individuals are truly diverse, and their level of involvement with the DHH community is displayed within their signing, which makes it largely difficult to interpret for them.

The NAD (n.d.) explained that there is a visual component to ASL. Language is processed in the brain through the eyes. In addition to facial expressions and body movements, the shape, placement, and movement of the
hands all play a significant role in conveying information in ASL. This clearly explains that qualified interpreters are trained to be able to fully interpret and facilitate communications. Educational institutions that fail to understand the standards of interpreting services and employ substandard interpreters are liable for DHH students’ inability to fully gain access to equitable education, as was experienced by a number of participants. As a result of the interpreters’ inability to fully interpret appropriately, some students were never able to develop genuine relationships with their peers, which may have caused DHH students to venture through academia alone. Cerney (2007) reminded us that the influences of the quality of communication and the relationships built by and with the students are of paramount importance in leading to success. The development of a rapport with their peers would not be the only relationship that would not develop, their relationship with their educators would suffer as well. DHH students are unable to foster a strong association with their educators if they are not provided the authentic interpretation they deserve. A subpar interpretation from an interpreter can be the root of every hindrance they might encounter in their graduate experience.

**CART services for English Language Learners**

The DHH community is very diverse with various backgrounds. Many deaf students in the United States have experienced some degree of language deprivation during childhood and are often behind in their English language skills. Nearly 25% of deaf children in the United States are multilingual, and many have a home language other than English (Cannon et al., 2016; Gallaudet Research Institute, 2013; Pizzo, 2016). The language deprivation DHH students experience in the earlier stages of their childhood greatly affects their ability to develop fluency in the English language. In concordance with IDEA (United States
Department of Education, n.d.) and Section 504 of the Rehabilitation Act (United States Department of Labor, 2017), deaf students are entitled to accommodations and services that reduce barriers in the classroom. Barriers may include, for example, communication accommodations, such as CART captioning, video subtitles, and notes, communication and learning opportunities, and peer-to-peer interaction.

Additional accommodations in higher education, especially for DHH graduate students, are as essential as sign language is for DHH students. Due to the conceptual nature of ASL interpretation, CART subtitles provide what ASL does not; i.e., the verbatim message. The provision of CART captioning to DHH students is continually hampered by the fact that many service providers do not have the funding or are unwilling to find additional funds to provide both ASL interpreting and CART captioning simultaneously. Hanks (2014) stated that ASL interpreting and other accommodation expenses are uncommon for most institutions. As a result, service providers claim they do not have the resources or funds to offer accommodations in addition to ASL interpreting to DHH students. Findings illustrate similar experiences with the limitations of funding for both ASL and additional accommodations. any universities only learn about additional accommodations when students ask for them, but under Section 504 of the Rehabilitation Act, all educational institutions receiving federal financial support are required to provide equitable educational resources and accommodations and protection of the rights of individuals with disabilities in the United States. (United States Department of Labor, 2017).

CART services and video captions for every video are equally essential for students who use ASL. DHH students are excellent candidates for CART services, particularly since they often struggle with English as a second language. CART
subtitles benefit DHH students in a number of ways, but their primary benefit is that they are better able to determine the exact word their peers or teachers intend to convey. Cawthon et al. (2014) explained the reason for the continuous academic struggle for DHH students: a basic level of accommodations in the classroom does not guarantee that deaf students have full access to the broader learning environment and does not always facilitate positive outcomes. As mentioned in Chapter 4, had Chloe’s university provided her with more support regarding her communication needs and complied with Section 504 of the Rehabilitation Act, she would not have felt burdened and compelled to purchase her monthly subscription to Otter.ai to receive the captioning services she desperately needed. The findings from this study affirm how essential captioning services are to DHH graduate students’ access to education.

Using CART captions makes DHH viewers more comfortable with following and comprehending dialogue and action during a program. A DHH student, like any ELL, often has difficulty identifying what language or accent is spoken, what word is spelled, and what words are being arranged in order (syntax) (Loftus, 2021). This is why it is extremely important for students who are learning a new language to simultaneously read the words that they hear or receive in ASL. Millet (2021) explained the effectiveness of captioning in increasing comprehension among students who are deaf, have learning disabilities, and are ELLs by explaining that the students can read and re-read the transcript at any point in the class. CART services are even more effective especially when dialogue is spoken quickly with accents, background noise, and mumbling. This further explains why CART subtitles should automatically be added to the list of accommodations in addition to ASL interpreting.
Impact on Professional Relationships

Findings from this study demonstrate that DHH students desire a sense of belonging in their educational experience. DHH students hope to experience the respect and camaraderie of their peers and teachers. Participant experiences in this study reflected this reality, discussing the challenges and loneliness that come with being the only deaf student in class, as well as the lack of interest from peers in getting to know them.

DHH students facing the issue of being lonely in a crowd is a sad reality, but it is made even more so when instructors and educators do not encourage a sense of unity or display interest in the academic journeys of DHH students. Cerney (2007) stated that the influences of the quality of communication and the relationships built by and with the students are of paramount importance in leading to students’ success. Rather than point fingers at professors for failing to develop a rapport with DHH students, Cerney (2007) argued that professors should be the agents of forming long-term professional relationships and instigators of students developing a sense of unity. While DHH students may seek to form academic and professional relationships with fellow students and professors, it is the fellow students and faculty who must be open-minded about allowing the DHH student to join them. Faculty are important mentoring figures in students’ academic lives, contributing to students’ social-emotional adjustment and academic achievement (Hamre & Pianta, 2004; Malmberg & Hagger, 2009; Moolenaar, 2010; Roth et al., 2007). Thus, educators are responsible for aiding students in finding their voices and creating a sense of unity and comfort for the students—more specifically, the DHH students who are trying to find their place in the classroom. Unfortunately, participant narratives illustrated how their experiences often lacked supportive faculty in their adjustments to academic life. A sense of belonging is an essential
factor that needs to be taken into account. Everyone wants to belong, wants to be part of something, and the DHH students want to feel that they are needed, wanted, and respected. It is important for educators to acknowledge and provide resources to DHH students so they can develop professional relationships, showcase their expertise, and gain opportunities to further their careers.

**Disability Studies in Education**

DSE is an academic field that focuses on the research and practice of educational disability. Gabel (2009) explained that DSE uses approaches from the humanities, humanistic/post-humanistic social sciences, and the arts; disability studies integrate critical inquiry and political advocacy. Scholars in the DSE field are promoting educational activism by combating the dominant discourse that suggests disabled students are deficient and abnormal. DSE focuses on advocating for students with disabilities stating that disabled students, or DHH students in this inquiry, are just like any other student. They might need or use accommodations to communicate and study, but they are just as equal as every other student.

According to DSE, individuals with disabilities are entitled to the same level of education as non-disabled students (Gabel, 2009). Making sure that the educational plan keeps the students’ needs in mind is crucial to delivering an appropriate education. Less restrictive environments are also important. Students with disabilities should be provided with customized education as well as accommodation services that meet their specific needs without being physically excluded from mainstream education (Pearson et al, 2016; United States Department of Education, 2010). Drawing from the DSE philosophy that no student should be excluded, John should not have been excluded from performing a research project with the faculty. DSE critiques and condemns such acts of rejection. An educational setting that rejects any DHH students goes against all of
the tenets and policies outlined by the United States Department of Education, putting the institution at risk of losing its federal funding.

Further, the medical model of disability has been heavily criticized by disability scholars and DSE. People, as well as students with disabilities, are assumed to be unable to function without a cure, according to the medical model. In education, in order for a student to overcome their disability, they must do everything they can, not for society to remove obstacles (Dalkilic & Vadeboncoeur, 2016). This tenet was most illustrated in Georgina’s story when she was not provided with interpreting services at the hospital. The hospital believed that it was her responsibility. She would be more capable if she could hear, or if she could be cured; otherwise, they cannot help her. The hospital was an enabler of the medical model of disability by not providing for Georgina’s communicational needs.

DSE scholars also critique research methodology that objectifies, marginalizes, and oppresses disabled individuals. Instead of representing disabled people as subjects, they promote research that involves disabled people in the creation and oversight of research. Researchers from diverse disciplinary backgrounds are encouraged to interact and recognize the value of interdisciplinary approaches within and outside of education. Research on DSE depends on whose story is being told, and on who is being interviewed. Disability researchers aim to amplify all voices to share their stories. The research in DSE is important because it can be used to benefit other people in society who deserve equality, inclusion, and dignity (Baglieri et al., 2011). This is the power of DSE, which gives a voice to the marginalized and promotes fairness, inclusion, and dignity to all of the participants, DHH students, and students who are oppressed because of their disabilities.
DSE also challenges notions of what inclusion is and who is included. Students with disabilities are at the center of their education from a disabled student perspective. Deficit theories of disability are rejected by DSE scholars, who believe all children should be afforded equal, full, and meaningful access to education (Connor et al., 2008; Connor, 2020). Additionally, DSE scholars have the understanding that inclusive education and special education are interconnected. Defining inclusion in the classroom is not one-size-fits-all. This policy is rather seen as an initiative created to integrate disabled and non-disabled children into the realm of education (Hodkinson, 2011). In DSE, everyone is included, which implies that all DHH students should be welcomed into every classroom and program. Ophelia’s experience of being refused a place in her professor’s class was an example of inequality and oppression. Instead, her faculty member should have been prepared to provide full support, to ensure Ophelia had an equitable experience in the classroom. DSE shows its focus on social justice, in which education should be provided to care for all students (Pearson et al., 2016).

Georgina’s narrative helps demonstrate the importance of applying a DSE perspective. The school where she is enrolled needs to ensure she is provided with interpreting services as ASL may be her means of communication due to her level of hearing. Interpreting services are not inexpensive, yet they are necessary for communicating with a DHH individual, so anyone who pays for them understands that they are not economical services. As Georgina recounted, she was not hired to work with the hospital because “they viewed me as if my services were not worth the interpreting fee.” Once again, DSE critiques the blatant discrimination Georgina suffered at the hands of the hospital, and it reveals the situation as to why Georgina would need assistance since the studies are focused on fostering a deeper understanding of what inclusion means in the context of identity and
disability (Lord, 2020). Another area in which DSE focuses on is explaining the barriers DHH students face and how they are affected by those barriers.

DSE allows educational leaders to better discuss academic accommodations and other educational resources that support students’ learning and showcase their learning like their classmates without disabilities (Dalkilic & Vadeboncoeur, 2016) Revisiting John’s narrative, he struggled with the sign language interpreter who is struggling to fully convey the spirit of John’s intended message. As a reason for the barrier, he faces yet another impediment and is changing his mode of communication to accommodate the incompetence of the interpreter. Connor et al. (2008) explained that one of the DSE tenets focuses on creating and sustaining inclusive and accessible schools. With such tenet, practice, and focus, it gives us a clear analysis of how the school has marginalized, oppressed, and suppressed his identity. DSE instructs us on how to scrutinize John’s feelings about facing the barriers and how the barriers are fully deterring him from attaining the accessibility he desperately needs, suppressing him from fully expressing himself.

**Implication for Practice and Policies**

There are policies that are effective, but sometimes policies only have a temporary effect, and in some cases, policies require reorganization by experts in the field. As noted in Forestal (2014), ASL interpreting is a relatively new profession. It requires the right people to structure policies so that the interpreting profession can flourish at universities and that DHH students are provided with the necessary tools to succeed academically.
Sign Language Interpreting Professional

Developments

As discussed previously, sign language interpreting is the preferred method of communication for DHH students. While it might be true, it is important to acknowledge that sign language interpreters are just as important as the faculty. The faculty are always encouraged to attend professional development workshops or webinars, and they even get paid to attend; such experience is often not offered to the sign language interpreters employed by universities. The lack of campus-funded professional development opportunities and incentives poses a major obstacle to the professional and linguistic development of interpreters or the desire to remain employed within the university. Findings from this study affirm DHH students’ displeasure with the interpreters’ proficiency. Institutions must be held responsible for not providing interpreter training or encouraging proper certification. Certification does not mean the interpreter is a qualified or experienced interpreter, but it does show they are motivated and diligent in maintaining their continuing education units to remain competent and linguistically proficient.

Employment Security and Stability for Interpreters

One of the biggest issues universities deal with on a regular basis is interpreting availability. As Rahm stated, he did not have an interpreter for the better part of his first semester during his master’s program, which was attributed to the inability to predict the enrollment of DHH students in a university. The university, on the other hand, is also responsible for multiple factors that make employment at educational institutions undesirable. There is no employment stability for interpreters. If a DHH student were to drop the class, the interpreters
would automatically be out of employment despite committing for the 16– to 18–week semester.

Educational institutions must restructure their hiring policies and allocate more funds to maintain interpreting services at universities. As a result of this practice, Rahm would not have gone through his first semester without an interpreter, and Georgina would have been able to do her internship without having to worry about finding interpreting services. If universities applied certain practices of minimum hours and stability for interpreters to support DHH students and interpreters, a lot of issues could have been avoided or mitigated.

**Faculty**

As evidenced by a number of participants, faculty are often the individuals who are at the forefront of most of the barriers DHH students face in academia. Faculty are positioned to be advocates for DHH students, as the work should not fall on the DHH student. Faculty see the academic struggles of DHH students firsthand, understand and know where they need help, and can better explain why students face academic challenges and why additional accommodations are reasonable for their academic success. DHH students are not always able to find faculty members willing to discuss or understand how they can better assist the students. In addition, there are faculty who have never had DHH students under their tutelage, and that is where faculty should take an active role in learning how they can be better equipped to teach DHH students or students with disabilities. Often, faculty members fail to offer sufficient help to DHH students; they wait too long to offer aid, or they set them up for failure by waiting until the students ask for assistance. That is why colleges and universities must implement professional development programs to increase faculty and staff knowledge on how to best support and advocate for DHH students.
Services for Students with Disabilities

In accordance with the participants and with my own experience, there are a number of recommendations that SSD want to reconsider. The practices SSD have employed for years have caused major harm to DHH students in many categories. For instance, they made Chloe decide which accommodation she wanted, between ASL interpreting services and CART captioning services. Even with Chloe’s deafness the SSD questioned whether she needed additional accommodations besides ASL interpreting. One of the greatest frustrations for DHH students is when service providers who are able bodied make key decisions for us and pretend they know what is best for us. This is yet another example of how SSD and other service providers make DHH students feel impotent and misunderstood.

I discussed previously that there is a huge concern coming from DHH students, and it has to do with the way the service providers view budgets. It is very concerning how service providers present the messages about the lack of finances to DHH students. In many cases, they seem to imply that DHH students are to blame for the decrease in funding or that less funding is available because they have academic accommodations. That message often leads students to feel they are an expensive burden, and they would rather prioritize retaining funds instead of offering equitable accommodations. In order to ensure the communication needs of DHH students are met, service providers and counselors should be more attentive to their communication needs. For example, allocating funds for unforeseen accommodations and offering additional accommodations at the beginning of the semester as opposed to the middle of the semester. By doing so, there can be additional time to find the accommodation and contracts and for the student to familiarize themselves with the class content during the wait for the accommodation.
Directions for Future Research

The research I have done so far has been some of the most enjoyable I have ever been privileged to conduct. My research entailed periods when I encountered dilemmas that made me want to pursue my research further, but those topics were not the specific emphasis of this research study. In light of the many research possibilities which could be conducted with some of the findings and other things which do not align with my research, I recommend further research related to the DHH community in higher education.

Black, Indigenous, and People of Color

Communicational Research

As I conducted the interviews, I repeatedly asked myself how Black, Indigenous, and People of Color (BIPOC) may have struggled with communicational barriers. My inquiry did not explore if race is a reason for the BIPOC to face communicational barriers, but it would make an important research focus, recognizing the multiple-marginalization DHH BIPOC may face. Garberoglio et al. (2017) found the number of deaf Asians with bachelor’s degrees was more than 27% lower than the number of hearing Asians. Deaf Asians were found to have an educational attainment advantage, yet the effect was not as great as expected based on the educational attainment trends for hearing Asians. Garberoglio et al. also demonstrated the obvious BIPOC disparities among the DHH Asian students compared to their hearing Asian counterparts. Due to my study’s limitations, there is potential for future research to dive deeper into BIPOC experiences.
DHH LGBTQ Barriers in Academia

A couple of my participants identified as members of the LGBTQ community. I also wondered what kind of treatment they would be receiving for this aspect of their identities. Researchers have reported that LGBTQ students have experienced considerable harassment and discrimination, especially when they are compared to other marginalized students (Rankin, 2003, 2005; Sanlo et al. 2002). Rather than examine whether DHH LGBTQ people and hearing LGBTQ people face more discrimination and harassment in academia, the focus of this study would be to determine what types of barriers DHH LGBTQ people face and what kinds of support they receive in the classroom. Future research should explore the intersections of these experiences.

Educator and Peer Rapport

From participant experiences and my own experience as a graduate student, I learned how important it is to develop rapport between the DHH student and their educators and peers. There were a lot of things that I was fortunate enough to do and participate in, and being respected as a scholar by my peers and professors is something I greatly treasure. It is true that not everyone could say the same about their experiences and relationships with their peers and professors. It would be valuable to conduct deeper research focusing on professors and hearing students’ perspectives about their DHH students and classmates. Exploring the views of DHH students from the view of their peers and professors may help illuminate potential gaps in communication to support community building within classroom spaces. Research should continue to explore whether DHH students face barriers that prevent them from building strong professional and academic relationships with their educators and peers.
Personal Reflection

Nearing the end of my research, I have learned a lot about the academic journey of DHH graduate students in higher education. The research taught me a lot about myself as a student and researcher. I gained a better understanding of what it is like to be a student at a hearing institution seeking academic support, and I gained a greater understanding of how my career as a student was mirrored through the lives of the participants. As I offer my dissertation conclusion, I choose to end where I began, with my own narrative and reflections.

At the beginning of each chapter, I narrated a personal story to illustrate what the chapter was going to discuss. I discussed my first experience of using interpreters in high school, the schedule arrangement to match the interpreters’ schedules, people praying to cure my deafness, service providers making crucial decisions for me, and the system being the ultimate communicational barrier. The main correlation to all of the vignettes is communication, namely the lack of communication when it came to determining if I was satisfied with the accommodations, which were mostly nonexistent. I was not respected enough or given the empowerment to be asked for my input on whether I had a preference in accommodations or whether I was satisfied with the services I received. Those who have wanted to pray for my healing have never asked me if I wanted to hear again but rather asked if they could pray for me. One of the most infuriating experiences was when the service providers made a crucial decision without my consent and sent an intern with a tape recorder for the day we had exam reviews. The most oppressive experience I have ever had in academia was feeling powerless and unable to do anything. The people in my experiences pretended to know what I needed, assumed what was best for me, and made me feel helpless. That was the day I realized the system was not going to communicate nor
apologize for its failures. Once again, this is just another typical day in the life of a DHH student.

I cannot say that I am a good recounter, but I can say that I love listening and dissecting stories. There are always stories worthy of narrating, and, more specifically, there are a lot of stories that have not been told but need to be told. DHH students face many discriminations that are either ignored or suppressed. With narrative inquiry, I was able to engage with participants in conversations about their experiences (Clandinin, 2013). I found interviewing and listening to their stories to be one of the most valuable aspects of the research. Since my research was focused on the barriers faced by DHH students during their academic journeys in higher education, narrative inquiry was the perfect method to narrate the lived experiences of DHH graduate students. Mertova and Webster (2020) explained that the narrative approach is best suited to address the complexities and qualities of the human experience in teaching and learning.

In summary, John’s story explains why narrative inquiry provides an intriguing reason for narrating stories:

If I attend a conference hosted by the college and the assigned interpreters are terrible or receive other methods of communication, I feel angry. At night, when I am mulling over different ideas, I get mad. I require time to learn, analyze and process information, but that time is being consumed by anger. That is one thing that I really hate about being Deaf at a hearing institution– all the time I have wasted in anger.

As I was listening to John narrate this story, I was able to relate to him in many ways for the reason that I and many other DHH students have experienced the same feelings about lack of communication equity. More importantly, the story illustrates why narrative inquiry is the most appropriate methodology since quantitative data do not do justice to the experiences DHH students undergo in academia. We can break down John’s story into pieces and analyze every emotion
and issue that John experienced in that story. Denscombe (2010) notes that ambiguities or contradictions in the data reflect social reality when they are analyzed quantitatively. And it can be a significant help to suggest relationships, causes, effects, and dynamic processes through qualitative descriptions. Denscombe (2010) explained perfectly why I did not want this research to be biographical research of my experiences in academia, even though I had experienced the exact same conditions as every participant. Applying the narrative inquiry process to this research and adding student narratives from around America gives even more insight into all of the communicational obstacles that DHH students are up against on a daily basis in academia.

**Influence of Interpreters**

As one of my final personal reflections about this research, interpreting services are among the items I feel I need to discuss in depth. Particularly, the power of interpreters is underestimated. Hearing people, in general, fail to acknowledge that sign language interpreters are the most influential people in the room. When an interpreter misinterprets something from ASL to English, the hearing peer will believe that the DHH student said that, and if an interpreter misinterprets something from English to ASL, the DHH student will believe everything the interpreter said since the interpreter heard it from their hearing peers. Due to the influence of the interpreters and their constant incompetence, DHH students are viewed as misunderstood individuals or rather incompetent, another reason they fail to develop an educational and professional relationship with their peers and educators. Due to communicational confusion, misinterpretation, and other times no communication methods, I have missed out on so many possible friendships, partnerships, and collaborations.
Gatekeepers

In terms of accommodations, I have wrestled with service providers for access, and those disputes never have been desired but have been necessary to obtain what I needed to have a successful academic journey. I noted in Chapter 4’s introductory narrative that the service providers chose to send an intern with a tape recorder instead of an interpreter at a critical moment when I needed interpreting services. While completing my doctorate program, I was repeatedly denied CART services, and that was one of the motivations behind this research. One of the things the participants and I shared was how frustrating it has been to have to work with the service providers. Many DHH students feel that service providers should be our biggest supporters but oftentimes they have the opposite effect because they are the gatekeepers to the accommodations and are either unsupportive or not advocating for funds to receive our communicational needs. I understand that we cannot always receive what we want, but in concordance with IDEA (United States Department of Education, n.d.) and Section 504 of the Rehabilitation Act (United States Department of Labor, 2017), deaf students are entitled to accommodations and services that reduce barriers in the classroom. That is why I, like the participants, have a love-hate relationship with the service providers.

Aim to Succeed

Lastly, throughout my academic career, I cannot recall a time when I had a professor that said, “I see a great potential in you.” It is not that I ever needed their words of approval, but I always felt the need to prove that I belong where I am. ASL, the language I use to communicate, is equally as effective as English is to my peers and educators. I have seen more looks of disapproval and doubt than looks of approval and confirmation. For a DHH individual, those looks are looks that we are accustomed to seeing. We are lagging behind hearing peers in a variety
of academic domains and across placement settings (Karchmer & Mitchell, 2003; Stinson & Kluwin, 2011; Traxler, 2000). We struggle with the language barrier. We struggle to form collaborations and partnerships. We struggle in so many ways that most people will not comprehend the mental and educational challenges we go through in academia.

Reflecting on the participants’ experiences, we can see that Chloe faced the same doubts and disapproval throughout her time in her program because she struggled with the language barrier and because she needs sign language to communicate. John experienced the same situation when an advisor refused to collaborate with him on a research project. Ophelia faced the same predicament when a professor discovered that she needed accommodations and demanded she drop her class. DHH individuals have experienced all kinds of oppression all the way from Aristotle, Justinian I, and Alexander Graham Bell and now in academia, but one thing is real, and it is that we are still here. I like to quote Dr. I. King Jordan, the former president of Gallaudet University. He said, “when you ask hearing people what being deaf would be like, they all think, well, I couldn’t do it. They would start listing all the things they can’t do. But I don’t think like that. Deaf people don’t think like that. We think about what we can do” (Gallaudet University, 2007). We strive to succeed. We strive to achieve our goals even when the odds are against us because the ambition to reach our goals is way bigger than the odds that are stacked against us. So, ask us what we can do.
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APPENDIX A: RECRUITMENT FLYER

RESEARCH PARTICIPANTS NEEDED
Exploring the communication and systematic barriers Deaf and Hard of Hearing graduate students face in higher education?

My name is Omar Ruiz and I am a doctoral candidate in Educational Leadership at Fresno State Kremen School of Education & Human Development.

STUDY CRITERIA
- Be 18 years or older.
- Self identify Deaf, HH, Deafblind, Deafbled, Late Deafened.
- Be in graduate school or a recent graduate (from masters or doctorate program).
- Have experience requesting communication accommodations.

PARTICIPANT REQUIREMENTS
- Willingness to openly share lived experiences.
- Review & sign informed consent form for research
- Participate in one 45-60 minute recorded interview, via Zoom.

Hard of Hearing
Deaf
Deafblind
Deafbled
Late Deafened
Graduate Students

QR
Text at: 209-352-2552
Email: oruiz@email.fresnostate.edu
Please share this information with others who might be interested

THANK YOU FOR YOUR INTEREST
APPENDIX B: RECRUITMENT EMAIL

SUBJECT: Participants Needed for Research Study: What are the communication and systematic barriers deaf and hard of hearing graduate students face in higher education?

Dear Colleague: My name is Omar Ruiz, and I am a doctoral candidate in Educational Leadership at the Fresno State Kremen School of Education & Human Development. I am writing to ask for your assistance in referring to students to participate in my dissertation research study about the lived experiences of Deaf and Hard of Hearing students attending graduate studies programs.

I seek participants for this study who meet the following qualifications:

- Be 18 years or older.
- Self Identify Deaf, HH, Deafblind, Deaf disabled, Late Deafened.
- Be in graduate school or a recent graduate (from a master’s or doctorate program).
- Have experience requesting communicational accommodations.
- Students need to be Deaf, HH, Deafblind, Deaf disabled, or Late Deafened. Participation in this study includes up to video-conferencing (Zoom) and audio recording interviews. Each interview will last approximately 45-60 minutes and will focus on their experiences as DHH individuals requesting communicational accommodations as graduate students in higher education. We will discuss their academic journey with the accommodations they have received and the additional
accommodations DHH students have requested to aid them with their academic goals. Data collected from these interviews will inform the findings of my dissertation study. Participants in this study are completely voluntary and the student may end their participation at any time.

If you know students who meet the criteria and may be willing to participate, please encourage them to access this online form for further information on this study. You may also send their name and email address to me, and I would be happy to contact them directly.

Feel free to contact me at this email address or text me at (209) 352-2552 if you have any questions.

Thank you very much for your time and consideration.
APPENDIX C: RECRUITMENT INVITATION

SUBJECT: Invitation to Participate in a Research Study: What are the communication and systematic barriers deaf and hard of hearing graduate students face in higher education?

Dear [Insert Name], My name is Omar Ruiz, and I am a doctoral candidate in Educational Leadership at the Fresno State Kremen School of Education & Human Development. I am writing to invite you to participate in my dissertation research study about the lived experiences of Deaf and Hard of Hearing graduate students attending higher educational institutions.

You are being asked to participate in this research study because you can provide valuable information about your experience as a Deaf, HH, Deafblind, Deaf disabled, or Late Deafened individual who has navigated through higher education system using and requesting communicational accommodations to meet your academic goals. This study is focused on understanding the experiences of DHH individuals who have experienced academic frustrations with the lack of proper or qualified communicational accommodations to meet their unique needs. Your experience as DHH will help advance the knowledge about how best to support DHH students in higher education.

I seek participants for this study who meet the following qualifications:

- Be 18 years or older.
- Self-Identify Deaf, HH, Deafblind, Deaf disabled, Late Deafened.
• Be in graduate school or a recent graduate from a master’s or doctorate program.
• Have experience requesting communicational accommodations.

Participants need to be Deaf, HH, Deafblind, Deafdisabled, or Late Deafened. Participation in this study includes up to videoconferencing (Zoom) and audio recording interviews. Each interview will last approximately 45-60 minutes and will focus on your experiences as DHH individuals requesting communicational accommodations as graduate students in higher education. We will discuss your academic journey with the accommodations you have received and the additional accommodations you may have requested to aid in your academic goals. Data collected from these interviews will inform the findings of my dissertation study. Participants in this study are completely voluntary and the student may end their participation at any time.

If you would like to be involved in this study, please proceed to this online form [link to Consent Form] for further information on this study as well as relevant forms to complete. For any questions, please email or contact me at oruiz@mail.fresnostate.edu or text me at (209) 352-2552.

Thank you very much for your time and consideration.

Omar Ruiz
Doctoral Candidate
Kremen School of Education & Human Development
Fresno State University
APPENDIX D: INTERVIEW PROTOCOL

Thank you for participating in this study.

Participation in this study will include up to three video-conference recorded and interpreted interviews. Each interview would last between 60-75 minutes and would focus on your experiences as a DHH student requesting communicational accommodations in graduate school. Data collected from these interviews will inform the findings of my dissertation study. Participation in this study is completely voluntary and you may end your participation at any time. If you would like to be involved in this study, please proceed to this online form [link to Consent Form] for further information on this study as well as relevant forms to complete. For any questions, please email or contact me at oruiz@mail.fresnostate.edu

Introductory Question
1: Can you tell me about yourself and your background? What identities are important to you? What roles or occupations do you currently hold?

Individual
2: Can you tell me your experience as a DHH student on campus and in the classroom?

3: Can you tell me about your experience requesting communicational accommodations from the service providers?
a) How was your experience requesting communicational accommodations from your professors?

4: Would you mind describing your experience with professors and peers adjusting to the accommodations such as ASL interpreting, CART captioning, and other accommodations being implemented in the classroom? How did they react when learning that they had a DHH student and that they needed special accommodations?

5: Can you tell us the time that you felt you had to repeatedly explain yourself to your professors and classmates about the importance of your accommodations?
   a) How do you think they perceived your request for accommodations?

6: Please tell me about a time when, as a student, you felt that your needs were supported by:
   a) Professors?
   b) Service providers?
   c) Classmates?

Institutional Climate
7: In your experience, what is the climate for Deaf and Hard of Hearing students on a college or university campus?

8: What is your understanding of campus policies or practices in place for communicational services for the DHH? How did you become aware of these policies or practices?
9: How are the DHH people treated on campus--faculty, staff, students?

10: Are there DHH leaders, allies, and/or advocates on campus?

11: What are the current issues DHH students are currently experiencing in higher education? How has the campus responded to those issues?

12: What advancements have been made on the campus climate for DHH students? Have they been more receptive to the DHH suggestions of communicational needs and preferences?

13: How does DHH campus climate compare to other educational institutions you’ve experienced? More supportive service providers, professors and/or peers?

Organizational
14: Can you describe what was the biggest challenge you faced trying to achieve your academic goals?

15: Can you share the times when you felt that you were not academically supported by the service providers and/or professors?

16: Do you mind sharing the most significant barrier you have faced trying to advocate for yourself and other DHH regarding your academic goals?
17: Can you discuss the most significant systematic barriers behind the lack of proper accommodations and/or qualified interpreting services?

18: Is there anything you would like to add about your experience on campus?
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Omar Ruiz

Type full name as it appears on submission

05/26/2022

Date