

Deaf senior citizens can be better understood through an examination of their lives, values, and strengths, particularly in relation to their experiences of oppression as seniors. These challenging experiences may not be widely known, especially by younger generations. By bringing greater attention to this population, medical, mental health, and other professionals in the Deaf and hearing communities will be able to develop enhanced awareness, especially when they work with Deaf seniors. This study focuses on Deaf seniors' recent experiences with oppression, how they dealt with those experiences, and their perspectives toward their recent oppression.

None of the limited literature on Deaf seniors focuses on their experiences of oppression as seniors. Obstacles have been noted in the literature among diverse Deaf women and among Deaf people in general in terms of being oppressed in employment (Corbett, 2003; Kashubeck-West & Meyer, 2008), health care (Steinberg, Wiggins, Barmada, & Sullivan, 2003; Ubido, 2004), education (Corbett, 2003; Martin & Bat-Chava, 2003; Najarian, 2008), family (Anderson & Miller, 2005; Brueggemann & Burch, 2006; Hole, 2007; Holte & Dinis, 2003), stereotyping (Anderson & Miller, 2005), stigmas (Anderson & Miller, 2005), and cultural conflicts (Lane, Hoffmeister, & Bahan, 1996) because they are Deaf. However, the obstacles facing Deaf seniors had not been specifically explored before this research.

According to Iezzoni, O'Day, Killeen, and Harker (2004), Deaf people in general experienced oppression with their health care providers and public agencies, which did not provide interpreters. Many hospitals, doctors, and health care professionals are not familiar with the Americans with Disabilities Act of 1990 (ADA), which protects deaf clients' rights and entitlement to be provided with effective communication. In general, the Deaf people felt that doctors and health care professionals viewed them as disabled and did not show concern or take

responsibility in finding out what communication approach they preferred. Instead, the doctors and health care professionals expected them to read lips, depend on written communication, and/or bring a hearing family member to interpret to save costs (Iezzoni et al., 2004). This approach resulted in communication barriers.

That study cited one reason for the lack of adherence to such laws as being due to insufficient funding for interpreters (Iezzoni et al., 2004). The ADA states that hospitals, doctors' offices, or agencies receiving federal funds are obligated to provide interpreters for deaf patients or clients as a means to facilitate communication needs (ADA, 1990). The ADA also requires the provision of qualified interpreters and other accommodations such as making aurally-delivered materials available to individuals who have some degree of hearing as the standard for the provision of auxiliary aids and services (ADA, 1990). As the ADA states, professionals required by law to accommodate communication needs by providing interpreters must do so at no charge to deaf people. Auxiliary aids include qualified interpreters, notetakers, assistive listening devices, written materials, and similar accommodations (ADA, 1990). Despite this law, deaf people are often not aware of their rights (Iezzoni et al., 2004), or misunderstand the ADA and mistakenly believe that all doctors and health care professionals are obligated to provide an interpreter to meet their needs.

Review of Literature

There are no current studies or scholarly articles on Deaf seniors. Older articles categorized Deaf seniors as weak, isolated from society, inferior, and silenced about their experiences with oppression as a result of low self-esteem, being outsiders in the hearing world, being passive, relying on hearing professionals to make decisions, and having been ignored or undervalued (Higgins, 1987; Sachs, 1976; Sussman, 1976). However, these studies did not

specify what the issues were. There is only one article, written by Feldman (2005), that notes the lack of mental health therapists who have knowledge of deaf elders.

Adding to the lack of research is the lack of a standardized minimum age to be considered a senior citizen. Deaf Seniors of America (DSA) defines seniors as those who are 50 years or older, in accordance with the American Association of Retired People (AARP). AARP stated that it generally accepts members 50 years or older, though there is no official age that designates an individual as a senior citizen (personal communication, AARP, July 1, 2013). For example, the federal government states that a person can receive Social Security benefits as early as 62, but a person must wait until the age of 65 to be covered by Medicare. Many state and local governments offer benefits and services to individuals 62 and older. AARP also stated that “private businesses, such as airlines, movie theaters, restaurants, and motels, may offer senior discounts to those as young as 55,” and that “AARP’s Board of Directors has set 50 as the minimum membership age so that the Association may serve the needs and interests of those approaching retirement age, however we offer an Associate membership for younger individuals who wish to join. This membership provides some, but not all of the benefits of full membership and automatically converts to a full membership upon the member’s 50th birthday” (personal communication, AARP, July 1, 2013). The AARP believes that helping individuals while they are still in the workplace helps them prepare for their retirement.

The National Institute on Aging said in an email that there is no official federal definition of *senior citizen* and no minimum age that designates senior citizen status. The email also stated that age 65 is often cited possibly because that is the age at which people can access Social Security benefits and become eligible for Medicare coverage (personal communication, National Institute on Aging, July 1, 2013). The U.S. Census Bureau reported in 2010 that there were 40

million seniors 65 years or older in the United States (U.S. Census Bureau, 2010). These statistics, however, did not identify how many were deaf. Holt and Hotto (1994) stated that 11 million seniors have a hearing loss but did not specify whether the seniors were deaf, hard of hearing, or late-deafened.

Method

In this hermeneutic phenomenological study based on Moustakas's methods (Moustakas, 1994), the researcher conducted face-to-face, open-ended interviews in five states with 91 Deaf seniors. The interviews were videotaped, transcribed, and analyzed. The following research questions guided this study:

1. What is your definition for this word, "oppression"?
2. What was your recent experience with oppression?
3. What would you do if you experience oppression now?

Follow-up questions based on Rubin and Rubin (2005) were used as appropriate, such as how the individual dealt with the oppression when it happened.

Sampling and Recruitment

The criteria for choosing participants included self-reported identification of being culturally Deaf (as shown in the usage of a capitalize "D" in Deaf) and having ASL fluency. Participants also had to be at least 50 years old, based on the fact that DSA and AARP accept seniors at age 50. The author did not interview deaf individuals who considered themselves not culturally Deaf, nor late-deafened participants, because they tended to experience different types of challenges.

Snowball sampling was used to find participants, which involved asking colleagues and friends in the Deaf community to suggest potential participants for this study. Potential

participants were invited by means of email to participate in the study. If they showed interest, the interviewer asked questions by means of email to ensure they met the inclusion criteria before agreeing on specific dates for interviews. Ninety-one participants were identified, recruited, and interviewed.

Participants

All participants grew up Deaf and used ASL all their lives; Table 1 shows further demographic detail. Additional information such as whether they went to a mainstreamed or residential school was not collected due to time constraints resulting from an unexpectedly large number of Deaf seniors showing up at the Deaf club wanting to be interviewed on the spot. They were diverse in terms of geographical locations, and the author traveled to their locations to conduct interviews. Most participants were interviewed at their homes; others preferred to meet at Deaf clubs.

Table 1
Demographics of Participants

Participants	32 Males	59 Females		
Age Categories	50-60 (23*)	61-70 (27)	71-80 (16)	81-93 (25)
Geography	Florida (40)	Washington, DC, Maryland, and Virginia (44)	Minnesota and Indiana (4)	Massachusetts (1)
Race	Caucasian (78)	African American (11)	Hispanic (1)	
Other Needs	Usher Syndrome (1)	Deaf Blind (1)		
Educational Level	Ph.D. (2)	Master's Degree (26)	Bachelor's Degree (30) Associate's Degree (10)	High School Diploma (23)

Note. * Represents the number of participants within that category.

Data Analysis

For data analysis, the researcher followed the methods of Moustakas (1994), which

involved data categorization, pattern identification, identification of emergent themes, and interpretation of the data. First, all the transcripts were reviewed to obtain an overall understanding without making interpretations. The author then read each transcribed interview to identify major emerging themes, develop specific codes for themes, and identify patterns related to each research question. Because the data came from a large population of 91 participants, Excel was used for database management. Participant statements relevant to the research question were underlined in different colors to categorize statements and words under different themes. Using Excel helped to transcribe, synthesize, and categorize themes and statements.

Each participant's statements were sorted to form detailed individual descriptions relevant to the primary themes. This process was repeated for each research question, and statements that appeared numerous times were eventually grouped into major themes. According to the first research question about Deaf seniors defining this word *oppression*, most of them gave similar definitions, including being frustrated, being put down, being perceived as being inferior, hearing people looking down at Deaf people, not giving them the opportunity to enrich their lives and boost their self-esteem and self efficacy, and not treating them equally. One participant stated her definition as "I can't, I can't, I can't because of my age, because I am woman, or because I am Deaf. I can't, I can't, I can't." Another participant said oppression meant, "I am not allowed to do what I want to do."

For the second research question on deaf seniors experiencing oppression, the analysis process identified five primary themes (n equals the total number of people mentioning each theme):

1. Health Care ($n = 35$)
2. Work ($n = 26$)

3. Being left out by hearing family members ($n = 15$)
4. Being left out of neighborhood interactions ($n = 10$)
5. Hearing children taking over their Deaf parents' independence ($n = 5$)

Exemplary quotes from participants are included in the next section.

Interpretation of Findings

The analysis of the data enabled identification of possible oppression that Deaf participants faced because various social systems lacked cultural awareness of deafness. According to the participants, the hearing community did not acknowledge or accommodate the special needs they had as Deaf seniors. This lack of awareness highlights the need for research about Deaf seniors' experiences of oppression and for research on what professionals and hearing people know about the special needs of this population.

As seniors, most participants shared common experiences, such as lack of communication with their doctors, hearing coworkers, and hearing family members; struggling to be promoted at work; and being left out in the neighborhood. Their detailed descriptions provided consistent evidence that supported the importance of cultural awareness for hearing communities, including medical professionals.

Health Care

In this study, 35 participants described being oppressed by doctors due to the lack of full communication access, such as not being provided with sign language interpreters for health care services. Ten participants stated they had to look for a new doctor when they learned that their doctors refused to provide an interpreter; finding another doctor who would provide an interpreter was time-consuming. They also reported that when the doctor communicated in writing, especially when medical terminology was used, they were embarrassed by not

understanding what was written, so they pretended to understand. Many also reported that they felt their doctors perceived them as inadequate, stupid, and disabled. They expressed concern that, when not provided with a qualified interpreter, their health could be severely affected by misdiagnoses, wrong medications, delayed appointments, misunderstandings about health issues and doctors' instructions, especially because of their age. They also mentioned that, because of their age, they saw doctors more often than before. Because of the need to frequently see a doctor, they found themselves struggling with doctors or hospitals for not providing an interpreter, which they found exhausting.

Some participants were asked by their doctors to bring a hearing family member to interpret so the doctor would not have to cover the costs of a professional sign language interpreter. One participant shared that the interpreter never showed up for a doctor appointment and the appointment had to be rescheduled. Another participant recalled:

The doctor was upset with me for requesting an interpreter because the doctor found it too expensive to pay \$150 for an interpreter. The doctor told me to bring my family member to my next appointment as an interpreter to save the cost. My children do not live near me as they live in another state. The doctor then stated I could read his notes; therefore, we did not need an interpreter from now on.

Another participant had a bad experience at the rehabilitation center, saying,

My husband passed away last October. I assumed that the rehabilitation center had my phone number where my husband was. When I arrived there, there were full of stupid people, I am telling you. The woman acted strangely to me and panicked [at seeing] me. I got a strange feeling. I then asked what was going on. The woman then pulled me into her office and said that my husband was admitted into the hospital a few days ago. I

asked her why she did not inform me. She stated she did not have my phone number and did not know how to reach me because I could not hear. That is sickening.

Another participant shared a different experience at the rehabilitation center where her husband was:

Before my husband was transferred to the rehabilitation center from the hospital, I requested an interpreter. I was told that an interpreter would be provided. When I got there, I was shocked to find that a female who has a deaf sister was the interpreter. Her signing skills were so poor. She kept asking me what is the sign for that word, what is the sign for that word.

One participant said:

My mother-in-law was admitted into the hospital. I requested an interpreter immediately. We waited and waited for an interpreter for five hours. Then we were asked to use video relay interpreting (VRI). The nurses could not set up the VRI and I tried to fix it, but no luck.

One participant shared an incident of feeling stupid:

The doctor and I had to write down back and forth due to no interpreter. The doctor wrote very briefly about my health concern. I had to ask him questions, but yet he still gave me short answers. He thinks I am stupid because I am Deaf.

Another participant shared her experience at a urgent care facility, when she broke her toe and was treated as incompetent:

When I was at the front desk with my hearing husband, I said, “I think I broke my toe.”

The front desk asked me to fill out the form, but told my husband that he needed to help me fill out the form. My hearing husband told the receptionist that I had a doctoral degree.

Being Left Out by Family Members

Participants described their experiences of oppression related to when they got together with their relatives for a family reunion or holiday events. Because of their age, some participants felt obligated to attend events to reunite with their family members in order to remain in touch with them, but at the same time, they found these events to be frustrating and felt lonely for being left out repeatedly. They did not look forward to those events, knowing they would be left out. Some of the participants declined the events, choosing to spend time with their Deaf friends. One participant stated:

A long time ago I always had a big family gathering during the holidays, all family members were hearing. I could not understand their chats and always imitated their facial expressions. When they looked sad, I then tried to be sad. When they laughed, I then laughed. It had been for years until my Deaf daughter married her Deaf husband who came from a Deaf family. I brought my hearing mom to my son-in-law’s Deaf family’s Thanksgiving gathering. We all used ASL while my mom was being left out. She tried to be part of our conversation by nodding her head. I then

asked her how she felt being the only hearing member in the Deaf family. She stated she understood the difference between Deaf world and hearing world. I never forgot it.

Another participant shared her experiences with family reunion events:

Hearing family members would chat and they always left me out. I often had to ask them to repeat what they said. They would say they will tell me later. They then told me one or two words or one sentence. That was it. I did not appreciate it. From now on, I always bring an interpreter to the event because I do not like being left out.

A different participant expressed another way of responding:

Every time I got together with my relatives, I always felt left out not knowing what they talked about. So I preferred to play with their dogs. They enjoyed playing with me. I preferred to communicate with the dogs. I then walked out after playing with the dogs.

Neighborhood

The Deaf seniors often found themselves isolated from neighbors. Any conversations with neighbors were superficial when neighbors gathered for chats on numerous occasions. One 50-year-old participant said, "I would need to find a community where Deaf people live after I am retired as I do not want to be left out in the hearing neighborhood and I do not want to feel oppressed when the hearing community knows nothing about us being Deaf." One participant described her experience not knowing what was going on with her neighbors in a seniors-only condo:

The neighbors usually go outside if there is an emergency. I always ask them what is going on. The neighbors would not explain to me. I then have to ask other neighbors to please tell me what happened. Some refused to tell me while others who were friendly were willing to tell me who got sick or hurt. I had to thank them for telling me.

Another participant pointed out:

I live in a senior citizen community where we get together for lunch once a month. I always felt left out when everyone was chatting. I brought paper and pen to write back and forth. I felt awkward in interrupting them while they chatted with others. I felt I bothered them too much. So I decided not to join lunch anymore.

She added,

I also felt frustrated for not knowing what was going on in my neighborhood such as seeing an ambulance, but I let it go. I knew no one would explain to me what happened. I have no idea what is happening in my community.

Workplace

In the work environment, participants were often not provided with interpreters for meetings. As a result, they had no idea of what was going on at work, and often were left out during meetings and even breaks. This isolation hindered their opportunities for promotions, yet at the same time, they were afraid to ask for promotions because, if they did, they might have been fired. They felt it was pointless to fight for their job promotion because they feared losing their job and thus earning ability so close to retirement. One participant shared her frustration at work:

I have been working for the government for over 30 years. My coworkers have been promoted while I have never been promoted. I chose not to be assertive to ask my boss

why I never received a promotion because of my age. I am eligible for retirement. I am afraid that, if I ask my boss, I may get fired and lose my salary. I feel safer to keep quiet as long as I still earn money. I do not want to take any risks to request that I deserve to have a promotion.

Another participant shared a similar scenario:

I have been working at the post office for years. I always requested an interpreter for meetings but never got one. They ignored my request and went ahead with meetings without me. Hearing coworkers attended the meetings and I felt left out. I was always the last person to find out whatever it was. I felt so oppressed and belittled.

Hearing Children Taking Over Their Deaf Parents' Roles

Five participants expressed their discouragement that their hearing children thought they weren't able to make decisions about their lives because of their age and their deafness. One participant said,

When we got older, my hearing children wanted to take over our roles. The children tell us what to do instead of letting us decide for ourselves. We still can make our own decisions. The children should not be involved unless it is an emergency. The children have to stop. We feel oppressed because they think we can't make decisions because we are Deaf.

Another participant shared similar sentiments:

My hearing children think we can't live in our house because we are old. We can function independently and we are doing fine. They would tell us what to do about our finances, bills, and insurance. They think we are idiots because we are Deaf. We keep telling them to back off and leave us alone.

Typical Responses to the Possibility of Oppression Today

In response to the last question about what they would do if they experienced oppression today, approximately three-fourths of the participants noted that the older they became after having been oppressed for most of their lives, the more they felt it was not worth doing anything about their oppressive experiences. They said they would let it go or ignore it. The remaining one-fourth said they would continue to fight for their rights. One participant said, “What are we gonna do about being oppressed? How can we do better? I do not think so. That is something you know that we grew up having to fight in order to prevent from being oppressed. And we always have to fight until we die.”

One participant stated a different point of view:

The older you become, the more mellow you become. When you were younger, you were an idealist trying to change the world. The older you become, the more you realize it is impossible to change the world especially after fighting for oppression. Now I seem to accept it. Oh well, that’s life.

Another participant shared a similar perspective:

[As] I got older, it was not worth my time to be aggravated. All I care about is my health, my spouse, and my children. I feel less stress not fighting about my being oppressed. Don’t think about 10 years later. Just appreciate what you have each day and it is important to have a positive attitude.

One participant stated:

Because I do not know who to ask for help, I wish the National Association of the Deaf and Deaf Seniors of America would provide workshops and resources to help us know where to get help. I know the National Association of the Deaf has lawyers, but I do not

know what they do and whether they can help us when we experience oppression at hospitals or our jobs.

Summary of Findings

Overall, the study findings showed that Deaf seniors continue to experience oppression today. Examples include not always being able to have an interpreter in a health care setting, being afraid to assert themselves about communication at work because, at their age, it might affect job security and retirement, being left out in family gatherings and in the neighborhood, and family members taking over their parents' roles mainly because of their ages. The research also showed that the oppression within these five themes appears related to communication difficulties. Some of the obstacles they encounter emerge from a lack of awareness of the Americans with Disabilities Act (ADA) and providers' resistance to providing reasonable accommodations for equal communication access.

While several studies in the 1970s and 1980s identified that Deaf seniors as feeling inferior, isolated, and oppressed as a result of low self-esteem (Higgins, 1987; Sachs, 1976; Sussman, 1976), this study demonstrated that Deaf seniors continue to struggle even today with similar issues such as isolation from their neighbors, inferiority because of doctors who look down on them and/or do not provide interpreters, embarrassment for not being able to understand their doctors' notes, and low self-esteem for not being promoted and/or preferring to be silent to prevent being fired.

Deaf seniors experience, and are likely to continue to experience, communication barriers because of their more frequent need to receive medical care at doctors' offices, hospitals, nursing homes, and rehabilitation centers as a result of their ages. However, Deaf seniors, in their interviews, stated that they felt more oppressed than they were in their younger years because of

increased visits for health issues to doctors' offices, hospitals, nursing homes, and rehabilitation centers. Communication issues at work were also likely to cause increased concern as they neared retirement. The seniors felt they could not be assertive like when they were younger because they were afraid of losing paychecks. As they age and require more support from family members and neighbors, ongoing communication issues are likely to become tenser. Finally, the seniors reported that they preferred to retire and live near Deaf seniors instead of in isolated places.

Recommendations for Action

The findings of this study led to the following recommendations.

1. Doctors and hospital personnel need to be familiar with laws concerning accessibility, such as the ADA, particularly regarding accessibility for Deaf seniors. Medical schools should include a mandatory curriculum on the accessibility needs of deaf and hard of hearing patients in the health care field. Continuing education units (CEUs) on accessibility needs for deaf and hard of hearing patients should be offered for veteran doctors/hospital personnel.
2. Deaf seniors experience and are likely to continue to experience communication barriers because of their increased need to receive medical care at doctors' offices, hospitals, nursing homes, and rehabilitation centers due to their ages. They need greater knowledge of the ADA legislation and more access to people who can advocate for them.
3. The seniors commented that they had no resources nor anyone to talk to if they experience oppression, and developing strategies to enable Deaf seniors to connect with one another and share their experiences of oppression are as crucial as any strategy to

develop national and local resources. They wanted to put a stop to this oppressive experience and to see the immediate development of national and local resources.

4. The National Association for the Deaf can become a stronger ally to Deaf seniors by providing trainings and workshops about deaf seniors' rights in oppressive situations. Useful workshops might be about legislation, advocacy, resources, and self-empowerment, or opportunities to share experiences to avoid detachment or suppression, and opportunities to be open about their experiences of oppression.

Recommendations for Future Research

Interviewing participants living in assistant living residences and nursing homes could expand the study. In particular, interview questions could ask about (a) how a Deaf senior in such a facility deals with living with hearing patients and relating to hearing professionals, (b) what perspectives a Deaf senior has on communication accessibility, (c) what thoughts a Deaf senior has about interpreters being offered, and (d) what understanding Deaf seniors have of the ADA legislation.

Conclusion

Full communication accessibility, including interpreters for interactions with doctors, hospitals, and employers, would promote a more positive experience for deaf seniors. Deaf seniors would experience less oppression if doctors, hospitals, and employers were aware of how obstacles in health care and work environments affected deaf seniors. In this study, the findings suggested that doctors, hospitals, and employers might not know how to work effectively with Deaf seniors, given that interpreters were typically not provided. Doctors, hospitals, and governments need to be familiar with accessibility laws so that Deaf seniors can fully participate; if interpreters are provided, Deaf seniors may feel more confident in taking part in managing

their health. In the workplace, supervisors need to be made aware that Deaf seniors should have the opportunity to be promoted if they have the qualifications and skills. Employers also need to be familiar with how to make the workplace fully accessible to Deaf seniors. Also, neighbors, extended family members, and hearing children of Deaf parents need to recognize Deaf seniors' needs and make sure that they have accessible communication.

Cultural awareness and technology awareness are important for Deaf seniors. Deaf seniors and professionals need to gain an understanding of how oppression affects Deaf seniors. Deaf seniors need to be made aware of the implications of their actions, and they need ways to educate doctors and hospitals about relevant accessibility obligations as dictated by law.

The findings of this study are significant because this research is new, with no other literature on this topic. This research will help not only Deaf seniors but also professionals broaden their knowledge of this topic and increase awareness of Deaf seniors' struggles with oppression.

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