

Deaf Mothers, Maternal Thinking and Intersections of Gender and Ability

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ABSTRACT *This paper investigates the mothering experiences of college-educated Deaf women and connects this to their identities as part of the Deaf community. Using feminist life history interviews with ten Deaf women, the analysis focuses on their work as mothers and the connections with “maternal thinking,” difference and sameness. Discussions about wanting hearing or deaf children and communication with children influenced their identities and were part of the disciplined practice of this work. The women developed strategies to “normalize” experiences and viewed themselves as a linguistic minority. They made political decisions when using American Sign Language, English, or both and resonated with the Deaf community, hearing world, or “in between.” They worked to ensure the acceptability of their children as well as themselves. The author argues that an analysis of ability along with gender is useful to further current theorizing about gender and mothering as a kind of work.*

How do deaf women experience their lives as mothers? What challenges might these women face and how do they deal with these challenges? How might their stories inform the current literatures on the sociology of gender and mothering? These questions are the focus of this paper, which is about the experiences of deaf mothers. Through the use of interviews, this project, while considering the intersection of ability along with gender, fills a gap in the literature on the sociology of gender and disability that, until recently, scholars have left fairly understudied. What the interviewees tell us about their experiences illustrate that considering ability along with gender provides a more complete picture of previously theorized topics, such as the work of mothers.

Meanings of Motherhood

Like other scholars, I view the family as an institution, which plays a critical role in establishing and maintaining women as those expected to do particular kinds of work (DeVault 1991, Harrington Meyer 2000). I also, as others do, view the family as a social construct where the positions of mothers and

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fathers are gendered on the basis of certain ideologies that we have of masculinity and femininity (Coltrane 2000, Gubrium & Holstein 1990, Lupton & Barclay 1997). These ideological constructs lead us to believe that the roles of mother and father are natural ones; however sociological perspectives allow us to question if they are indeed “natural” positions. This project specifically looks at the mothering practices of deaf women to continue questioning the assertion of mothering as a natural kind of work done by women. I also seek to examine how the deaf women of this study navigate their identities and how their lives connect with and differ from the experiences of other women who do the work of mothering.

Rich (1976) argues that one should consider the institution of motherhood as well as the experience and how they interact to construct cultural notions of mothering. In her view, the embodied experience of mothering works in conjunction with the idea of mothering as an institution, which has its own set of practices. These practices are learned and become entrenched in cultural ideals of “good” mothers and are reinforced by institutional definitions of mothering. But what exactly are these practices?

To answer this question, we can turn to Ruddick (1982) who claims that mothering as a learned practice or “maternal thinking,” as she calls it, has three major components including preservation, growth and acceptability of the child. Being maternal becomes a socially created category, which is based largely on the disciplinary practices of being a mother. She argues that the “discipline of maternal thought” involves ideas of failure as well as success in terms of being a mother (p. 77). First, mothers work to preserve the life of their child. To be successful at preserving their children, mothers must be careful not to exercise control over their children. Mothers must also work toward humility and cheerfulness, which have become associated with successful mothers, when working to preserve their children. Second, she argues that mothers work to foster growth in their children. For growth to occur, mothers must practice and learn how to adapt and respond to change. Third, is the concept of a mother’s disciplinary practice to make an acceptable child. Ruddick defines acceptability as determined by the “values of the mother’s social group – whatever of its values she has internalized as her own plus values of group members whom she feels she must please” (p. 83). As she points out, there is a contradictory side to this third aspect of maternal thought. For example, as she explains, while a successful mother might be rewarded for sacrificing herself, she might also be teaching her children this idea as well as other harmful practices, which may be detrimental to children. This practice is in tension with the first two practices of maternal thought, preservation and growth, which mothers work to instill in their children, since it has the potential to harm the children.

Kittay (1999) applies the concept of “maternal thinking” to her experiences of raising her disabled daughter. She argues that learning to care for her daughter involved major disciplinary practices, which differ and are also similar to mothers raising children who are not disabled. She discusses how her own experience as a mother challenges ideas about the terms “difference”

and “sameness” and adds to ways of thinking about the disciplinary practices of maternal thought in terms of “coping” with raising a disabled child (p. 15). Traustadóttir (1992) has also written about the extended caring role of mothers who have children with disabilities and shown how these women often play “stereotypical” roles as mothers in an effort to “normalize” the family. Those that have studied disabled mothers have argued that women with disabilities have struggled, in certain contexts, to be seen as viable and visible mothers (Reinelt & Fried 1998).

While reading these literatures on the concept of mothering, I began to wonder more about how concepts such as “maternal thinking” and difference and sameness applied to mothers who were seen, in some contexts, as disabled themselves and were seen in other contexts as part of a culture such as the Deaf community. In this paper, I take Ruddick’s (1982) concept of “maternal thinking” and apply it to the deaf women of this study. Building on Kittay’s (1999) analysis of her own mothering of her disabled daughter, I will analyze the “maternal thinking” of deaf mothers and discuss how performing an intersectional analysis of gender and ability furthers thinking on the topics of mothering and gender. By taking Ruddick’s (1982) philosophy on mothering, I will ground her theory in an empirical sociological analysis to examine how maternal thought and its actual practices are interrelated.

As part of a marginalized group in the larger hearing society, deaf women are often, like other women, striving to achieve the ideal form of motherhood. Yet, deaf women are also proud of their cultural identity as part of the larger Deaf community and see this as a source of pride which they pass on to their children. They are different, then, in this way than “other” mothers. This tension between difference and sameness is, of course, based on the social context, but their experiences bring up other interesting questions. I argue that an analysis of college-educated deaf women is a beneficial site for intersectional analysis, since, the women of this study, due to the privilege of their college educations and systematic exposure to more hearing people through their schooling and work, are seemingly more integrated than other deaf women into both the Deaf community and hearing society. Their social context is continually changing and along with this, they too must change as they practice maternal thought. This brings to mind various questions, such as: How might looking at a group such as deaf women, help develop ideas about gender, ability and motherhood? How might their stories broaden ideas about the highly contested terms of difference and sameness? How might an analysis of gender as well as ability push current theorizing on the concept of motherhood as a learned practice?

The various perspectives on mothering are, of course, linked to current understandings of gender as well as ability. Mothering is a key site for the construction of gender; however, before I proceed, I wish to outline the major theoretical perspectives on the construction of gender. By doing this, I assert that it is necessary also to include an analysis of ability along with gender in order to better understand the maternal practices and thought of mothers.

Gender, Ability and Work

The social construction of gender has long been documented by scholars interested in looking at gender as a point of analysis (Lorber 1994, West & Zimmerman 1987). Viewing gender as a social construction, these and other authors question the innateness of gender and instead believe that it is something socially created through the daily interactions of people's lives and is also organized by social institutions, such as the family. Others view gender as a kind of bodily performance that is based on various rituals that people carry out in their day to day activities and couched in a larger social context (Butler 1993). Although many agree with these assumptions, there are scholars who do not completely rule out biology (Chodorow 1978).

Recently, academics have called for a consideration of other categories when considering the topic of gender. Collins (2000), for example, has called for an intersectional analysis when considering gender along with other things such as race. Others agree with her perspective and stress that we must continually seek to broaden ideas of race and ethnicity (Garcia 1997, hooks 2000, Trinh 1989). More consideration is also being given to ideas about sexuality and gender. Authors, such as Esterberg (1997) have stressed the importance of looking at sexuality along with gender, especially with regards to mothering. There has also been an increase in looking at social class along with gender and race (Hochschild 1997, hooks 2000, Naples 1998). Feminist scholars have taken these ideas about the social construction of gender and shown how social institutions are organized around the gendered division of labor. Smith (1999) has stated that "The Standard North American Family" has become an "ideological code" or way of organizing the family in a particular way, which also shapes assumptions about women's work as mothers.

Although many academics have taken up these various aspects of the study of gender, few have included ability as an aspect for analysis. In this paper, I will demonstrate how considering ability along with gender is useful for a more complete picture of the study of gender and women and work. Disability studies, as a field, has gone through major changes in recent years and scholars have continually called into question the term "disability." Goffman's (1963) sociological idea of stigma as a kind of "spoiled identity" or deviant status has been used to discuss how people who are seen as disabled have often been marginalized in society. Higgins (1980), who did a sociological study of the deaf, used Goffman's framework along with Becker's (1963) concept of "outsiders" to argue that the deaf were outsiders in a hearing world. Recent scholars have emphasized that disability is a social construction, that it is a particular form of oppression, and that it is linked to issues of representation in various discourses such as the medical, education and legal discourses (Bogdan 1988, Bogdan & Biklen 1977, Bogdan & Taylor 1994, Linton 1998). Thomson (1997) and Wendell (1996) have called for a consideration of gender as well as ability when looking at paid work; however, little is known about the topic of unpaid work, such as mothering and how this connects with gender and ability. It is my position that the

terms such as “ability” and “disability,” much like the term gender, are useful when thinking about how socially constructed identities shift over time and place.

Concepts of Difference, Sameness and Legitimacy

In the most recent literature on mothering, many have taken the idea of difference with regards to mothering and investigated how it becomes constructed as well as how some have developed strategies of resistance to being different from the social “norm.” Dunne (2000), in her study of lesbian parents, found that these women challenged ideas of a heterosexual norm. Dalton and Bielby (2000), who also studied lesbian parents, found a similar experience, but also found that the women in their study also reinscribed gendered ideas of parents in their families. These two studies show how ideas of difference and sameness are largely connected to the ideologies of gender and the family.

Legitimacy of mothers is also seen as a major theme in the most recent literature on mothering. Single mothers by choice have also been found, like disabled women, to fight for a sense of legitimacy as mothers (Bock 2000). Due to their position in the larger social context where they are seen as different from married mothers, they develop strategies to show that they are legitimate mothers. Collins (2006) writes about mothering in a nation-state like the USA, where, she argues, motherhood as an institution is mediated by social class, race, ethnicity, gender, sexuality and nationality, and how not all mothers are seen as equal. She calls into question who are seen as the “real” mothers or ones who are thought best to reproduce the next generation of Americans with the values of such a country (p. 55). Rothman (2005), by examining the term “mothering” to describe the practices and work for raising children, looks at the complexity of adoption practices, race and mothering. As a white mother who has adopted a Black daughter, she examines the issue of legitimacy in terms of examining how such mothers must prove their legitimacy of motherhood since they are visually marked as “different” than their children.

How these mothers in the above literature are seen and stigmatized in the larger society connects with the stories of the women who participated in this study in that the deaf mothers also experience being stigmatized and thus develop various strategies to prove their legitimacy in certain contexts. These strategies include how they discuss whether they want hearing or deaf children with their husbands and how they will communicate with their children. Language and whether or not to teach their children American Sign Language (ASL), Sign Exact English (SEE), or to use oral methods, also becomes a key factor in the work of these deaf women in their positions as mothers and how they identify themselves. By incorporating this into the analysis, my study highlights how language becomes a key part of the work of maternal thinking, not just for the women of this study, but for all mothers, especially those who consider themselves part of a linguistic minority.

Deaf Community and Deaf Identity

Before proceeding, I will provide a brief overview of the Deaf community for those that might not be familiar with this group. The lowercase term *deaf* describes the audiological condition of the not hearing whereas the uppercase term *Deaf* refers to a group of deaf people who share a common language, American Sign Language (ASL) and culture (Padden & Humphries 1988). Rather than defining themselves as disabled, the Deaf community views being Deaf as cultural and part of a linguistic minority whose primary language is ASL (Lane 1999). People who are deaf are often, although not always, older Americans who lose their hearing and become deaf later in life and do not consider ASL their native language. There are also those who consider themselves hard of hearing, which is seen by the Deaf community as a more acceptable way to name what the medical discourse defines as “hearing impaired.” Many hard of hearing individuals, although not all, also consider themselves as part of the Deaf community.

More recent literatures in the field of Deaf Studies have grappled with the binary of the deaf/Deaf distinction. In their study of deaf and hard of hearing youth and welfare policy of the disabled, Hauland, Gronningsaeter and Hansen (2003), discuss how it becomes problematic to place individuals into such categories because of the risk of reducing people’s complex identities to one particular status, especially when considering social policy. Instead of using either deaf or Deaf to describe the youths in their study, they adopt a “minority approach” when it is necessary in their analysis and a “disability approach” where it is useful as they believe that these views are not contradictory (p. 14). Brevik (2005), in his study of Norwegian Deaf people, adopts a similar perspective about the deaf/Deaf distinction and demonstrates how his respondents negotiate their identities as they experience their families and daily lives. These literatures also help to illustrate that the issue of identity has much to do with the languages of each country and is not solely an American and ASL issue. It is my position that the terms deaf, Deaf and hearing and the privileges and stigmas attached to them are socially constructed and mediated through the various contexts in which people find themselves in their daily lives, such as in their families, schools and workplaces. For the purposes of this paper, where all of the women considered themselves Deaf, I have chosen to use that term as a way of letting them decide how they wanted be represented. When I speak about deaf women more generally, I use the term deaf as a broader way to identify a group, some of whom may indeed consider themselves also Deaf and part of the Deaf community. Thus, the language in this paper itself is illustrative of the slippery and changing construction of deaf/Deaf while I have also tried to provide the individual women in this study with agency in how they define themselves as Deaf.

According to recent research, there are, in the USA, approximately 20–22 million people who are hard of hearing and 1.5 million who are deaf (Bruyere 2004). According to the Gallaudet Research Institute (GRI), the National Center for Health Statistics (NCHS) also provides similar national statistics,

which are gathered from the National Health Interview Survey (NHIS); however, as the GRI rightly points out, this and other reports do not provide estimates of those who were born deaf or hard of hearing and those who lost their hearing later in life (Holt et al. 2002, Mitchell 2002). Also, it does not include estimates of those who consider themselves part of the Deaf community. Therefore, we simply do not know how many Deaf, deaf and hard of hearing people there are, much less those who are college-educated women. The Deaf community in the USA is a strong one, which has various regional and state Deaf Clubs, foundations and its own private non-profit organization, The National Association of the Deaf (NAD). Founded in 1880, NAD is the oldest and largest organization, which protects the civil rights of deaf and hard of hearing Americans in education, employment, healthcare and telecommunications (NAD 2002). Their website includes position statements on various salient issues for the Deaf community, including education opportunities, employment options, cochlear implants and information about Deaf culture.

Methodology

In this section, I outline my methodological approach in this qualitative study in which I sought to understand the women's educational, family and work lives. This analysis is part of a larger study in which I conducted extensive life history interviews with ten Deaf women, who live in Rochester, New York and Boston, Massachusetts (Najarian 2006). To find respondents, I relied on personal contacts and snowball sampling. I emailed potential interviewees about my project and also told them that I am hearing, know sign language and have a deaf brother. Having this somewhat insider status, I believe, helped me to gain access to the women. I also offered to pay for sign language interpreters for the interviews. Although I know sign language, I know Sign Exact English (SEE), not American Sign Language (ASL), which is the official language of the Deaf community and so I offered the option of an ASL interpreter to the women to ensure a smoother translation of their stories. One woman requested an interpreter, while the others did not. In an effort to capture the visual language, I audio- and video-taped all interviews. Despite the sample not being random and also small, the respondents gave me a tremendous amount of information about their experiences as deaf women and mothers. Tables 1 and 2 provide an overview of the Deaf women in Rochester, New York and Boston, Massachusetts, respectively.

Respondents ranged in age from 34 to 63 and all are college-educated. Since I was also interested in how education affected their experiences as mothers and their career paths, I chose to interview only those who had college experience. One respondent had completed three years of undergraduate studies, one had her Associate's degree, of the two who had Bachelor's degrees, one of these was pursuing graduate work, and six had Master's degrees. This sample, then, is a particular group of deaf women and had I interviewed women who did not have a college education, I suspect the data would be different, especially in terms of economic status. Many of

Table 1. Rochester women sample characteristics

Pseudonym	Age (years)	Race/ethnicity	Education*	Marital status	Children
Beth	41	White	MS	Separated; hard of hearing husband	Hearing daughter, age 14 years; hearing son, age 9 years
Kristen	38	White	MA	Married; deaf husband	Deaf son, age 10 years; deaf daughter, age 8 years
Janice	47	Jewish	MA	Married; deaf husband	Deaf son, age 18 years; deaf daughter, age 15 years
Stephanie	45	White	BA	Married; deaf husband	Hearing daughter, age 16 years; hearing daughter, age 14 years; hearing son, age 11 years
Teresa	63	White	MA	Married; deaf husband	Hearing son, age 37 years; hearing daughter, age 36 years; hearing daughter, age 32 years

*Only the highest degree obtained is listed. MA = Master of Arts; BA = Bachelor of Arts; MS = Master of Science.

Table 2. Boston women sample characteristics

Pseudonym	Age (years)	Race/ethnicity	Education*	Marital status	Children
Carol	39	White	AAS	Married; deaf husband	Hearing daughter, age 6 years
Heather	36	White	MA	Divorced; deaf ex-husband	Hearing son, age 9 years; Hearing son, age 5 years
Ellen	34	White	3 years of college	Divorced; deaf first ex-husband; remarried; deaf husband	Deaf daughter, age 2 years; deaf daughter, age 6 weeks
Debbie	39	White	MBA	Married; hearing husband	Hearing son, age 10 years; hearing daughter, age 6 years
Marie	38	White	BS	Married; hard of hearing husband	Hearing daughter, age 10 years; hearing son, age 8 years; hearing son, age 4 years; hearing son age 18 months

*Only the highest degree obtained is listed. AAS = Associate's degree; MA = Master of Arts; MBA = Master of Business Administration; BS = Bachelor of Science.

the women described themselves as among the first group of deaf women in the USA to attend and graduate from hearing colleges. Despite them not being representative of all deaf women, they add an important dimension to the literature on mothers. I also chose to interview college-educated deaf women to investigate more closely the interplay of gender and ability on the topic of mothering. Due to their relative privilege from their college educations, the women of this study, more so than other deaf women, have the potential for more inclusion in the hearing world and therefore are likely to be continually navigating their way in both the Deaf community and hearing contexts. They are, then, because of the continual change in context, a group that allows for a closer analysis of the complexities of an intersectional analysis of gender and ability.

When asked to describe their race or ethnicity, nine said they were white while one described herself as Jewish. Seven described themselves as economically comfortable while three said they were somewhat comfortable. Nine of the ten women were married while one was divorced. One of the nine who was married at the time of the study had earlier been divorced and one was separated. All except for one respondent had married men who were deaf or hard of hearing. At the time of the interviews, the women had anywhere from one to four children ranging in age from six weeks to 37 years old. Three of the mothers had all deaf children while seven had all hearing children.

I chose to interview five women from Rochester, New York because of its large Deaf community. This community, known nationally, exists in part because of the National Technical Institute for the Deaf (NTID), which is part of Rochester Institute of Technology (RIT). The school is a place where Deaf, hard of hearing and hearing students all thrive and many settle in the Rochester area after graduation. I selected five women from Boston, Massachusetts to investigate similarities and differences that might exist between a close knit Deaf community such as Rochester and a more dispersed, yet still thriving Deaf community in Boston. I was interested in seeing how location played a role, if any, in how these women experienced being mothers. The first phase of data collection, where I conducted ten in-depth life history interviews in either the women's homes or offices so that I might observe them in their paid and unpaid work environments, took place beginning in June 2002 and ended in March 2003. The women chose where they would prefer to have the interviews as well as a time that would be convenient for them. Eight interviews were in women's homes and two were in their offices. The interviews lasted from 1.5 to 3.5 hours, the average being 2.5 hours. Phase two of data collection, which took place from May 2003 until July 2003, consisted of follow-up interviews with the women by email. Nine out of the ten women responded for the follow-up interviews. As with the first interviews, these interviews were semi-structured, open-ended, and active, to determine if there was anything else that these women wanted to add to their life histories. During this time I asked the women to comment also on some of the data and analysis that I had outlined from the first phase of data collection. I also asked them to provide demographic information and included a section for each individual woman where I asked them to clarify

various questions from our first interview. There was also space for them to add anything else that they felt might be missing from the analysis and interview.

After collecting the data, I used a triple method of transcribing. First, with the use of a television, video-recorder and remote control, I transcribed the audio part of each tape. Second, I “rewatched” the data and transcribed the visual languages of ASL and SEE. Third, I transcribed the body movements, eye contact and other gestures as part of the interviews. Not knowing ASL, this posed particular challenges, as there were moments where I was unable to transcribe precisely. I considered hiring an ASL interpreter to watch the tapes too and to translate the places that I missed, however, for confidentiality reasons, I decided against this. To guard against possible misunderstandings of translation, I showed some of the data and analysis by email to the women to see if it rang “true” to their experiences. I then took their additions and added it to part of the analysis. I have, for the purposes of this paper, translated the women’s quotes into English so that they are more readable to a wider audience. This decision shapes their stories; however, my hope is that by making these women visible to those that might not know about them, this will contribute to larger discussions on the sociology of gender and on mothering as a kind of work where scholars seek to broaden understandings of the division of labor and how it relates to the work and family lives of men and women.

I interviewed the women using a general set of questions regarding their early family, educational, mothering and paid work experiences. I did not begin with a formal hypothesis involving their experiences as deaf mothers. Rather, though the use of grounded theory method, I sought to have the analysis arise from their stories (Glaser & Strauss 1967, 1999). Eventually, I began to see patterns in the data and links in their stories, which led to my analysis. I became increasingly interested in the similarities and differences between those women who had oral educations and those who attended manual schools and colleges for the deaf and the influences this had on the women’s lives and career opportunities. I paid attention to the obstacles they faced while also worked to note the places where they resisted these obstacles. Through the use of feminist qualitative methods, I sought to make their stories visible to those who might not know of them to gain a fuller understanding of the range of women’s experiences (DeVault 1999, Reinharz 1992). As stated earlier, in the follow-up interviews, I shared the themes that I had uncovered in my analysis with the women and asked if they seemed accurate. I did this in an effort to make my respondents more a part of the research process in telling their life histories.

Findings

The findings are organized into two sections, which include wanting deaf or hearing children and decisions about communication with children. Each of these topics examines the various kinds of work that these deaf women did as they navigated their identities and places in the world. The findings

demonstrate how the mothers worked to “normalize” their experiences as deaf mothers, how they made political decisions about their choices of language with their children, and how they worked to ensure the acceptability of their children as well as themselves. These practices, I will later argue, become part of the work of maternal thinking as well as provide new insights to the work of maternal thought.

Wanting Deaf or Hearing Children

With the exception of Debbie, all of the women in this study were currently married or had been married to deaf men. Four of the women discussed if they wanted deaf or hearing children with their husbands prior to the birth of their children, while the six other mothers did not. Only Janice and Ellen expressed preferences for their children to be born deaf while none said that they specifically wanted hearing children. Kristen, Janice and Ellen, the three mothers who had all deaf children, expressed great pride in having deaf children. Six of the ten women also said that they did not have strong preferences for their children to be born hearing or deaf; however, they did want their children to be “healthy.” This demonstrates how the women thought of being born deaf as well as hearing as healthy. It also suggests that they may have seen other characteristics as a disability; however, none of the women elaborated on this in their stories.

“If I had blue eyes”. Janice’s story of the birth of her deaf son sheds some light on the connections between wanting a deaf child who is also healthy:

J: When my son was born, I thought he was hearing. So, we were heart broken. I thought, “Oh, my God, what do we do with a hearing child?” (She laughs.) I was born deaf. Our children helped us to understand how my husband became deaf. With my two children it was a progressive hearing loss. Their hearing loss is different from many deaf people. My husband didn’t really understand how he became deaf. His parents told him he became deaf when he was four from nerve deafness. But, that helped my husband to understand it was the same.

C: Why was it so important to have deaf children?

J: It’s normal for parents to want to have children that are the same as them. If I had blue eyes, I would want my children to have the same. My parents are deaf. I have a wonderful relationship with them. I want that. It’s important that they’re healthy.

Janice, by explaining her preference for having deaf children, shows that “deafness” is a physical attribute, such as blue eyes, rather than a “disability.” Coming from an all deaf family, she mentions how this “attribute” of being deaf would help her to develop a similar bond with her own children that she had with her deaf parents, seemingly because they would speak the same language. By learning how their children became deaf, Janice and her husband came to a greater understanding of her husband’s deafness, which aided him in developing his own identity. Presumably, then, using the first two practices of maternal thought, which includes fostering preservation and growth of one’s children, Janice would be able more easily to preserve and foster the growth of her children if they were also deaf.

By stating that it is “normal” for parents to want children who are like them, Janice also developed a strategy of “normalizing” her experience as a Deaf mother and resisted seeing herself and her family as different from hearing families. I do not mean to imply that the women are abnormal; rather, I mean to suggest that in a larger hearing context, they are often seen as such. It is, in part, because of this, that these women continually, in hearing contexts, I believe, worked to show how their ways of mothering were similar to how hearing women do the work of mothering. It is also a way in which she worked to make her child as well as herself acceptable and not seen as different from the “norm.”

Being Born “Healthy”. Another mother who wanted her daughter to be born healthy, but who did not express a strong preference for her child to be deaf or hearing, was Carol:

C: Did you and your husband prefer to have a deaf kid?

Carol: (She signs “It didn’t matter.”) We were willing to accept it either way. If she’s deaf, we know what to do because we were too. If she was hearing, we would also accept her. We don’t care as long as she’s healthy. That’s important. When she was born, we were happy to have her.

Unlike Janice, Carol’s daughter was born hearing, however, she still considers her to be healthy. One can see that these women’s ideas of a “healthy” child included not only deaf children, but also hearing children. This illustrates how the women were continually defining what it meant to be deaf, hearing, or somewhere in between. It also demonstrates how, as mothers, they negotiated their ideas about what it meant to be healthy, disabled, deaf and hearing. Linking this to Ruddick’s (1982) three concepts of maternal thinking, it is possible to see how through wanting their children to be healthy, the mothers in this study wanted to ensure the preservation and growth of their children in terms of language development and also wanted them to be seen as acceptable children in both hearing and deaf contexts. The “difference” is that the mothers often had to resist larger ideas of what it meant to be healthy in hearing contexts. The mothers also, in efforts to foster growth, had to learn how to adapt and respond to their changing social contexts of the Deaf and hearing worlds.

How Will We Communicate?

All of the women spoke of how they and their husbands communicated with their deaf and hearing children. Seven of the women taught their children ASL while also using other methods of communication. The other three mothers, Teresa, Debbie and Marie, primarily used their voices, some home signs or signs primarily understood in one’s own family, and relied on lip reading. How to communicate with one’s child became a key part of the work of maternal thinking of the Deaf women of this study and these decisions influenced how they and their children thought of themselves. Three of the women said that they had dialogues with their husbands about making these

decisions before the children were born. All of the women spoke of making decisions about communication as they raised their children and how they watched them “picking up” languages and going “back and forth” in their different languages.

Discussions Before the Children are Born

Stephanie’s story of how she and her husband decided to sign to their three hearing children illustrates the work of negotiating one’s identity as well as that of one’s children in terms of the language choices made by the women in their families. Because of her experience in her family growing up where they primarily used oral methods, Stephanie had a particular view of how she wanted to communicate with her own children:

S: From my experience with my family, I continued on with some of what we did, but not all. I wanted my children to be part of us. So, from day one, when each child was born, I started signing. My voice was mostly shut off. I never looked at my children whether they’re hearing or deaf. I looked at who they are. That’s Sara. That’s Maureen. That’s Robbie. I wanted to teach them [sign language], but [my husband] didn’t care. It didn’t matter to him. To me, it was important. So, I asked him, “If we have kids and they’re born hearing or deaf, how would you feel?” Both of us felt fine with it either way. I asked him, “If it’s hearing and speaks how would you feel?” He said, “Fine, but I hope the children can sign.” I said, “No problem, we can teach them.”

By growing up with a mix of hearing and deaf family members and being deaf herself, Stephanie saw the importance of using not just home signs, but specifically teaching her children ASL. Experiences growing up influenced how each of these women made decisions about how to communicate with their children, especially for those seven women who taught their children ASL. Eight of the ten women spoke of initiating this conversation about how to communicate with their children with their husbands. Three of the women did this before the children were born, while five discussed this with their husbands after they had children. This suggests that the work of making decisions about communication was also gendered and seen as part of the position of being a Deaf mother. For the women in this study, decisions about language became part of the learned practice of maternal thinking, especially with how they fostered growth and adapted and responded to their changing environments.

Do What Comes “Naturally”

Instead of discussing how to do communicate with their children before they were born, Marie and her husband decided to do what came naturally:

C: Did you and your husband talk at all before they were born about teaching them sign or did you not talk about that?
M: (She shakes her head “no.”) I knew it would come naturally. We’d just do what was normal. I didn’t think about what we should do. We talked more about what kind of school they should go to, such as public or private. It was just a normal conversation.

Marie resists describing the decisions about communicating with her four hearing children as different or abnormal from the decisions of hearing mothers. Her use of the word “normal” points to how she and her husband also did not construct deafness as a “disability.” Marie’s view is an example of how the women negotiated their and their children’s identities. It also suggests that this work is an ongoing process since presumably by doing what would “come naturally” involved changing and modifying one’s approach as the children grew. Further, one can see from her story that she, as with many of the other mothers, had developed a strategy to “normalize” her experiences and resist being seen as different in a larger hearing society.

“Picking Up” Languages

All of the seven women who taught their children ASL also wanted their children to learn oral English. Two spoke of reading stories in English while also signing to their children as a way of having their children simultaneously connect the two languages of English and ASL. This, then, is another aspect of the work of maternal thinking where the mothers thought their children, as other mothers do, to communicate in a variety of ways. The women of this study, however, were also making decisions about their children and if they should be bilingual so that they might be a part of both the Deaf and hearing worlds. How the mothers chose to teach their children to communicate or how they labeled their children as deaf or hearing was often met by opposition from people in the Deaf community or from members of the hearing world. Part of the work of the mothers, then, was to resist this opposition in various contexts.

Stephanie’s story illustrates how part of her work as a deaf mother has been to actively resist such labeling of her children as either hearing or deaf:

S: Often people will ask me if the kids are hearing or deaf. I tease them a little bit, “Oh yes, this is Sara.” They ask “No, I mean are they hearing or deaf?” I say, “This is Sara.” They say, “What’s wrong? Don’t you want to tell me?” Whether they are hearing or deaf is not important. The children will pick it up. (She implies that hearing people told her she should speak to the children or they won’t speak “well.”) They will listen to the TV, radio, friends, family and relatives (She makes a sign like “it’s all there.”). Hearing people have many ways of taking it all in. So, that’s why my husband and I, from the day when each child was born, we signed to them right away.

Stephanie, by treating her three hearing children as individuals rather than as either abled or disabled, uses this as a strategy for negotiating her and her children’s identities as deaf, hearing, or in between the two worlds. In an effort to preserve her children, she “teases” people and uses cheerfulness to do the work of mothering. The social context, in many ways, places her in a position to discipline this practice. Her statement of how her children would “pick up” English echoes many of the deaf women’s stories about how they themselves “picked up” ASL. The process of “picking up a language” is, of course, not unique to deaf or hearing people; rather it occurs and shifts in each family, school setting, and the other places where people develop languages. Her

comments also show that spoken English is not a “natural” trait of hearing or deaf people as some, although not all, members of the medical community have proposed. Rather, these experiences suggest that language is something that is learned in various contexts and that one’s primary language partially depends on where one learns language. Where and how one learns language became key factors for the women and their children as they created places for themselves in the Deaf and hearing worlds.

Hybridity and “Going Back and Forth”

All of the nine women who had more than one child talked about differences among their children with regard to learning languages. The ages of the children and the number of children in a family were factors in how the children learned languages. These stories relate to the experiences of the women themselves when they were growing up and learning to “go back and forth” between languages in the different contexts of families and schools. Debbie, who taught her hearing husband sign language, also described how they and their two hearing children communicate as a family in what she calls a “hybrid form of communication”:

D: Both the kids are a little bit different. Both are easy to lip read. They are even easier to lip read than my husband. My son will sign. My daughter is a little bit shy. And I’ve learned from talking to other people that the second or the third child doesn’t sign as much as the first because the first one is talking to the second one. I’m trying to teach her. She knows some signs, but I’d like her to learn more.

C: Are you trying to teach them ASL or English?

D: They’re a mix. I don’t want to pressure them just because of me. It’s up to them. I want them to be themselves. There are some parents I know who pressure them and say, “You must sign. You must sign.” I’d like them to do whatever they want. I remember with my son, I was worried if he would be able to speak right because I don’t speak right. So, I had tapes with stories and songs on them. But he speaks very clearly. So, I didn’t worry about the second one. Because I knew he would talk to her. Plus they’re a few years apart. I wanted him to be able to interact with hearing people. I didn’t want him to feel different because of me or to talk differently because of me. You know, it’s not about me. So, it’s what we call a hybrid form of communication.

Debbie wants her hearing children to play a role in how they will develop languages; however, she also describes how she actively works to teach them “appropriate” speech by having tapes where she would, along with the tapes, read stories and sing songs to the children. This work creates an environment where her children are learning how to go “back and forth” between the two languages of ASL and spoken English. Six of the seven mothers who had all hearing children mentioned that they didn’t worry as much with their younger hearing children as they knew they would develop English by listening to their older siblings. The exception was Teresa, who primarily used oral methods while communicating with her children, perhaps because of her strong oral upbringing as well as being the oldest woman in this study.

By wanting her children to go back and forth, Debbie was doing the work of maternal thinking to make her child acceptable in both hearing and Deaf contexts. Also, she was making sure that she was also seen as an acceptable

and legitimate mother who could properly care for her children. This, then, adds to the concept of maternal thinking because the women, due to their stigmatized status in the hearing world, worked to make their children as well as themselves acceptable. This work may differ from hearing mothers and yet it is also similar because since, as Debbie argues, “it’s not about me,” she puts her children’s needs ahead of her own – an ideology and practice that is often seen as part of being a good mother and is careful not to exercise control over her children and force them to learn sign language. I do not mean to imply that mothers who might put their child’s needs ahead of their own are self-sacrificing. Instead, what I mean to point out is that the cultural ideal of being a good mother often involves how they might develop the practice of repeatedly putting their children’s needs ahead of their own.

Cochlear Implants

One of the most important issues for members of the Deaf community has been to be recognized as a linguistic minority rather than as people who have a disability and whose deafness needs to be fixed. This can be seen in The National Association of the Deaf’s (NAD) view on the Deaf community’s official stance on cochlear implants, a device that can be surgically placed in a deaf person’s cochlea to presumably “improve” their hearing. The procedure is costly and involves wearing an apparatus that attaches to the outside of one’s ear and also inside to the cochlea and connects to the waist. It also requires that individuals go through speech therapy and often be part of a support group after the operation so that they might adjust to their new identity. In some cases, individuals who have a cochlear implant operation experience a “decrease” in their hearing “abilities,” while for others they notice that they are able to hear sounds more clearly. While wanting to remain open to the technology of cochlear implants, the NAD argues that deafness should not be viewed as a disability and something that needs to be “cured” (NAD Position Statement on Cochlear Implants 2000). Others who have a more radical view of the use of cochlear implants argue that it is one way in which the medical community “colonizes” the Deaf by encouraging them to be more like hearing people and discouraging the Deaf to use their native language of ASL (Lane 1999). While the controversy regarding cochlear implants continues to be debated in the Deaf community, it is also connected to the women’s mothering experiences.

As stated earlier, seven of the women have hearing children, while Kristen, Janice and Ellen have children who are all deaf. The work of mothering, as with all women, began at the time of pregnancy when the women visited doctors who assisted them with their deliveries. One place where the women advocated for themselves and educated people about the Deaf community was in their interaction with members of the medical community. Doctors suggested to one of the three mothers in this study who has deaf children that she give her daughter a cochlear implant, which suggests that, according to the women, the doctors viewed deafness as unhealthy. Although Ellen and her husband consider their daughter Kate Deaf, since she was technically born

hard of hearing, she would, according to the medical community, be a viable candidate for this surgery. Ellen remembers the experience as follows:

E: When Kate was born, my husband and I were thrilled. We were surprised and happy. I felt good because it would be easy to communicate as a family. The doctor offered to give Kate a cochlear implant. I said, "No," because the family is Deaf. We prefer that. But, I told him, we will get her hearing aids because she's hard of hearing. It would help to improve her lip reading. When my mother and father visited the hospital and Kate was tested for hearing and we found out that she was deaf, my father was upset. But now my mother and father look at her and are like, "wow. She's so good, she's smart, and she's a manualist. [someone who uses sign language]" I couldn't sign well when I was a little girl. There's a big difference between us. Do you understand what I'm saying?

C: Yes, you were saying that when Kate was born your parents were upset.

E: My parents were not upset, they were just very surprised. They, especially my father, couldn't believe she was Deaf. (She points to Peter, her husband, and seems to sign two people arguing. It looks like Peter and her father disagreed and may have fought over if Kate should get a cochlear implant.)

Ellen's story demonstrates that by resisting a cochlear implant for her daughter, she was resisting the idea that deafness is a disability or something that needs to be fixed. Instead, she and Peter viewed Kate's deafness as an asset to their family so that they could communicate in ASL. The decision to reject a cochlear implant for her daughter, as well as to incorporate some oral methods of communication, points to one example of maternal thinking of deaf mothering. Her husband played a role in resisting the procedure, but it was Ellen who was the one to tell their doctor. This work influenced how the women continually negotiate their own deaf identities as well the identities of their children and families. By making sure she could participate in both the hearing and Deaf worlds, Ellen worked to ensure the acceptability of her daughter. Yet, she also differed from hearing mothers because she wanted her daughter to be proud of her Deaf identity and be able to relate to both the Deaf community and the hearing world.

Conclusion

This paper has examined deaf women's experiences concerning their mothering work and linked it to Ruddick's (1982) concept of maternal thought. As stated earlier, maternal thinking includes the work that mothers do to ensure the preservation, growth and acceptability of their children. While the experiences of Deaf mothers resonate with the work of mothering, there are also places where they add to the concept of maternal thinking and the sociology of disability. An analysis such as this that looks at gender as well as ability provides a way to see the process of how the work of mothering is done and thus continues to question the terms difference and sameness. There are three major findings of this research.

First, the Deaf mothers developed strategies to "normalize" their experiences as Deaf mothers, which add to understandings of maternal thinking as a learned and disciplined practice. They do this by questioning or rejecting the label of deafness as a disability and say that they would prefer to

have children who are healthy and with whom they can develop relationships. They also resisted describing their experiences as different from hearing mothers. The social context created an environment that made it difficult for them to do the work of mothering. Their work was similar to maternal thinking, in that they seek to foster the preservation, growth and acceptability of their children. However, their work of mothering was also slightly different, since they must work to resist how others may view their cultural identities as stigmatized. Their mothering work, then, adds to concepts of maternal thought by showing how they navigated their identities in these contexts.

The Deaf mothers often challenged their stigmatized identities in a larger hearing society. To do this work, they, through their everyday experiences, voiced how they did not want their hearing children to be interpreters for them. This connects with scholars who have studied immigrant parents and how they are often put in similar positions where their children, whose native language is English, act as interpreters for them (Buriel et al. 1998). As with the immigrant families, the Deaf mothers in this study were doing the political work of negotiating their identities as part of a larger linguistic, ethnic or cultural minority. These findings also relate to scholars who study families with “disabilities” and how they often work to “normalize” their experiences (Harris 2003, Traustadóttir 1992). The women of this study, then, as with these families, through the process of their everyday activities did the work of integrating themselves into a larger hearing society and resisted being seen as different.

Second, as the women made decisions about how to communicate with their children to ensure the preservation, growth and acceptability of their children, they were also making political decisions. Learning ASL and English became critical decisions regarding how the women did this work, which influenced how they defined themselves as mothers and as members of the Deaf community, hearing world, or the places in between. The mothering work that they did surrounding language choices resonates with literature by women of color who discuss the importance of language choices and the politics of racial and cultural difference (Anzaldúa 1990, Collins 2000). The decisions of the Deaf women of this study about language are political ones, because in making decisions about speaking English, ASL, or a combination of both, they carved out places for themselves and their families. If they raised their children to speak ASL, they and their families were seen as part of the Deaf community, whereas if they taught them oral English, they were seen as more a part of the hearing world. The larger Deaf community and hearing society played a role in how the families were seen in regard to these cultural identities, but the women themselves also identified their decisions as political ones.

For example, Janice stated that she considered her and her Deaf family part of a larger “linguistic minority” and that they saw deafness as “cultural” rather than as a disability. By naming herself in this way and by her decision to teach her children ASL despite being part of a larger hearing society, she navigated the politics of her own as well as her family’s cultural identity. Also, when the women of this study were asked how they identified themselves as

Deaf, deaf, or hard of hearing, all, except for Heather, identified as Deaf or part of a group who considered themselves a linguistic or ethnic minority (Lane, 1999; Padden & Humphries, 1988). Despite not identifying as Deaf, Heather did describe being a part of the Deaf community. All of the women in this study, then, made similar political decisions about their identities as part of a linguistic minority. The mothering work that they did regarding language choices is similar to previous concepts of maternal thought because they did this work to allow for the preservation, growth and acceptability of their children. Yet, their work as mothers also adds another dimension to maternal thought, since their choices were viewed as political by hearing and Deaf communities.

The third major finding of this study concerns how the women worked to make their children acceptable, the third component of maternal thought. The shared this kind of work with most other mothers, however, their own work differed in two ways. One is in how they made an effort to make their children acceptable to both the Deaf community and hearing society. The second way they differed and contribute to knowledge about maternal thought is how they also worked to make themselves acceptable and legitimate mothers to these two societies. The social contexts created environments where the women had to do this work in order to ensure the preservation and growth of their children. The contradiction that existed in this aspect of maternal thought was present for these women in a particular way. They had to teach their children the art of going back and forth between these two worlds and to be proud of Deaf culture as a part of their family and balance that within the context of a larger hearing society.

This study contributes to the growing body of literature on the sociology of gender and disability. Investigating the experiences of deaf mothers clearly indicates that scholars must take into consideration the intersections of ability and gender in order to broaden what is known about these terms and the topic of mothering work. The stories of the women in this study suggest how ideas about this work are related to ideas about gender as well as ability. This project is a call for more inclusion of ability as a point of analysis along with gender in social science research in order to aid current understandings and to question ideas of mothering as a natural work done by women.

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