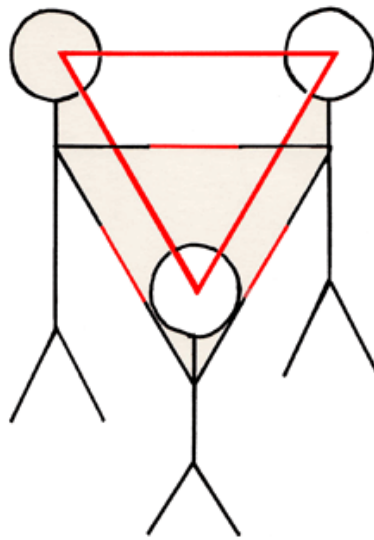


# Deaf Not Daft

A Reappraisal of Language  
for the Deaf

by Daniel Silverman



D E A F   N O T   D A F T

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## PREFACE

This monograph was written by Daniel Silverman whilst studying in Edinburgh, Scotland on exchange from The University of Pennsylvania, USA. He has worked with mentally handicapped deaf people and deaf psychiatric patients in his own community in New York and was a frequent observer of the deaf educational scene in Scotland. It is no accident that many of the best grammarians are foreigners. The vantage point of being outside a culture enables fresh insights to be made which elude the native inextricably rooted within that culture.

In this review of the language development of deaf children the author exploits this effect and gives a refreshingly new angle on an old problem.

Cover graphic by the author.

The parents of a deaf child, just as the parents of a hearing child, should have a basic knowledge of their child's cognitive and emotional development. Although a deaf child's developmental processes are very similar to those of a hearing child, there are environmental factors over which the parents have control which, if manipulated correctly, can greatly normalize the development of their deaf child. Conversely, providing an adverse environment during the crucial years of a deaf child's development will do irreversible damage to the child's cognitive capabilities. The reason it is vital for parents of deaf children in particular to have knowledge in this area is that, unlike parents of a hearing child, they must take an active role in providing the correct environment for the normal acquisition of language, and hence normal cognitive, emotional, intellectual and social development.

This is much less true with parents of hearing children, for a lack of general knowledge and a non-active role in facilitating their child's development will have relatively little effect on this development, as spoken language acquisition is largely genetically rather than environmentally determined. This paper will start with a brief discussion of the currently accepted theory of language acquisition and the distinct stages of this development, and analyze the different approaches to the acquisition of language for deaf children, including the oral and manual methods.

During the first three months of infancy, an infant's communicative abilities are limited merely to the egocentric phenomena of comfort and discomfort. The infant does not yet have the luxury of addressing specifics, i.e. what or who is comforting or discomforting him. It is therefore the parents' job to glean what in fact the baby is specifically trying to communicate. The crying heard during periods of discomfort and the cooing heard during periods of comfort appear to be a genetically inherited trait, common to all human beings, and therefore deaf as well as hearing children are prone towards this

behaviour.

By three to six months of age, the infant begins to respond to distal stimuli. The sounds and images in the infant's environment begin to have an impact on his overt behaviour. During this period, the infant begins to individuate his mother by the sound of her voice, her visual appearance, her smell. It is at this stage of an infant's development that parents might first have suspicions concerning their child's hearing ability.

Whereas with a normal infant, a mother's or father's actions are positively reinforced by the child's display of pleasure, there are certain positive behaviours the mother of a deaf infant might display that do not get positively reinforced, and which can easily be misinterpreted by the mother as a failure to please her child. Misinterpretations such as these may indeed play a pronounced role in the growth of the mother-child relationship: repressed hostility may taint this relationship unnecessarily.

By nine months of age, the infant becomes much more in tune with its surroundings, and most of its vocalisations are responses to, or imitations of, ambient phenomena. As the hearing child begins to imitate human voices and acquire language, the deaf infant, while no longer vocalising to internal cues and who, Just like the hearing child, is genetically predisposed to now respond to ambient cues, stops vocalising.

The deaf child's inability to communicate his/her wants orally often later leads to more severe methods of communication on both the child's and parents' part. Whereas a normal hearing child can say if something displeases him, the deaf child may be forced, sometimes literally, to hit his parents over the head with the information.

Similarly, whereas parents can vocalise warnings to their hearing child, 'you'd better stop it!' the parents of a deaf child may be forced at a much earlier stage in the conflict to employ physical punishment, as verbal warnings may be

ineffective. This too can have severe detrimental effects on the deaf child's sense of curiosity and exploration. If, all of a sudden, his parents lash out at him as he is engaging in a novel behaviour, he may conclude that such risk taking is not worth the unpredictable consequences he might encounter, and he may resort to passivity. Or conversely, the child may bait his parents due to the extra attention such misbehaviour receives. While some parents may take the child up on his offer, sometimes resulting in explosive behaviour on both sides, other parents may turn the other cheek, à la Mr. and Mrs. Keller. Neither of these approaches seems to offer a satisfactory solution.

Thus communication with the pre-verbal deaf child is a constant struggle, requiring not only the emotional commitment of parents and professionals, but an intellectual commitment as well, taking into consideration exactly of what the deaf child is and is not capable, without muddling the oft-confusing reality of the situation. As stated above, current theory has it that language acquisition is a genetically endowed trait, more-or-less independent of environmental factors. As long as the child's environment is not grossly abnormal, language acquisition will proceed at a pre-determined rate.

By the first year of life, normal children enter what is known as the one-word stage--their utterances are of one word. While to a great degree much less ambiguous than pre-verbal utterances, these one word 'sentences' mean different things depending on the context in which they are uttered. Remembering that a child's cognitive development is constantly slightly ahead of his linguistic development makes this phenomenon more easily comprehensible. It is common however that parents try to read more into their child's utterances than the child is cognitively capable of conceiving.

At two years of age, the two-word state is reached, and at approximately three years, the three-word state. Soon after this however, the child enters what is known as his 'critical period' for language acquisition. The ages of three to five (again,

barring gross environmental abnormalities) find the child exploding in his vocabulary, syntactic, and semantic prowess. These years are when the child's language acquisition device (LAD) is most sensitive to understanding, and creating novel constructions, and most capable of developing and experimenting with syntax.

By seven to eight years, the child has become linguistically competent, and spends the rest of his life refining his acquired tongue. It is during the predetermined critical period that exposure to language in a normal setting is most crucial, for if this period passes without such exposure, then language acquisition will never develop to a level of social competence. There have been cases where children unexposed to language during this period never achieved linguistic competence despite great attempts by concerned professionals (Conrad 1979). In those cases where children were found in abnormal, language-deprived environments before the critical period, acquisition proceeded at a normal rate, and linguistic competence was achieved (Davis 1977).

It is essential for all children to be exposed to a comprehensible language during this period--it is no different for deaf children. As soon as a parent learns that his child is deaf, steps should be taken to ensure that the child is exposed to a language that he can acquire. The deaf child's environment is not normal, since he cannot hear. Hence he will not be exposed to language through any normal means. Nonetheless, the deaf child, like the hearing child, is genetically predisposed to acquire language and will enter the same stages of linguistic development as the hearing child, including the critical period from ages three to five. And, just as with the hearing child, if the critical period passes without exposure to language, the child will be permanently linguistically (and hence mentally, emotionally, intellectually and socially) impaired. It is therefore educators' difficult task to reconcile the two opposing phenomena. They must reach a

compromise between the perfectly normal potential that the deaf child has for language acquisition and his utter inability to exploit this potential in any practical sense. A compromise, mediated by the cognitive limitations common to all language learners would seem the most effective method of overcoming this potentially crippling handicap.

Another area of compromise must be considered, however: the deaf child must compromise in certain areas if he desires to be accepted by society at large. This implies that whatever language is chosen for the deaf child to acquire, it should be, at least in certain forms, e.g. written), communicable to the hearing community as well. Thus we come to the conclusion, by incorporating both the cognitive and social compromises just mentioned, that the ideal language for the deaf would be one which least infringes on both their cognitive and social development.

There are, very loosely, two broad schools of thought regarding language and the deaf. The first to be discussed will be the oralist tradition. What follows is a basic outline of oralism in theory and practise, and a discussion concerning how well oralism meets our criteria for cognitive and social development and compromise. Oralists believe that the deaf should be taught to speak, plain and simple. They oppose all forms of manual communication, justifying their approach with the philosophy "It's a hearing world out there." The inability of the deaf child to know what he is supposed to be saying, even as he is saying it, makes language acquisition a long, grueling, and very often unsuccessful process. The child is taught to look at the lips of his teacher mouthing words and phrases over and over again, and makes attempts to imitate these utterances, often not knowing the meaning of the words. It is believed that after a lengthy period of intense effort, the child will be able to lip-read spoken language, and to speak it as well, making him totally accessible to the hearing world, and vice versa. Socially, the oralists' hearts are in the right place. By teaching the deaf to speak and lip-read, they



are doing a great service to their social, emotional, and even economic potential.

Being unrestrained to interact at will with the hearing world would do much to get rid of the notion of deafness being a handicap at all. This sounds very nice. However, we must consider our cognitive component before evaluating the efficacy of the oralist tradition, as the two are highly interdependent.

Unfortunately, when taking into consideration what we know about language acquisition, the oralist method leaves much to be desired. First, the idea that deaf children should be facilitated in language acquisition by observing only the lips of the teacher appears completely unfounded. There is no indication that lip-reading facilitates language acquisition. It should be noted that blind children, obviously incapable of lip-reading, acquire language at the same rate as normal children (Mindel & Vernon 1977). Also, by limiting the deaf area of focus to solely the lips, and by in fact actively shunning all forms of non-verbal communication, oralists are infringing upon a communication mode of which all children--deaf and non-deaf--are acutely aware and are especially perceptive: non-verbal communication--the eyes, the hands, body language.

By focusing on only the mouth, those children lose an immeasurable amount of information otherwise available to them. Oralists claim that their students will understand their own utterances in time due to the physical reality to which they refer. For example, saying the word 'rabbit' over and over again, while pointing to a picture of a rabbit will imprint on the child's mind the meaning of his verbalisation. In fact, the referent theory of language acquisition, of which the above is an example, has been by-and-large discredited, and has in recent times given way to the Wittgensteinian notion of 'family resemblance' or schema theory. Schema theory states that words and languages only gain their meaning when they are in context, when they are embedded in the gestalt. Schemata are flexible, and change their size and shape based on the experience of the user. Thus for a

child of three, someone pointing to a rabbit and saying 'rabbit' will not convey to the child what a rabbit actually is. The child will merely add that particular event to his schema, and through more experience with rabbits and non-rabbits the child will be able to, on his own, correctly differentiate rabbits and non-rabbits.

The implications of schema theory are that children (deaf and hearing) should be exposed to the entire language, with all its complexities intact if they are to correctly appreciate the meaning of individual words. This notion is consistent with current thought regarding the traits of the LAD, and enormously inconsistent with oralist theory. Imagine, if you would, a normal hearing child being exposed to language using the oralist model. Perhaps this way it is easier to comprehend the inefficacy of the oralist school.

And the worst has yet to come. Until now, we have discussed reasons why the oral method is often unsuccessful and inappropriate. But a new dimension to the argument against oralism is added when recalling the nature of the LAD and the critical period of language acquisition. Oralists admit that their method may take any years of hard work before competence is achieved. Unfortunately, after the age of five all the work in the world will not make a competent language user out of the child, as the critical period has passed, and the LAD downshifts into low gear. It is rare indeed that a pupil does become linguistically competent using the oral method. For most students, a permanent impairment of their linguistic ability results in frustrating and greatly strained interpersonal relationships, and an inability to achieve a higher education: as the child's potential for cognitive, intellectual, and emotional growth increases, while his corresponding ability to communicate this potential stagnates, the resulting frustration of both the child and his "significant others" may lead to devastating and permanent impairments to these relationships.

Given all the above criticisms of the oralist method, I conclude that it is by no means an appropriate method of language

learning for profoundly deaf children. Its idealistic, uncompromising position on the social aspect of deafness is totally offset by its utter lack of regard for current scientifically accepted theories of language acquisition.

Opposed to the oralist school are proponents of manual communication for the deaf. Like oral language for hearing children, manual language for 'sign language'—lower case "s" denoting the generic) can be acquired at a normal pace by deaf children, with the only conscious effort on the part of the child's Parents being constantly communicating with sign, both directly with the child, and with others when the child is present. The genetic predisposition for language is not necessarily manifest only through voiced languages, and so given proper exposure, the deaf child should acquire Sign language at more or less the same rate as the hearing child acquires spoken language.

Like the hearing child--and unlike the taught child--the signing child will be able to express thoughts ever-increasing in complexity with a communication system ever-increasing in complexity. This greatly facilitates the parent-child relationship, since communication can be carried on without constant effort. Also important to remember is that there is no supporting evidence for the oralists' claim that manual communication interferes with the later acquisition of oral language (Mindel & Vernon 1977).

Thus the notion of 'Total Communication', using every means of expression--oral, manual, written, artistic--would seem the optimal way of raising the deaf child.

Just as the oralists have an uncompromising goal of indoctrinating completely deaf people into the normal hearing world, it may be a temptation for supporters of sign language to promote the opposite: by employing a language that is only functional between those few who understand it, signers may find themselves linguistically and socially competent, but only capable of sharing this competence with members of their own little exclusive society. In Mindel and Vernon's book They Grow in Silence, the authors offer their own somewhat polemical and ad hoc near arguments against oralists and the oral tradition citing

such obscure arguments as the oralists' unconscious fears of the ontogenetic recapitulation of phylogeny (i.e. oralists fear the primitive implications of gestural communication) and the fact that many oralists have entered their 'declining years' when their Weltanschauung becomes tainted by conservatism (Mindel & Vernon 1977). However, similar arguments can be launched against supporters of sign: an immature and inappropriate desire to belong to an exclusive clique, complete with secret language. Or perhaps even the bleeding heart liberal' syndrome in which the sympathiser will espouse any mode of living that is considered subordinate to the norm.

Yes, these are silly arguments, but nevertheless signers do run the risk of not compromising sufficiently to obtain the greatest degree of successful integration with the hearing world.

Indigenous Sign Language is a language in its own right but it is without a practical verbal or written equivalent. Although it is readily adaptable to spoken languages, the lack of correspondence between them may cause unnecessary problems when the deaf world interacts with the hearing world. Signed English, on the other hand, offers a one-to-one correspondence, word to sign, retaining all the syntactic subtleties of the spoken word.

Critics of Signed English maintain that the inflexions necessary to speak correct English are not necessary to communicate in sign form, and slow down the communication process. But is this such a large price to pay when considering that Signed English opens the door to the entire library of the English (and translated to English) written word, and makes deaf-non-deaf interaction limited solely by the means of communicating the same language, as opposed to the means and the language as well? Besides, in time, there is no reason why small unnecessary words can't (and won't) be dropped by experienced signers, yet the fact that they were taught English means they will never lose sight of the written word's meaning. Also, is much easier for the hearing parents of a deaf child to learn Signed English than to learn Pure Sign Language. Hence their deaf child will sooner be exposed on a

regular basis to competent users of his language, and acquisition will proceed at a closer-to-normal rate.

Another point to add is, employing Signed English and the Total Communication system facilitates all methods of communication: given a thorough knowledge of the English drawer, speaking and lip-reading English will be that much easier.

In conclusion, the key to the successful acquisition of language by the deaf is to COMPROMISE in those areas deemed most crucial to the emotional, intellectual, cognitive and social well-being of the child. By employing Signed English as part of the Total Communication approach, important compromises are reached in four very important interrelated areas.

The first compromise is the cognitive element. As stated earlier, it is important for educators of the deaf to reach a compromise between the perfectly normal potential that the deaf child has for language acquisition, and his utter inability to exploit this potential in any practical sense. Total Communication and Signed English bridge the gap between potential and actuality by actively involving the child's family in the language acquisition process by making special efforts to communicate with the deaf child through the constant use of signs and other methods of communication.

Socially, this method abandons the rigid idealism of the oralists in favour of a means that, while greatly facilitating the communication possibilities between the hearing and non-hearing, does not make so many allowances as to corrupt the child into an automaton--socially acceptable, but personality-less.

Thirdly, Signed English and Total Communication bridge the gap between the social and cognitive components. By weighing the cognitive component more heavily, this method gives deaf people the near best of both worlds: they are capable of all the growth and development due all children, and they are capable, to a great degree, of interacting in normal social situations.

Theoretically significant, though functionally immaterial, Signed English and Total Communication to a certain degree bridge the gap between the oralists and the manualists. Promoting

all methods of communication, and by teaching English grammar, and later some speech, oral competence could yet be achieved many deaf children.

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