

**AMERICAN SIGN LANGUAGE AND EARLY LITERACY:
RESEARCH AS PRAXIS**

by

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Abstract

This thesis presents an ethnographic action research study of Deaf and hearing parents and infants participating in a family American Sign Language (ASL) literacy program in Ontario. The thesis documents the context for parents and children's learning of ASL in an environment where resources for supporting early ASL literacy have been scarce. At the time of the study, restrictions were placed on young Deaf and hard of hearing children's learning of ASL, as the Ontario government's Infant Hearing Program frequently did not provide ASL services to children who received cochlear implants or auditory-verbal therapy. This operational language policy of Ontario infant hearing screening and early intervention services was maintained despite evidence for the benefits that learning ASL confers on spoken and written language development in Deaf children. In this context, participation in a family ASL literacy program is a means for both supporting emerging ASL literacy in young children and resisting pathologizing Discourses (Gee, 2008) regarding signed language and Deaf identity.

Through semi-structured interviews and observations of six individual families or parent-child dyads, the study documents participants' encounters with gatekeepers who regulate Deaf children and their families' access to ASL. At the same time, the setting of the ASL Parent-Child Mother Goose Program is presented as a Deaf cultural space and

thereby a counter-Discourse to medical Discourses regarding Deaf identity and bilingualism. This space features the Deaf mother participants' ASL literacy and numeracy practices and improvisations of ASL rhymes and stories to enhance their suitability for young children. The practices of the ASL Parent-Child Mother Goose Program leader also serve to define and support emergent ASL literacy in young children. In addition, a Deaf cultural space inside a broader context of public services to young Deaf children provides a means for the hearing mother participants to facilitate critical inquiry of issues surrounding bilingualism, ASL, and a Deaf identity. Collectively, the findings from this study highlight the benefits of emergent ASL literacy in Deaf children and their families, and provide an evidence-based rationale for Canadian governments and government agencies to better support this development.

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I could not have conducted my thesis work without the collaboration of the Ontario Cultural Society of the Deaf. Thanks are also due to the parents who participated with their children in our ASL Parent-Child Mother Goose Program. Kevin Canning volunteered his time and expertise to film our program, while Jason Theriault provided invaluable technological assistance throughout and beyond my study.

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Dedication

I dedicate this thesis to my parents

David Snoddon (1945-1998)

Gloria Snoddon

Chapter 1:

Introduction

ASL and English bilingual education programs for Deaf¹ students have been provided in several Canadian provinces since the early 1990s (Carbin, 1996; Gibson, Small & Mason, 1997). In Ontario, since 1998 a team of Deaf teachers at the provincial schools for Deaf students have developed and field-tested an ASL Curriculum for first-language learners (Small & Mason, 2008). Rather than regarding Deaf students' use of ASL as merely "a stepping-stone toward 'literate' behaviours" (Czubek, 2006, p.380), the ASL Curriculum posits academic language learning of ASL as central to these students' literacy development and bilingual proficiency. Implementation of both bilingual Deaf education and the ASL Curriculum has been complicated, however, by Deaf children's widespread lack of proficiency in a first language when they arrive at school. Additionally, resources and programs for supporting ASL literacy in young Deaf children, including Canadian ASL literature materials, have been scarce (Cripps & Small, 1999).

Building on the contributions of Deaf linguist and poet Clayton Valli (1990), whose seminal work in ASL poetry identified ASL rhyme and meter (Bauman, 2003), the Ontario Cultural Society of the Deaf (OCSD) introduced its pilot ASL Parent-Child

¹ This paper follows the convention established by Cripps (2000), who states: "It is common for authors to use 'Deaf' with a capital 'D' when discussing individuals who are members of the Deaf community and consider themselves to be culturally Deaf; while 'deaf' with a lower case 'd' describes an audiological state of being. I have decided not to make this distinction and use capital 'D' in every use of the word Deaf. This is not to place a particular identity on particular individuals. Rather, it is to indicate that Deaf culture is the birthright of every Deaf individual by virtue of their having been born Deaf or having become Deaf in childhood, whether or not they have been exposed to Deaf culture."

Mother Goose Program in 2003. This program was developed in collaboration with representatives of the original, spoken-language Parent-Child Mother Goose Program and follows the original program's principles and main objectives. In the Parent-Child Mother Goose Program, groups of parents and caregivers are taught oral rhymes, songs, and stories in order to promote parent-child bonding and positive communication and support children's language development (The Parent-Child Mother Goose Program). The ASL Parent-Child Mother Goose Program focuses on language interaction between parents and young children using ASL rhymes and stories and aims at developing a literary level of ASL while supporting the bond between parent and child. In the context of an ASL Parent-Child Mother Goose Program, this thesis presents and analyzes young children's emergent ASL literacy skills and their parents' perspectives on and experiences with shared family ASL literature experiences.

In describing the context for participants' involvement in a family ASL literacy program in Ontario, this thesis outlines the need for new practices in an environment where the learning of ASL and ASL literature by young Deaf children and their parents has been stigmatized and unsupported. At the time of the study, ASL was virtually a forbidden language for Deaf children in Ontario who received cochlear implants and/or auditory-verbal therapy (AVT), as the government's Infant Hearing Program frequently did not provide support for learning ASL to these children or their families (Cripps & Small, 2004c; Snoddon, 2008). Meanwhile, so-called baby sign programs for hearing children and parents continue to be a popular trend, supported by a number of studies

showing that young hearing children exposed to signed language exhibit better English vocabulary growth and retention and reading ability and visual-spatial cognitive development (e.g., Capirci, Cattani, Rossini & Volterra, 1998; Daniels, 2005). An ethnographic action research method, with its focus on practical and participatory initiatives (Reason & Bradbury, 2001), was adopted for the study. The lack of Ontario public resources for promoting early ASL literacy is also documented as a theme that overshadowed all aspects of participation in the program.

The following research questions guide my thesis:

1. How do Deaf and hearing parents bring differing perspectives on and experiences with family ASL literacy experiences in the context of Ontario infant hearing screening and early intervention services? What kinds of contributions do these groups of parents make to the ASL Parent-Child Mother Goose Program?

These questions address the experiences and contributions of parents who gain knowledge of ASL and ASL literature through the program and begin sharing ASL literature with their children. Hearing parents who are learning ASL as a second language offer a unique case of second language learning and learner motivation. These questions also address the experiences and contributions of parents who already use ASL extensively with their young children. Due to a lack of pre-existing resources, even Deaf parents who use ASL are often unlikely to have had significant experience with ASL literature activities for young children. Because the majority of my study participants had

previous contact with Ontario infant hearing screening and early intervention services and received some form of early intervention services, the overall context and extent of public support for parents and children's learning of ASL grounded my research questions.

2. In the context of Ontario infant hearing screening and early intervention services, what are the ASL Parent-Child Mother Goose Program leader's goals in providing an early ASL literacy program for parents and children? What is the nature of the early ASL literacy activities provided by the program leader? From his perspective, are the program leader's goals achieved?

These questions address the perspectives and dialogue of the program leader as an action-taker regarding the objectives and efficacy of the ASL Parent-Child Mother Goose Program. There is some research on the spoken-language Parent-Child Mother Goose Program's efficacy in promoting positive parent-child interaction, family well-being, and English literacy (Canadian Institute of Child Health, 2001). This research also mentions the program's use with parents and children who are learning English as a second language. However, my study is the first initiative involving the ASL Parent-Child Mother Goose Program, which teaches ASL rhymes and stories. The program leader as a Deaf adult and ASL instructor offers a unique perspective on the goals and processes involved in parents and children's participation in ASL literature activities and the extent to which these goals are seen to be achieved.

3. What is involved in young children's development of emergent ASL literacy skills in the context of the ASL Parent-Child Mother Goose Program? What is emergent literacy in ASL?

The rationale for these questions derives from an acknowledged scarcity of research in the area of young children's participation with their parents in ASL literature activities. Petitto (2000) has studied the attainment of linguistic milestones, including manual babbling, in signed language-exposed Deaf and hearing infants. Anderson and Reilly (2002) have developed and tested a version of the MacArthur Communication Development Inventory for first ASL words, and Small (2004) has developed a checklist for ASL developmental milestones. However, the nature and effects of ASL literature-based activities for young children and their parents have not been studied extensively. These questions address the kinds of emergent ASL literacy skills that are fostered in the context of a family ASL literacy program.

4. In the context of Ontario infant hearing screening and early intervention services, what public resources do the parents and program leader see as necessary and desirable for promoting early ASL literacy?

This question addresses the perceived needs of study participants regarding support for learning ASL and ASL literature in a present-day Ontario context. In particular, my study documents the extent to which existing public resources for Deaf children and their parents' learning of ASL are in keeping with the perceived needs and wishes of this

population.

The ASL Parent-Child Mother Goose Program is designed for parents who use ASL with their children (Cripps & Small, 2004b). Therefore, participant groups have included hearing parents with Deaf children and Deaf parents with hearing or Deaf children. Owing to the popularity of baby sign programs, hearing parents with hearing children also participate. The participant group for this study consisted of two families with Deaf parents and Deaf children, one Deaf parent with a hearing child, and three hearing parents with Deaf or hard of hearing children who were registered with a Deaf service agency in the province of Ontario. The ASL Parent-Child Mother Goose Program leader as a Deaf adult and ASL instructor was also a participant along with myself as a researcher.

On ASL Literacy

The question of how young children can develop emergent ASL literacy skills is central to this study. In addressing this question, it is necessary to discuss how the term “literacy” is defined for the purposes of my thesis. As Gee (2008) argues, “any view of literacy is inherently political, in the sense of involving relations of power among people” (p. 31). Reserving the term “literacy” for languages involving reading and writing often goes hand-in-hand with unsubstantiated claims that print literacy alone “leads to logical, analytical, critical and rational thinking, general and abstract uses of language, skeptical and questioning attitudes” (Gee, 2008, p. 50) and a raft of other so-called higher-order

thinking skills. Such a definition for literacy can serve to uphold and mask relations of power that reproduce and maintain systemic inequities, since “Literacy pedagogy ... has been a carefully restricted project—restricted to formalized, monolingual, monocultural, and rule-governed forms of language” (New London Group, 1996 p. 60), which all students do not access on an equal basis. This definition also serves to mask how literacy is a socially constructed and socially situated process: it is not coherent to locate literacy “at the level of an individual as something that primarily concerns the individual’s mental abilities” (Gee, 2008, p. 42) or view literacy as something that can be assessed in terms of how much someone has of it. Rather, Gee (2008) argues, “Literacy practices are almost always fully integrated with, interwoven into, constituted part of, the very texture of wider practices that involve talk, interaction, values, and beliefs” (p. 45). In discussing ASL literacy, I follow Gee’s (2008) argument that

Texts and the various ways of reading them ... are the social and historical inventions of various groups of people. One always learns to interpret texts of a certain type in certain ways only through having access to, and ample experience in, social settings where texts of that type are read in those ways. One is socialized or enculturated into a certain social practice. (p. 48)

Conceptions of ASL literacy are tied but not limited to the recognition of ASL as a language. Research in signed language linguistics began with Stokoe, Croneberg, and Casterline’s (1965) publication of *A Dictionary of American Sign Language on Linguistic Principles*; since then, the body of knowledge concerning signed languages and signed language acquisition has expanded at an impressive pace (Padden & Humphries, 2005; Schick, Marschark, & Spencer, 2006). This research has validated signed languages as full languages and in part served as a justification for their use as languages of instruction

for Deaf students. More recently, the Ontario provincial schools' ASL Curriculum Team has focused on creating a language arts curriculum where ASL linguistic structure is studied in addition to ASL literature, ASL texts, and ASL media arts and technology (Small & Mason, 2008). The ASL Curriculum's focus on academic language learning posits a view of ASL learning that includes the comprehension of "linguistically and conceptually demanding texts" and on students' ability "to use the language in an accurate and coherent way" in their own productions (Cummins, 2001, p. 66). This view of ASL as an academic language also stands in contrast to the position that ASL is merely a conversational language wherein literacy is not possible (Mayer & Wells, 1996).

Small and Cripps (2004) have defined ASL literacy in terms of functional, cultural, and critical literacy, after Friere and Macedo (1987) and McLaren's (1991) literacy framework. From Small and Cripps' perspective, functional ASL literacy may be viewed as ASL decoding and production skills, while cultural literacy may be defined as understanding and appreciating the cultural significance of ASL literature (among other aspects of ASL culture). Critical literacy may be viewed as the ability to analyze, critique, and respond to the values inherent in ASL literature and other kinds of texts, from the perspective of an ASL user (Small & Cripps, 2004). Following Small and Mason (2008), it appears that in the Ontario ASL Curriculum knowledge of language structure is distinguished from literacy and that ASL literacy is aligned with acquisition of "the cultural value of ASL literary works and literary works in general" (p. 6). In other words, the ASL Curriculum's concept of ASL literacy takes a view of language learning

that moves beyond functional literacy or language skills to encompass cultural as well as critical literacy. This view of literacy postulates an ASL Discourse rather than simply (varying degrees of) knowledge of ASL. In Gee's (2008) words, "Discourses are ways of behaving, interacting, valuing, thinking, believing, speaking, and often reading and writing, that are accepted as instantiations of particular identities (or 'types of people') by specific groups" (p. 3).

How the ASL Parent-Child Mother Goose Program views language and literacy is also a central issue for my thesis. To a large extent, the focus of the program is not on teaching ASL but ASL poems and stories and some facets of the culture of Deaf ASL users—a focus that also centres on the cultural literacy defined by Small and Cripps (2004). The program's focus on cultural rather than simply functional literacy or ASL skills is a key distinction for the many Deaf children of hearing parents for whom first-language acquisition and socialization are not the inevitable, taken-for-granted process that they largely are for hearing children acquiring spoken language or for Deaf children of Deaf parents. The program's focus also became an issue for those parents in our program who, like many other hearing parents of Deaf children, had no other resources or support for learning ASL and lacked extensive knowledge of ASL vocabulary. Additionally, the approach and goals of the ASL Parent-Child Mother Goose Program emphasize the importance of ASL-fluent Deaf adults to the early learning experiences of Deaf children.

For these parents and their children, the program blurred the distinction between what Gee (2008) terms primary and secondary Discourses, where a primary Discourse is acquired

within whatever constitutes [human beings'] primary socializing unit early in life ... Our primary Discourse gives us our initial and often enduring sense of self and sets the foundations of our culturally specific vernacular language (our "everyday language"), the language in which we speak and act as "everyday" (non-specialized) people, and our culturally specific vernacular identity. (p. 156)

The young Deaf, hard of hearing, and hearing children who participated in the program's ASL literature activities and interacted with its community of Deaf and hearing ASL users were in the process of acquiring not only ASL but also an ASL Discourse. For many of these child participants, the ASL Discourse learned in our program can be viewed as primary as well as secondary since it was tied to their exposure to an accessible first language—a process of exposure in which their parents, Deaf and hearing, played a key role. In addition, Deaf adults from outside of the children's family unit who nonetheless shared a distinct kind of knowledge and experience with the Deaf child participants played a central role in transmitting this ASL Discourse. As Lane, Hoffmeister and Bahan (1996) write,

Most Deaf children lack any effective medium of social interaction until they encounter ASL. This encounter not only provides the basis for identifying with the members of a culture, transforming an outcast individual into a participating member of a society, it also enables full and easy communication for the first time ... ASL comes easily and naturally to most Deaf people. It allows Deaf people to share meanings, that is, common experiences, cultural beliefs, and values. (p. 68-69)

In other words, historically Deaf children of hearing parents have often acquired a native language when they are away from the family unit of intimates and immersed in an

environment where they have access to ASL via Deaf adults and other Deaf students. This ASL Discourse serves as the basis for secondary Discourses, including academic ASL and English Discourses.

Gee (2008) states that secondary Discourses are acquired “later in life ... within a more ‘public sphere’ than our initial socializing group ... They are acquired within institutions that are part and parcel of wider communities” (p. 157), such as schools. He adds:

The key point about secondary Discourses, however, is that they involve by definition interaction with people with whom one is either not “intimate,” with whom one cannot assume lots of shared knowledge and experience, or they involve interactions where one is being “formal,” that is, taking on an identity that transcends the family or primary socializing group. (p. 175)

My thesis studies a family ASL literacy program that seeks to engender an ASL Discourse among young children and their parents who may not otherwise have access to early ASL literacy resources. This ASL Discourse may be primary as well as secondary for the child participants in my study, but it is a secondary Discourse for hearing parents learning ASL. For the Deaf parent participants, the secondary, community-based ASL Discourse presented by the ASL Parent-Child Mother Goose Program may in turn shape their own primary Discourse that they pass on to their children.

Deaf and hearing parents who were gaining knowledge of ASL literature and sharing ASL literature with their children were interviewed regarding their individual perspectives and experiences. Often, individual parents’ participation in and contributions

to the program were affected by the overall context of Ontario infant screening and early intervention services that restricted their access to learning ASL and to learning about and becoming part of an ASL Discourse. In this context, the contributions of the Deaf mother participants became especially vital to the learning environment of the program. In addition, the goals, nature, and outcomes of the early ASL literacy activities provided by the ASL Parent-Child Mother Goose Program leader are analyzed.

The next chapter discusses the overall context of infant hearing screening and early intervention programs and gaps in service to young Deaf children and their families. Chapter 3 presents the theoretical framework for my thesis in terms of Discourses that work to pathologize ASL and Deaf bilingualism. Chapter 4 outlines my participatory action research study design and methods and introduces the setting and participants. Chapter 5 presents and analyzes themes that emerged regarding the issues of gatekeepers—individuals and institutions that restrict parents’ and Deaf children’s access to ASL—and public resources for supporting ASL literacy in Deaf children and their parents. Chapter 6 presents and analyzes the theme of name signs as it emerged in our program and contributed toward the construction of a Deaf cultural space. Chapter 7 presents data demonstrating child responsivity and the roles of Deaf and hearing mothers and the ASL Parent-Child Mother Goose Program leader. Perspectives on Deaf identity as held by Deaf adult participants are also presented. Chapter 8 summarizes the implications of these findings in regard to the benefits of early ASL literacy development for Deaf children and their families, and discusses an evidence-based rationale for

Canadian governments to better support this development.

Chapter 2:

American Sign Language and Early Intervention

This chapter presents a discussion of systematic barriers to learning ASL² that are faced by young Deaf children and their families. Three main points will be addressed: (1) a profile of Deaf children, relating specifically to language acquisition and bilingual development; (2) the role of infant hearing screening and early intervention services in promoting language learning; and (3) how early intervention services might better support Deaf children and their families' learning of ASL and ASL literature.

Schick et al. (2006) observe that research on the development of signed language in Deaf children appears to be slowing in countries that are most quickly embracing cochlear implants for this population. At the same time, the body of knowledge concerning signed languages and signed language acquisition has greatly expanded since Stokoe et al.'s (1965)'s initial work in signed language linguistics. As researchers reach a general consensus regarding the advantages of Deaf children's learning a signed language early in childhood, there is a concern that Canadian public policy is not keeping pace with these developments. In particular, Cripps and Small (2004c) have identified a number of issues related to the Ontario government's Infant Hearing Program (IHP) and its lack of explicit policy regarding the provision of ASL services to Deaf infants and young children who receive cochlear implants.

² While most of the literature reviewed in this chapter deals with ASL and English, for the most part Langue des signes québécoise (LSQ) and French can conceptually be substituted for the former two languages.

Established in May 2000, the IHP provides universal infant hearing screening and early intervention services to young children with hearing loss and their families (Hyde, 2002). As the first public initiative of this kind in Canada, the IHP is part of a larger network of universal infant hearing screening programs that were introduced in several countries at the beginning of the twenty-first century. Prior to the introduction of this technology, it was rare for an infant to be identified as Deaf in the first year of life (Meadow-Orlans, 2004). The significance of early identification of hearing loss and the provision of intervention services lies in their implications for the early education of Deaf children, many of whom are at risk for delays in language development regardless of the degree of their hearing loss (Spencer, 2004). Spencer (2004) notes that there is nothing inherent in hearing loss that restricts language development. Delayed language development in Deaf children is often a result of their delayed exposure to a visual language that they can access and process effectively (Spencer, 2004). Yet, as I will show in this chapter, concerns have been raised that the decision-making bodies that set policy for the early education of Deaf children are not guided by relevant research on Deaf children's language acquisition or bilingual development, and early intervention programs may not provide a well-informed or adequate range of options to parents and children.

The next section provides further background regarding the educational models and policies that constrain language learning for Deaf students.

Background

Education for Deaf students in Canada and the U.S. has often followed a monolingual philosophy (Gibson et al., 1997). Historically, this has meant failing to support the use of native signed languages of the Deaf community in classrooms or educational programs for Deaf students, due to widespread conceptions that learning of a signed language will hinder the development of spoken and written language skills. However, Deaf children lack access to the same auditory base as hearing children for acquiring a spoken language (Goldin-Meadow & Mayberry, 2001). Even young children with relatively mild degrees of hearing loss have been shown to be at risk for difficulties in language development due to limited access to language through the auditory channel (Bess, Dodd-Murphy, & Parker, 1998; Meadow-Orlans, Mertens, & Sass-Lehrer, 2003; Spencer, 2004). As a consequence, many young Deaf children fail to receive full and timely access to language in any modality.

Oralist models of Deaf education are frequently cited as dating from the 1880 International Congress for the Improvement of the Condition of Deaf-Mutes in Milan, Italy, where delegates adopted a resolution asserting the superiority of spoken language for educating Deaf students (Carbin, 1996; Gibson et al., 1997). As Carbin (1996) notes, however, oralist attitudes in Canada, the U.S., and Europe predate the Milan congress and the sanction granted by the congress delegates for prohibiting the use of signed language in education was largely symbolic. Over the decades, oralist education has been deemed a

widespread failure by researchers assessing Deaf students' literacy skills in the majority language (Allen, 1986; Conrad, 1977; Goldin-Meadow & Mayberry, 2001; Karchmer & Mitchell, 2003; Myklebust, 1964; Paul & Quigley, 1986; Trybus & Karchmer, 1977; Wrightstone, Aranow & Moskowitz, 1963). Accordingly, in the 1970s various systems for manually encoding spoken language, including Total Communication and signed English, were introduced in classrooms for Deaf students in Canada and the U.S. (Gibson et al., 1997; Kuntze, 1998). These systems for representing spoken English using signs borrowed from ASL continue to place Deaf students at a disadvantage (Gibson et al., 1997; Johnson, Liddell & Erting, 1989; Kuntze). Petitto (1994) explains that these invented, sign-based codes for spoken language do not possess the qualities of genuine languages. They attempt to amalgamate parts of spoken language structure and parts of signed language structure but do not possess the full grammar of either language (Marmor & Petitto, 1979; Petitto, 1994). Hence, students who are taught using these methods fail to fully acquire ASL or English (Schick, 2003; Schick & Moeller, 1992; Supalla, 1991).

In the 1990s, bilingual bicultural education programs were introduced at several schools for Deaf students in Canada and the U.S. These programs follow a bilingual education model that incorporates both the native signed language of the Deaf community and the majority language of the country where students reside (Gibson et al., 1997). However, the progress and implementation of bilingual bicultural education programs for Deaf students face serious impediments, including the lack of support for native signed languages in the school system and the subsequent impact on the Deaf

community. In short, when Deaf students' bilingual development is not adequately supported by the education system, this in turn affects the numbers of Deaf university graduates, teachers, and professionals who can both provide and advocate for bilingual bicultural models of education (Canadian Hearing Society, 2004a, 2004b; Roots & Kerr, 1998).

In Ontario, infants and young children with cochlear implants have frequently not been able to receive public support for learning ASL. The rationale for this phenomenon is allegedly the stance taken by practitioners of auditory-verbal therapy (AVT) against Deaf children's learning of signed language (Cripps & Small, 2004c). AVT is an intervention approach for children with hearing loss that emphasizes spoken language development through early identification, amplification, and intensive speech therapy. Fostering educational and social inclusion with hearing peers is stated to be among the primary goals of this intervention approach (Eriks-Brophy, 2004).

Currently, cochlear implant teams at two of Ontario's three children's hospitals³ require Deaf children who undergo this surgery to enrol in AVT. While an IHP senior program consultant has cited the refusal of auditory-verbal therapists to treat children who are learning signed language (Stein, M., letter to the Ontario Association of the Deaf, August 23, 2006), the decision not to publicly fund ASL services for children with cochlear implants has appeared to be an operational, if not explicit IHP policy (Cripps &

³ The Hospital for Sick Children in Toronto, and the Children's Hospital of Eastern Ontario in Ottawa. The Children's Hospital for Western Ontario in London does not require families of children who receive cochlear implants to enrol in any particular intervention (Weber, S., personal communication, April 25, 2008).

Small, 2004c). ASL services are in fact available to other Ontario families with Deaf children, through part-time family ASL instructors under contract with the IHP.

In the next section, I will profile the language acquisition and bilingual learning of Deaf children. The literature reviewed in this chapter refers mainly to children with severe to profound levels of hearing loss, defined by Goldin-Meadow and Mayberry (2001) as encompassing the 70 to 90 decibel and above range. However, hard of hearing children—who are also subjects of this chapter—span a wide range of audiological thresholds, from 30 to 90 decibel hearing losses (Blamey, 2003).

Profile

The majority of Deaf children are born to hearing parents with little or no knowledge of signed language, and are not exposed to a fully accessible language until later in life (Emmorey, 2002; Israelite & Ewoldt, 1992; Johnson et al., 1989; Prinz & Strong, 1998). As cited in Cripps and Small (2004c), Akamatsu, Musselman, and Zweibel (2000) found that 93% of severely to profoundly Deaf children in Ontario were initially enrolled in auditory-oral intervention programs and 67% of Deaf preschool children were educated orally; the figures dropped to 58% for elementary school children and 31% for high school students. Between the early preschool years and adolescence, 62% of Deaf children shifted from oral programs to programs with sign support or ASL (Akamatsu et al., 2000). From these statistics, it can be deduced that the majority of Deaf children begin school deprived of access to a full language and fall steadily behind their

hearing peers as they progress across grade levels—a conclusion supported by Johnson et al. (1989) and Kuntze (1998). As a consequence, these students are often transferred to a signed language environment for remedial instruction when valuable years for language learning have been lost. While Akamatsu et al.'s (2000) study was conducted prior to the establishment of infant hearing screening and early intervention services in Ontario, to date there have been no follow-up studies published to suggest that the educational profile of most Deaf children has significantly changed.

Researchers, including Mayberry (1993), Mayberry and Eichen (1991), and Newport (1990, 1991), have documented the effects of delayed first-language acquisition on Deaf people's language performance and processing skills. In fact, research with Deaf individuals who acquired a signed language at different ages has been used to demonstrate the critical period hypothesis, which has been difficult to test in the case of hearing children who are normally exposed to a first language from birth (Mayberry, 1993; Newport, 1990). Other researchers have presented discussions of innate constraints on learning, using evidence from studies of ASL learners of different ages (Emmorey, 2002; Mayberry, 1994; Morford & Mayberry, 2000). In addition to offering support for a critical period for language learning, these studies indicate that the long-term effects of delayed first-language acquisition are much more detrimental than the effects of acquiring a second language late in childhood (Emmorey, 2002).

Lack of access to a signed language environment, rather than any inherent

deficiencies in Deaf children's language learning or developmental abilities, is behind the problems faced by Deaf late first-language learners. Newport and Meir (1985) and Petitto (1994) explain that natural signed languages such as ASL and LSQ demonstrate the same linguistic properties as spoken languages, including phonetic, phonemic, syllabic, morphological, syntactic, discourse and pragmatic levels of organization. In another paper, Petitto (2000) discusses the acquisition of signed and spoken languages by Deaf and hearing infants who are exposed to one or more accessible languages from birth. Her research with Deaf children who are exposed to ASL or LSQ from birth demonstrates that they acquire these languages on an identical maturational time course as hearing children acquiring English or French (Petitto, 2000). These findings regarding the normal attainment of all linguistic milestones by signed language-exposed Deaf children are corroborated by other researchers, including Morford and Mayberry (2000), Newport and Meir (1985), Schick (2003), Spencer (2004), and Volterra and Iverson (1995). From birth to the age of three years and beyond, speaking and signing children exhibit identical stages of language acquisition, including the syllabic babbling stage from 7-11 months; the first word stage from 11-14 months; and the first two-word stage from 16-22 months (Petitto, 2000).

These findings for the normal language development of infants exposed to signed language are supported by the well-documented superior performance of Deaf children of Deaf parents to Deaf children of hearing parents on tests of academic achievement, reading and writing, and social development (e.g. Kourbetis, 1987; Weisel, 1988).

Israelite and Ewoldt (1992) conducted a review of this literature, which shows higher English literacy abilities in native ASL users compared to Deaf children who learn ASL later in life. These findings across multiple studies showed consistently superior results for Deaf children of Deaf parents despite the lower socio-economic status of these parents (Zweibel, 1987). Newport and Meier (1985) observe the interesting phenomenon of Deaf children of Deaf parents having superior English literacy abilities to Deaf children of hearing parents, since English is not the first group's native language and most children of hearing parents receive more intensive auditory-oral training in English. However, more recent studies of highly ASL-fluent Deaf children of hearing parents suggest that a well-developed language foundation in ASL enables Deaf students to reach higher levels of English literacy regardless of parental hearing status (Singleton, Supalla, Litchfield, & Schley, 1998; Strong & Prinz, 1997, 2000).

While there has been some debate on whether young children exposed to signed language exhibit a linguistic advantage when compared to children exposed to only spoken language (Anderson, 2006), this notion is disputed by Volterra and Iverson (1995) and Volterra, Iverson, and Castrataro (2006). Rather, these researchers argue, prelinguistic gestural communication is used by all children in the earliest stages of language development, and this has erroneously been taken for a signed language advantage (Volterra & Iverson, 1995; Volterra et al., 2006). Language development in Deaf children exposed to signed language from birth is strikingly parallel to language development in hearing children exposed to spoken language (Volterra & Iverson, 1995;

Volterra et al., 2006). However, Volterra et al. (2006) cite a two-year longitudinal study of over 130 families with hearing infants by Goodwyn, Acredolo, and Brown (2000) that suggests increased exposure to symbolic gesturing benefits infants' receptive and expressive spoken language development. Abrahamsen (2000) argues that while increased exposure to gestural input does not accelerate first-word production in either signed or spoken languages, it can facilitate vocabulary growth later in development. It is clear that enhanced experience with gestural communication does not interfere with, and may facilitate, spoken language development (Volterra et al., 2006). However, Deaf children exposed to gestural communication but not the systematic linguistic input provided by a natural signed language exhibit delays in their language development when compared to hearing children and to Deaf children exposed to signed language from birth (Volterra et al., 2006).

Bilingual proficiency and signed language.

Research demonstrating the consistent benefits of early signed language acquisition by Deaf children refutes the position that learning ASL hinders spoken or written English development. A number of studies have found that learning signed language has a positive effect on young Deaf children's spoken language skills (Preisler, Tvingstedt, & Ahlström, 2002; Schlesinger & Meadow, 1972; Yoshinaga-Itano & Sedey, 2000). One of these studies evaluates childhood cochlear implants. Preisler et al. (2002) studied patterns of communication for 22 preschool children who had received cochlear implants between ages 2 to 5 over a two-year period. These researchers' study took place

in Sweden, where parents must have established some signed language in communication with their child in order to be considered for a cochlear implant (Swedish National Board of Health & Welfare, 2000). Preisler et al. (2002) observed that the children in their study who developed the most spoken language also had well-developed signed language skills. While signed language by itself was not a guarantee for the development of spoken language, the children who had insufficient or discontinued signed language development also had very little or no spoken language abilities. It was also observed that when children with little signed language developed better signed language abilities, spoken language also increased (Preisler et al., 2002).

Yoshinaga-Itano and Sedey (2000) investigated the relationship between speech development and various demographic and developmental factors, including mode of communication, in children aged 14 to 60 months. The researchers found that expressive signed and spoken language ability was a significant predictor of speech development in young Deaf and hard of hearing children. Yoshinaga-Itano and Sedey (2000) also cite earlier studies showing a significant relationship between linguistic ability—including verbal communicative intentions, mastery of the rules of syntax, and strong skills in vocabulary and semantics—and speech intelligibility in Deaf children. Although more research is needed to fully address this issue, the available research is consistent with the position that access to a signed language increases overall linguistic ability in Deaf children, and it certainly increases vocabulary levels (Anderson, 2006; Watkins, Pittman & Walden, 1998). Blamey (2003) links a high level of linguistic competence to speech

perception abilities in Deaf and hard of hearing children with hearing aids and cochlear implants. He reviews studies comparing the speech perception abilities of deafened adults to those of Deaf and hard of hearing children which show lower scores for children as compared to deafened adults, even when more residual hearing is present in the children (e.g. Blamey, Sarant, Paatsch, Barry, Bow, Wales et al., 2001). An advanced knowledge of phonology, syntax and semantics is needed in order for Deaf and hard of hearing children with hearing aids and cochlear implants to comprehend spoken language input (Blamey, 2003).

Preisler and Ahlström (1997) found that the use of signed language positively affects language development and social and emotional development for preschool hard of hearing children. The children in Preisler and Ahlström (1997)'s study were bilingual in spoken Swedish and Swedish sign language and exhibited flexibility in their use of two languages. These children's patterned and purposeful code-switching to match their communication partner's prerequisites and the communicative context is mirrored by other studies of young bilingual hearing children that show differential and appropriate use of their developing languages (e.g., Genesee, Nicoladis, & Paradis, 1995; Comeau, Genesee & Lapaquette, 2003).

Paradis and Crago (2006) note that bilingualism is often considered inappropriate for children with specific language impairment (SLI). SLI occurs in children with normal hearing, social-emotional development and non-verbal intelligence and is considered a

developmental language disorder (Paradis, Crago, & Genesee, 2006). It is widely assumed that children with SLI will be negatively affected by learning two different linguistic systems, owing to their more limited language capacity (Paradis & Crago, 2006). Yet empirical studies show that bilingual children with and without SLI attain levels of grammatical ability comparable to their monolingual peers and that learning more than one language in childhood does not increase complications for children with SLI (Paradis & Genesee, 1996; Paradis, Crago, Genesee, & Rice, 2003; Paradis et al., 2006). Deaf children, who by definition do not suffer from SLI but who are often inappropriately categorized owing to the difficulties they face in a monolingual spoken-language environment, should arguably achieve the same success in dual language learning when one language is a signed language and when there is sufficient access to the majority language.

The relationship between ASL proficiency and English literacy.

In addition to positively influencing spoken language development, proficiency in ASL has been empirically shown to support English literacy in Deaf students (Hoffmeister, 2000; Padden & Ramsey, 1998, 2000; Singleton et al., 1998; Strong & Prinz, 1997, 2000). Strong and Prinz (1997, 2000) found a strong relation between ASL ability and English literacy in their study of 155 Deaf students aged 8 to 15. The students' nonverbal IQs were tested in addition to their ASL skills, which were measured using a specially designed test of ASL comprehension and production (Strong & Prinz). Strong and Prinz measured English reading and writing using revised versions of the Woodcock

Johnson Psychoeducational Test Battery and the Test of Written Language. The authors found that “a clear, consistent, and statistically significant relationship between ASL skill and English literacy is evident” (Strong & Prinz, 1997, p. 43). For Strong and Prinz (1997), “the implication of this research ... is straightforward and powerful. Deaf children’s learning of English appears to benefit from the acquisition of even a moderate fluency in ASL” (p. 45).

Similar results were found by Hoffmeister (2000), who investigated the reading skills of 78 Deaf children aged 8 to 15. The students were divided into two groups, one with limited exposure to ASL and another composed of native ASL users. Significant and positive correlations were found between reading comprehension performance on a version of the Stanford Achievement Test, and measures of ASL knowledge (assessed using tasks related to ASL synonyms, antonyms, and plurals-quantifiers) (Hoffmeister). Measures of manually-coded English (MCE) skills were also included in this study, and the most proficient users of ASL outperformed the other learners on tests of MCE comprehension. For Hoffmeister, the intensive ASL exposure that the native users had received enhanced overall language functioning as measured in tests of ASL, English, and MCE skills.

Singleton et al. (1998) cite an earlier, unpublished study where they found that after age 9, highly ASL-fluent Deaf children of hearing parents (who were non-native signers) outperformed their less ASL-fluent peers on several English writing tasks. No

such correlation was found, however, for the younger children in their study (aged from 6-9). Singleton et al. note that the youngest children produced very little English text and that the researchers' analysis may not have captured important differences in these children's shorter writing samples. The authors also suggest that the association between ASL proficiency and English literacy may only emerge after the English preliteracy stage in Deaf children.

Padden and Ramsey (1998, 2000) again found that tests of ASL imitation, verb agreement production, and sentence order comprehension positively correlated with reading comprehension in Deaf students, as measured by Stanford Achievement Test scores. But these authors also narrowed their focus to specific language skills that may relate to ASL and English reading abilities. They administered a fingerspelling test and another test for initialized signs as measures of students' abilities to identify the English counterparts of both fingerspelled words and initialized signs. Padden and Ramsey (1998) write that fingerspelling, in which signers produce distinct handshapes that correspond with letters of the alphabet, has no real equivalent in spoken English where spelling out words is rare. Fingerspelling, however, is conventional in ASL and comprises about 15% of all vocabulary in ASL discourse, although other signed languages may use little or no fingerspelling (Padden, 2006; Padden & Ramsey, 1998).

Padden and Ramsey (1998) and Padden (2006) cite other studies showing that young Deaf children from Deaf families can recognize fingerspelled words before they

can read printed English words (see also Erting, Thumann-Prezioso, & Benedict, 2000). Fingerspelled words are recognized by these children as global units, not in terms of the composition of the individual handshapes that comprise the letter sequence of the word (Padden & Ramsey, 1998). Padden (2006) describes the acquisition of fingerspelling by Deaf children as involving mastery first of the skill of fingerspelling, and then of connecting fingerspelled words to their English alphabetic counterparts. Initialized signs also derive from English orthography, although their use is much less frequent. In these signs, the morphological form involves the use of a fingerspelled handshape that corresponds to the first letter of the signs' English translation (Padden & Ramsey, 1998).

Padden and Ramsey (1998, 2000) found that students' skills on the initialized signs and fingerspelling tasks were highly correlated, and that scores on their measures of ASL proficiency were highly correlated with scores on the fingerspelling and initialized signs tests. They also found that both the fingerspelling and initialized signs test scores showed a relationship, albeit a more modest one, with the students' reading skills. Padden and Ramsey term these specific language abilities as associative skills—both fingerspelling and initialized signs form associations between ASL and English. The authors make clear that the relationship between associative skills and reading does not indicate whether early acquisition of fingerspelling and initialized signs promotes reading development. Rather, the researchers argue, associative skills could play a role in cultivating reading abilities if they are taught as specific skills by educators. Padden (2006) also recommends that fingerspelling form part of a Deaf child's early preschool

language. In their case study of interactions involving fingerspelling between Deaf parents and their children aged from birth to four years, Erting et al. (2000) found that young children's acquisition of fingerspelling supports and occurs in tandem with ASL and English literacy acquisition.

This body of research, showing a positive correlation between high levels of ASL proficiency and English literacy skills, is supported by Israelite and Ewoldt's (1992) summary of older literature showing higher English literacy abilities in native ASL users compared to Deaf children who learn ASL later in life. This research is also supported by Chamberlain and Mayberry (2000), who discuss various studies dating from 1916 that measure Deaf students' reading and language skills. Chamberlain and Mayberry (2000) note that a link between signed language and reading is evident even in these very early studies. The hypothesis that ASL functions like any other first language when brought to the task of learning a second language is supported by Goldin-Meadow and Mayberry (2001), Hoffmeister (2000), and Morford and Mayberry (2000). This research also indicates that Cummins' (1981) interdependence hypothesis,⁴ wherein proficiency in a first language transfers to proficiency in a second language, applies in the case of ASL and English. However, as I will show in the next subsection, arguments have been made against the applicability of the linguistic interdependence hypothesis in this regard.

⁴ The interdependence hypothesis was formally expressed as follows:

To the extent that instruction in L_x is effective in promoting proficiency in L_x, transfer of this proficiency to L_y will occur provided there is adequate exposure to L_y (either in school or environment) and adequate motivation to learn L_y (Cummins, 1981, p. 29).

Asserting the linguistic interdependence theory's support for a bilingual bicultural model of literacy education for Deaf students.

Mayer and Wells' (1996) article has been a touchstone for the debate surrounding Deaf bilingual bicultural education. For Mayer and Wells, the interdependence hypothesis assumes that a written version of the first language is present to support literacy in the second language, as it is usually not for ASL (although ASL glossing and signwriting systems have been devised, these have not been widely employed by educational programs for Deaf students). These writers also interpret the hypothesis as requiring access to the spoken form of the second language, which is lacking for a large proportion of Deaf students. Because of the “double discontinuity” (Mayer & Wells, p. 104) between ASL and English, these writers argue, the conditions assumed by the hypothesis cannot be met and ASL does not support learning of English. Although several researchers—notably Chamberlain and Mayberry (2000), Gibson et al., (1997), Hoffmeister (2000), Kuntze (1998), and Mason and Ewoldt (1996)—have provided rebuttals of the substance of Mayer and Wells' arguments against the validity of ASL as a pedagogical tool in the acquisition of English literacy, a counterargument addressing the authors' overarching point—the applicability of the linguistic interdependence hypothesis in the case of ASL and English—can still be made.

Although Mayer and Wells cite the interdependence hypothesis as the rationale for the Deaf bilingual bicultural education movement, a review of this movement's history challenges their claim. This movement followed a succession of published work

dating from the 1960s on ASL linguistics and literature (Gibson et al., 1997), the 1988 Deaf President Now protest at Gallaudet University that attracted international attention and support for the aims of the Deaf community in terms of gaining recognition of signed language and Deaf culture, and government-commissioned studies that reviewed educational programs for Deaf students in Canada and the U.S. (Carbin, 1996; Israelite & Ewoldt, 1992). The movement also followed the introduction in 1993 of Bill 4 as an amendment to the Ontario Education Act that recognized ASL and LSQ as official languages of instruction in the classroom (Carbin, 1996). In the U.S., Johnson et al.'s (1989) working paper was a key underpinning of the Deaf bilingual bicultural education movement (Gibson et al., 1997; Singleton et al., 1998). Johnson et al.'s guiding principles for supporting Deaf students' development in ASL as a first and English as a second language make no mention of Cummins' interdependence model. Given this history, it seems like a misrepresentation of the facts for Mayer and Wells to pin justification for the bilingual bicultural movement on the interdependence theory, as well as an attempt to discredit the knowledge and achievements of the Deaf community, whose political activities prompted each government review and act of legislation mentioned above (Gibson et al., 1997).

As Goldin-Meadow and Mayberry (2001) report, Deaf students typically have low reading levels, with only 15% of white Deaf high school graduates, 5% of African-American and 6% of Latino/Latina graduates reading above the sixth grade level. However, these students are generally educated by a monolingual system that expects

them to acquire English as a first language. As Goldin-Meadow and Mayberry (2001) point out, children do not seem to be able to learn a first language through print although learning a second language in this way is possible. This point relates to Mayer and Wells' arguments regarding inner speech in ASL not providing a route to written speech in English, since for the authors, the "visual-spatial" nature of Deaf children's inner speech in ASL lacks correspondence to "the external speech forms of reading and writing" (p. 97). The authors' arguments, however, ignore the degree of access to ASL as a first language that a Deaf child typically possesses, and the subsequent impact of this lack of access on learning English. Contrary to the findings of the studies mentioned in the previous subsection, where high levels of ASL proficiency were found to positively correlate with English literacy skills, Mayer and Wells seemingly ignore the superior academic performance of Deaf children of Deaf parents as compared to Deaf children of hearing parents, as when these authors state that

Recent studies suggest that deaf children learn sign language spontaneously if, like their hearing counterparts, they have adequate opportunities to interact with more mature members of their community who regularly use sign as a medium of communication ... When it comes to learning to read and write, on the other hand, there is general agreement that deaf children find this much more difficult than their hearing peers. In acquiring literacy in English, for example, deaf children rarely progress much beyond a fourth grade level. (p. 96)

It should also be noted that elsewhere, when Mayer (1999a, 1999b) discusses her own research findings, no measure of ASL proficiency is employed in her study of Deaf students' writing. As I will argue, these twin obscurations of Deaf students' first-language foundation and fluency form part of what is essentially an ad hominem attack by Mayer and Wells on ASL's viability as an academic language.

Since the thrust of Mayer and Wells' article—which does not rest on any research basis—is that ASL does not support literacy in English and thus that ASL and English are not linguistically interdependent, a review of the empirical studies mentioned in the previous subsection may be sufficient to counter the author's claims. However, the ways in which these studies also provide support for the interdependence hypothesis can also be addressed. Morford and Mayberry (2000) cite an earlier paper presented by Mayberry and Lock, that found native ASL signers who acquired ASL from birth and learned English as a second language between the ages of 5 and 9 performed just like hearing ESL learners on a grammatical processing task. Hoffmeister (2000) notes that Deaf children of Deaf parents typically function well in school—a finding that he attributes in part to the fact that these children receive first-language input from adult models, unlike many Deaf children of hearing parents who learn signed language from other Deaf children. The hypothesis that ASL functions like any other first language when brought to the task of learning a second language is supported by Goldin-Meadow and Mayberry (2001) and by Hoffmeister (2000), who cites Lichtenstein (1998) in proposing that working memory along with language knowledge are necessary in learning to read. Deaf learners who know ASL may have the memory capacity to rapidly encode print based on the language they have already acquired, and their attention can be focused on obtaining meaning rather than learning a language through print (Hoffmeister, 2000). However, Prinz and Strong (1998) assert that additional research is needed in order to define the exact relationship between literacy in ASL and English. They postulate that bridging

techniques are necessary for making the transition from ASL to printed English (Prinz & Strong, 1998). Goldin-Meadow and Mayberry (2001), Padden and Ramsey (1998, 2000), and Singleton et al. (1998) also argue that Deaf students may not learn how to read in the same way as hearing students. For instance, Goldin-Meadow and Mayberry (2001) found that unlike in the case of hearing readers, phonological decoding skills are not always employed by Deaf readers, even those who are orally trained. However, these authors note, phonological awareness is present in some Deaf readers and may be a process that develops after the acquisition of reading skills based on English orthography. In any case, for Goldin-Meadow and Mayberry (2001), “Continued growth in a language-related skill such as reading appears to depend on successful and steady language acquisition throughout early childhood and elementary school” (p. 226), meaning support for ASL literacy should be paramount throughout a child’s early years.

For Mayer and Wells, the implications of their arguments against ASL’s support for English literacy are for signed English, or, as Mayer (1999a, 1999b) calls it, “contact sign” to be reintroduced in classrooms for Deaf students. These implications can be countered in two ways. For one, systems for manually encoding spoken language constitute part of the monolingual approach to educating Deaf students and have been used by educators for decades with detrimental impact on the literacy levels of Deaf students (Gibson et al., 1997; Johnson et al., 1989; Kuntze, 1998). Johnson et al. argue that “the signed portion of the SSS [sign-supported speech] present in virtually all of American deaf education is only partially comprehensible, even to skilled native signers”

(p.5). Kuntze (1998) notes that Deaf students who are educated in a signed English environment do not naturally acquire this artificial sign system but instead gravitate toward ASL-like structures in their own signing. Further, he suggests that critical discussion cannot take place in such a “linguistically substandard” environment where clear and easy communication is impeded (Kuntze, 1998, p.5).

Secondly, despite Mayer’s (1999a, 199b) assertions to the contrary, contact sign or signed English is not a language (Petitto, 1994), and it is not English (Kuntze, 1998). Kuntze (1998) cites an earlier study by Marmor and Petitto (1979), who found that the signed utterances of teachers using Total Communication “were predominantly ungrammatical across major aspects of English grammar” (p.4). As has been shown, Deaf children often come from linguistically impoverished environments with no or little exposure to a full first language. To argue that an invented code for representing spoken English be used in place of a genuine signed language in these children’s education is to promote what Branson and Miller (2004) refer to as linguistic incompetence in both ASL and English.

Rather than the “English-based” strategies advocated by Mayer (1999a, 1999b) for the education of Deaf students, bilingual bicultural approaches involve making use of Deaf students’ first language to learn a second. Padden and Ramsey (1998, 2000) studied the discourse patterns of both Deaf and hearing teachers of Deaf students in public school and residential school classrooms. The researchers found that Deaf teachers fingerspelled

words more than twice as often as hearing teachers, and the residential school teachers (who were more emulative of a bilingual education approach) fingerspelled much more often than the public school teachers. The Deaf teachers and those who worked in a residential school setting also made much more frequent use of chaining, in which a relationship is formed between a sign, a printed word and a fingerspelled word (Padden & Ramsey, 1998). With this technique, a teacher might fingerspell a word, point to the same word on the blackboard, then fingerspell again—or produce a sign and then immediately fingerspell its English translation (Padden & Ramsey, 1998).

While these techniques may not seem especially innovative, their much more frequent use among Deaf teachers and teachers in a bilingual bicultural education setting indicates they are not common in the typical public school classroom where most Deaf students are educated. Singleton et al. (1998) also mention signed language writing or glossing systems as a bridging technique. In these systems, the phonological components of signs (location, handshape, and movement) are represented by written symbols (Prinz & Strong, 1998). For Singleton et al., their ASL gloss writing system is an intermediary code and instructional tool for English print skill building. As many of the researchers mentioned above point out, more research is needed in order to evaluate the efficacy of these techniques as pedagogical tools for teaching English. I will also suggest that these techniques for teaching print decoding skills may be helpful to beginning readers but should only form part of a whole language bilingual bicultural approach (Mason & Ewoldt, 1996). In other words, these techniques' focus is mainly on teaching discrete

language skills rather than on critical literacy or academic language learning (Cummins, 2001).

Mayer and Wells' conception of ASL as a language in which literacy is not possible and definitions of the principles underlying Cummins' interdependence hypothesis rest on a narrow definition of literacy and of the hypothesis itself. Cummins (2005) explicitly states that his interdependence hypothesis does not refer simply to developing language skills such as decoding written text, but "a deeper conceptual and linguistic proficiency that is strongly related to the development of literacy in the majority language" (p. 4). He lists five types of possible transfer from the first to the second language, depending on the sociolinguistic situation:

- Transfer of conceptual elements;
- Transfer of metacognitive and metalinguistic strategies;
- Transfer of pragmatic aspects of language use;
- Transfer of specific linguistic elements;
- Transfer of phonological awareness. (Cummins, 2005, p. 5)

Additionally, Cummins refers to his hypothesis in the context of dissimilar languages like English and Turkish, where "transfer will consist primarily of conceptual and cognitive elements (e.g., learning strategies)" (p. 5). But the matter of which additional types of transfer may apply in the case of ASL and English is an area that merits further study. For instance, fingerspelling and other ASL-based bridging techniques may encourage transfer of specific linguistic elements as well as provide a visual phonological bridge

(Haptonstall-Nykaza & Schick, 2007; Padden & Ramsey, 1998, 2000).

High levels of ASL literacy, as supported by home- and community-based early literacy resources like the ASL Parent-Child Mother Goose Program, and school-based resources like the Ontario ASL Curriculum, are arguably the most powerful tool for activating prior knowledge, cognitive engagement, and identity investment (Cummins, 2001), on the part of Deaf students. These phenomena are cited by Cummins (2001) to be the basis of academic language learning in a second language for minority language users. What Gibson et al. (1997) describe as Mayer and Wells' "apparent lack of understanding of ASL linguistics, of ASL discourse structure and of ASL literature" (p.237), is accompanied by an ad hominem attack on the legitimacy of ASL vis-à-vis spoken language, as when Mayer and Wells state that "although the 'sign' functions as the unit of meaning in ASL, it is not completely interchangeable in sense and meaning with the 'word' in English—or in any other spoken language" (p.98). Further, these authors state, "because there is no written form of ASL, many of the abstract lexical items created in English ... do not have linguistic counterparts in ASL" (p.100). The authors do not provide examples to justify these claims. Furthermore, it should be noted that English contains linguistic elements that are not found in other spoken languages, and vice versa; ASL and other signed languages have elements not found in English. These distinctions obviously do not prevent bilingual learning from taking place. Additionally, it appears that the authors are ignorant of how ASL can function to express highly abstract concepts.

The applicability of the linguistic interdependence hypothesis to ASL and English has also been challenged by claims that bilingual bicultural education programs have not resulted in greatly improved reading skills in Deaf students. In fact, Heiling (1995) found that Swedish pupils in the 1980s who were educated in signed language exhibited a superior academic performance when compared to orally trained pupils in the 1960s. In terms of social and emotional development, Swedish students in the 1980s were also much better off than their 1960s counterparts (Heiling, 1995). However, these students' Swedish literacy, while superior to that of 1960s students, still lagged behind that of their hearing peers (Heiling, 1995). This fact is in keeping with the observations made by Singleton et al. (1998), who noted the time lag in the emergence of the positive correlation between ASL proficiency and English literacy in their study of Deaf children of hearing parents. Chamberlain (2006) observes that the same kind of time lag in acquiring a second language appears in hearing bilingual students. As cited in Cummins (2001), researchers report that a minimum of five to seven years are typically needed in order for bilingual students to attain grade norms on academic aspects of English proficiency.

The separate underlying proficiency model of early intervention services.

Early intervention and pedagogical approaches for Deaf children have often assumed a separate underlying proficiency model (SUP) of bilingual development (Cummins, 2001). In her anthropological study of an audiology clinic, Fjord (1999)

describes how the image of signed languages taking over the brains of Deaf children is consistently proffered by American audiologists and otologists. For this group of professionals, the supposed damage that using a signed language inflicts on the brain includes causing “visual areas to take over areas allocated to speech” and “neural atrophy of auditory pathways” (Fjord, 1999, p. 135). For a local example of this phenomenon, Hyde (2002), writing for an Ontario Ministry of Health newsletter, cites the “significant changes in the structural and functional organization of the auditory system, up to and including the cerebral cortex” that are caused by “auditory deprivation in early infancy” (p. 176). Fjord (1999) connects this ominous view of hearing loss and signed language to studies involving the brain scans of adult signed language users, which show signed languages stimulate brain substrates similarly to spoken languages. Aphasias in the left hemisphere of the brain have also been shown to affect signed language grammar in the same way as these disorders affect spoken language grammar (Bellugi, 1980; Neville & Bellugi, 1978). Although these studies can be taken as evidence for the linguistic wholeness of signed languages, medical professionals and AVT advocates have focused on results showing the reallocation of auditory areas for visual processing in the brains of adult Deaf signed language users (Neville, 1988, 1991). The perceived effects of hearing loss and visual language on brain development become an argument for auditory-verbal training where reliance on vision and signed language is prohibited (Fjord, 1999). Hence, American (and Canadian) audiologists and otologists have not supported the concept of bilingual education in ASL and English for Deaf children (Fjord, 1999).

The ten Principles of Auditory-Verbal Practice include the stipulation that Deaf children “use hearing as the primary sensory modality in developing spoken language without the use of sign language” (cited in Rhoades, 2006, p. 126). Included in the list of AVT Frequently Asked Questions on one website is the claim that “Research has shown that children who do not use sign language develop more sophisticated use of their hearing and speaking skills” (HEAR in Dallas, 1996). However, no link is provided to research that addresses this specific claim, which is also discounted by the literature reviewed above. Studies which find the spoken language of Deaf children with cochlear implants who are enrolled in auditory-oral programs to be superior to that of children enrolled in Total Communication programs as “sign language” programs (e.g., Geers, 2006) do not show the full picture regarding the effects of ASL on spoken English development. Total Communication programs as a widespread phenomenon in the U.S. (Anderson, 2006) are not bilingual education programs and constitute part of the monolingual approach to educating Deaf students. Additionally, many students enrolled in Total Communication programs have been transferred from auditory-oral programs where they did not succeed in acquiring spoken language (Spencer, 2002).

AVT’s other stated imperative that “parents *must* enrol the child in regular educational programmes for normally hearing children, thereby avoiding the grouping of children with hearing loss” (Rhoades, 2006, p. 126, emphasis in original) is challenged by studies documenting the negative effects of depriving Deaf children of signed

language and socialization with other Deaf children and adults. Hindley, Hill, McGuigan and Kitson (1994) and Hindley and Parkes (1999) suggest that Deaf children educated in mainstream programs using only spoken language face greater mental health difficulties than children educated in Deaf schools with access to signed language. Antia and Kreimeyer (2003), Heiling (1995), Preisler (1999), and Preisler and Ahlström (1997) describe the difficulties in acquiring social and communicative competence and participating in peer interaction when Deaf and hard of hearing children are exposed to only spoken language as a means of communication. In Jamieson's (2007) study of eleven Deaf and hard of hearing students who were integrated in mainstream educational settings ranging from kindergarten to grade 7, a lack of affiliation with student peers was observed and parents often described their children as isolated, rejected, and lonely.

The AVT imperative regarding integration is also challenged by Deaf adults with first-hand knowledge of the effects of oralist education. In the United Kingdom, there has arisen a Deaf Ex-Mainstreamers Group of adults who grew up in integrated educational settings. One member of this group, Steven Emery (2003a), has written about his experiences:

I still recall my first day [at a local school], when I felt completely isolated and had no idea what was being said or going on around me. I went along with everything and was desperate not to stand out in any way. This meant that I covered up my deafness as much as I could, and involved the strategy of pretending that I understood most of what was being said around me. I was eager not to be seen as deaf anyway ... The most destructive part of the process of going to a mainstream school was the total loss of any recognition I was a deaf person ...

I have been angry for a long time that I was denied the opportunity to learn sign language from an early age, that I had to go through such negative experiences

before realising my place was with deaf people, and I would prefer a form of sign language as a means of communication, and so not have to rely on speech and my residual hearing. A bilingual approach would have been my preferred option ... life could be far easier if I had been able to have a visual language. Then I believe I would have achieved far more than I had done at school. But just as importantly, I wanted to have remained alongside my deaf peers. I specifically asked for this when I was 12 but it did not happen. (p. 11-13)

Instead of regarding a visual language and Deaf identity as deviances, a shift is needed to an educational model that envisions how the needs of Deaf children should be met for their optimum benefit (Heiling, 1995; Moores, 1987). Underlying such a model will be the agreement that “the overriding common purpose of all of us, hearing and deaf, should be, to use philosopher Richard Rorty’s terms, ‘to let everybody have a chance at self-creating to the best of his or her abilities’” (Lane, 1992, p. 23). This model also demands that “deaf people should be crucial participants in the discussion and agreement concerning the lives of deaf children and adults and the roles of the professionals that serve them” (Lane, 1992, p. 23). When Deaf individuals are consulted, they often profess a desire to align with both Deaf and hearing communities. Bat-Chava’s (1994, 2000) studies of identity formation suggest that Deaf people who adopt the values of both the hearing world and Deaf culture appear to have the highest levels of self-esteem. Similarly, Wald and Knutson (2000) report that Deaf adolescents with and without cochlear implants give the highest ratings to a bicultural identity where they can be Deaf and still involved with hearing society. In the context of a discussion of cochlear implants, Hyde and Power (2005) write that “[t]he best outcome for the individual may be competence and affiliations with both hearing and Deaf communities that are in his/her best interests” (p. 107).

The next section discusses infant hearing screening and early intervention services in relation to language learning by Deaf children.

Infant Hearing Screening and Early Intervention Programs

There is a general consensus that hearing loss in young children needs to be detected as early in life as possible to enable optimum access to language. Identification of hearing loss in infancy, followed by appropriate intervention by the age of 6 months, can result in normal language development (Anderson, 2006; Archart & Yoshinaga-Itano, 1999; Schick, 2003; Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998). As cited in Archart and Yoshinaga-Itano (1999), the six-month deadline for intervention is supported by evidence from two large-scale studies of Deaf and hard of hearing infants in Colorado (Apuzzo & Yoshinaga-Itano, 1995; Yoshinaga-Itano et al., 1998). Children identified with hearing loss by six months of age have significantly higher receptive and expressive language skills than children with later-identified hearing loss (Anderson, 2006; Archart & Yoshinaga-Itano, 1999). Yoshinaga-Itano (2006) proposes that age of identification does not directly result in improved speech production in Deaf children but instead positively influences language development. When children are able to produce lexical and grammatical units of language, regardless of modality, they have a framework for developing spoken-language articulation skills (Yoshinaga-Itano, 2006).

Prior to the technology introduced by universal hearing screening programs, the

identification of Deaf and hard of hearing children was often delayed. Spencer (2004) notes that before the beginning of the twenty-first century, Deaf and hard of hearing children with hearing parents often had significant language delays before intervention services were initiated. Anderson (2006) cites an American Academy of Pediatrics (1999) report stating that before 1999, the average age of identification of significant hearing loss was 30 months. However, in 1990 the U.S. Department of Health and Human Services set a goal of lowering the age at which children are identified with significant hearing loss to 12 months or less (Anderson, 2006; Arehart & Yoshinaga-Itano, 1999). Moreover, Anderson (2006) reports that most states have passed legislation that requires all newborns to be screened, and not simply those identified as being at risk for hearing loss. At-risk infants, who often have multiple disabilities, account for only 50% of children born with hearing loss (Arehart & Yoshinaga-Itano, 1999). In many states, hospitals were required to comply with these laws to screen all newborns by December 2002 in order to maintain state funding (Anderson, 2006).

The Ontario government established its Infant Hearing and Communication Development Program in May 2000 (Hyde, 2002). This endeavour followed a study by Durieux-Smith and Whittingham (2000) that found the mean age of diagnosis of hearing loss in Ontario between the years 1991-1995 was 2.8 years of age (Hyde, 2002). According to an article provided by Hyde, Friedberg, Price, and Weber (2004) for orientation to the IHP, families with infants identified as having hearing loss “receive ... evidence-based, unbiased information about communication development options”

including “amplification, auditory-verbal therapy, sign language training, or a combined approach” (p. 5).

However, there is a growing concern among researchers that present early intervention programs do not provide a well-informed or adequate range of options to parents and Deaf children (Anderson, 2006; Arehart & Yoshinaga-Itano, 1999; Sass-Lehrer & Bodner-Johnson, 2003). Arehart and Yoshinaga-Itano (1999) and Sass-Lehrer and Bodner-Johnson (2003) argue that educators of Deaf and hard of hearing children with knowledge of signed language, as well as of auditory and speech skill development and the impact of hearing loss on speech, language, and socio-emotional development, need to form an integral part of intervention systems. Arehart and Yoshinaga-Itano (1999) cite a study by the Marion Downs National Center of 17 states with universal newborn hearing screening programs and intervention sites that found only 30% of early intervention programs had an educator of Deaf children on staff (Arehart, Yoshinaga-Itano, Thomson, Gabbard & Stredler-Brown, 1998). Similarly, Sass-Lehrer and Bodner-Johnson (2003) cite a study noting that most early intervention programs do not provide any information about Deaf culture (Stredler-Brown & Arehart, 2000). Most early education providers for young Deaf children have backgrounds in speech-language pathology instead of Deaf education (Sass-Lehrer & Bodner-Johnson, 2003; Stredler-Brown & Arehart, 2000).

Sass-Lehrer and Bodner-Johnson (2003) argue for the necessity of collaboration

between early intervention professionals and Deaf adults. Young Deaf and hard of hearing children and their parents need exposure to and interaction with Deaf adults who can provide language and cultural models and enhance communication and social development (Hintermair, 2000; Mohay, 2000; Sass-Lehrer & Bodner-Johnson, 2003; Watkins et al., 1998). Calderon and Greenberg (2003) write that the presence of Deaf adults is central to the education and social-emotional development of Deaf children:

Deaf persons need to be involved in early intervention and education as teachers, psychologists, directors of schools, support staff, volunteers, and all other related positions. Not only should they be employed at all levels in early intervention and education, but it is essential that deaf persons become members of the school advisory board and other decision-making bodies that set policy. (p. 186)

The involvement of Deaf community members in early identification and intervention programs benefits Deaf and hard of hearing children in a myriad of ways. As cited in Calderon and Greenberg (2003), Bat-Chava (1994, 2000) writes that the majority culture tends to have low expectations of Deaf people that can limit their personal growth and self-concept and instill a sense of helplessness, failure, and inferiority. Deaf individuals who have access to Deaf culture can reach high levels of academic and professional success while advocating for themselves as members of a cultural minority (Bat-Chava, 1994, 2000; Calderon & Greenberg, 2003). Deaf children of hearing parents are minorities within their own families. Deaf adults employed in educational settings and community programs thus play an important role in transferring the culture and language of Deaf people to Deaf children and their families (Calderon & Greenberg, 2003).

However, a systematic absence of Deaf education professionals and Deaf adults in

infant hearing screening and early intervention systems has also been apparent among Ontario IHP administrators and staff members. A job opening for the manager of the IHP co-ordinating agency located in Markham-Stouffville Hospital stipulated a “Masters degree in Speech Pathology or Audiology” and “Current registration with the College of Speech Language Pathologists and Audiologists” as its chief qualifications. In addition, the IHP family support workers who meet with parents of identified Deaf or hard of hearing infants to provide information about early intervention options are hearing professionals with backgrounds in social work. A senior IHP consultant previously decreed that Deaf professionals with degrees in social work would not be considered for the family support worker positions because Deaf people could not be sufficiently “neutral” in their approach (Cripps, J. and Small, A., 2006, personal communication.) Yet social worker programs, like speech-language pathology and medical training programs, generally do not provide in-depth information about Deaf people or signed language to their students. As Fjord (1999) notes, such professionals can only be competent in the values that are transmitted to them by society and their training. The otologists interviewed by Fjord (1999) stated that their training did not prepare them for working with Deaf people or provide any information about signed language. Similarly, Cripps and Small (2004c) report that the IHP family support workers have indicated that they are not sure how to respond to parents’ questions about learning ASL and its effects on learning English and on speech development. The impact of this lack of awareness regarding ASL on the family support workers’ part can also be seen in the low numbers of families referred for ASL services under the IHP.

Cochlear implants and signed language.

As Cripps and Small (2004c) note, the IHP's supposed options for Deaf infants and their families become a moot point when two of Ontario's three children's hospital cochlear implant teams require families to provide AVT and thereby reject ASL for their child. Accordingly, the IHP has not funded ASL services to children receiving AVT. When asked for references for the research used to support the prohibition on signed language services for infants and children receiving AVT, an IHP senior program consultant responded:

Current research has not provided any scientific evidence to support the choice of one communication development service over another for any given child ... Most auditory verbal therapists will not treat children who are receiving sign language instruction which is the reason that the IHP offers a Dual Programs option. (Stein, M., letter to the Ontario Association of the Deaf, August 23, 2006)

However, the IHP's dual spoken-and-signed language program is not equivalent to AVT. Fewer professionals are available to provide these services compared with the numbers of AVT providers. Families who request the dual approach receive half of the spoken English services and half of the ASL services that are normally provided under the AVT and ASL service options (Small, A., personal communication, July 31, 2006).⁵ This prohibition on signed language for Deaf children with cochlear implants is part of what Fjord (1999) describes as the long history of a constructed binary opposition between spoken language and signed language by educators and medical professionals. This opposition also represents a version of Cummins' (2001) separate underlying proficiency

⁵ When asked for an update for the year 2009 regarding IHP service provision, a senior IHP program consultant informed me that "Discussions about IHP services and the language development framework are internal to the IHP and involve our regional programs, service providers and the Provincial Advisory committees. No changes to the program have been implemented at this point" (Weber, S., personal communication, January 19, 2009).

model where learning of a signed language is perceived to inhibit spoken English development. Yet the research presented in this paper refutes this view.

Despite their broad implementation and public support, the efficacy of childhood cochlear implants and AVT for supporting first-language acquisition in Deaf children is inconclusive (Eriks-Brophy, 2004; Goldin-Meadow & Mayberry, 2001; Hyde, 2002; Spencer & Marschark, 2003). Eriks-Brophy (2004)'s review of studies evaluating AVT notes that this research tends to be retrospective and anecdotal in nature and is often based on a small, self-selected group of participants. In the author's words, "This evidence would be classified as providing only limited support in favour of AVT as a treatment approach" (Eriks-Brophy, 2004, p. 30). This research also lacks a measure of these children's functioning across multiple domains, including social and emotional development (Eriks-Brophy, 2004). As part of a longitudinal study of Deaf and hearing infants and parents, Meadow-Orlans, Spencer, Koester, and Steinberg (2004) found that mothers' use of signed language and gesture when children were 12 months old was strongly related to the infants' language progress, social interaction and visual attention patterns at 18 months of age. These writers conclude:

Our research suggests that a strict adherence to an auditory-verbal regimen that decreases visual input, although it may be successful with a limited number of children or as an approach to speech therapy, is likely to delay the general language and social development of children with a hearing loss, especially those whose loss is severe or profound. (Meadow-Orlans et al., 2004, p. 224)

While cochlear implants can improve access to sound and speech perception and production (Blamey, 2003; Blamey et al., 2001; Preisler, Tvingstedt, & Ahlström, 2002),

their performance is not uniform. Meadow-Orlans et al. (2004) describe the outcomes of cochlear implants in young Deaf children as “uneven and unpredictable” (p. 219). Cochlear implants also do not transform a Deaf child into a hearing one. Most Deaf children with cochlear implants are functionally hard of hearing (Blamey, 2003; Blamey et al., 2001; Schick et al., 2006; Spencer, 2002; Spencer & Marschark, 2003).

Hard of hearing children face severe developmental, communication and educational difficulties (Blamey, 2003; Preisler, 1999; Preisler & Ahlström, 1997; Schick et al., 2006). Blamey (2003) cites data from one study of 87 primary school children that found the average rate of spoken language development for children with hearing aids and cochlear implants was about 55% of the rate for normal spoken language development in hearing children (Blamey et al., 2001). This author also states that “a hard-of-hearing child has about 40-60% of the learning opportunities of a hearing child” due to limited auditory experiences, and as a consequence his or her “learning rate is about 40-60% of normal” (Blamey, 2003, p. 241). The social and emotional development of hard of hearing children is similarly affected. Antia and Kreimeyer (2003) report that both Deaf and hard of hearing children interact less frequently with hearing peers, spend less time in interaction and engage in briefer interactions than hearing children owing to more limited spoken language abilities. Preisler and Ahlström (1997) found that their study group of hard of hearing children aged between 2 and 7 lacked knowledge of rules for communication including turn-taking and making eye contact.

Hard of hearing children and Deaf children with cochlear implants also benefit from exposure to a signed language (Preisler, 1999; Preisler & Ahlström, 1997; Spencer, 2002). Perhaps especially for this group of children with some hearing abilities, acquiring a signed language early in childhood can benefit spoken language development in significant ways. Yoshinaga-Itano (2006) cites three case studies of infants involved with the Colorado Home Intervention Program who acquired ASL and simultaneously received cochlear implants and auditory-oral stimulation. These young children's broad ASL vocabularies were a foundation for developing spoken English word perception and production skills (Yoshinaga-Itano, 2006).

A model for simultaneous bilingualism in ASL and English for Deaf children with cochlear implants can be envisioned where, however, individual proficiency and progress in spoken language may still be varied. Some of the most compelling evidence for this model comes from a longitudinal study of Swedish Deaf children with cochlear implants reported by Preisler, Tvingstedt, and Ahlström, (2002, 2005). Preisler et al. (2005) interviewed 11 children aged between 8.5 and 10.5 with cochlear implants about their experiences. At the time of the 2005 study, the children had been using their implants for 5.0 to 7.5 years. Six of these children attended schools for the Deaf and five were in mainstream classes. Owing to the Swedish model of Deaf education, where signed language has been the official language of instruction since 1981, these children and their families used Swedish sign language in addition to spoken language (Preisler et al., 2002, 2005). In the earlier study reported by Preisler et al. (2002), parents used mainly signed

language with their young children and introduced more spoken language as time passed. In the 2005 study results, children enrolled at schools for Deaf students expressed no difficulty in understanding what was said in the classroom environment. More difficulties in understanding their teacher and in communication in a group environment were reported by children in mainstream classrooms where spoken Swedish was used. This observation was consistent with their parents' and teachers' comments (Preisler et al., 2005). With impaired hearing, it is more difficult to create meaning and coherence from spoken language utterances. The study authors expressed concern regarding the students' need to develop linguistic competence for the increasing abstraction in higher education. Mainstream classroom environments that do not provide exposure to signed language may not support the fluency needed for full linguistic competence (Preisler et al., 2005).

Preisler et al.'s (2005) description of the difficulties that a mainstream classroom environment poses for Deaf children with cochlear implants is corroborated by researchers in other countries (e.g., Knecht, Nelson, Whitelaw, & Feth, 2002; Shield & Dockrell, 2004). These researchers report that even when children with cochlear implants are able to hear within normal limits for some situations, the noise levels in most classrooms are too high to enable easy understanding of speech. While excessive noise levels and high reverberation in the classroom can negatively impact the performance of hearing children, children with hearing loss are most at risk for having difficulty in noisy classrooms (Picard & Bradley, 2001).

Yet despite the more restrained picture of childhood cochlear implants that emerges from this literature, their image as miraculous and as a cure for deafness has prevailed (Fjord, 1999; Hyde & Power, 2005). A November 25, 2005 article in *Business Week* that lauded cochlear implants as “a boon for the deaf” is typical of the popular media’s depiction of these devices. As cited in Hyde and Power (2005), high levels of parental expectations for cochlear implants are reported by several researchers (Christiansen & Leigh, 2002; Hyde & Power, 2000; Spahn, Richter, Zschocke, Burger, Lohle, & Wirschling, 2001). An audiologist quoted by Fjord (1999) compares cochlear implants to “the Olympics: anyone can make it to the Olympics if you work really hard and train all the time” (p. 127). Unrealistic expectations of cochlear implants combined with a focus on “working hard” can result in a sense of failure by children and parents who achieve less than ideal results (Fjord, 1999; Hyde & Power, 2005). As a consequence, it has been suggested that the population of parents and children who participate in cochlear implant studies consists mainly of the most successful recipients (Bat-Cheva & Deignan, 2001; Leigh & Christiansen, 2002). Christiansen and Leigh (2002) reported a 24% response rate to their national survey of over 1,800 parents of children with cochlear implants in the U.S. In an email about this survey, one author wrote: “We tried hard but could not recruit parents who were disillusioned about their experiences ... It's too painful for most of them, understandably” (Leigh, I., personal communication, May 18, 2006).

In Scandinavian countries where there is a high rate of implantation but also a

near-universal acceptance of signed language as a key component in the education and development of Deaf children, the cochlear implant is seen as a “high-powered hearing aid” rather than as a “miracle” (Fjord, 1999, p. 127). In this cultural context with a greater acceptance of Deaf people as a linguistic minority group, less weight may be attached to the cochlear implant’s perceived impact on the identity of Deaf people and more focus may be given to the cochlear implant as a support for bilingualism (Fjord, 1999).

Further ethical dimensions of cochlear implants in Deaf children are still subject to debate (Hyde & Power, 2005; Komesaroff, 2007). In 2003, the World Health Organization issued its International Classification of Functioning, Disability and Health which adopts both the social and medical models of disability (Andersson, Y., personal communication). The Deaf community and signed language are an integral part of the social model of Deaf personhood. If the view of Deaf people that is offered by early intervention programs focuses mainly on a deficiency model and on technological supports for acquiring spoken language skills to the exclusion of an accessible signed language, then these programs cannot be said to offer unbiased information. Nor are the views of Deaf adults and the Deaf community fully included in such a model. Preisler et al. (2005) note that the United Nations Declaration of the Rights of the Child decrees that issues concerning children should be dealt with from the child’s own perspective. Parents of Deaf children, and hearing individuals in general, often have very different conceptions of Deaf personhood than do the children themselves (Bat-Chava & Deignan,

2001; Fjord, 1999; Hyde & Power, 2005). Perhaps one of the most effective ways of incorporating the views of Deaf children—who are often too young to advocate for themselves—into early intervention and education programs is to include Deaf adults and Deaf professionals in these programs’ oversight and administration.

Another ethical issue raised by Hyde and Power (2005) is that of informed consent. Cripps and Small (2004c) cite a number of parental complaints that misinformation has been provided by the Ontario IHP, whose “professionals view sign language as a last option” and where “[i]t seems to be standard practice for audiologists to mention hearing aids and cochlear implants with no mention of ASL and the Deaf community” (p. 7). These written comments from hearing parents include the charge that the IHP is ““denying us ASL services”” and the complaint that ““[t]rying to convince speech therapists of a Deaf child’s need for ASL, is no easy task”” (Cripps & Small, 2004c, p. 7). Cripps and Small (2004c) also point out that the IHP’s options of AVT versus ASL are presented by the family support workers as if the two choices of spoken and signed language, as well as being dichotomous,⁶ were as equally well understood by all concerned.

The next section will further discuss early literacy development and parent-child interaction.

⁶ For instance, public information about the IHP located on the Mount Sinai Hospital website has claimed that “Generally, hearing aids are not used when sign language is chosen by the family” and “The primary goal of ASL is to be the deaf child’s main language, and allow him/her to communicate before learning to speak, or even if the child never learns to speak.” (Mount Sinai Hospital, 2008b). Information about the dual approach on this website has been limited to one sentence: “The Ontario Infant Hearing Program offers a combination of both the oral and visual approach, which the IHP refers to as a Dual Approach” (Mount Sinai Hospital, 2008a).

Early language and literacy development.

In hearing children, the development of English literacy is preceded by language skills including metalinguistic and phonological awareness, and by a broad first-language vocabulary and opportunities for verbal interaction (Snow, Burn, & Griffin, 1998). Snow et al. (1998) emphasize that developing minority-language children's first-language expertise is crucial to learning how to read in English. Since an impoverished first-language foundation is often the source of difficulties experienced by beginning Deaf readers, and a strong relationship between ASL proficiency and English literacy has been established in Deaf students, educational and intervention programs for young Deaf children should be designed to facilitate emergent literacy in both languages.

Because hearing parents of Deaf children may often not begin learning a signed language until after their child's hearing loss has been identified, it is sometimes argued that these children lack access to fluent first-language models and as a consequence may be delayed in their acquisition of signed language, as well as spoken/written language. Initiatives proposed by the Deaf community, however, have focused on the involvement of Deaf adults as language models for Deaf children and their families. Opportunities for language-based interaction, language play, and sharing ASL literature with young Deaf children can be facilitated by involving ASL-proficient Deaf adult professionals in early intervention and education programs. Successful models for this type of program have been established in Canada and the U.S. (Cripps & Small, 2004c; Roberts, 1998; Watkins

et al., 1998).

Watkins et al. (1998) reported on a groundbreaking Deaf Mentor Experimental Project in Utah where Deaf adults made regular home visits to young Deaf children and their families to share their knowledge of ASL and Deaf culture and serve as role models. The group of Deaf children receiving Deaf mentor services was matched to a control group of children and parents in Tennessee who received only spoken or manually coded English services. Average receptive and expressive language gains for the Utah children were six months greater than those for the Tennessee control group. Moreover, the Utah children with exposure to ASL scored more than 2.5 times higher on a test of English grammar than the Tennessee children. Parents reported that children in the Utah Deaf mentor program had vocabularies more than twice the size of the matched children in Tennessee, and parents themselves knew and used more than six times as many signs as the parents in Tennessee.

A Deaf Mentor and Outreach ASL Program at the Sir James Whitney School for the Deaf, Belleville, Ontario was begun in 1993 to provide services to families on the preschool home visiting caseload (Roberts, 1998). The Ontario Cultural Society of the Deaf (OCSO) began its ASL and Early Literacy Consultant Program in 2001 with the goal of developing province-wide standards and training for Deaf family ASL instructors and ASL and early literacy resources for parents and children (Cripps & Small, 2004c). In 2002, the IHP provided OCSO with three years of start-up funding to assist with

training, materials development, and referrals for ASL and Early Literacy Consultants. However, funding for this infrastructure ceased in March 2005. Individual family ASL instructors may still be contracted with by IHP co-ordinating agencies for families who request ASL services. However, ASL and bilingual ASL and English programs and resources for young children have not been consistently supported by the IHP and there has been no system for oversight or referrals of family ASL instructors. As a result, few young Deaf children in Ontario have accessed ASL services.

Parent-child interaction.

There is a body of research comparing parent-child interaction among groups of hearing and Deaf parents and children. However, this research does not generally focus on ASL literacy or bilingual development involving a native signed language. Loots and Devise (2003) review the literature regarding hearing mothers' spoken-language interaction with their Deaf children. This literature indicates a controlling interaction dynamic with "more initiations, more imperatives and demands" by mothers and "fewer responses and expansions" by children (p. 296), especially during the child's 18-24 month age range. At this age, hearing children are developing spoken language production skills. However, this research shows a decrease in comprehension by Deaf children at this age when interacting with their mothers (Lederberg & Mobley, 1990; Meadow-Orlans & Steinberg, 1993). Loots and Devise (2003) note that mothers' perceptions of their Deaf children's limited language skills prompts a controlling interaction style that elicits passive and dependent behaviour on their children's part.

Youngs (1996) describes her participation in a study by Jamieson (1989), involving interaction between Deaf and hearing parents and their young Deaf children. She notes that typical patterns of interaction between hearing parents and their Deaf children, framed by limited communication, discourage independent thinking. Moreover, the group of Deaf children with hearing parents in Jamieson's study demonstrated lower self-confidence and had slower language development than the Deaf children with Deaf parents (Youngs, 1996). Conversely, the literature reviewed by Loots and Devise (2003) indicates that hearing mothers' accommodations for the visual communication needs of their Deaf children discourage a controlling interaction dynamic. Visual, tactile, and kinetic behaviours used by parents with very young Deaf children support reciprocal communication and affection (Loots & Devise, 2003).

The ASL Parent-Child Mother Goose Program.

The Parent-Child Mother Goose Program began in 1984 as a pilot program in Toronto for parents and children identified by the Children's Aid Society as being at risk (The Parent-Child Mother Goose Program). In 1986, the program was extended to include families in the general community. The program focuses on the use of spoken language rhymes, rhythms, and stories to nurture the parent-child relationship. No toys, books, or other props are used, although parents have reported that their use of oral rhymes and songs strengthens and complements reading books with their children (Canadian Institute of Child Health, 2001). There is research on the spoken language

program's efficacy in promoting positive parent-child interaction, family well-being, and English literacy (e.g., Canadian Institute of Child Health, 2001). This research also mentions the program's use with parents and children who are learning English as a second language.

Like the original program, the ASL Parent-Child Mother Goose Program features ASL literature as a form of oral literature (Bahan, 1991). ASL rhymes, rhymes, and stories are used, with ASL rhymes being formed through the repetition of handshapes, movement paths of signs, or nonmanual signals (Bauman, 2003; Valli, 1990). ASL rhythms involve recurring and patterned motions in ASL poems (Cripps & Small, 2004b). Because many ASL rhymes also involve rhythm, and vice versa, throughout this thesis I will use the term "ASL rhyme" to refer to the short ASL poems used in the ASL Parent-Child Mother Goose Program.

Erting and Pfau (1997) link language play—including signed games, rhythmic signing activities, and simple ASL poetry—in young Deaf children to the development of metalinguistic awareness, which in hearing children typically emerges during the preschool years (Snow et al., 1998). Shared rhymes and stories also develop language skills that are precursors to print literacy in young children (Canadian Institute of Child Health, 2001). With its focus on ASL handshape rhymes and stories, the ASL Parent-Child Mother Goose Program promotes awareness of ASL phonology and the development of a broad ASL vocabulary akin to the spoken English vocabulary

developed by hearing children's use of nursery rhymes. Rhymes and storytelling also facilitate children's familiarity with the structural organization of literature (Cripps & Small, 2004b; Heath, 1983; Snow et al., 1998). In view of its potential to enhance Deaf children's first-language literacy in ASL, and in light of the demonstrated relationship between ASL proficiency and English literacy in Deaf students, the ASL Parent-Child Mother Goose Program can be viewed as a support for emergent literacy in both ASL and English.

Snow et al. (1998) outline the factors that contribute to young children's reading success, including oral language proficiency and opportunities for verbal interaction. The ASL Parent-Child Mother Goose Program encourages parents to use ASL rhymes and rhythms with their children at home and elsewhere (Cripps & Small, 2004b). Snow et al. (1998) also discuss the acquisition of attitudes about literacy during the preschool years. What role can participation in the ASL Parent-Child Mother Goose Program play in shaping parents' attitudes toward early literacy in ASL, and by participating in a shared family early ASL literary program can parents convey to their children that ASL literacy and literature are necessary and valued? As ASL literature is often the most accessible literature for young Deaf children, the promotion of an ASL literature tradition and enhanced communication between parents and children can be seen as important functions of a family ASL literature program.

This chapter has identified major issues regarding language and literacy

development in Deaf children and public services for supporting learning of ASL and ASL literature by Deaf children and their parents. The next chapter will outline the theoretical framework for my study.

Chapter 3:

Theoretical Framework

Pathologizing Discourses

The previous chapter has presented research-based arguments for bilingual programs and services in the context of infant hearing screening and early intervention services where systemic barriers to young Deaf children and their families' learning of ASL are entrenched. In this chapter, I further explore the theoretical underpinnings of relations of power (Cummins, 1997, 2001) between the Deaf community and medical and educational models that work to oppose signed language and a Deaf identity. Historical representations of and Discourses surrounding Deaf people have been explored by other writers, notably Ladd (2003) and Lane (1992). Often, these Discourses and representations are linked to social and educational practices and structures that render Deaf people as disabled instead of a distinct linguistic minority. The construction of Deaf people as disabled often serves to channel Deaf students away from bilingual education programs and socialization with the Deaf community and toward habilitation via the practices of oralism (Komesaroff, 2008; Lane, 1992; Lane et al., 1996). In this regard, medical and educational Discourses surrounding Deaf identity bear similarities to Discourses opposing bilingual education for hearing children on the grounds that language and cultural differences are deficiencies (Cummins, 2001).

While later sections of my thesis will further explore how an ASL and Deaf

culture Discourse was embodied in the space of the ASL Parent-Child Mother Goose Program, in this chapter I will focus on how the theories of Ogbu (1992), Cummins (1997, 2001), and Gee (2008), in addition to Deaf culture theorists Ladd (2003), Lane (1992), and others, work to illuminate pathologizing Discourses surrounding signed language and a Deaf identity. In the small-d sense, discourses are simply discursive systems or “connected stretches of language that make sense” to people who use that language, while “‘discourse’ is part of ‘Discourse’” which “is always more than just language” (Gee, 2008, p. 154). As a system of being, a Discourse “concerns itself with certain objects and puts forward certain concepts, viewpoints, and values at the expense of others. In doing so, it will marginalize viewpoints and values central to other Discourses” (Gee, 2008, p. 162). Or, as Foucault argues, “Discourses ... systematically form the objects of which they speak” (cited in Lane, 1992, p. 83).

Deaf People as Involuntary Minorities

Ogbu (1992) has devised the categories of voluntary and involuntary minorities as a way for approaching the academic underachievement of certain groups of students as compared with others. Voluntary minorities are groups of people who have arrived in another society of their own accord in hopes of better economic prospects, more opportunities, and/or greater freedom than they found in their own countries (Ogbu, 1992). Because of the voluntary nature of their minority status in the new society, Ogbu (1992) argues, the “primary cultural differences” that voluntary minority students carry do not cause as many problems in school: these unique aspects of voluntary minority

students' home cultures and languages were in existence before the students' arrival, and did not develop as a means of opposition to or protection from the majority culture. Since these primary cultural differences are not seen as being in competition with mainstream society, voluntary minorities tend to approach school and second language learning more willingly and encounter fewer problems than involuntary minorities (Ogbu, 1992). In other words, voluntary minorities do not buck the system.

Involuntary minorities, on the other hand, are groups of people who were brought into another society against their will through "slavery, conquest, colonization, or forced labour" (Ogbu, 1992 p. 8). Both Ladd (2003) and Lane (1992) have argued for the view of Deaf people as a colonized minority, particularly in terms of linguistic and cultural colonialism, and it is in these terms that I regard Deaf people as an involuntary minority group. Assigned an inferior status, involuntary minorities have also been denied opportunities to truly integrate with the majority culture and as a consequence, developed "secondary cultural differences to cope with their subordination" (Ogbu, 1992, p. 8). These secondary cultural differences have a greater impact on the educational experiences of involuntary minorities in part because these differences

seem to be associated with ambivalent or oppositional social or collective identities vis-à-vis the White American social identity. Voluntary minorities seem to bring to the United States a sense of who they are from their homeland and seem to retain this different but non-oppositional social identity ... Involuntary minorities, in contrast, develop a new sense or social or collective identity that is in opposition to the social identity of the dominant group after they have become subordinated. This is in response to their treatment by White Americans in economic, political, social, psychological, cultural, and language domains. (Ogbu, 1992, p. 9)

Secondary cultural differences cause problems in school for involuntary minorities, Ogbu (1992) argues, because these differences “evolved as coping mechanisms under ‘oppressive conditions,’ and the minorities have no strong incentives to give up these differences as long as they believe they are still oppressed” (p. 10). These differences between involuntary minority and mainstream students in communication, cognitive, interactional, or learning styles result in the perception by involuntary minorities that school success entails “acting white”:

involuntary minorities may consciously or unconsciously interpret school learning as a displacement process detrimental to their social identity, sense of security, and self-worth. They fear that by learning the White cultural frame of reference, they will cease to act like minorities and lose their identity as minorities and their sense of community and self-worth. Furthermore, reality has demonstrated that those who successfully learn to act White or who succeed in school are not fully accepted by the Whites; nor do such people receive rewards or opportunity for advancement equal to those open to Whites with similar education. (Ogbu, 1992, p. 10)

In addition, those involuntary minority students who are perceived as “acting white” run the risk of ostracism from their home community: in Ogbu’s (1992) words, such students “usually experience isolation from other Black [or involuntary minority] students, resulting in high psychological costs” (p. 11).

In the case of orally educated Deaf students, Lane (1992) has observed a phenomenon of cultural homelessness that is similar to the plight of academically successful involuntary minority students:

When deaf students leave the oral programs of home and school, they find that the hearing world no longer sees them as superior to signing deaf adults solely because of their oral skills ... They find, moreover, that hearing people, unlike their family and teachers, are untrained to understand their deaf speech. A few stay the course, but most choose to learn ASL ... When they do, they are often

confronted by their parents for betraying them. And when they turn to the deaf community for support, they experience discrimination in reverse. Gunned down by both sides, some young oral deaf people refuse to take either side ... Such a person loses connectedness with the social world. (p. 228)

In a first-hand account of cultural homelessness, Jill Jones (2003) has recounted her experiences as a former mainstreamed Deaf student attempting to join the Deaf community as an adult:

I visited Deaf clubs, met Deaf people, but still no joy. I was seen as a J who could speak, not a J who was Deaf. I took signing classes to see if this helped. I could sign but thought this may help. No way. As the years went by I tried everything but nothing worked. I could not fully enjoy the world of the hearing as I could not hear well. Nor could I fully enjoy the world of the Deaf. (p. 16)

In the present day, these perceived reservations on the Deaf community's part toward welcoming orally educated individuals may have been partly relaxed due to the fact that the numbers of mainstreamed Deaf students by far outstrip the numbers of students who attended Deaf residential schools. Or at least, there are now enough orally educated Deaf students and former students to form a subgroup of their own.

However, it may be more difficult to tie Ogbu's theories regarding involuntary minorities to the academic success of Deaf students (apart from spoken-language proficiency—in Deaf education, as McKee (2008) notes, the two concepts are frequently conflated), given that signed language skills in themselves are often the best predictors of overall academic performance. In addition, as Ladd (2003) has noted, learning and knowledge are highly valued by the Deaf community where Deaf individuals often take on the role of teaching each other: "The trope of 'Information' is ... a highly significant Deaf cultural value" (p. 353). An anecdote about the pre-1970s German Deaf community

is cited: “‘It always struck me that there was such thirst for knowledge among the Deaf. They longed for more information and sat together until late in the night to share information. This is a typical feature of their culture’” (Ladd, 2003, p. 146). It is also sometimes difficult to apply the concept of secondary as opposed to primary cultural differences in the case of Deaf students, since enduring hallmarks of Deaf culture like the valuation of native signed languages predate modern-day medical and educational Discourses (Ladd, 2003). Signed languages and Deaf culture did not spring up in opposition to oralism, although oppression may have strengthened and explicated the Deaf community’s self-awareness, convictions, and cultural beliefs as well as its resistance to some facets of mainstream, spoken-language cultures.

Viewing minority status and schooling in a Canadian context, Cummins (1997) highlights some difficulties with broadly applying Ogbu’s theories to disparate groups of students. Rather, writes Cummins (1997), student underachievement is better viewed from within the framework of relations of power in the classroom where educators as well as students play a crucial role in negotiating identities. When the exercise of power by a dominant entity takes on the quality of coercion, a process of definition takes place whereby the identities of minority students are further stigmatized and the superior status of the dominant group is affirmed (Cummins, 1997). These “[c]oercive relations of power are reflected in and shaped through discourse” (Cummins, 1997, p. 423). For example, Cummins (1997) outlines the history of residential schools for aboriginal students in Canada, where a “process of destruction of identity was the norm rather than the

exception”:

the negotiation of identity in educational contexts is a mutual process; for educators of aboriginal children to define their roles as bearers of salvation, civilization, and education they must simultaneously define the recipients of these “gifts” as heathen, savage, and ignorant. (p. 418)⁷

This educational Discourse surrounding First Nations students in Canada, like all other Discourses, is a product of history (Gee, 2008). Educators of aboriginal students who participated in this dual process of identity definition were channels for “historically and socially defined Discourses [that] speak to each other through individuals” (Gee, 2008, p. 162). This dual process of identity definition and activation of dominant Discourses also takes place in oralist education of Deaf students, as Lane (1992) writes:

Educators of deaf pupils believe the most negative claims about manual language, even in the face of linguistic evidence to the contrary, because their concept of deaf people, like the colonizers’ concept of Africans, requires deaf people’s linguistic and intellectual inferiority ... Their pupils are intellectually deficient, the educators claim, because they lack true language. (p. 46-47)

For Lane (1992), it is “the ethnocentrism of paternalism” (p. 47) that explains the persistence of educators of Deaf students’ irrational beliefs and pedagogical practices such as signed English. Put another way, pathologizing Discourses regarding Deaf children and adults cannot recognize the validity of signed language and Deaf culture since doing so would challenge the very foundations of those Discourses.

In addition to presenting a more comprehensive framework for viewing minority student achievement within the context of societal power relations, Cummins’ (1997, 2001) concept of dual identity negotiation between student and teacher avoids more

⁷ It should be noted that the history and function of Canadian residential schools for First Nations students are distinct from the historic role of residential schools for Deaf students as “the center of the DEAF-WORLD” (Lane et al., 1996, p. 241) and the sites for transmission of signed language and Deaf culture.

problematic aspects of Ogbu's (1992, 1993) arguments. While Ogbu (1993) acknowledges that "schools themselves appear to approach the education of involuntary students defensively through strategies of control and paternalism which divert attention from efforts to educate minority children" (p. 103), his focus on involuntary minority students' "interpretations and responses" which make "them more or less accomplices to their own school success or failure" (p. 88) has the troubling appearance of blaming the victim. More to the point, Ogbu's (1992, 1993) emphasis on student complicity and responsibility appears to focus more on changing students' ways to accommodate and assimilate to the system than on challenging larger power structures which are at the root of oppression. In Gee's (2008) words,

It is often said that the values embedded in a Discourse [of minority students] play a role in replicating [their] parents' place towards the bottom of the social hierarchy, since [the students'] resistance to the school will lead to lack of school success and thus a poor economic future ... While there is undoubtedly some truth in this, it misses the fact that [minority] adolescents ... know that schools as currently constituted ... will never accept and value their community's social practices and never give that community, on a full and fair basis, access to dominant secondary Discourses and the "goods" that go with them. (p. 193)

Ogbu's approach also appears to avoid recognizing the positive nature of involuntary minority students' resistance of majority-culture norms and expectations by holding fast to their own culture's values. As Ellsworth (1989) writes,

By speaking, in their "authentic voices," students are seen to make themselves visible and define themselves as authors of their own world. Such self-definition presumably gives students an identity and political position from which to act as agents of social change. (p. 309)

This self-definition is also crucial to the identity and agency of the Deaf community. In Tom Humphries' words,

Although hearing people may think that Deaf people's goal is to be included in society, it is more likely that Deaf people's goal is one of maintenance of boundaries between cultures and a search for accommodation that allows the Deaf person to remain true to the self. (cited in McKee, 2008, p. 532)

Emery (2003b) in turn notes that "In the quest to 'normalise' deaf children, there is likely to be [a] lot [of] anger ... in our community. That can be channelled in many directions, including political protest, which would be a positive thing" (p. 20-21). Like political protest, the authentic voices of minority students often appear insubordinate in nature, for such students

do not speak of the oppressive formations that condition their lives in a spirit of "sharing." Rather, the speech of oppositional groups is a "talking back," a "defiant speech" that is constructed within communities of resistance and is a condition of survival. (Ellsworth, 1989, p. 310)

As well as serving a process of self-definition, minority students' resistance of dominant academic Discourses has benefits for critical thinking. In Macedo's (1993) terms, resistance to such Discourses is also resistance of "[l]iteracy for cultural reproduction" which "uses institutional mechanisms to undermine independent thought" (p. 186). From Macedo's (1993) perspective, the academic underachievers among us come out on top since "the less educated one is, in the reproductive dominant model, the greater the chances to read the world more critically" (p. 203). For Gee (2008),

there happens to be an advantage to failing to master fully mainstream Discourses, that is, there is, in fact, an advantage to being socially "maladapted." When we come across a situation where we are unable to accommodate or adapt (as many minority students do on being faced, late in the game, with having to acquire mainstream Discourses), we become consciously aware of what we are trying to do or are being called upon to do, and often gain deep insight into the matter. This insight ("meta-knowledge") can actually make one better able to manipulate the society in which the Discourse is dominant, provided it is coupled with the right sort of liberating literacy (a theory of the society and one's position in it, that is, a basis for resistance to oppression and inequality). (p. 179-180)

The concept of Discourses allows for fluidity and social change, since every time an individual acts within a given Discourse or Discourses, he or she can also act to change or recreate those Discourses: “if you pull off a performance and it gets ‘recognized’ as meaningful and appropriate in the Discourse, then it ‘counts.’ That performance carries, like a virus, aspects of your own individuality and, too, of your other Discourses” (p. 195). In addition, an ASL Discourse, like other minority-language and culture Discourses, can contain the seeds of liberation from dominant Discourses: this “community-based Discourse is a form of self-defense against colonization, which like all organized resistance to power is not always successful, but does not always fail” (Gee, 2008, p. 193).

Later sections of my thesis present the Deaf cultural space of the ASL Parent-Child Mother Goose Program as the embodiment of an ASL Discourse which counters dominant medical Discourses regarding signed language and Deaf identity. In these terms, ASL literacy can serve as an emancipative process for Deaf and hearing participants that empowers them “to intervene critically in the situation which surrounds them and whose mark they bear” (Freire, 2000, p. 67). The next chapter outlines the action research process and methodology employed by my study as they present a praxis for reflection and action by participants.

Chapter 4:

Research as Praxis

It is only when the oppressed find the oppressor out and become involved in the organized struggle for their liberation that they begin to believe in themselves. This discovery cannot be purely intellectual but must involve action; nor can it be limited to mere activism, but must include serious reflection: only then will it be a praxis. (Freire, 2000, p.65)

In planning my study design and methods, several factors were considered. One of these factors was the pervasiveness of systemic barriers to young Deaf children and their families' learning of ASL in an Ontario early intervention context. This issue overshadowed my study's planning and execution in more ways than I originally predicted. It also led me to seek a research method that was, as much as possible, emancipative for not only my study's participants but also for the broader discourse of research in Deaf education. As Evans (2004) notes, the mere proposal of a qualitative, collaborative approach in research with Deaf participants stands in contrast to the vast majority of research in Deaf education that is heavily weighted by quantitative studies emphasizing perceived deficiencies. Additionally, ethnographic methods, including participant observation, have less often been used by researchers who are interested in studying Deaf children's literacy practices (Biederman, 2003). In planning a participatory action research study, I therefore sought to extend my role as ethnographer to that of what Barab, Thomas, Dodge, Squire, and Newell (2004) call "a change agent who is collaboratively developing structures intended to critique and support the transformation of the communities being studied" (p. 255). An action research methodology, where

participants' dialogue and reflection occur in tandem with intervention for transformation of their world, seemed to best embody Freire's (2000) concept of praxis.

Action research, with its basic four-step process of planning, action, observation, and reflection, proposes practical and participatory responses to perceived needs for intervention. As Robin McTaggart states, "The aim of participatory action research is to change practices, social structures, and social media which maintain irrationality, injustice, and unsatisfying forms of existence" (cited in Reason & Bradbury, 2001, p.1). Reason (2004) outlines five dimensions of participatory action research that guided the planning and process of my study: developing knowledge through practice; emphasizing participation and democracy for all involved with the study; recognizing the many ways of knowing that emerge among participants; studying the processes of that emergence; and focusing on the worthwhile purposes of research.

Both action research and participant observation require the researcher to be actively involved in the study and in working with participants. Therefore, a primary concern for my study was balancing participant interests. Understanding my own agenda and subjectivity as a researcher must be balanced with a commitment to understanding participants' own perspectives and goals (Barab et al., 2004). It was necessary for communication between participants and myself to be fostered in order to support the democratic and collegial environment demanded by action research (Cohen, Manion & Morrison, 2000). In addition, as Reason (2004) notes, in the context of an early family

ASL literacy program my “research methodology ... may be driven by the design agenda” (p. 271) that is implicit in this setting. Commitment to dialogue and reflexivity on my part and a willingness to revise the research agenda were needed in order to balance the program design with principles of action research.

The ASL Parent-Child Mother Goose Program was the intervention used in the context of my study with Deaf and hearing children and parents, in part for reasons of access. The lack of support for ASL services in Ontario at the time of my study meant that few sites existed for studying young Deaf children and their parents’ ASL literacy practices. In the year 2005, just as its funding and infrastructure for overseeing ASL services terminated, OCSD received a new, three-year foundation grant for ASL Parent-Child Mother Goose Program provider training and materials development. This funding provided the means for OCSD’s family ASL literacy program to continue and expand, even in the absence of the previous infrastructure for ASL services.

This chapter describes the research setting and outlines the four-phase process of action research, including my initial research questions and how these were revised according to factors that include participant identity and the ways in which the context of Ontario infant hearing screening and early intervention services affected our program. I then describe the participants and their roles, and describe the data collection and analysis procedures that were used in planning my study.

Research Setting

My study took place at a Deaf service agency (DSA) in the province of Ontario, where local parents with young Deaf children are often referred by a regional IHP coordinating agency. DSA hosts a biweekly drop-in centre for parents and children and aims at promoting a neutral perspective on the contested domain of language choice for Deaf children. Neither ASL nor AVT is advocated, although agency staff members state that ASL is part of the drop-in centre environment, and AVT services are offered onsite. Although initially established for parents with Deaf infants and toddlers, owing to changes in IHP service provision the drop-in centre is open to parents with Deaf children up to the age of six. DSA also hosts a preschool for Deaf children and for hearing children of Deaf parents, in addition to a number of early years programs where Deaf parents may be in attendance.

When planning my study, ethical considerations were present owing to the characteristics of the participant group of Deaf children with hearing parents. It was anticipated that at least some of the children in this group would have cochlear implants and be enrolled in AVT. There was concern that these families' enrolment with AV therapists would be threatened if it were disclosed that their children were participating in an ASL literature program. However, ASL users were already present in DSA as staff members and clients, and so ASL was part of the DSA environment before our program took place. Our program was offered as a complimentary addition to DSA's resources for parents of Deaf children.

The Action Research Framework

Several writers have discussed the varied origins of emancipative or critical action research (e.g., Lather, 1986b; Kemmis, 2001; Reason & Bradbury, 2001). In part, action research is a response to positivist social science that views the researcher and practitioner as occupying separate roles (Kemmis, 2001; Reason, 2004). Participatory action research falls under the paradigm of what Lather (1986b) terms postpositivist “research designs that are interactive, contextualized, and humanly compelling because they invite joint participation in the exploration of research issues” (p. 259). Taking the role of participant observer enabled me to work closely and collaboratively with the program leader and the parents and children involved with my study. In Heron and Reason (2001)’s words, “good research is research conducted *with* people rather than *on* people” (p. 179, italics in original), and aimed at practical outcomes as much as theory-building. With reference to Heron and Reason (2001)’s descriptions, I have used the cyclical phases of planning, action, observation and reflection to illustrate how my research questions were addressed and how my study follows an action research model.

(i) *Phase 1*, the planning stage: In consultation with members of my thesis advisory committee and the ASL Parent-Child Mother Goose Program Coordinator (who was also our program leader, and whom I had previously worked with during participation in an eight-week program in fall 2005), I developed a research plan and research questions. My original questions were as follows:

1. What are participating parents' perspectives on shared family early ASL literary experiences? How do parents' knowledge about and attitudes toward ASL evolve through participation in this program?
2. What are the ASL Parent-Child Mother Goose Program leader's goals in providing an early ASL literary program for parents and young children? What is the nature of the early ASL literary activities provided by program leader? From his perspective, are the program leader's stated goals achieved?
3. What is involved in young children's development of early ASL literacy skills in the context of the ASL Parent-Child Mother Goose Program? What is early literacy in ASL?
4. What public resources are seen by the parents and program leader as necessary and desirable for promoting early ASL literacy?

When formulating the above questions, I drew on preliminary observations made during participation in an eight-week ASL Parent-Child Mother Goose Program in the fall of 2005. Participation in this pilot program also enabled me to determine which factors could be the starting points for exploratory, open-ended observations that sought to track emergent ASL literacy skills in the context of a family ASL literature program. While the fall 2005 program involved hearing parents with hearing children, for my present study I planned for a participant group of mainly hearing parents and young Deaf children. With such a participant group as I envisioned it, the children and their parents would likely be in the beginning stages of exposure to ASL and ASL literature. In this

scenario, I could witness the process of Deaf children's early ASL literacy acquisition. Additionally, as I hypothesized that hearing parents' attitudes toward learning ASL are often influenced by the information and guidance provided by speech and hearing professionals, I anticipated being able to observe and document how participation in a family ASL literature program in turn affected these parents' knowledge of and attitudes toward the language.

However, when planning my study, I was faced with several issues that affected my ability to access my participant group of initial choice. In the urban centre which was the setting for my study—located in the same city as one of the children's hospitals with prohibitions on learning ASL—not many hearing parents of young Deaf children choose ASL as an IHP service option. In the beginning, I was faced with the prospect of not being able to find any participants for my study. Additionally, the children's program at DSA where our ASL Parent-Child Mother Goose Program was held is intended to be accessible to all Deaf and hearing parents of Deaf and hard of hearing children. Since our program was being advertised and hosted by DSA, it was important for us to be open to all parents registered with the agency who wished to participate.

Because both Deaf and hearing parents participated in our program, the different roles and contributions of these parents became central to my research questions. Instead of studying hearing parents' evolving attitudes toward ASL, I chose to focus on both groups of parents' experiences in and contributions to the program in the overall context

of Ontario infant hearing screening and early intervention services. In addition, the child participants ranged in age from 4 to 11 months at the beginning of our program, and had varying degrees of exposure to ASL. Because the child participants were so young, my third research question was revised to focus on emergent ASL literacy. The goals of the ASL Parent-Child Mother Goose Program leader and the issue of public resources were also viewed in the context of Ontario infant hearing screening and early intervention services.

The following revised research questions guide my thesis:

1. How do Deaf and hearing parents bring differing perspectives on and experiences with family ASL literacy experiences in the context of Ontario infant hearing screening and early intervention services? What kinds of contributions do these groups of parents make to the ASL Parent-Child Mother Goose Program?
2. In the context of Ontario infant hearing screening and early intervention services, what are the ASL Parent-Child Mother Goose Program leader's goals in providing an early ASL literacy program for parents and children? What is the nature of the early ASL literacy activities provided by the program leader? From his perspective, are the program leader's goals achieved?
3. What is involved in young children's development of emergent ASL literacy skills in the context of the ASL Parent-Child Mother Goose Program? What is

emergent literacy in ASL?

4. In the context of Ontario infant hearing screening and early intervention services, what public resources do the parents and program leader see as necessary and desirable for promoting early ASL literacy?

In February 2007, a committee member, the program coordinator, and myself met with representatives of DSA to discuss hosting a program as part of this agency's regular services for parents and young Deaf children. The study and its goals were introduced to participating parents during the first session of the ASL Parent-Child Mother Goose Program in September 2007. During this session, as well as during meetings with the program leader, I attempted to heed Reason (2004)'s statement that "careful negotiation" is required in order to "foster participation" (p. 271), as I was conscious of the fact that my own interests as a researcher may have differed from those of the other participants.

(ii) *Phase 2*, the action stage: Our eight-week ASL Parent-Child Mother Goose Program, which met for one hour each week, was conducted from September-November 2007. My primary research method was participant observation in a context of collaboration with the program leader and parents. In this role, I drew on more traditional ethnographic research methods in addition to those of participatory action research, where "the liberating processes of dialogue" are emphasized (Reason, 2004, p. 272). Throughout this eight-week period of time, I sought to heed Heron and Reason (2001)'s advice to be "careful to notice the subtleties of experience, to hold lightly the conceptual

frame from which [we] started so that [we] are able to see how practice does and does not conform to [our] original ideas” (p. 180).

During the eight-week time period, I also attended several events related to our program, including a family event hosted by DSA and the OCSD board of directors’ Annual General Meeting. I also met with the program leader and Deaf service agency staff outside of our program to follow up with themes that had emerged during my research and administrative issues related to our program.

(iii) Phase 3, the observation stage: In observing and recording all participants in addition to my own actions and experiences during the program, I employed multiple methods of qualitative data gathering in concurrent phases: open-ended and structured observations, semi-structured and focus group interviews, and a document review. Triangulation of data by using multiple data sources and methods is, as Lather (1986a) notes, essential for establishing data trustworthiness and credibility in emancipative research.

Field notes and videotaping of programs were utilized for observations. A hand-held video camera was positioned by a volunteer to allow as broad a view of the room as possible during program sessions, and also to focus on individual participants and groups of participants who were engaged in ASL literature activities or dialogue. Interviews were conducted in ASL and English. An ASL interpreter was present for the duration of

the eight-week program to allow free and easy communication between Deaf and hearing parents and the Deaf program leader and researcher. Interview data was recorded via field notes and video camera, translated into English (from the ASL video data), and transcribed for further analysis. All qualitative data was transcribed and organized thematically by developing a set of coding schemes. Initial themes were shared with participating parents and the program leader for member check, which was central to establishing the face validity of my research (Lather, 1986a).

(iv) *Phase 4*, the reflection stage: At the end of each weekly program session and during separate meetings, I engaged in discussion with the program leader regarding the session's activities and outcomes, and my own observations. This stage also emerged during the semi-structured and focus group interviews with parents. Through this dialogue, other participants in my study became more involved with determining the agenda and direction of my research—an approach aimed at fostering participation and democracy and acknowledging that there are many ways of knowing (Reason, 2004). The degree to which the research process helped participants to focus and reorient their work attested to the catalytic validity of my research (Lather, 1986a). In addition, the discussions and interviews where participants were involved with constructing interpretations built reciprocity into my study (Lather, 1986b). As much as possible, the questions, comments, and suggestions provided by other participants in my study were incorporated in the next phase of planning and action. This reflection stage is also essential for construct validity and avoiding theoretical imposition (Lather, 1986a).

The following procedures for gathering and recording data during our program were utilized:

1. My first question, regarding participating parents' perspectives on and experiences with family ASL literacy experiences in the context of Ontario infant hearing screening and early intervention services, was addressed through semi-structured interviews that were concurrent with my observations of participants. In preliminary and follow-up interviews with individual parents, I sought to document the context for each family's involvement with the ASL Parent-Child Mother Goose Program. Through observation, I was also able to describe how Deaf and hearing parents contributed to our program and the different roles they played. Parents' use of ASL rhymes and stories with their children and their improvisation of new rhymes were documented through observation and focus group interviews which were conducted in the form of weekly review sessions by the program leader at the beginning of the program. I also observed parents' progress in the program, with particular attention paid to the degree of participation and independent use of rhymes. During and immediately following weekly sessions, parents were encouraged to discuss any issues relating to their own and their children's learning of ASL poetry and stories, questions about Deaf culture, and the overall structure and goals of the program and my study.

2. My second question, regarding ASL Parent-Child Mother Goose Program leader's

goals in providing an early ASL literacy program for parents and children in the context of Ontario infant hearing screening and early intervention services, was addressed through semi-structured interviews with the program leader, a document review of program materials, and observations of the program and its outcomes. Through observation, I was also able to document the nature and content of the early ASL literacy activities provided by the program leader. At regular intervals throughout our program, I interviewed the program leader regarding his observations and goals for the day's session, and whether any practical changes or initiatives were required on our part. Issues that emerged during our discussions were explored in subsequent interviews. A document review of the ASL Parent-Child Mother Goose Program weekly curriculum, program leader training, and resource materials were incorporated into my study. These documents helped me to compare program goals with outcomes.

3. My third question, regarding young children's development of emergent ASL literacy, was addressed through structured and unstructured observations that tracked factors including children's increased and focused visual attention and various types of responses to their parents and the program leader's use of ASL rhymes and stories. Based on preliminary observations and participation in an eight-week ASL Parent-Child Mother Goose Program in the fall of 2005, I determined that children's visual attention and responsivity could be the starting points for exploratory, open-ended observations that sought to track emergent

ASL literacy skills. By the program's midpoint, a more structured observation protocol was developed that included a coding scheme for further observations. Through observations, I was able to describe the process and elements of young children's emergent ASL literacy and the kinds of early literacy skills that are fostered in the context of the program and its activities.

4. My fourth question, regarding what public resources are seen as necessary and desirable for promoting early ASL literacy in the context of Ontario infant hearing screening and early intervention services, was also addressed through individual interviews with parents and the program leader.

Together, the other study participants and myself worked at developing knowledge through practice (Reason, 2004). In addition to documenting the program's effects with participating parents and children and the program leader, my research sought to provide, in Reason's (2004) words, "full and rich accounts of how relationships are initiated, developed, brought to fullness, and ended in participatory action research" (p. 272-3). I also sought to track how these relationships emerged and evolved over time (Reason, 2004). These phases of planning, action, observation, and reflection were repeated throughout the duration of my study. Preliminary observational data gathered during one action phase informed dialogue and reflection, and then planning for the next phase.

Participants

Our ASL Parent-Child Mother Goose Program was advertised to all parents registered with DSA's drop-in centre, preschool, and early years programs. Participants for my study were therefore recruited by DSA staff. As a Parent-Child Mother Goose Program principle, program groups must be small enough to ensure that individual families receive attention (Cripps and Small, 2004b), and are generally limited to ten or twelve families. In order not to turn away any families who wished to participate in our program, the program leader and I reasoned that if a large number of participants registered, two concurrent programs with age-matched children and their parents would be held on the same day.

In the end, six families signed up for our program: two with Deaf parents and Deaf children, one with a Deaf parent and hearing child, and three with hearing parents and Deaf or hard of hearing children. Each family or mother/child dyad that participated became a miniature case study. Attendance was most regular for four of the families, and two attended more sporadically. Data regarding the families' makeup is presented in Table 1.

Table 1: Individual Family Composition

Child's name	Child's age at start of program	Child's identity as described by parent(s)	Parent(s)' name	Parent(s)' identity
Charlie	7 months	Hard of hearing/Deaf	Bianca	Hearing
David	9 months	Deaf	Grace	Hearing
Henry	4 months	Deaf	Julia	Deaf
Sarah	11 months	Deaf	Mary and Peter	Deaf
Thomas	5 months	Hard of hearing	Alison	Hearing
Violet	6 months	Hearing	Donna	Deaf

*Parent and child participants.*1. Charlie and Bianca⁸

Charlie (seven months of age at the start of our program) and his mother, Bianca, attended our program regularly (for a total of five sessions). At the first session, Bianca reported that Charlie had a “moderate to severe” hearing loss. However, during the course of our program, Bianca mentioned that Charlie was referred for repeated hearing tests and it appeared that he had a more severe hearing loss than originally thought—from a severe to profound loss. Bianca and Charlie were referred to DSA (which informed Bianca about the ASL Parent-Child Mother Goose Program) by the IHP. In a preliminary interview, Bianca reported having attended one AVT session with Charlie and that she planned to access ASL and Literacy Consultant services. (As it later came to light, Bianca had originally requested dual language services that included learning ASL, but had instead been referred to AVT services by the IHP.) She also reported that our program was the first instance of being involved with learning ASL for Charlie and herself,

⁸ All participant names (except for my own) are pseudonyms.

although she has the *Sign With Your Baby* kit at home and had registered for, but not yet started, a baby sign program for hearing parents and children.

2. David and Grace

David (9 months) and his mother, Grace, attended three program sessions. Grace came to Canada four years ago from Hungary, and she stated that Hungarian was her own and David's first language. Grace learned about DSA through the IHP and was invited to attend our program when she met the program leader, Jonathan, at DSA's family event. David attended weekly AVT sessions, and Grace reported that our ASL Parent-Child Mother Goose Program was the first instance where she and David were exposed to learning ASL.

3. Henry and Julia

Henry (four months) and Julia attended every program session. Julia learned about DSA services for parents with young Deaf children from a DSA staff member. Julia is a social worker and ASL instructor, and is trained as an ASL and Literacy Consultant and ASL Parent-Child Mother Goose Program leader. She reported receiving ASL and Literacy Consultant services for Henry and herself on a weekly basis.

4. Sarah, Mary, and Peter

Sarah (11 months) and her parents, Mary and Peter, attended two sessions. This family came to Canada five months ago as refugees from Mexico, and their native

language is Mexican sign language, or Lengua de señas mexicana (LSM). Peter previously attended Gallaudet University where he learned ASL, and Mary worked as a teacher of Deaf children in Mexico. Mary and Peter learned about the ASL Parent-Child Mother Goose Program from a friend. They reported receiving dual language (ASL and auditory-oral) services from the IHP.

5. Thomas and Alison

Thomas (five months) and his mother, Alison, attended our program regularly, for a total of six sessions. Thomas, or Tom as he was called by his mother, was reported to have a unilateral (in one ear), severe hearing loss. They were referred to our program by the IHP and did not report receiving other services.

6. Violet and Donna

Violet (six months) and her mother, Donna, attended our program regularly, for a total of seven sessions. Donna learned about the DSA program from her sister, who is employed by the IHP. Donna's family background is Chinese-Canadian and she reported that her hearing relatives speak Chinese in addition to English with Violet. Donna is a junior kindergarten teacher at a provincial school for Deaf students and is trained as an ASL Parent-Child Mother Goose Program leader.

The ASL Parent-Child Mother Goose Program leader.

The program leader, Jonathan, has worked since 2005 as the ASL Parent-Child

Mother Goose Program Coordinator for OCSD. Along with one other individual, Jonathan is the only certified trainer of ASL Parent-Child Mother Goose Program leaders (having received training and certification from the founders of the Parent-Child Mother Goose Program). Jonathan is a senior ASL and Literacy Consultant and a university ASL instructor. He also teaches ASL in college and service agency settings. He is a certified ASL Proficiency Interviewer and Rater under a national ASL evaluation system that was developed by a Canadian Deaf organization with a university partner.

Jonathan's role in my study as a key agent and action-taker was crucial for what unfolded in terms of his leading of our ASL literacy activities and co-constructing (along with the other Deaf adult participants) a Deaf cultural space where an ASL and Deaf culture Discourse was embodied. Through his guidance of our collective action and ongoing dialogue, Jonathan's participation illustrated both the importance of collaboration to action research and how the tension between a range of participant perspectives that is common to action research emerged and was resolved.

Researcher as participant.

I do not notice more but I notice differently ... the deaf person watches from the unexpected and unguarded quarter. (David Wright; cited in Lloyd & Uniacke, 2007, p.193)

At our program's first session, Jonathan introduced me to the other participants as a former program coordinator for OCSD. From 2001-2005, I was employed by OCSD as ASL and Literacy Training Coordinator. I was responsible for organizing training

workshops for ASL and Literacy Consultants and coordinated ASL Parent-Child Mother Goose Programs for parents and children when the pilot program was first developed in 2003. I also introduced myself to participants as a Ph.D. student.

While I mentioned other aspects of my background and identity in passing during our program—such as the fact that, unlike the other Deaf adult participants, I grew up attending mainstream schools where I was the only Deaf student—I did not disclose everything that may have become a point of interest to the other participants. For instance, I did not share the fact that I had received a cochlear implant when I was fifteen, or that I had stopped using it after four years. This was partly because I did not want curiosity about my experiences to overshadow our program or influence participants' perceptions of my role and agenda as a researcher. While certain aspects of my background and identity were unknown to some participants—particularly those who met me for the first time through our program—as a member of the Deaf community and a former colleague of several Deaf participants, I was also conscious of these aspects of my identity being known by certain other individuals.

As a Deaf late second language learner of ASL, I am in agreement with Norton Peirce's (1995) description of social identity as “a site of struggle” and “multiple and contradictory” (p.15). While learning ASL and claiming membership in the Deaf community have greatly enriched my adult life, neither process has been brief or free of difficulty. My multiple, contradictory social identity, as well as my professional

experience, have given me a window on the perspectives of not only other Deaf individuals, but of other bilingual ASL and English learners and educators and of Deaf and hearing parents of Deaf children. As befits an action research study, I make no claims to neutrality or disinterestedness in my position as researcher. Instead, my approach to the subject of ASL and early literacy is one of critical inquiry, which, as Maria José Botelho writes, “is an open space for people to take risks and learn from each other, knowing that our take on the world is partial. This partiality is shaped by how we are privileged and targeted by our social identities” (2006, personal communication). The diversity among participants in my study—including hearing and Deaf adults, and first and second language learners of ASL—meant that such an open space for risk-taking was possible. Throughout my study, there were several instances when I was compelled to revisit my prior assumptions about other participants and their respective interests, and re-examine my own agenda as a researcher (Barab et al., 2004).

Data Collection

In this section, I will further outline what was involved with each of the concurrent methods that I employed in the process of data gathering: open-ended and structured observations, semi-structured and focus group interviews, and a document review.

Observations.

As a researcher and participant observer, I received permission to conduct

observations and interviews from the ASL Parent-Child Mother Goose Program Coordinator, the OCSD President, a DSA manager, and the parents who participated with their children in our program. Information about the study and my role was provided in both ASL and English via in-person meetings and information letters. (An ASL interpreter was present when I provided in-person information to hearing parent participants; all other individuals mentioned used ASL with me.) During the first program session, I introduced participants to the Deaf volunteer who would be present each week to videotape the program, as well as to the ASL interpreter.

For observing the eight-week program, I initially employed an observation scheme that tracked the child participants' visual attention, responsivity, and use of language play and the parent participants' independent use and improvisations of ASL rhymes. I also took detailed field notes during and immediately following each program session that recorded these themes in addition to others that were emerging. Field notes were also taken during and after the DSA family event and OCSD board of directors' meeting that I observed. The video data of each program session enabled me to further observe and analyze the program in addition to many of the interviews (since most of my interviews with participants were conducted onsite immediately before or after the program, they were also recorded on video. The remaining interviews were recorded via field notes). My field notes and the transcriptions that I produced of the video data provided me with thick descriptions of what was taking place in terms of participant encounters, roles, and responses.

Interviews.

The initial, semi-structured interviews that I conducted with parent participants were aimed at exploring the extent of parents and children's previous experience with ASL, ASL literature, and other types of early intervention services. The responses that I received from hearing mother participants in our initial interviews were relatively brief in comparison to the detail provided in interviews at the end of our program regarding participants' goals and support received for learning ASL. I sensed that this difference in response length and detail was due to the hearing participants' increased trust of and familiarity with myself and familiarity with the ASL interpreter, as well as to my rephrasing of some questions that I initially asked about involvement in early intervention services. As I interviewed the program leader and Deaf mother participants without the services of the ASL interpreter, their responses were not influenced by this factor.

I also conducted semi-structured and follow-up interviews with the program leader at the end of each program session and outside of our program. These interviews enabled me to explore and clarify the program leader's teaching goals, observations, and perspectives on various issues. While the interviews conducted at the end of program sessions were only a few minutes in length, the follow-up, offsite interviews allowed us to discuss certain themes for up to an hour.

Interviews which focused on parents' use of ASL rhymes at home and childrens'

responsivity took the form of focus group interviews led by the program leader. At the beginning of each program session, he reviewed each parent participant's progress with using ASL rhymes and stories and asked how their child had responded. In addition, over the course of our program several group discussions took place about issues relating to Deaf culture, hearing loss, and hearing technology as a result of parents' asking questions of the program leader or myself. These discussions and focus group interviews greatly enhanced my exploration of several themes.

Document review.

My review of Parent-Child Mother Goose Program and ASL Parent-Child Mother Goose Program training and resource materials enabled me to gather data regarding program objectives and compare the support and resources that were respectively available to the spoken-language and ASL programs.

Data Analysis

Field notes were transcribed at the end of each day's session. Video data from our program and my interviews with participants was viewed several times: once immediately following each weekly session for exploring initial themes, and again over the months following the end of our program for a more in-depth analysis and transcription. During our program, the initial analysis of data following each weekly session helped to shape my perceptions of what was taking place and made me more attentive to certain themes and phenomena that were emerging. This back-and-forth

process of data collection and analysis illustrated in part how action and reflection can inform each other in the action research process.

When I conducted a more in-depth analysis in the months following the end of our program, a manual, colour-coded organizational scheme was developed for thematically sorting observational data according to various categories. These were the issue of available resources for Deaf and hearing parents, the impact of gatekeepers, child responsiveness, comparisons made by participants between hearing and Deaf people and perspectives on Deaf identity, name signs, the roles of Deaf and hearing mothers, the program leader's goals and role, and suggestions for improved practice. Interview responses from parents and the program co-ordinator were also thematically sorted following these categories. (Quotations of participants cited in my thesis are derived from video data and field notes.) Using the colour-coding, I created a paper map of themes that tracked how each theme was embodied in the data. The map also employed arrows that documented how the various themes interrelated and overlapped.

The Role of the ASL Interpreter

In facilitating communication between the Deaf and hearing participants in our program and making the program's use of ASL literature more accessible to the participants who were ASL learners, the role of our ASL interpreter was crucial. The interpreter that I chose for our program and my study is highly skilled and experienced, and is certified by both the Association of Visual Language Interpreters of Canada and

Ontario Interpreting Services. The interpreter is also one I work with regularly as a student and researcher. During my study, the interpreter occasionally approached me to discuss her role in communicative situations involving hearing parents who lacked significant experience with learning ASL. For some of these instances, she added certain information about the meaning and structure of ASL words, and intervened by telling Jonathan or myself when hearing parents needed additional help with learning ASL rhymes. In these situations, the interpreter was conscious of having potentially overstepped her role and of relying on her own judgment of when it was appropriate to intervene. However, I felt that in discussing the issue with me, the interpreter and I reached a better understanding of our practice and shared interests. A proactive approach on the interpreter's part also seemed appropriate for an action research study that was aimed at fostering collaboration and practical outcomes.

Chapter Conclusion

This chapter has outlined the action research framework and methods that were utilized by my study, and introduced the research setting and participants. The next chapter provides further data regarding the context for participation by the program leader and individual families, and themes that emerged in the course of our program regarding access to public resources and the impact of gatekeepers.

Chapter 5:

American Sign Language as Resource

A language is worth what those who speak it are worth. (Bourdieu, 1977, p. 652)

The issue of public resources for supporting the learning of ASL by Deaf children and their families is one I will return to as my study results are reported and discussed. Every aspect of our ASL Parent-Child Mother Goose Program and my study—its hosting, duration, participants, and setting—was affected by the lack of financial and institutional support from governments and public bodies for teaching and learning ASL.

Even with its new foundation grant for ASL Parent-Child Mother Goose Program training and expansion, OCSD faced obstacles to hosting its family ASL literacy program. Like the original Parent-Child Mother Goose Program, the ASL program is designed to be run by two program leaders in a setting provided by a hosting agency or organization. Especially when program participants include hearing parents, the costs for hosting an ASL Parent-Child Mother Goose Program include not only the fees for service of two trained, ASL-proficient program leaders, but also those of an ASL interpreter. There is no cost to parents for participating in either the spoken-language or ASL Parent-Child Mother Goose Program (The Parent-Child Mother Goose Program), so program expenses must be covered by a hosting agency. The Ontario Early Years Centres, with which OCSD had initially planned to collaborate and share costs, claimed not to have

funding to cover fees related to holding ASL Parent-Child Mother Goose Programs. Under the jurisdiction of the Ontario Ministry of Children and Youth Services and funded by the federal government's Canada Health and Social Transfer program, the Ontario Early Years Centres are public sites for caregivers and children aged 0-6 to access early language and literacy programs and other resources (Ministry of Children & Youth Services, 2007).

At the 2007 Annual General Meeting of the OCSD board of directors and membership, Jonathan reported that he had sent out letters to all Ontario Early Years Centre managers in the province asking if they were interested in hosting a program. He received no positive response to his letter, which also informed managers of the costs of holding a program at their centre (approximately \$2,000). However, as Jonathan reported, when he sent out a second letter with an offer from OCSD to pay the costs of hosting programs, there was significant interest from the Ontario Early Years Centres. As a consequence, OCSD was obliged to cover all costs of hosting programs at various locations in Ontario. This obligation meant that a smaller number of programs were held than was originally planned and several newly trained program leaders lacked opportunities to use their skills. For our program at DSA, and for several others that he informed me about and that I saw advertised in flyers and emails, Jonathan as an OCSD employee was the only program leader.

The lack of resources for ASL parents and children also affected our program

space at DSA. While our first three program sessions were held in the main room of the building where DSA's drop-in centre is housed, due to other events taking place at DSA our program had moved to a much smaller room in the same building by the fourth week. The agency regularly rents out its space for private events such as weddings that are often unrelated to the Deaf community. Even when we returned to the larger room for the sixth and eighth weeks of our program, physical evidence of these private events remained. On one occasion, the room was crowded with various pieces of furniture from a recent event and on another, folding chairs were stacked in a rear corner. During our sixth program session, the wooden floor was dirty from a recent event and there was a brief upset when it appeared that Charlie had swallowed some debris.

A further obstacle faced by OCSD related to finding participants for the ASL Parent-Child Mother Goose Program. Even after several Ontario Early Years Centres were contacted and arrangements made by OCSD to hold programs, some programs were cancelled by centre staff due to low numbers of registrants. For example, during the course of our program at DSA it was announced that Julia, who is also a trained ASL Parent-Child Mother Goose Program leader, would be leading her own program in an eastern Ontario town. However, I subsequently learned that Julia's program was cancelled due to a small number of registrants. The widespread prohibition placed by AVT practitioners on Deaf children's learning of ASL meant that a main target population for both my study and the ASL Parent-Child Mother Goose Program—Deaf children and hearing parents—was difficult to access. In addition, the numbers of Deaf

parents with hearing or Deaf children who may also be interested in attending a program are relatively small. These constraints on funding and difficulties with finding participants also meant that the program featured in my study was only eight weeks in length, as compared to the thirty weeks, or three ten-week programs spaced out over the course of one year, for which the Parent-Child Mother Goose Program is intended to run.

In an interview, Jonathan reported that it was necessary for him to have adequate numbers of programs and participants to include with his annual reports to the foundation that sponsored the ASL Parent-Child Mother Goose Program. As a result, he regularly led programs with only hearing participants, who were the most robust and easily recruited group for the program. On the same dates when our eight-week program was held at DSA, Jonathan scheduled another program elsewhere in the city where only hearing participants were in attendance. Following each session of our ASL Parent-Child Mother Goose Program at DSA, Jonathan departed to lead a program in this alternate location. He reported that ten families with hearing parents and children were registered for the alternate program. During interviews and observations, it emerged that for Jonathan, having two separate programs with distinct participant groups provided the means for comparison between hearing and Deaf participants—the kinds of rhymes they preferred, the ease of running a program that included ASL-fluent Deaf mothers as compared to a program whose participants collectively lacked any experience with learning ASL.

These comparisons also served to highlight the mercenary nature of ASL instruction: in general, Canadian and American programs for teaching ASL have been directed at second language learners, or hearing adults who pay for classes at service agencies and some post-secondary institutions, and teaching ASL as a second language is an employment opportunity and source of income for many Deaf individuals. (In the U.S., many states have granted public high schools the right to assign foreign language credit to ASL courses, and Deaf teachers are employed in some public schools for teaching ASL to mainly hearing students.) Baby sign programs for hearing parents and children are frequently taught by hearing instructors who run their classes as a business opportunity: for example, in an interview one Deaf mother participant reported that a popular baby sign program she attended, led by a hearing instructor, charges each registrant \$140. In contrast, outside of provincial or state schools for Deaf students that utilize a bilingual bicultural approach, the phenomenon of Deaf adults teaching ASL as a first language to Deaf children and their parents is more rare, and also more poorly remunerated. According to an IHP agency policy and procedures manual, ASL and Literacy Consultants who provide ASL services to families under the IHP are paid \$35 per hour, with a maximum of one hour per family per week for ASL instruction (a total of 48 hours of ASL instruction and ten hours of consultation per year is allotted for each family requesting ASL services, until the child reaches the age of six). In contrast, Norwegian parents of Deaf and hard of hearing children are entitled to at least forty weeks of free instruction in Norwegian Sign Language (NSL) and Deaf culture, including 900 hours of instruction in NSL during the child's first sixteen years (Haualand &

Hansen, 2007; Peterson, 2007). Swedish parents of Deaf children also receive signed language instruction in large, intensive blocks of time, including three-day weekend and one- or two-week courses (Mahshie, 1995). In a Canadian context, this shifting value of ASL as a resource, according to which group of persons is taught or teaches a version of the language, illustrates the aptness of Bourdieu (1977)'s observation that is cited at the beginning of this chapter.

Public resources for Deaf children's learning of ASL are intrinsically tied to the presence of gatekeepers: professional individuals and institutions that deny access to the language. My use of the term gatekeeper is borrowed from an open letter by Anita Small that was issued following an August 19, 2005 Provincial Court of Saskatchewan decision in the matter of the *Child and Family Services Act* and Ryley Allen Farnham, an 8 year-old Deaf student with a cochlear implant who had been denied access to learning ASL by Saskatchewan health and education professionals and who possessed virtually no spoken, signed, or written language abilities. This letter concludes: "I implore all of us here who work with Deaf children and who are not Deaf ourselves, to be humble ... We as hearing individuals should not be the gatekeepers of the language. It is not ours to allow. It is theirs to have" (Small, A., October 25, 2007).

Like the matter of public resources for ASL, the impact of gatekeepers has been infrequently documented or held up to public scrutiny. For example, the operational policies of the Ontario IHP in regard to denying ASL services to children with cochlear

implants have been largely unwritten (Snoddon, 2008). Policy set by Toronto's Hospital for Sick Children requires children who receive cochlear implants from this hospital to enrol in AVT and thereby reject ASL (Papaioannou, V., letter to the Ministry of Children and Youth Services, December 11, 2007); the Children's Hospital of Eastern Ontario in Ottawa has appeared to operate by a similar, but unwritten, policy. The cochlear implant program is housed with the AVT department in this same hospital (Weber, S., personal communication, April 25, 2008). The statements and conduct of individual medical and speech and hearing professionals in regard to the use of ASL by Deaf children and their families have been even less visible.

In the following sections, I will report the impact of gatekeepers and the lack of public resources for learning ASL as conveyed by program participants, each of whom were involved with or had first-hand experience with the IHP. I will also report how gatekeepers influenced access to program participants for Jonathan and myself, and discuss the perspectives on Deaf identity that were conveyed to participants by this group of professionals.

Gatekeeper Restrictions on Learning ASL and Perspectives on Deaf Identity

On the first afternoon of our program in a large, sunlit room at DSA, several observers were in attendance in addition to four participating mother/child dyads: Alison and Tom, Bianca and Charlie, Donna and Violet, and Julia and Henry. During Jonathan's opening presentation to the group of parents and children seated on a large foam mat, he

introduced the ASL Parent-Child Mother Goose Program and explained some features of ASL, including the language's use of handshapes as phonological units. He demonstrated the ASL words TRAIN, NAME, LOSE WEIGHT, GAIN WEIGHT, INCREASE⁹ that all employ variations of the U handshape (including the bent U and contracted U handshapes).¹⁰ Jonathan also mentioned the role of facial expression and mouth movements in conveying ASL grammar. He briefly outlined the history of OCSD's ASL and Literacy Consultant and ASL Parent-Child Mother Goose programs, and the benefits to parents and children that are provided by the latter. According to Jonathan, these benefits include support for parent-child communication, interaction, and turn-taking, and the development of different types of age-appropriate language skills in Deaf children. He described the structure and content of our eight-week program at DSA: each session would begin with learning ASL rhymes and rhythms, then move to learning an ASL story, and end with a circle (a group rhyme or signing activity). Next Jonathan began demonstrating several different rhymes that are used in the program.

Following Jonathan's presentation and a short break, the group of parents and children in attendance began learning and practicing several rhymes. Two mothers with young children joined in; during the presentation, they had been observing our program from the back of the room instead of sitting on the mat. (The Deaf daughter of one of these two mothers had repeatedly wandered into the centre of the mat where the participants were seated during Jonathan's demonstration.) Jonathan assisted these

⁹ This thesis follows the convention of identifying English glosses of ASL words with small capital letters.

¹⁰ The ASL handshapes identified in this thesis follow the terminology and descriptions employed by *The Canadian Dictionary of ASL* (Bailey & Dolby, 2002). Any inaccuracies in handshape descriptions or ASL glosses or transcriptions found in this thesis are solely my fault.

mothers with learning the rhyme “Peekaboo Animals.” After our program ended and registration forms were distributed, I approached the mother who had a Deaf daughter to ask if she was interested in continuing to participate in our program. This mother explained to me that she first needed to obtain the permission of her child’s AV therapist. This family did not attend any subsequent program sessions, although the mother and her child were glimpsed on the periphery of our program space when they again visited DSA.

Jonathan also had mixed results in his efforts to recruit more participants for our program. Two weeks after our program had begun, Jonathan and I attended a family event at DSA for parents and young children who were involved with the agency’s programs. At this event, I observed Jonathan interacting with several hearing parents of young Deaf children and sharing information about the ASL Parent-Child Mother Goose Program at DSA. While doing so, Jonathan met Grace and David, and invited them to attend our program. However, another mother whom Jonathan approached stated that her child was going to have a cochlear implant and that following the hospital’s advice, they would not be learning ASL. I then observed Jonathan attempting to give this mother various ASL and literacy information materials—brochures, booklets, and videotapes that had been developed by OCSD—but she refused to accept them.

Gatekeeper prohibitions on and disapproval of learning ASL were also reported by research participants. During an interview, Alison stated that Tom’s ear, nose, and throat physician had expressed surprise that she and her son attended the program at

DSA: “I think he doesn’t understand why I’m doing ASL. But anyway I like it. He’s like—just go and get your hearing aid and you’ll be fine. That’s good enough.” In another conversation following our sixth program session, Alison commented on the negative language used in regard to hearing loss by doctors and audiologists. While initially told by a professional that Tom has normal hearing in one ear—his other ear has a severe hearing loss—she was subsequently informed that the first ear’s hearing is “in the low range of normal—whatever that means.”

The Deaf mother participants also commented on the attitudes and influence of gatekeepers. Following our program’s second session, I observed a conversation between Donna and Julia about their experiences with the IHP. Donna stated that Violet had been identified by the IHP as being at high risk for hearing loss because she carried a “bad gene.” (Both Donna and her husband are Deaf, and her husband’s family has a history of hereditary deafness.) As a consequence, hearing tests were ordered when Violet was born. In my first interview with her, Donna also remarked on the phenomenon of Violet carrying a deafness gene. Julia stated during her conversation with Donna that she had recently been pressured by an ear, nose, and throat physician regarding a cochlear implant for Henry. She also commented that she sympathized with hearing parents who come under similar pressure from doctors and audiologists. Following our sixth program session, Julia again remarked that an IHP representative had approached her about a cochlear implant for Henry. At this time, she commented that the reason why cochlear implants are promoted so heavily is financial—she felt that cochlear implant corporations

want to eliminate the numbers of Deaf persons and also make a profit.

Bianca reported negative attitudes and prohibitions on ASL on the part of the speech and hearing professionals whom she encountered in seeking IHP services. During my first interview with her, Bianca explained that she and Charlie had started AVT but only attended one session. She also told me about her plans to start ASL and Literacy Consultant services. However, in subsequent interviews it became clear how much difficulty Bianca was having in gaining access to ASL services through the IHP. As she stated during our fourth program session, IHP staff members had told her she did not qualify for ASL services because of Charlie's degree of hearing loss as it appeared in an audiogram. Bianca then remarked that this position made no sense to her—what would happen if Charlie took off his hearing aids, or if he didn't like them?

In a conversation following our sixth program session, Bianca discussed her repeated referrals for hearing tests for Charlie and one referral to a cochlear implant surgeon in her city. (It is interesting to note that while Charlie's degree of hearing loss was deemed insufficient for him to receive ASL services, the same group of speech and hearing professionals who provided this opinion also referred him and his mother for consultation with a cochlear implant surgeon.) Bianca then remarked that she thought cochlear implants were only for profoundly Deaf children. She also stated that unlike with a hearing aid, with a cochlear implant "you can't go back." During the last program session, in response to a question I asked, Bianca provided more detail regarding her

previous involvement with AVT—to which she was referred instead of dual language services—and the censure she received from AVT professionals for expressing a desire to learn ASL:

Well—we're not taking AVT but auditory skills or auditory technology—but it seems to be the same thing, with a different name. Last September, I went to the first session and they said, "You understand this is auditory-verbal therapy?" I said "No, I thought this was auditory skills—because I also want sign language—ASL." That provoked a reaction from the speech-language pathologist: "Why are you doing that? Maybe he won't learn to speak." I said, "Well, what I've read says you're wrong." So she started to argue with me. She asked me, "Do you speak with your son?" I said, "Yes, of course. I don't even know ASL yet. Only some basic words. So of course I speak. I only know the signs for mother, father, dinner." The SLP said, "Well," and started to comment about that.

Due to gatekeeper influence, the extent and type of ASL and literacy resources that were available to Deaf and hearing mother participants differed. The next section will outline the parent participants' access to and use of various programs and resources for parents and young children.

Access to and Use of Resources

The Deaf and hearing mother participants in our program reported making different use of the same parent-child resources that were available to them. A main resource was a popular baby sign program that is designed for hearing parents and infants, and led mainly by hearing instructors. On several occasions, Julia mentioned her involvement in this baby sign program, where she and Henry were the only Deaf registrants. She described how she adapted its activities for use with Henry, such as adding more ASL vocabulary to the signs taught in class. For example, when one baby sign class taught parents some words for food and eating, Julia added the ASL words for

CEREAL and CHIPS when communicating with Henry. During our seventh program session, when Jonathan advised the hearing mothers to take ASL classes, Julia also suggested the baby sign program as a potential resource for these mothers if they revised its content to better suit their children's needs.

Bianca stated that she had registered for, but not yet started attending, a different session of this baby sign program. During my first interview with her, she described the barriers that she and her husband faced to learning ASL. She stated that she was looking for ASL classes for her husband and herself, but needed to find someone to look after Charlie while they were in class. Bianca commented that she was aware that ASL classes for adult students were offered at DSA, but did not know who would watch Charlie when she attended class. The ASL words she knew were learned mainly from the *Sign With Your Baby* poster and book that she had at home. On several occasions, Bianca expressed her wish to learn more ASL by receiving ASL services from the IHP. During my final interview with her, Bianca stated, "I would absolutely love to have an ASL consultant. I would love, love, love one." I replied that I thought it was her right and Bianca answered, "I think it should be."

Both Julia and Donna as Deaf mothers mentioned their participation with their children in mainstream early years programs and activities. During our third session, Donna told the other participants about her involvement in weekly, two-hour exercise classes for parents and infants. The other parents in these classes often sang together and

registrants received handouts with the lyrics for songs used in this program. Violet as a hearing child enjoyed listening to the parents singing. (It is notable that Donna as a Deaf mother made reference to the spoken-language and musical activities that she provided for Violet. In addition to the exercise class they attended, Donna reported playing music at home for Violet to listen to.) Julia also discussed her plans to join a mainstream aerobics program for mothers and toddlers when Henry reached six months of age.

However, both Deaf and hearing mother participants reported a lack of existing programs and resources geared toward ASL users and learners. Following our program's seventh session, I asked Alison if she felt there was a need for more resources to support her own learning of ASL. Alison responded:

Well, it would be cool if we had a weekly class. Not just up to eight weeks. It would be really nice to have an ongoing program. Eight weeks isn't enough. What else is there? I can find a hearing Parent-Child Mother Goose Program, but I wish this one could continue.

During the same program session, Julia also stated that she wished there were more classes for our ASL Parent-Child Mother Goose Program at DSA. Julia would continue to attend if our program was longer. She compared the length of our program to swimming lessons for parents and infants that normally run for twelve weeks. In an interview during our last session, I asked Julia about her plans to continue participating in ASL activities. She stated that after our program ended, there wasn't much that was available to her and Henry aside from the rhymes that she used by herself at home, and the guidance provided by an ASL and Literacy Consultant friend who sometimes visited. Donna also expressed regret at the end of our ASL Parent-Child Mother Goose

Program's last session: "Is the program really finished? The other mothers here want more—why can't we continue for two more weeks?"

In addition to a lack of existing resources, the parent participants reported a lack of information and awareness of programs and services that are appropriate for Deaf children and their families. During my final interview with Grace, who left our program following its seventh session because her maternity leave had ended, I asked her if she had any plans to continue learning ASL. Grace expressed her uncertainty:

Well, for now, maybe we'll try to do what I've learned here. Then maybe later ... because now I have to go back to work so I'll have to ... I'll have a new schedule and new way of life, and I will put David in day care. So we'll have to get used to those new things. [I comment that Jonathan may begin a new ASL Parent-Child Mother Goose Program at DSA in January but I was not sure of Grace's schedule.] Yes, it will be hard because I'm working. I work from 9 to 5.

Grace did not mention any potential difficulties for David in being placed in a mainstream day care setting. During this same interview, I asked Grace if she wished more ASL and early literacy resources were available to her as a parent. Because she appeared to hesitate, I asked if my question was clear. Grace responded: "Oh yes, you're clear. I understand—but I'm thinking. I don't know a lot about ... I don't know what's available. So if I knew, then maybe ... but I don't know. I have to see what I can use. I don't know."

Although Mary told me in my first interview with her that she and Peter had moved to Canada in order for Sarah to receive a good education, the Lengua de señas mexicana (LSM) parents also faced a lack of existing services for Deaf children. (This

family had started attending the alternate ASL Parent-Child Mother Goose Program that was held on the same day as our program at DSA, but switched to attending our program after Jonathan told them that other Deaf parents and children would be present. In order to attend our program at DSA, Mary, Peter, and Sarah needed to take two different regional public transit systems. It was perhaps because of this onerous journey that the family only attended three sessions.) In an interview with Peter two weeks later, he told me about his experiences with regional IHP staff members and service providers. Peter stated that the IHP family support worker for his region was not aware of any day care services for Deaf children. This individual had informed Peter and Mary that Sarah could attend any day care centre, but Peter had corrected her. He wanted to know about specialized day care services for Deaf children. Peter was aware of a day care program at a Deaf school outside his region, but reported he was told that the IHP would not cover the costs of Sarah attending.

In addition to a lack of awareness on the part of IHP staff members, parent participants also reported a lack of advocacy. In an interview, Bianca reported that rather than advocating for her as a client, the family support worker for her region had suggested that Bianca write a letter to the IHP about her inability to gain access to ASL services for Charlie and herself. Bianca also mentioned difficulties with finding implements for Charlie's hearing aids, and the cost of purchasing hearing aids. Before the start of our sixth program session, I observed Bianca talking with a DSA staff member about not being able to find a particular gadget for keeping Charlie's hearing aid attached

to his shirt in order to prevent his hearing aid from being lost. After our session ended, Bianca complained that Charlie's hearing aids had cost \$2,000 but only half of this cost was covered by the province's Assistive Devices Program. (At this time, I commented on the disparity of the province's funding all costs related to a \$50,000 cochlear implant.) The following week, in response to a question I asked about the gadget, Bianca also mentioned looking for a cover for Charlie's hearing aid to make it more comfortable for him to wear. However, information about these implements did not appear to be readily available to her.

Costs and resources also appeared to preoccupy Jonathan, who commented to me on several occasions that some parents may have been less inclined to attend our program regularly because it was free. Before our third session, when I informed him that only two families were present that day, Jonathan stated that if he charged parents for attending the program then they would show up. He repeated this observation during our final interview. As an ASL and Literacy Consultant, Jonathan also told me in an interview about his efforts to advocate for the families he taught. He managed to secure an extension of the ASL services he provided to one family. Jonathan also told me about a list he had of children involved with his regional IHP agency who had received cochlear implants. None of these families had been referred to Jonathan for initial consultation or information about ASL services.

In a conversation following our seventh program session, Jonathan mentioned

Ella Mae Lentz' ASL poem "The Treasure." In her poem, Lentz describes ASL as a glowing treasure that becomes buried beneath layers of oppression and disregard for the language. As Jonathan commented, many professionals involved with infant hearing screening and early intervention services for parents and Deaf children have no idea of the kinds of resources that the Deaf community offers. Jonathan compared the ASL Parent-Child Mother Goose Program to the treasure in Lentz' poem.

The previous sections of this chapter have outlined themes regarding the impact of gatekeepers, gatekeeper perspectives on Deaf identity, and the lack of public support for ASL as reported by program participants. In the following section, I will discuss the implications of these themes.

Discussion

In his chronicle of the breakdown of community involvement in the formation of an Australian national language policy, Lo Bianco (2001) describes the dominance of

an overall discursive regime that has framed the worth of languages, their potential and meanings, only against criteria that preclude speakers of minority languages ... from converting their language knowledge into any other kind of capital. If intellectual, familial, local, cultural, or humanizing discourses were attached to languages, the mother tongue of any child ... would be allocated a multiple capital endowment. (p. 15)

The framing of language and culture as commodities, as proposed by Bourdieu (1977), provides a lens for viewing the uneven distribution of resources by infant hearing screening and early intervention programs as described in this chapter. Efforts on the part of the Deaf community to convert its specialized knowledge and resources into capital, or

practical initiatives for supporting ASL learning and bilingual education, have faced resistance from government officials and public agencies. This resistance can be seen in the lack of broad support for ASL services to families with Deaf children and for the ASL Parent-Child Mother Goose Program as a family ASL literacy program. Further, the Ontario IHP and its agents' contribution to language planning and policy for Deaf children by restricting access to or failing to support the learning of ASL has largely escaped scrutiny. Yet, as Lo Bianco (2001) also notes, a "commitment to provide equal access to educational opportunities" cannot be achieved in the case of Deaf or minority-language children "without systematic language policy and planning" (p. 25). Such a systematic language policy demands transparency and public accountability, a clear basis in empirical research, public employees who are able to offer appropriate guidance and support to parents of Deaf children, and adequate provisions for supporting early ASL acquisition.

The resistance to ASL that was reported by participants, and observed in the course of coordinating arrangements for our ASL Parent-Child Mother Goose Program at DSA, points to an institutionalized refusal to recognize the potential value of ASL for Deaf children and their families. One strand of this refusal is linked to the perspectives and attitudes of speech and hearing professionals regarding Deaf persons and signed language. In her anthropological study of an audiology clinic in the U.S., Fjord (1999) describes the "stigma" of "being deaf in America" (p. 134) that endures in certain medical and academic quarters despite advances in Deaf studies and the popularity of

ASL classes. As she writes, “When hearing parents take their child to ‘see’ a hearing specialist such as an otologist, ENT, or audiologist, along with the diagnosis in any society comes initiation into social meanings and ideologies about what it means to be a deaf person in this society” (Fjord, 1999, p. 126). In the Discourse of American early intervention programs, “a Deaf identity and visual, signed language is a less-than-whole identity that must be ‘fixed’ no matter the financial or social cost” (Fjord, 1999, p. 124). Such social meanings and ideologies regarding Deaf people are neither universal nor unproblematic. Fjord (1999) analyzes the statements and conduct of American specialists in relation to their counterparts in Sweden and Denmark, where broad emphasis and support is placed on learning signed language and on modes of bilingual learning: “Deaf identity or personhood in Scandinavia is the performance not of a disability, but of a special status of linguistic minority group of visual people” (p. 127).

The encounters with gatekeepers and medical professionals that are described by Deaf and hearing mothers in this chapter, including the messages that Alison and Donna reported receiving about their children, support the view that Canadian health professionals have not offered a more positive vision of a Deaf identity than their American counterparts. As reported by participants, in the Discourse presented by Ontario speech and hearing professionals Tom’s hearing is “in the low range of normal” and Violet carries a “bad gene” because of her Deaf parents. Julia’s account of being pressured regarding a cochlear implant for Henry is in keeping with Ladd’s (2003, 2007) mention of medical professionals in the U.K. and U.S. attempting to force Deaf parents to

have their Deaf children undergo cochlear implant surgery. Implicit in these statements and accounts are value judgments regarding the relative worth and position in Canadian society of Deaf people and their language and culture. The negative reactions of speech and hearing professionals toward Alison and Bianca's stated desire to learn ASL are in keeping with this Discourse.

In Ladd's (2003) narration of the historical impact of colonialism on the Deaf community, the present-day medical model views "each born Deaf person" as "a helpless isolated hearing-impaired individual, with no intrinsic relationship with any other Deaf person, past or present, no group allegiances or history" (p. 163). Within this model, "these individuals can be 'restored to society' by the use of technology in conjunction with Oralism, especially if they are denied access to Deaf adults and sign languages" (Ladd, 2003, p. 163). In order to maintain itself, the medical Discourse on Deaf persons necessarily opposes the phenomena of signed languages and Deaf culture, whether by denying the validity of the former or disputing the existence of the latter (Ladd, 2003). If gatekeepers were to recognize the benefits of ASL and Deaf culture for all Deaf children, then the basis for their professions is undercut (Ladd, 2003). However, Fjord's (1999) interviews with Swedish cochlear implant surgeons who speak of the need to ensure that Deaf children have access to signed language suggest that the medical Discourse regarding Deaf people that Ladd (2003) describes may not always be natural, inevitable, or universal.

It remains an unsettling idea that some health and medical professionals in our midst—supported by public funds and working with public agencies—have acted in concert to disempower the Deaf community and the contributions that its representatives might make toward enhanced language acquisition, parent-child interaction and communication, and education for Deaf children. This incongruity in the actions of professionals whose work has the ostensible aim of caring for Deaf children is emphasized by Fjord (1999) when she describes the “usually immensely dedicated people, highly trained, and emotionally engaged in their work” (p. 125), whom she encountered in the persons of audiologists and otologists in an American lab. In the Provincial Court of Saskatchewan decision regarding Ryley Farnham that was mentioned earlier in this chapter, the presiding Judge Orr stated of Saskatchewan health and educational professionals that

the evidence convinced me that the persons in authority who have dealt with Ryley are people of great ability and great compassion. The witnesses who appeared before the Court, and the persons in authority of whom the Court heard, physicians and medical personnel, audiologists, educators, child protection workers, and others, are undoubtedly caring and capable professionals. It was also clear that, throughout, as they should, these people acted in strict accordance with the policies, directives and mandates of the governmental or other bodies for whom they work. (par. 5)

Fjord (1999) sees national cultural values behind the ethos of caring that underlies the conduct of speech and hearing professionals. Cultural values are also implicit in the kind of “magical thinking” that underlies the AVT prohibition on ASL and that sees “professionals in deafness ... interacting with deaf people as if they weren’t deaf, as if they didn’t need visual contact to communicate” (Fjord, 1999, p. 126). This kind of magical thinking seemingly underlies the comments of Tom’s ENT physician, who saw

no reason for the child to learn ASL once his hearing aid was obtained, and of Peter and Mary's IHP family support worker who failed to comprehend Deaf children's need for specialized, accessible day care services.

Fjord (1999) links the opposition to ASL in American culture to that country's traditional melting-pot stance on multiculturalism and push toward monolingualism: "the effort to shape an English-speaking, able-bodied, patriotic citizenry from a heteroglot immigrant population" (p. 123). In this culture, the attempted transformation from a Deaf to non-Deaf identity through cochlear implants and AVT is seen as "a 'miracle,' a 'cure'" (p. 126). Yet in Canada, public imagination often prides itself on an image of a tolerant, bilingual nation with a record of successful multiculturalism policies. In this context, public support for the language and culture of Deaf people as a part of and an intrinsic benefit to Canadian society seems appropriate and necessary.

However, under the auspices of a public health and early child care system, Ontario resources for young Deaf children have been largely allocated toward cochlear implant surgery and follow-up AVT habilitation instead of other, less invasive forms of hearing technology or supports for bilingual learning. The same allocation of resources is true for many other provinces and countries. As Komesaroff (2007) writes, "The rate of childhood implantation in many countries is now estimated to involve 90 percent-95 percent of all children born deaf ... The implementation of programs to screen the hearing of newborns ... has resulted in children being identified and referred to implant

clinics at a very young age” (p. xi-xii). Bianca’s report of receiving Ontario government support for only half the cost of Charlie’s hearing aid, and little guidance regarding how to make this implement more comfortable for her son to wear, is apparently also typical of several other countries that have embraced childhood cochlear implant surgery. Fjord (1999) writes that in the U.S., Medicaid covers the entire cost of a cochlear implant but not of hearing aids; the same is true of private insurance.¹¹ Ladd (2007) describes the phenomenon of children with enough residual hearing to benefit from hearing aids undergoing cochlear implant surgery: these children’s “hearing was subsequently destroyed by [the] cochlear implant and replaced with the clearly inferior quality of sound produced by the implant” (p. 10). For Ladd (2007),

The huge, ostensibly “global” financial investment in cochlear implantation is of special interest because very little profit is made by cochlear implant companies on the sale of an individual implant, and the number of Deaf children, in market terms, is minute ... Furthermore, given the small return to be gained from the immense amounts of money invested in the industry, how might these companies justify the small profit? ... The next logical question to ask is, Is this money really being spent solely for the benefit of Deaf children? (p. 15)

Ladd (2007) speculates that “research and development (R&D) funds available to the industry” (p. 15) are being used to finance childhood cochlear implant surgery, with at least the partial aim of furthering military interests in electromagnetic technology and bionics. While these claims are, as he notes, difficult to “confirm or reject” in “the absence of the kind of investigative journalism that is needed” (p. 17-18), in light of the data discussed in this chapter, the distribution of Ontario public resources for services to young Deaf children warrants increased scrutiny.

¹¹ However, the Hearing Loss Association of America (2009) now lists a number of states which have since passed legislation mandating some degree of health insurance coverage for children’s hearing aids.

This chapter has documented a lack of public support for learning ASL and failure of public agencies to support existing ASL and early literacy resources. Together, these factors provide the context for participation by individual families and the ASL Parent-Child Mother Goose Program leader. The next two chapters investigate the theme of name signs, the distinct contributions to our program that were made by Deaf and hearing mothers, data demonstrating child responsivity to ASL rhymes, and the program leader's role and goals. Combined, these factors worked to create both a Deaf cultural space for our program and a counter-Discourse to the medical view of Deaf individuals, their language, and their culture.

Chapter 6:

Names and Naming in a Family ASL Literacy Program

The fact that a majority of adult—as well as child—participants in our program were Deaf meant that our program became a Deaf cultural space in a way that may not have happened had my participant group been constituted as I first envisioned it, with only hearing parents and Deaf children. Having both Deaf and hearing parent participants also allowed me to compare their perspectives on the social construction of Deaf identity. In this chapter, I will begin to describe the nature of the space that was created by our program and its participants. One factor that illuminated the presence of a Deaf cultural space, illustrated part of Jonathan’s role and goals as a program leader, and led to discussions of Deaf culture among participants was the function of name signs.

Who Has a Name Sign?

During our first program session at DSA, after Jonathan had introduced me to the other participants and I briefly described my study and role as a researcher, I asked if the parents and children who were present could introduce themselves. Donna was the first parent participant to respond. When doing so, she used her own name sign and also signed Violet’s name instead of fingerspelling its spoken-language counterpart. Donna added that Violet was six months old and is hearing, while Donna herself is Deaf.

After I introduced our interpreter and her name sign, Bianca was the next mother

to respond. Using spoken English, she told us that Charlie was eight months old. Bianca added that she herself is hearing and Charlie is hard of hearing.

The next mother, Julia, stood and rocked Henry in her arms as she introduced herself and her son in ASL. Like Donna, Julia used Henry's name sign when introducing him to the group. She added that Henry is Deaf and would be five months old in a week. Julia then turned so the group on the mat could view Henry's sleeping face as it rested against her shoulder.

Alison introduced herself in English. She stated that Thomas was five-and-a-half months old. His left ear is Deaf and his right ear is hearing.

When Grace and David arrived partway through our third program session, the Deaf and hearing mothers introduced themselves to her with the same use of ASL and spoken English names. (Instead of Grace introducing herself to the other participants, I told Jonathan and the other parents her fingerspelled name, which had been conveyed to me by the DSA staff member who showed Grace and David into the room.) Grace told us that David was ten months old.

Peter, Mary, and Sarah also arrived near the end of the third session. The LSM parents gave their own name signs and the name sign of their daughter, each of which used a hand configuration that is not found in ASL. Mary also announced that Sarah

would soon be twelve months old.

Unlike the children of Deaf parents, the children with hearing mothers did not have name signs at the start of our program. Name signs and the rules governing their assignment and use proved to be a significant theme. In his *Book of Name Signs* (1992), Samuel Supalla notes that although names and naming are frequently taken for granted, in each culture they are essential for socialization into a group of people. Deaf members of the ASL community have two sets of proper names, one in ASL and another in English (Supalla, 1990, 1992). Historically, name signs were given almost exclusively to Deaf people, and they mark an individual's membership in the Deaf community (Supalla, 1992). Name signs are assigned to individuals by another Deaf person, whether an authority figure of some kind, a Deaf parent or parents, or a peer group member at a Deaf school (Supalla, 1992). Meadow (1977) and Mindess (1990) report that name signs have been most commonly assigned by Deaf peers (perhaps due to the fact that most Deaf children do not have Deaf parents).

Use of ASL Names

The ways in which name signs are to be used was a subject first discussed in our program when the Deaf mothers shared information about their interactions and use of language play with their children. Near the end of our second program session, Donna mentioned a simple ASL rhyme that she used with Violet. When greeting her daughter, Donna was in the habit of rhythmically signing HELLO, VIOLET three times using

Violet's name sign, and then signing BYE-BYE, VIOLET in the same way when she left her daughter. At this time, Julia added that she often signed GOOD NIGHT, HENRY or GOOD MORNING, HENRY to her son when he was seated in his high chair.

However, during this conversation Jonathan commented that unlike how spoken English names are used, Deaf people do not use name signs when signing hello or goodbye to each other. As Supalla (1992) confirms, ASL names are customarily used only to refer to a third person who is not present, and not when greeting someone or trying to get his or her attention. Jonathan then demonstrated attention-getting behaviours used by Deaf people: waving an outstretched hand and making eye contact. As he remarked, a signer will first establish visual attention with another person and then start a dialogue. Unlike hearing people who tend to call each other by name, Deaf people never use names when addressing each other. Jonathan added that hearing individuals would usually not have name signs, and fingerspelled English names could not be used in a rhyme like the one Donna had improvised.

Jonathan then referred to ASL rhymes that involve a child's name sign. It appeared that like the language play improvised by the Deaf mothers, ASL rhymes for young children presented an exception to the customary use of ASL names for only a third person who is not present. Jonathan mentioned the rhyme "Where's Lisa?" that uses a child's—in this case, his own daughter's—name sign. Jonathan also demonstrated the rhyme "Mommy and Daddy Love You" using his daughter's name sign:

MOMMY LOVES LISA,

DADDY LOVES LISA.

MOMMY AND DADDY LOVE LISA.

WHO'S LISA? WHO? (Jonathan here demonstrated the use of nonmanual features to show he was asking a question.)

WHY, IT'S YOU! (The adult signer or signers point at the child whose name sign is featured in the rhyme.)¹²

Jonathan remarked that he will use an ASL name in this rhyme, but never when addressing his daughter or another individual in normal conversation. (As in the “Where’s Lisa?” rhyme, “Mommy and Daddy Love You” involves the adult signer pretending to search for a child whose name sign is used in the third person.) As Jonathan added, a signer establishes eye contact with his or her conversational partner in order to converse with him or her. Jonathan also stated that the use of names may be different for hearing babies, and that we could compare how Deaf and hearing people use names. He emphasized for our group that the ways in which name signs are used are an integral part of Deaf culture.

At this point in the conversation, Alison asked how name signs worked. Jonathan replied that the Deaf community assigns name signs. He explained that he received his own name sign at what was then the Ontario School for the Deaf (OSD), Belleville, when he was a young child. The name sign he was given was his from then on. During our conversation, Jonathan also asked the other Deaf adults who were present how they each received their name signs. Aside from myself, the other Deaf adults also described receiving their name signs in a Deaf school setting. Jonathan added that hearing people cannot give each other name signs—they should fingerspell each other’s names instead.

¹² To convey a sense of the ASL rhymes and stories used in our program, I have provided an English translation for several examples. However, these translations are not intended to be official or verbatim transcriptions or glosses. I also do not always follow ASL word order—which is often distinct from English—in my translations.

Socializing with the Deaf community will lead to the giving of name signs. Donna interjected that Deaf parents can also give name signs to their children and then remarked to Alison, “Oh right, you are hearing.” She told Alison that the other participants would observe Thomas during the program each week and figure out what his name sign would be.

Issues Surrounding Name Sign Formation

The following week, when seated on the mat and interacting with Thomas before the start of our program session, I had another conversation with Donna about name signs. At the time, I was trying to suggest some possible name signs for Tom by signing a T handshape on my right temple and then a T handshape on my left front shoulder. However, Donna told me that we needed to observe more of Tom’s characteristics and personality before giving him a name sign. (Although this was not mentioned, there may also have been some reservations regarding my qualifications to assign name signs as a non-native ASL user.) Donna mentioned Violet’s name sign and the name sign of another Deaf acquaintance: both individuals have non-arbitrary, or descriptive name signs that do not involve fingerspelled letters.

At this point, Donna mentioned Supalla’s (1992) book and asked me if I had read it. She explained that she prefers to avoid using fingerspelled letters in name signs because it means the name signs are borrowing from English. I remarked on Supalla’s (1992) discussion of arbitrary name signs. According to this author, these name signs,

with no meaning other than their representation of the first fingerspelled letter of an individual's English first and/or last name, are traditional among Deaf ASL users. Arbitrary name signs are also described by Supalla (1992) as "the native name sign system due to its preference and use among Deaf parents" (p. 17). Supalla (1990) adds:

deaf parents universally choose the [arbitrary name sign] system over the [descriptive name sign] system to name their children. Based on this finding, I predict that if all deaf children had deaf parents, the [arbitrary name sign] system would be the primary name sign system in the deaf community (p. 122).

Using his own name sign as an example, the author offers a trenchant linguistic defence of arbitrary name signs' independence from English and conformity to ASL phonological parameters (Supalla, 1990). Arbitrary name signs with some distinctive features are also the predominant name sign category among users of Classic Ontario ASL, the dialect of ASL formerly used by students of OSD (Hemingway, 2007).

However, Donna disagreed with me. She indicated a preference for descriptive name signs, the second ASL name system described by Hemingway (2007) and Supalla (1990, 1992). These name signs are based on some personal characteristic of the individual instead of on the first fingerspelled letter of a spoken/written name, and follow ASL linguistic rules: instead of fingerspelled letters, these name signs employ handshape classifiers for referring to a physical characteristic (Supalla, 1990, 1992). According to Padden (1992), descriptive name signs are considered by the ASL community to be more childish and have more frequently been received and bestowed by Deaf children. Supalla (1990) adds that Deaf children of hearing parents are more likely to receive descriptive name signs upon arrival at a Deaf residential school. But Donna saw this type of name

sign as superior to arbitrary name signs. (This preference for descriptive name signs may also today be more prevalent among younger generations of ASL users, particularly those with some international experience. Living or working with the Deaf community in other countries whose native signed languages do not follow ASL arbitrary name sign conventions can lead to the assigning of new, descriptive name signs based on the naming conventions of another signed language. However, more research is needed to explore the evolution of ASL community members' attitudes toward both arbitrary and descriptive name signs.)

The above conversations with Jonathan and Donna highlight a sociolinguistic tension surrounding some traditional aspects and uses of ASL in light of more recent efforts by the Deaf community and bilingual bicultural educators to unpack the effects left by decades of monolingual, oralist education. There have also been effects left by the spread of ASL as a commodity among hearing learners. Supalla (1992) refers to the growth of non-traditional name signs that violate ASL linguistic conventions: these name signs have emerged at least in part due to the popularity of classes for hearing students learning ASL as a second language. Non-traditional name signs tend to combine features of both descriptive and arbitrary name signs by employing both the first letter of an individual's name in addition to referring to some personal characteristic. These name signs often violate linguistic rules for the formation of both arbitrary and descriptive name signs. However, according to Supalla (1992), non-traditional name signs have frequently been given by Deaf ASL teachers to their hearing students. The author

suggests that this phenomenon may be a result of ASL instructors attempting to accommodate their student's misconceptions about name signs, such as their always having an inherent meaning. In addition, non-traditional name signs may be bestowed to mark the individual's identity as an ASL learner or hearing person who is not an integral part of the Deaf community. Non-traditional name signs can therefore simultaneously represent sites of submission and resistance by the Deaf community: submission to the wishes and values of hearing outsiders, and resistance to these outsiders' encroachment on Deaf cultural markers.

However, it has also been observed that many mainstreamed Deaf students are ignorant of the linguistic rules and cultural conventions behind name signs; these students have often come up with non-traditional name signs for each other (Mindess, 1990). Supalla (1990) calls it "a serious misconception that name signs are strictly descriptive in nature" and states this is evidence that there is "virtually no knowledge of the arbitrary name sign system" (p. 100) among a segment of the ASL community. The use of non-traditional name signs by mainstreamed Deaf students also illustrates how an ASL Discourse is acquired and adapted by individuals arriving "late in the game" (Gee, 2008, p. 179). In their performance of "being-or-becoming-a-real" Deaf user of ASL, previously mainstreamed Deaf students can unwittingly set themselves apart from native ASL users and residential school students due to the mainstreamed students' bearing of non-traditional name signs. However, as Gee (2008) notes, "There are no all-at-once, once-and-for-all, tests for who is adept" at being a particular social identity, since such

phenomena as traditional and non-traditional name signs “emerge over the course of a developing history among groups of people” (p. 160-161). A judgment of Deaf identity based on an individual’s name sign “is embedded within situations that ... make such judgments intrinsically provisional” (Gee, 2008, p. 161). The growth of non-traditional name signs among Deaf ASL users may be accommodated in one or more ways. Some previously mainstreamed Deaf students can have their non-traditional name signs modified by native ASL users to make these name signs better conform to ASL naming conventions and linguistic structures (as has happened with my own name sign). Or certain formations of non-traditional name signs (such as name signs for females that mark the characteristic of having long hair) may have become so widespread that they are (usually) accepted without comment by the Deaf community. Or, while recognizing formerly mainstreamed Deaf students as part of the Deaf community, some Deaf people can continue to express hope that some day, more Deaf students will have the benefit of ASL and Deaf Studies programs and curricula from an early age so that a historic ASL Discourse is rendered “visible, valuable, and meaningful” (Gee, 2008, p. 188) by schools and early intervention programs.

Donna’s comments about her preference for non-arbitrary name signs also served to highlight a resistance to the perceived influence of English on some aspects of ASL. In my conversation with her, she cited the name sign of Laurent Clerc, who was the first Deaf teacher at the American School for the Deaf in Hartford, Connecticut, the nation’s first permanent school for Deaf students. Clerc’s name sign employs the H handshape but

does not derive from Clerc's English (or French) name. However, as Supalla (1992) notes, Clerc's descriptive name sign originates in Langue des signes française (LSF) and does not follow ASL name sign conventions. In any case, Clerc brought what became ASL's fingerspelled alphabet, in addition to LSF, with him when he arrived in the U.S. in 1817 (Supalla, 1992).¹³ The arbitrary name sign system, which employs the first fingerspelled letter of an individual's English name, is argued by Supalla (1992) to have originated in the U.S. after 1817. Evidence exists of the use of arbitrary name signs among students at American Deaf schools from as early as the 1820s (Supalla, 1992).

Giving of Name Signs

As it turned out, most of the children of hearing parents received what appeared to be arbitrary name signs in the course of our program. During our fifth program session, Jonathan again introduced "Mommy and Daddy Love You" when reviewing previously-learned rhymes with the group of parents and children in attendance. He began by signing the rhyme with Violet, but stopped when he realized that name signs are needed for this rhyme. Turning to Julia, Jonathan confirmed Henry's name sign, and then looked at Bianca, who did not have a name sign for Charlie. At this point, Jonathan told Bianca to wait until Charlie received his ASL identity sign at a Deaf school. Jonathan then resumed demonstrating the rhyme with Violet's name sign. When he finished, he commented that use of this particular rhyme encourages children to identify their own names.

¹³ ASL is said to be a creole of LSF and several indigenous signed languages which existed in the U.S. prior to Clerc's arrival.

Moments later, however, as Jonathan watched me attempting to sign “Mommy and Daddy Love You” with David while fingerspelling David’s name, he announced that he would give David a name sign. This was an arbitrary name sign that is found in Supalla (1992)’s book and that employs the first letter of David’s name. Jonathan then waved to David in order to get his attention. Seated in his mother’s lap, David looked away from Jonathan, who clapped his hands in a 1, 2; 1, 2, 3 rhythm. Jonathan continued to clap until David looked at him with a smile. Jonathan stood and signed “Mommy and Daddy Love You” to David, using David’s new name sign. Grace smiled in response and Jonathan told her to try signing the rhyme herself. As Grace (who did not know any ASL before enrolling in our program) asked Jonathan to again show her the different signs used in the rhyme, he demonstrated David’s name sign for her and then checked with the other Deaf adults in the room to see if they liked it. Both Donna and Julia agreed on the fitness of David’s name sign and tried signing it themselves. Jonathan told Grace that she should tell David his name sign again and again. He showed her how to sign the sentence YOUR NAME SIGN IS DAVID. Grace shyly tried signing this sentence.

At this point, I tapped Jonathan’s shoulder for attention and told him that he had forgotten Charlie. Jonathan turned to see Charlie sitting in front of Bianca and instantly created a name sign for him. Charlie’s name sign appeared to be a non-traditional name sign as it combined features of arbitrary and descriptive name signs: it was based on his tendency to laugh, as well as on the first letter of his English name. Bianca tried signing Charlie’s name and Jonathan taught her the same sentence that he had shown Grace:

YOUR NAME SIGN IS CHARLIE. Jonathan then announced Charlie's name sign to the other participants. The adults practiced signing Charlie's name. Next Jonathan surveyed the group of children on the mat and signed their names: Sarah, Charlie, Violet, Henry, and David. Everyone had a name sign.

As Jonathan remarked to Grace and then to Alison when Tom received his own name sign one week later, a child's ASL identity or name sign may change when he or she goes to school. (Here Mary announced her plans to change Sarah's name sign when she was slightly older. There are many other children with name signs like Sarah's and Mary felt this could become confusing.) However, Alison stated that Tom wouldn't attend a Deaf school because he has a lot of hearing. A substantial discussion ensued regarding a name sign for Tom. Jonathan asked Alison what she had observed of Tom's personality and character. Alison responded that Tom tended to be quiet and calm. She also remarked that Tom was born during a full moon. The name sign that Jonathan gave to Tom appeared to be an arbitrary name sign, although its particular formation is not featured in Supalla's (1992) list of arbitrary name signs following each alphabetic handshake. Some Classic Ontario ASL name signs appear to be distinct to this dialect, and it is possible that Tom's name sign is correct for Ontario users of ASL. However, Jonathan's emphasis on a name sign that reflected Tom's personality and characteristics may be indicative of the complex formation of name signs and of what was for Jonathan a tension surrounding the assigning of name signs in a non-traditional setting.

Mindess (1990) observes that Deaf individuals prefer to wait until they are somewhat familiar with a recipient before granting his or her name sign. She further notes that even arbitrary name signs need to ““feel right”” (p. 13) for the namer to give to the recipient. Some Classic Ontario ASL users have mentioned the existence of certain connotations behind their arbitrary name signs. Hemingway (2007) subdivides this category into relative arbitrary name signs (following an individual’s written first or last name), non-relative arbitrary name signs (following an alphabetical handshape that is unrelated to the individual’s written name), or unique arbitrary name signs (following an ASL handshape that is not included in the fingerspelled alphabet). Snoddon (in press) mentions narratives about name signs by Classic Ontario ASL users, including some descriptions of unique arbitrary name signs that involved a particular handshape being used for all members of a certain group of students at OSD. However, these connotations behind arbitrary name signs often appear to be tenuous and group-oriented in comparison to the explicit, individualistic significance of non-traditional name signs. While Jonathan observed many of the traditional conventions behind name signs, it is unclear whether he consciously attempted to follow all of the linguistic rules for forming arbitrary and descriptive name signs for the children in our program.

It is also possible that Jonathan gave some child participants in our program what appear to be non-traditional name signs because he intended for these ASL identity markers to be used temporarily, until the participants were given name signs in a setting that better recognized the individual children’s contribution toward and presence in the

Deaf community. This possibility is strengthened by Jonathan's initial reluctance to bestow name signs on the children of hearing parents and by his repeated references to receiving a name sign at a Deaf school. Meadow (1977) notes that

There appear to be a number of times in his life when an individual can enter the deaf community. The assignment of a name sign can be seen as a kind of rite de passage, defining this entrance to the community through the bestowing of a name. (p. 239)

The theme of name signs in our program raises the question of whether infant hearing screening and early intervention services—insofar as they include provisions for learning ASL—might come to alter the circumstances under which some Deaf children first encounter the Deaf community, and thereby receive their name signs. The functions and descriptions of name signs in our program may also reflect the ways in which ASL names differ from names in a written or spoken language, and the role of the individual in Deaf culture. In a Deaf cultural space, the individual may often be defined in terms of his or her contributions toward and participation in the group. Rather than a name sign being a token automatically bestowed on any Deaf person, it is a mark of his or her “personal efforts ... and personal characteristics” (Delpit, 1988, p. 289), displayed for the Deaf community to assess and embrace.

As a postscript, I will add that the issue of name signs for the children of hearing parents in our program was initially a source of concern for me. As a Deaf person who grew up outside of the Deaf community, I was concerned about the children of hearing parents being recognized and accepted by the Deaf adults and children in our program. For me, the assigning of name signs represented these children's inclusion in the Deaf

community. I also initially felt that waiting for a Deaf child to receive his or her name sign at school, as Jonathan suggested, was counterproductive to the goal of ensuring early ASL acquisition for Deaf children and hearing parents. I saw our program at DSA as an opportunity for hearing parents and Deaf children to become familiar with the Deaf community at an early stage in the children's lives, and name signs were a mark of having made this acquaintance. As Meadow (1972) notes, only Deaf children of Deaf parents have traditionally received their name signs in infancy, although not all such children receive their name signs at this stage of life or from their parents (Supalla, 1990).

In this regard, watching John Hemingway's (2007) *Classic Ontario ASL: Name Signs* DVD was instructive. The DVD's featuring of Deaf Ontarians—some in their eighties and nineties—reciting the name signs of former classmates from old photographs and school enrolment records gave me a better sense of the unique history, weight, and significance of name signs and their granting by the Deaf community. This matter also served to remind me of Delpit's (1988) advice that

We must believe that people are rational beings, and therefore always act rationally. We may not understand their rationales, but that in no way militates against the existence of these rationales or reduces our responsibility to attempt to apprehend them. And finally, we must learn to be vulnerable enough to allow our world to turn upside down in order to allow the realities of others to edge themselves into our consciousness. In other words, we must become ethnographers in the true sense. (p. 297)

Having grown up in mainstream schools, there are some aspects of Deaf culture and history, and of an ASL Discourse, of which I will never have a first-hand grasp. As I

came to learn, not only did Jonathan authentically represent these Deaf historical traditions in his teaching of the ASL Parent-Child Mother Goose Program, but his actions and comments were always guided by a strong commitment to and regard for the knowledge and values of Deaf people.

This chapter has described the theme of name signs as it emerged in our program and contributed toward the construction of a Deaf cultural space. The next chapter further outlines the role and contributions of the Deaf and hearing mother participants and the ASL Parent-Child Mother Goose Program leader.

Chapter 7:

Facilitating Emergent ASL literacy

In the Deaf cultural space of our program, the role and contributions of Deaf and hearing parents became central issues. In addition to my observations of the program, several conversations and interviews with Jonathan allowed me to further study his role and goals as a program leader. Against this backdrop of Deaf and hearing adult participant roles, the responses of individual children to the rhymes and stories used in our program were featured. In this chapter, I will further describe the nature of the space that was created by our program and its participants, and outline the distinct roles and perspectives that were taken by Deaf and hearing mothers. I will also outline how Jonathan as a program leader worked to facilitate emergent ASL literacy in the child participants and encouraged the adults to further develop their own ASL literacy skills.

Deaf Mothers as ASL and Literacy Experts

From the first, the Deaf mothers in our program were presented as experts in ASL and its use to foster language and literacy in young children. During our first program session, Jonathan introduced Donna and Julia to the other mothers as trained ASL Parent-Child Mother Goose Program leaders. In the course of our program, Jonathan also frequently discussed practice with the Deaf mothers in terms of developing and teaching ASL rhymes. As I will show in this section, the Deaf mothers provided an invaluable resource for supporting the other participants' learning about emergent ASL literacy.

Deaf mothers' use of ASL rhymes and home ASL literacy practices:

Improvisations to ASL rhymes and creation of new rhymes.

A central issue for the use of ASL literature with young children in our program was the creation of additions and revisions to existing ASL rhymes. This issue highlighted what may be a unique feature of supporting emergent ASL literacy in young children: namely, the need to foster and sustain visual attention in order to support communication and language development. In order to attract and retain young children's visual attention, the Deaf mothers and Jonathan continually improvised new variations for existing rhymes that changed the original rhymes' tempo and increased their tactile and interactive components.

In an interview following our seventh session, Julia noted that she always signed certain rhymes in the same way, but with others she frequently made revisions and added detail. She stated that making these revisions led to Henry being more attentive and provided more opportunities for his language development. For example, during the program's second session Julia devised a variation of "ILY Balloon." This rhyme involves the adult signer pretending to blow on his or her thumb—as in blowing up a balloon—as the fingers of his or her dominant hand¹⁴ rise into the combined LY handshape. (While this handshape is a phonological unit of several different signs, it is also used for one way of signing "I love you" in ASL). The signer then pretends to tie the ends of the ILY balloon, which descends toward the child. In this episode, not only did

¹⁴ For right-handed signers, the right hand is the dominant hand in two-handed signs where each hand has a different handshape, while the left hand is the base hand. The reverse is true for left-handed signers (Valli & Lucas, 1995).

Julia initiate the use of a rhyme that Jonathan had not yet introduced—as she also occasionally did during later program sessions—but she also demonstrated several variations of this rhyme. She alternately signed the balloon descending rapidly—as if losing air—toward Henry, and then gradually floating downward. In response, Henry lifted his arms as if to try and catch the balloon and clamped down with his mouth on Julia’s index finger as the combined LY handshape landed on his chest. He then smiled and kicked his legs. As Julia concluded each variation of “ILY Balloon,” she repeatedly asked Henry, MORE? AGAIN? to foster and sustain communication with her son. As Julia continued to sign this rhyme, Alison watched her attentively and then herself practiced signing the rhyme with Tom, who like Henry lay in front of his mother on the mat.

During this episode, Julia also improvised a different rhyme that was based on the first: this was “Balloon Numbers.”¹⁵ In this rhyme, she blew up the fingers of her dominant hand one by one into a 5 handshape. As she continued signing “Balloon Numbers,” she alternated blowing up her fingers from her index finger to her pinky, and from her pinky to her index finger. Henry lay still and watched his mother intently as she signed, then began kicking his legs rhythmically and waving his arms as the 5 handshape balloon started to descend toward him. AGAIN? Julia asked. Again she signed the rhyme, blowing up her fingers from pinky to index finger with emphatic movements. The 5 handshape balloon then dropped abruptly onto the mat beside Henry, who blinked. Julia blew up her fingers again and the 5 handshape descended in a fluttering motion, like a

¹⁵ Anita Small has noted that this rhyme may be more properly viewed as an instance of non-linguistic play, or finger play, since the sequence devised by Julia does not produce all ASL numbers 1-5 and not all of the digits produced in this sequence correspond to ASL numbers.

leaf falling from a tree onto Henry's face. He clutched his mother's hand in his fists as it descended. Jonathan called the other mothers' attention toward Julia's several improvisations.

Increase of rhymes' tactile components.

Both Donna and Julia suggested improvisations for rhymes that increased their tactile and interactive components, and thus enhanced their suitability for very young children. As Donna explained during the second program session, very young children like her daughter enjoyed rhymes that involved touch. She noted that Violet would enjoy rhymes that required more receptive skills when she was slightly older. During the same session, Julia described how she had made adaptations to "Jolly Bear." As demonstrated by Jonathan during the first session, the original version of "Jolly Bear" runs as follows:

BEAR, BIG EARS on adult signer.
 BIG EARS on baby.
 BEAR, PUFFY CHEEKS on adult signer.
 PUFFY CHEEKS on baby.
 BEAR, BEAR on adult signer.
 BEAR on baby.
 BEAR, JOLLY TUMMY on adult signer.
 JOLLY TUMMY on baby.

In this rhyme, the adult signer's descriptions of the bear's physical features involve spread C handshapes—which are similar to the clawed 5 handshapes used in the ASL word BEAR—moving from the crown of the head to the cheeks to the shoulders to the sides of the lower torso. Following her mention of adaptations to this rhyme, during the third program session Julia demonstrated a revised version of this rhyme where she signed BEAR on Henry following each instance when she signed the word on herself, in

addition to signing the bear's ears, cheeks, shoulders, and tummy on Henry. As Julia remarked during the second program session, Henry was learning about himself and his mother when she signed first on her own body and then his.

Donna also increased the tactile component of "Spider Roll Up and Down" when this rhyme was introduced during the seventh program session. This rhyme is an ASL adaptation of "Inky Winky Spider." As Jonathan demonstrated the rhyme with his doll:

The sun shines down on baby, its rays beating with a 1, 2, 3 rhythm. Spider rolled up into a ball starts poking its legs out and upwards, one by one. Five legs turn over and begin crawling on baby. Clouds appear and rain starts to fall with a 1, 2, 3 rhythm. One by one, Spider's legs curl up and disappear into a ball that rolls rapidly down and away from baby. The sun reappears and starts beating down again with a 1, 2, 3 rhythm. Spider's legs emerge one by one, turn over, begin crawling over baby's torso, and tickle baby.

In the above rhyme, a contracted 5 handshape is used for the sun's rays beating, a S handshape for the spider's body rolled into a ball, and crooked 5 handshapes for the rain falling. When signing this rhyme with her daughter, Donna made emphatic use of touch. She signed a spider unfurling and crawling directly onto a wriggling Violet, and used her free hand that became the unfurled spider to hold her daughter's leg still while she signed clouds and then rain. In doing so, Donna kept Violet's visual attention trained on her throughout the rhyme.

Similarly, during the third program session Donna advised that the adult signer could make additional use of his or her trunk to wave at and pat the child for attention in "Elephant Looking for a Friend." This rhyme uses an extended B handshape for the

elephant's trunk, the extended C handshape for SEARCH, and the crooked 1 handshape for FRIEND:

Elephant with her trunk waving begins searching left and right.
 Searching, searching for a friend.
 Elephant with her trunk waving searches left and right.
 Searching, searching for a friend.
 Elephant searches and searches for a friend.
 Elephant sees one! Her trunk pats baby.
 Found! Elephant's trunk pats baby happily.

During the sixth program session, Julia reported that she was most able to keep Henry's attention when she signed rhymes that involved her standing and stomping on the floor. He liked the vibrations and movement.

Creation of ASL literacy and numeracy activities.

The Deaf mothers created rhymes that fostered emergent literacy and numeracy by incorporating the concepts of counting and numbers. During our final program session, Donna demonstrated for the other participants how she signed numbers 1 to 5 with Violet. As Violet lay on the mat in front of her mother, Donna began signing the numbers 1, 2, 3, 4, 5 to Violet who babbled with her hands in response. Donna's 5 handshape then fluttered down like a snowflake onto Violet's face. Violet blinked. Donna explained to the other participants that they could sign numbers 1 to 5 with both hands. First one hand and then the other can alternate signing numbers, then become a snowflake falling down. Then the signer can hold up both 5 handshapes and twist his or her wrists, as in the sign for FINISH. Jonathan praised Donna's innovation and asked her to sign the rhyme again.

Here Donna also demonstrated various tactics for keeping a child's visual attention trained on an adult signer. As Violet waved and then held her fists to her mouth, Donna touched her daughter's arms and then began clapping. With her nondominant hand, Donna signed numbers 1, 2, 3, 4, 5 to Violet, who watched and blinked as the 5 handshape became a snowflake fluttering down. Violet then held out her own hand in a 5 handshape, and laughed as her mother's fingertips brushed her face. With her dominant hand, Donna again signed numbers 1, 2, 3, 4, 5. Violet watched, closed her eyes, and smiled as the 5 handshape fluttered down to her face. Donna brushed Violet's face with both of her hands as she finished the rhyme. She explained to Jonathan and the other participants that the numbers 6, 7, 8, 9, and 10 can be added later on. Julia then asked Donna if the 5 handshapes fluttering down could also signify rain or leaves falling. Julia suggested different ways for signing a 5 handshape descending.

During our seventh program session, Julia shared further information about her home ASL literacy practices when she reported that Henry enjoyed learning his fingerspelled and printed letters and numbers. She had placed a mirror for Henry in his room at home that had peel-off stickers of numbers and letters. Julia described how she lifted Henry up in front of the mirror and bounced him in rhythm as she signed and pointed to the letters. The rhythm she used was similar to that of the alphabet song, "Now I know my ABCs." As Julia stated, this is a song for hearing children but she had adapted it in order to teach Henry both fingerspelled and printed letters. She described how he

laughed in response to her signing letters, then grabbed at the letter stickers. Julia also explained how she signed numbers 0 to 10 in front of the mirror and then asked Henry, “Where’s 10?” with a befuddled expression. She would then move the stickers with the numbers 1 and 0 in front of Henry, who looked at and tried to grab the number stickers in both fists.

Use of rhymes with home implements.

As in Julia’s above anecdote, the Deaf mothers shared information with the other participants about their use at home of rhymes and variations on rhymes, and their children’s responses to individual rhymes. Julia and Donna both reported that the ASL version of “Row, Row Your Boat” was most effective when both mother and baby were seated in a bathtub with real water. Jonathan first introduced this rhyme during our second program session by stating that it was for hearing people, but he had tried adapting it. He first demonstrated this rhyme with the doll he often used for the ASL Parent-Child Mother Goose Program:

Jonathan sits with his doll balanced against his bent knees. He signs RAIN falling rhythmically over the doll and then waves of water rising higher and higher on either side. The boat carrying the doll floats over the waves. Jonathan picks up the doll’s arm and rows. Fish swim by on the left and right sides of the boat and then jump through the air. Jonathan and doll keep rowing. A fish soars through the air, into Jonathan’s mouth and down his throat. His torso shakes and the doll shakes gently as Jonathan pounds his chest with one fist. The fish flies out of his mouth.

When the participants reviewed “Row, Row Your Boat” during the third session, Donna noted that a bathtub setting for this rhyme provided support for the adult signer’s back and legs. She advised Jonathan that a baby will also need some support for sitting up until

he or she is about 10 months old. (Donna again suggested the bathtub as a suitable home setting when the participants later learned and reviewed the “Whale” rhyme.)

During our fourth session, Julia reported using a version of “Elephant Looking for a Friend” at home, where she used a picture of three monkeys to create a story about monkeys looking for a banana. Two weeks later, Julia also described using a mobile with a moon and stars when signing “Shining Star” at home with Henry and signing “Swing” when Henry was seated on a real swing in the park. Although the ASL Parent-Child Mother Goose Program does not use toys, books, or props, it appeared that Julia saw the use of concrete implements in conjunction with ASL rhymes as one way of supporting emergent ASL literacy at home and in the community. These examples from the Deaf mothers highlight context-bound, as distinct from context-independent, ASL literacy practices. The use of implements at home may also have come about because, as Donna reported, there were many more toys and objects in the Deaf mothers’ home environments than in our program space at DSA. Donna described using a stuffed toy bear, tiger, and lion lined up in a row when signing “Peekaboo Animals” at home with Violet, and a large stuffed bear when signing “Jolly Bear.” She explained that Violet looked from Donna to the stuffed bear to herself when her mother signed this rhyme. At another point in our program, Donna commented that using a drum during rhymes worked well for increasing their tactile and vibratory components.

Modelling ASL communication with young children.

Throughout the program, the Deaf mothers modelled ASL communication with young children. Donna and Julia regularly signed with their children in free moments regarding the surrounding environment and what their children were doing. As Henry began teething midway through the program, Julia reported more difficulty with using rhymes for extended periods of time. However, as she stated, Henry still attended to several familiar rhymes that he preferred, including “Caterpillar.” Julia explained that while Henry was teething, she was mainly able to sign rhymes and stories when her son was seated in his high chair and occupied with eating or drinking his bottle. Henry liked being rocked more often at this time, and Julia demonstrated for the other participants how she signed “Sleep and Dream” while holding and rocking her son. Henry had also become more prone to biting, and Julia explained that she often told her son that various items, such as a doll’s nose or a human chin, hurt when he bit them.

Benefits to Deaf mothers of participation in our program.

Although the Deaf mothers in our program were exceptionally qualified and well-informed in regard to supporting young children’s emergent language and literacy, they still reported several benefits for their children and themselves from participating in the ASL Parent-Child Mother Goose Program. In interviews following our seventh session, Donna stated that Violet had more exposure to ASL literacy and enhanced language development from participating in the program. Donna also remarked that Violet enjoyed socializing with the other children in our program and that Donna herself appreciated the

opportunity to participate in the community and share her knowledge and experience with the other mothers. Similarly, Julia reported that participation in the program greatly increased the amount of and frequency with which she signed rhymes and stories with Henry. Both Donna and Julia reported that the use of ASL rhymes was calming and enjoyable for their children.

Deaf mothers' interactions with hearing mothers and their children.

Julia and Donna also modelled communication with the children of hearing parents. On several occasions, the Deaf mothers signed rhymes and stories with these children, such as when Julia signed “Dog Story” to David during the seventh program session. Like several other ASL rhymes and stories mentioned in this chapter, this story involves personification:

Julia with an animated expression fingerspells the title “Dog Story,” then signs DOG. Dog runs on clawed V classifier handshape limbs with her tongue hanging out. Dog stops and sniffs the air. Her tail shoots up and then points in the direction of the scent. Dog runs in the direction of the scent, stops, and digs up a bone. David watches Julia and smiles. Dog picks up the bone in her teeth and runs off. She stops and digs a hole, then drops the bone from her jaws. David sits still, watches Julia, and smiles. Dog brushes dirt over the hole and signs SHHH! to David who watches Julia. SHHH! she signs again, looking around. Dog runs off again with her tongue hanging out.

Julia and Donna conversed with the children of hearing mothers, modelled attention-getting behaviours, and assisted the hearing mothers with learning rhymes. They also frequently reminded the children of each other's name signs when communicating with their own children and those of the hearing mothers.

Advice to hearing mothers.

As our program progressed and the participants grew familiar with each other, the Deaf mothers gave advice to the hearing mothers. At the beginning of the fifth program session, Julia chatted with Grace. She told Grace about her participation with Henry in swimming lessons and in a baby sign program. Julia commented that she tried to go out with Henry as often as possible so that he could socialize with other young children. She felt that doing so enhanced Henry's development and confidence as he met different people and became involved with his community. Grace smiled and listened to Julia.

Similarly, before the start of our sixth session, as Bianca, Donna, and Julia were seated on the mat with their children, Julia asked Bianca if she knew how to tap her child's shoulder in order to get his attention. Julia then demonstrated tapping on Henry's shoulder. Henry turned and looked at his mother. Later during this session, I observed Bianca touching Charlie for attention and asking him, MORE? He reached for her hands as she signed to him. Bianca then signed to Charlie to tell him to look at Jonathan, who had resumed addressing the group.

During the last program session, Julia commented about her practice of banging on the table or floor at home in order to get Henry's attention. Julia stomped her foot to demonstrate, and Charlie who had crawled away from the group turned his head to look. Julia commented that when Henry crawled away from her at home, she would likewise stomp her foot and wave for his attention. In the same session, Julia commented to Alison

that she thought Tom was saying the word “Mama.” Julia then signed MOTHER to Tom. In response, Alison told Julia that Tom frequently called out and sang, “Mom, Mom.” Julia advised Alison that she could respond to Tom in ASL by signing MOTHER. As she remarked, Henry also sometimes made the lip movements for “Mama” and Julia then signed MOTHER back to him. Julia stated that doing so helped Henry to learn the names of people and objects, and how to express himself.

Donna advised other Deaf and hearing parents about the use of hearing aids. During the fifth program session, Donna’s attention was caught by a conversation taking place between Peter and Mary about Sarah’s hearing aids. Donna asked Mary what she had said, and Mary explained that her daughter wore hearing aids but did not seem to like them and tended to pull them off. Donna remarked that Sarah was not ready to wear hearing aids and should not be forced. She advised the LSM parents that Sarah wanted to be comfortable—if she pulled off her hearing aids, it meant she was not comfortable. Donna added that Sarah may become more used to her hearing aids later, as some of Donna’s students had. Her students sometimes wanted to wear their hearing aids. The following week, as Bianca was conversing with a DSA staff member about Charlie’s hearing aids being lost, Donna interjected that many parents have problems with children losing their hearing aids. As she told Bianca, this was more likely to happen when children were between the ages of 0 and 7. Bianca protested to Donna, “But I was holding him! His hearing aid just fell off.” Donna commented that for young children, hearing aids were like shoes—they can be lost in five minutes.

Donna's remarks about hearing aids indicate a certain practical, commonsense view of hearing loss and hearing technology that in part serves as a counterbalance to the medical perspective of Deaf individuals that is discussed in the previous chapter. In the following sections, where I describe the role and of contributions of hearing mothers in our program and the role of the program leader, this counter-Discourse regarding Deaf identity and the effects of hearing loss is further illustrated.

Hearing Mothers as Problem-Posers

Because of the context of Ontario infant hearing screening and early intervention services and the overall lack of support for the hearing mothers' use of ASL with their children, the fact of their participation in the ASL Parent-Child Mother Goose Program meant these mothers had already taken a distinct, active role. This context led the hearing mothers to assume a position of critical inquiry in regard to ASL and the issue of a Deaf identity. As they participated in the Deaf cultural space of our program and asked questions of the Deaf adult participants, these mothers embodied Freire's (2000) concept of problem-posing education, where "The students—no longer docile listeners—are now critical co-investigators in dialogue with the teacher" (p. 81).

Asking questions of Deaf adult participants.

During our second program session, where she was the only hearing adult present beside the interpreter, Alison asked a question that indicated her regard for the knowledge

of the Deaf adults. Holding Tom in her lap, Alison asked: “Because you have experience with kids who have hearing problems—do kids with hearing problems tend to scream more?” She smiled while she asked this question. “I don’t mean crying—he’s happy, but more loud than other kids.” Julia responded first:

A Deaf baby is trying to hear himself. He is playing with his voice and screaming for fun because he can’t hear anything. It’s very loud. If the baby could hear himself, it would be different but right now he doesn’t fully understand. Henry is very loud and my mother tells me that it was the same when I was a baby. I let Henry scream if he wants to. If everyone turns to look, I don’t mind. People will start to laugh. It’s OK—let him be that way.

Donna was the next to answer Alison. Drawing on her professional experience, Donna explained that she teaches junior kindergarten at a Deaf school:

Many kids in my class scream. It’s natural for Deaf kids to do this—they can’t hear themselves. Julia is right about kids playing with their voices. They will experiment with making different sounds. You can feel your own voice even if you don’t hear it. Babbling with voices and hands occurs in the same way—it’s natural. If you try to shush your baby, he won’t understand.

Julia also suggested that Alison could try responding to Tom when he yelled:

If you’re holding Tom and he screams, then you can pretend to be startled. Try communicating with Tom—you can hum while holding him and he will feel your voice. You can respond to your baby’s sounds in various ways [Julia picked up Henry who had started to cry. She then demonstrated the various sounds she can make while holding Henry.] Your baby can feel your voice when you hold him, and it calms him down. Eventually, your baby will understand about sounds and voices.

In the above conversation, the Deaf mothers had further opportunity to convey a normalizing, non-catastrophic view of young Deaf children and their behaviours. They also made practical suggestions for how Alison might turn an instance of her son’s yelling into an opportunity for learning and fostering communication. However, this discussion and the approaches to Deaf identity that it revealed took place in part because

of Alison's role as an inquirer.

When I interviewed Alison following the end of our sixth session and asked if she had any suggestions for improving our program, she again expressed curiosity about Deaf people and their approaches to hearing technology:

One question I have is that maybe ... I have some questions relating to Deaf culture. I would really like to have time to ask questions and discuss that. It would be cool if we could do that. But I know that maybe all of the mothers may not be interested in the same questions—some are hearing and some are Deaf.

I assured Alison that she could ask any questions she wanted, and Jonathan, who had come up to us during our conversation, agreed. Alison continued: "Tom will get a hearing aid and I'm curious about how other kids deal with something like that. And Deaf culture—does it hate hearing aids or are they OK? Do they accept hearing aids?" I responded to Alison that many Deaf people wear hearing aids. Jonathan agreed and added:

It doesn't hurt to try hearing aids. Some Deaf people like to hear when there's a knock at the door or another noise. It can be hard to catch 100% of what is said in spoken conversation—I don't know if this is possible. Usually Deaf people need to make eye contact and lipread when using their residual hearing. It's not like with hearing people who can turn their heads away but still hear and understand everything.

Jonathan then added that there are some Deaf people he knows who can speak and hear well and who use the telephone.

Similarly, before the start of our fifth program session, I observed a conversation between Grace and Julia where Grace asked about Julia's use of hearing technology for

Henry. Grace asked Julia if Henry wore hearing aids and Julia explained that he did not. Julia stated that she felt the degree of Henry's hearing loss meant that hearing aids would not be useful for him. Grace then asked Julia about a cochlear implant for Henry. Julia answered that she would not choose an implant for him—from looking at her own life and her husband's, she knows that Henry will be fine without one.

The space provided by our program seemed to enable the asking and answering of questions about the Deaf adults' perspectives on Deaf identity and hearing technology. Following our sixth session and Alison's question about hearing aids, a group discussion began about early intervention services and cochlear implants. Bianca and Alison both stated their commitment to learning ASL but also how they found it difficult to obtain support. At this time, Bianca remarked that no matter what, she wanted Charlie to be part of the Deaf community.

Jonathan and the other participants then shared their views about cochlear implants. Jonathan stated that he felt it was better to leave infants as they are naturally. He asked the mothers what they would think if he had a hearing baby whom he wanted to become Deaf. He also stated that many Deaf children with cochlear implants end up learning ASL and joining the Deaf community when they grow up. He mentioned that there are students with cochlear implants at provincial schools for Deaf students who arrive with low language skills because of not being allowed to learn ASL. At this time, Alison remarked that all the books she has read tell her that learning ASL does not hinder

speech development, although this is the opposite of what she was told by her doctor. (This statement by Alison is similar to the comment that Bianca reported making to the speech-language pathologist during Charlie's first AVT session.)

Approaches to learning ASL.

As evidenced by Bianca and Alison's remarks, the hearing mothers took a critical, active approach to the issues of Deaf children's bilingualism and learning of ASL. While conversing with Alison during our second program session, I asked her if she had started using ASL rhymes at home with her husband. Alison replied in the affirmative, and then told me that she and her husband regularly used six different signs when communicating with Tom. I asked her what their six signs were and Alison demonstrated: MOTHER, FATHER, FOOD/EAT, HELLO, GOODBYE, I LOVE YOU (with the combined LY handshape). Alison then stated that now she was learning more ASL, she planned to teach Tom more signs.

The hearing mothers also took an active approach in learning and using ASL vocabulary and rhymes and in asking questions about ASL. By the second week of our program, Alison reported that Tom liked "Peekaboo Animals" the most out of the rhymes she had begun using with him. She also stated that he immediately recognized this rhyme whenever she signed it, regardless of whether she was standing at a distance or seated close to Tom. Alison ensured that her comments were included in the review sessions that Jonathan led each week, where the parents shared information regarding their use of

rhymes at home and their children's responses. For example, during our third session when Jonathan asked the participants about their use of rhymes that they had learned the previous week, Alison was the first to answer. She stated that she had tried using "Row, Row Your Boat" in the bathtub with Tom, who enjoyed this activity very much. In this and other instances, Alison also demonstrated her receptivity to the suggestions and example of the Deaf mothers who had mentioned using this rhyme in the bathtub.

Bianca also demonstrated an active approach to learning ASL, as when during our last program session she asked me how to sign that she must feed Charlie. I involved Julia in this conversation, and Julia showed Bianca the vocabulary about eating that she used with Henry. Bianca then practiced signing that Charlie was hungry and it was time to eat. Bianca took several opportunities to interact and sign with the Deaf mothers and Deaf child participants, as when Henry and Charlie played together during the sixth program session. As Henry brushed Charlie's face with his hand, Bianca tapped Henry's shoulder and told him to be gentle. Like Alison, Bianca also reported on her use of rhymes and stories at home with Charlie. For example, during our last session Bianca noted that signing "Bird and Worm" while Charlie was eating helped him become more interested in his food.

Grace asked questions about ASL and the content of the ASL Parent-Child Mother Goose Program. It was clear that the concept of an ASL rhyme was new to her, and she lacked some of the background knowledge about ASL that the other hearing

mothers brought with them to our program. During our third week, when Jonathan introduced “Sandwich,” Grace asked me if the rhyme was from ASL or English. I explained to her that it was from ASL and there was no real English translation for the rhyme.¹⁶ Grace also asked several questions about the meaning of various ASL vocabulary items, such as when during our third session she separately asked Jonathan and myself about the meaning of the combined LY handshape in “ILY Balloon.” On several occasions, instead of trying to sign a new rhyme by herself, Grace asked Jonathan or myself to sign rhymes with David while she watched us. It appeared that our program was sometimes too fast-paced for Grace to fully learn all of the rhymes and stories when they were first introduced. However, by the fifth and seventh sessions Grace reported using “Jolly Bear”, “Fall,” “Hungry, Eat Your Toes” and several other rhymes at home with David. She also described David’s responses to certain rhymes.

Benefits to hearing mothers of participation in our program.

The hearing mothers reported various benefits from participating in the ASL Parent-Child Mother Goose Program. In my interviews with individual mothers, Alison mentioned the calming effects that her use of rhymes had for Tom. Bianca described riding the subway with Charlie in his stroller and signing “Jolly Bear” and “Whale” to keep him “happy in a quiet way.” Grace stated of the program:

It’s really nice, and it’s another kind of play for us. Another way of playing a game. It helps with interaction and our relationship. It helps us play—you know,

¹⁶ However, it appears that I gave Grace inaccurate information. “Sandwich” is said to be a traditional Irish rhyme (Cripps & Small, 2004a), although the original source is unknown. An ASL Parent-Child Mother Goose Program leader introduced this rhyme when the program was founded in 2003. This individual explains that her hearing father first signed “Sandwich” with her using various ASL handshapes, while also fingerspelling the various sandwich components (butter, salt, meat), when she was very young. It seems that her father had adapted a version of this rhyme, which he had learned from his own mother, for signing with his Deaf daughter (Pollock, S., personal communication, January 20, 2009).

we have other games at home that we play with David so it's like another one we have to add. It's nice and something I really like.

Following the end of our program at DSA, I learned from Jonathan and other individuals that Alison continued to attend both a subsequent ASL Parent-Child Mother Goose Program and a parent ASL class taught by Julia at DSA. Although there were few resources for supporting the hearing parents' learning of ASL during the tenure of our program, it appeared to lead to more parent-focused ASL activities being initiated at DSA. Bianca, who like Grace had returned to work from maternity leave, had finally started to receive ASL and Literacy Consultant services.

The above two sections have outlined the various contributions made to our program space by Deaf and hearing mothers. In the following section, I will describe Jonathan's role as a facilitator of emergent ASL literacy and co-creator of ASL literature.

The ASL Parent-Child Mother Goose Program Leader as Facilitator of Emergent ASL Literacy

In his role as ASL Parent-Child Mother Goose Program leader and creator of several ASL rhymes and stories for young children, Jonathan was placed at the centre of an emerging children's ASL literature tradition. Due to a lack of pre-existing resources, both Deaf and hearing parents are often unlikely to have significant experience with ASL literature activities for young children. Through his work as program leader, Jonathan aimed at teaching and further developing various ASL rhymes and stories and fostering emergent ASL literacy and the acquisition of an ASL Discourse by parents and children.

Noticing child responsivity.

From the start of our program, Jonathan called the other participants' attention to children's various responses to ASL rhymes. Along with visual attention, child responsivity appears to be central to defining emergent ASL literacy in young children. Jonathan's first comment regarding child responsivity followed Julia's use of "Peekaboo Animals" with Henry during our first session. As Julia signed:

PEEKABOO! LION, LION.
 PEEKABOO! TIGER, TIGER.
 PEEKABOO! BEAR, BEAR
 PEEKABOO! MONKEY, MONKEY.
 PEEKABOO! Julia signed a SPIDER that crawls forward over baby.

The above rhyme involves the extended B handshape for PEEKABOO and the clawed spread C handshape for various animal signs. These animal signs employ locations that move from the crown of the head (as in LION) to the lower half of the face (as in TIGER) to the shoulders (as in BEAR) to the sides of the torso (as in MONKEY), then out and away from the adult signer with the sign for SPIDER. Henry with arms outstretched kicked his legs in response while his mother signed to him. Tom beside him also made leg movements as Alison signed the rhyme. At this time, Jonathan commented about excitatory arm and leg movements that signal child responsivity. As he stated during our third session, these kicking and arm and hand movements are the start of communication between parent and child. He noted that child facial expression was also in evidence, as with the infants' opening and closing mouths in response to this rhyme.

At various times, Jonathan called the adult participants' attention to the responses made by individual children and encouraged parents to analyze their child's responses to rhymes. When reviewing participating parents' use of rhymes from the previous week, Jonathan frequently asked the mothers how their children had responded. During our second session, Jonathan noted that Violet's responsivity to ASL rhymes was evident in her facial expression. When Grace and David arrived during our third session and Jonathan signed "Peekaboo Animals" to David for the first time, he commented that David watched him quietly and seemed fascinated, then responded to the rhyme by smiling. (It was observed by Jonathan during an interview that David, who had less exposure to ASL than the other children, also made less eye contact and had less visual attention when he started attending our program. However, Jonathan stated, by subsequent sessions David's visual attention and responsivity to rhymes had improved.)

Following his teaching of "Sleep and Dream" during our fourth session, Jonathan commented to Bianca that Charlie enjoyed rhymes where his face was touched by an adult signer. As he remarked, when Jonathan encountered Charlie with his father at DSA's family event two weeks previously, he had signed "Shining Star" with them. It made Charlie giggle in response when Jonathan signed shining stars in Charlie's eyes and used his index finger to outline Charlie's face. Bianca agreed with Jonathan's observations. At the end of the same session, Jonathan advised Bianca and Julia: "First sign to your baby, then stop and wait. There will be a bodily response from your baby, such as kicking. Sign, then wait—your baby will respond to you. This is part of

communication and developing language.” Jonathan then mentioned how Henry had kicked vigorously that day during the “I Love You, Bye” circle. Henry’s doing so meant the same as saying, “Come on, I want more.” As Jonathan stated, Charlie had a different kind of response to this rhyme—he rolled over both times the participants signed it. Jonathan remarked to Bianca that her use of rhymes at home with Charlie would encourage his language development and enhance his ability to express himself and participate in the turn-taking of communication. At this time, Bianca commented that Charlie had started to copy various handshapes from signs she used with him.

As Jonathan noted, child responsivity to certain rhymes increased as the children grew familiar with their content and structure. For example, following Jonathan’s introduction of “Bird and Worm” during our fifth session, Julia mentioned her use at home of the conceptually similar rhyme, “Hungry, Eat Your Toes.” In the first rhyme, the adult signer describes a bird in its nest that looks outwards, spots a worm on the ground, then descends with a flapping of its wings. The bird then plucks and pretends to swallow the fingers of a child’s hand, one by one, as if they were worms. As Jonathan demonstrated this rhyme, the last finger of the child’s hand is difficult to pluck and results in a struggle for the bird. In “Hungry, Eat Your Toes,” the adult signer states that he or she is hungry and proceeds to pluck and pretend to swallow a child’s fingers or toes, one by one. Julia commented that Henry laughed and pulled his hand back in anticipation when she signed this latter rhyme, as he had grown familiar with its structure. Similarly, during our seventh session Donna reported that Violet giggled in

anticipation when her mother began signing “Peekaboo Animals” at home. As Donna stated, when she signed this rhyme Violet knew that the spider was coming to tickle her at the end. At this time, Alison added that Tom also smiled in anticipation of the spider’s appearance when his mother began signing “Peekaboo Animals” at home.

Improvising and revising ASL rhymes and encouraging use of rhymes with other family members.

Jonathan emphasized for the parents that they could be creative in terms of making additions and revisions to rhymes. Following Julia’s above demonstration of “Peekaboo Animals,” Jonathan showed the participants an alternate version of the rhyme where the adult signer stands and walking movements are added following each animal sign to create personification: the feline lion and tiger prowl, the bear dances with forepaws waving, the monkey swings its arms, and the spider crawls forward. Jonathan suggested that this alternate version was suitable for use with older children.

He and Julia then demonstrated “Peekaboo Animals Line-up” where two adult partners sign the rhyme in a turn-taking sequence. As Jonathan and Julia demonstrated with Henry, in this version of the rhyme the first adult signer begins: PEEKABOO! LION, LION. Then the first adult moves aside to stand behind the second, who in turn steps forward to sign PEEKABOO! TIGER, TIGER. The second adult steps aside and the first singer steps forward to resume: PEEKABOO! BEAR, BEAR. The first adult again steps aside and the second steps forward: PEEKABOO! MONKEY, MONKEY. At the end both

adults together sign PEEKABOO! then SPIDERS crawling over the child. In response to Jonathan and Julia's signing of the rhyme, Henry waved his arms and kicked his legs in a cycling motion. At this time, Julia commented about how Henry would wave his arms in a horizontal motion when he was asked if he wanted MORE? When the participants reviewed "Peekaboo Animals Line-up" one week later, Julia demonstrated how she could sign a different version of this rhyme by turning around once after each animal sign, instead of using a line-up with a partner.

As with his introduction of "Peekaboo Animals Line-up," Jonathan advised the mothers that they could practice using rhymes at home with their husbands or another adult partner to encourage communication with their children and foster visual attention. For example, during our last session, Jonathan commented to Alison and Bianca that "Rollercoaster" could be used at home with their husbands. As he suggested, one adult partner could clap rhythm while the other lifted their child in the movement of a rollercoaster.

Jonathan again suggested different ways in which the parents could be creative with using rhymes when he introduced "Elephant Looking for a Friend" during our third session. As he demonstrated,

Elephant searches and searches for a friend, lifts baby's arm, and looks. Elephant searches, searches, and lifts baby's other arm to look. Elephant's trunk waves from left to right. Elephant looks under baby's left, then right leg. [Jonathan shows the parents how they should roll their eyes from left to right when signing SEARCH to indicate they are looking for something.]

Jonathan suggested using versions of rhymes that ranged from the simple to the complex, according to the parents' signing skills. Following his introduction and explanation of "Elephant Looking for a Friend," Jonathan told Grace to try signing the rhyme with David. However, Grace asked him to again tell her how the rhyme went. Jonathan considered, and then announced he would show the group another version:

Elephant begins searching. His trunk waves from left to right. He's looking for a friend—hmm! Where could one be? His trunk waves from left to right. There—that's a clear, easy version to use.

At this time, Jonathan added that the parents could sign this rhyme when their child was seated in his or her high chair. He demonstrated how a parent could walk with his or her elephant's trunk swinging and stomping his or her feet rhythmically. At the end, when a friend is found, the parent could skip forward in delight with trunk waving and hug the child. For the hearing mothers' benefit, Jonathan also introduced more complex and simpler versions of "Crocodile" when this rhyme was introduced during our seventh session.

Like the Deaf mothers, Jonathan demonstrated various tactile and vibratory attention-getting behaviours and strategies for retaining a child's visual attention. As he continued to discuss variations for "Elephant Looking for a Friend," Jonathan signed the rhyme with David:

Jonathan bangs his trunk on the floor to get David's attention. His trunk waves from left to right and pats David as he searches. David watches Jonathan and smiles as the elephant searches and searches for a friend. Jonathan points to David—it's you!—and thumps forward to pat David enthusiastically with his trunk. David smiles in response and Jonathan gently tickles him.

Creation of ASL literacy and numeracy activities.

Jonathan also demonstrated and made suggestions for ASL literacy and numeracy activities. As Bianca fed Charlie some pureed fruit during a break in our fourth session, Jonathan sat in front of them and began signing:

Jonathan signs 2 spoonfuls, 3 spoonfuls going into his own mouth as Charlie and Bianca watch. 4 spoonfuls, 5 spoonfuls—all done! Jonathan leans toward Charlie and counts on Jonathan's own fingers with ASL numbers: 1, 2, 3, 4, 5, FINISHED. Holding Charlie's fist, Jonathan then begins counting on Charlie's fingers, then signs EAT, EAT, FINISHED! MORE? Charlie regards Jonathan as Bianca continues to feed him spoonfuls. Bianca asks Charlie, MORE? and Charlie waves his hand.

Another episode occurred during our last session, when Charlie was eating a snack of dry Cheerios cereal. Jonathan waved for everyone's attention and announced that he had created a song using Cheerios. With his nondominant hand, he used the F handshape as a classifier for a Cheerio. Using his dominant hand, a 1 handshape shot up rapidly as Jonathan pretended to pop a Cheerio into his mouth. He continued signing 2, 3, 4, 5 Cheerios.

Facilitating awareness of ASL.

Jonathan used his teaching of various ASL rhymes and stories as opportunities to enhance participants' understanding of ASL and its structure. For example, during our second session Jonathan mentioned the title of the rhyme "Jolly Bear" and how in ASL, the adjective usually follows the noun (i.e., the ASL translation for this rhyme's title is BEAR JOLLY). He also remarked that when using this rhyme, the signer needs to make clear that he or she is signing about a bear before describing the bear's various features

(as when signing BEAR before the bear's big ears, puffy cheeks, and jolly tummy). Here Jonathan made reference to the use of classifier predicates, which are morphological structures in ASL. With these structures, the noun is signed first, then the classifier predicate is used to state something about the noun (Valli & Lucas, 1995). With the LSM parents, Jonathan frequently provided explanations of ASL vocabulary items and their corresponding English translation for the notes that Peter regularly made when he participated in our program.

Facilitating ASL literacy with individual parents.

Jonathan regularly worked with the individual parent participants to enhance their use of individual rhymes. During our third session, Jonathan introduced "How Much I Love You." As he demonstrated this rhyme with Violet:

I love you with a tiny little heart? Jonathan thinks and decides not. I love you with a good-sized, medium heart? Jonathan thinks and decides not with a frown. I love you with a great big enormous heart? That big? Yes! Jonathan then demonstrated how the adult signer can pick up and hug his or her child.

Following his demonstration, Jonathan went over to where Alison and Tom were sitting on the mat and practicing the new rhyme. Alison signed the "No" parts of the rhyme, where the signer decides that a particular size of heart is inaccurate, with shakes of her head. Tom held his arms outstretched and sucked on his pacifier as he watched his mother sign. Alison animatedly signed a great big heart at the end of the rhyme and Tom waved his right arm in response. Jonathan told Alison that she had done a great job. He then provided Alison with more detail about signing the rhyme:

For the first heart, think small. Add facial expression to show you're thinking about the size of the heart. Roll your eyes as you ponder. Babies like facial

expression. Tilt your head and put your finger on your chin to show you're thinking. You can shake your head "No" after you decide about the size of the heart. Use facial expression when making a decision about the first, second, and third hearts. For the last heart, decide "Yes!" with excitement.

Alison watched Jonathan and nodded as he demonstrated. She then signed the rhyme with much more facial expression to Tom, who started waving his arms and kicking excitedly in response. Jonathan praised Alison's efforts. During our last session, Jonathan increased the tactile components of this rhyme by moving Tom's arms through the motions of the three different hearts. (He employed the same strategy of moving a child's arms for several other rhymes in our program.) Jonathan then demonstrated to Alison how she could continue to hold Tom's arms as she shook her head "No" and then "Yes" after the first, second, and third hearts. Doing so caused Tom's body to rock gently as Alison shook her head, and kept his visual attention trained on his mother.

Similarly, during our fourth session, Jonathan introduced "Dog Story" to Charlie and Bianca and scaffolded Bianca's learning of the story. He first signed the story to Charlie, whose eyes followed Jonathan's movements as Jonathan's dog spotted and picked up a bone, then dropped the bone into a hole and covered it with dirt. Jonathan then explained the various components of "Dog Story" to Bianca and told her to try signing the story. As I held Charlie in my lap, Jonathan and Bianca together signed "Dog Story." Charlie laughed and waved his arms as the dogs' tails shot up, and waved his arms again as the dogs spotted and picked up their bones, dug holes to bury them, dropped their bones into the holes, and signed SHH to Charlie. Here Charlie brought his own index finger up to his face in imitation of the adults' gestures. The dogs ran off and

Charlie laughed again. One week later, when I observed Bianca independently signing this story with Charlie, he responded in recognition of what she was doing. His eyes followed Bianca's movements as she dug a hole for the dog's bone. Charlie then held out his arms, shook his head, and laughed with delight.

While Jonathan sometimes employed the services of the ASL interpreter when working with individual hearing mothers, on several occasions he instructed the interpreter to stop talking while he demonstrated various rhymes. By doing so, he worked to support the mothers' receptive skills. Jonathan also modelled attention-getting behaviours by tapping the hearing mothers' shoulders for attention when he wanted to make a comment.

Observations of differences between Deaf and hearing parents.

On occasion, Jonathan commented on differences between Deaf and hearing parents when learning and using ASL rhymes. His observations seemed to reflect the different environments and participant groups for the two programs he led on the same day: one at DSA and another elsewhere in the same city. During our second session, after Alison described Tom's preference for "Peekaboo Animals," Jonathan commented that when he led programs with hearing parents and children, they always seemed to like this particular rhyme. In our fifth session, as he explained several variations for "Shining Star," Jonathan remarked that Deaf parents are experts in playing with ASL rhymes and creating variations for rhymes. He then stated that hearing parents who are learning ASL

can practice and make progress with using ASL rhymes. As Jonathan added, like Deaf parents using ASL, hearing parents find it easy to play with and creatively manipulate their own first, spoken language. However, as he remarked during our second session, the Deaf and hearing babies whom he taught responded to rhymes in the same way.

In an interview with Jonathan three weeks after our program began at DSA, I asked him about the differences he noticed between leading programs with hearing and Deaf participants. At this time, Jonathan commented that the ASL Parent-Child Mother Goose Program seemed best suited for ASL-fluent Deaf parents of hearing and Deaf children. With this participant group, he was always learning new improvisations and techniques that improved his own practice as a program leader. As he stated, with hearing parents a different approach is needed because they often have no foundation in ASL. I asked Jonathan about hearing parents of Deaf children and he agreed that this group was a high priority. He explained that he was referring mainly to the group of hearing parents and children who attended the alternate program that he led on the same afternoons as our program at DSA. As Jonathan commented, with this participant group of parents who did not make eye contact or pay visual attention to him, it was much more difficult to lead a program. In a subsequent interview, Jonathan again remarked on the difficulty of teaching rhymes and stories to parents who lacked prior knowledge of ASL. Through these interviews and in the course of my study, it emerged that undue pressure had been placed on the ASL Parent-Child Mother Goose Program as the only free resource for supporting parents and children's learning of ASL. As such, the program was required to

take on a role for which it was not intended. As program leader, Jonathan did not see it as his responsibility to teach basic ASL vocabulary to parents who had no knowledge of the language. His real aim was supporting the learning of ASL rhymes and stories and further developing such ASL literacy resources for young children.

This section has reported the activities and goals of the ASL Parent-Child Mother Goose Program leader as a facilitator of emergent ASL literacy. The next section will discuss various suggestions for practice that emerged in the course of our program.

Suggestions for Practice

Within its action research format, our program included several opportunities for participants to make suggestions and revisions for improved practice. Some ASL rhymes and stories that Jonathan introduced were newly created and still in the process of development. For example, during our fourth session, Jonathan introduced “Moon”:

Using the extended C handshape, Jonathan signs a MOON high in the sky. Jonathan looks at his doll’s face and signs SAME! using the Y handshape. Using the 1 handshape, he points out 1, 2 eyes on the moon, then 1, 2 eyes on himself, then 1, 2, eyes on baby. Jonathan gasps with surprise and again signs SAME! between the baby’s face and the moon. He then points out 1, 2 eyes then a nose on the moon, himself, and baby, and again signs SAME! between baby’s face and the moon. He repeats this sequence with 1, 2 eyes then a nose and an arc for the mouth on the moon, his own face, and his doll’s face. Jonathan ends the rhyme by again signing a MOON high in the sky.

Jonathan made several starts and stops when signing the above rhyme as he worked out the correct sequence. As he remarked to Julia at this time, he did not feel satisfied with this rhyme and wished to develop more detail. He also stated that he felt the concept of a

MOON in the sky may be too abstract for a very young child. Following a suggestion I made, Jonathan agreed that a doll's face could be used instead of an abstract moon, but also that during the ASL Parent-Child Mother Goose Program no toys or other objects are used. As Jonathan remarked, if a parent was grocery shopping with his or her child, the parent may not have a doll handy for signing this rhyme. Jonathan then suggested that another adult partner's face could be used instead of a MOON.

Jonathan was also not satisfied with the mid-afternoon time frame for our program, since it conflicted with naptime for several children. He felt that the morning or later in the afternoon was a better time, because the children would be more rested and alert. Several parents agreed with Jonathan's suggestion.

It was clear in the course of our program that several parents required repeated demonstrations of some rhymes and stories. Our program sometimes appeared to attempt to cover too many rhymes each week in a too-rapid sequence. However, as I remarked in a follow-up interview with Jonathan after our program at DSA ended, the original Parent-Child Mother Goose Program is 30 weeks in length. If 30 weeks were also allotted for the ASL Parent-Child Mother Goose Program, then there would be much more time and space for learning and practicing ASL rhymes and stories. The lack of public resources for hosting ASL Parent-Child Mother Goose Programs seems to be linked to the difficulty that Jonathan reported in leading programs with hearing adult participants who did not have other support for learning ASL.

In addition, while Jonathan suggested that the participating parents make notes of rhymes and stories on the handouts with program schedules that he distributed each week, I did not observe any parents beside Peter taking notes. (As Peter attended our program with his wife, one parent was free to attend to Sarah as the other took notes.) Grace suggested during our last interview that providing a simple, written explanation of rhymes and stories would help her remember how to use them. While at the end of our program I presented participants with copies of the *ASL Parent-Child Mother Goose Program* DVD (Cripps & Small, 2004a) which includes examples of several ASL rhymes, and a new DVD with additional rhymes has since been issued by OCSD, these resources were not otherwise free to parents participating in our program.

On several occasions when I interviewed Donna, she suggested that five or ten minutes of our program should be allotted for the hearing parents to ask questions about Deaf culture. She mentioned name signs and Deaf babies' yelling as potential topics for discussion.

In my final interview with Jonathan, the above suggestions for practice were discussed in relation to future programs that he planned to host in the new year. At this time, the need for further resources for supporting ASL learning and literacy in parents and Deaf children was also discussed.

Chapter Conclusion

The preceding two chapters have described our program space at DSA, including the theme of name signs, the contributions of the Deaf and hearing mothers, and the role of the program leader. Together, these elements of a Deaf cultural space present a counter-Discourse to the medical model of Deaf personhood that was discussed in Chapter 5. In the next chapter where I also summarize the study findings, I will further discuss this counter-Discourse and its implications for the early bilingual education of Deaf children.

Chapter 8:

Conclusion

A Deaf Cultural Space

Ways of living proposed for Deaf people that ignore their past, that attempt to remove, either directly or indirectly, their historically created solutions, are not possible lives. A widespread invention, found in communities of people who do not hear throughout the world, is a natural signed language. When deaf children are denied connections with Deaf people, or are prevented from learning a signed language, they lose access to a history of solutions created for them by other people like themselves. (Padden & Humphries, 1988, p. 120)

The preceding two chapters have provided data regarding the Deaf cultural space of our program. However, by presenting our program environment and activities as evidence of a Deaf cultural presence, it becomes necessary to describe both what Deaf culture is and how it was manifest in this setting. In this concluding chapter, I will discuss approaches to defining Deaf culture and how the knowledge and values of Deaf people were conveyed through our program. I will also discuss how this knowledge presents a counter-Discourse to the medical model of Deaf identity, and this Discourse's implications for early intervention services to Deaf children and their families. Finally, I will revisit my research questions in light of the findings presented and summarized in this thesis, discuss additional implications of these findings, and suggest directions for future research.

Defining Deaf Culture

They are facing not a theory but a condition, for they are first, last, and all the time the people of the eye. (George Veditz, 1912)

Padden and Humphries (2005) note that in their earlier, milestone work about American Deaf culture (Padden & Humphries, 1988), they “used a definition of culture that focused on beliefs and practices, particularly the central role of sign language in the everyday lives of the community” (p. 1). Citing Veditz, the authors make reference to the view of Deaf people as being seeing people (cf., Bahan, 2005), but add that

Deaf people’s practices of “seeing” are not necessarily natural or logical, in the sense that they have a heightened visual sense, but their ways of “seeing” follow from a long history of interacting with the world in certain ways—in cultural ways. This history involves the schools they attended, the communities they joined after leaving school, the jobs they had, the poetry and theatre they created, and finally the vocabulary they gave themselves for describing what they know. (Padden & Humphries, 2005, p. 2)

Padden and Humphries’ focus on beliefs and practices reveals how an ASL and Deaf culture Discourse is based on more than simply language: like other Discourses, Deaf culture involves, as well as particular uses of language, “distinctive ways of acting, interacting, valuing, feeling, dressing, thinking, believing, with other people and with various objects, tools, and technologies, so as to enact specific socially recognizable identities engaged in specific socially recognizable activities” (Gee, 2008, p. 155). A particular ASL Discourse is tied to a particular social identity of being “culturally Deaf” and to particular settings and institutions like Deaf schools and Deaf clubs (Gee, 2008). Each Discourse also invites its apprentices to play a particular role, but by participating in Discourses we can also act to alter them in some way (Gee, 2008). For instance, the increased participation of former mainstreamed Deaf students in present-day ASL and Deaf culture Discourses has broadened the definitions of who counts as Deaf and who

can play a role in these Discourses.

These Deaf culture-based beliefs and practices, and this history of interacting with the world, can be glimpsed in Chapter 6, where the theme of name signs in our program is analyzed, and in the knowledge imparted by the Deaf mother and program leader participants in Chapter 7. The knowledge shared by the other Deaf participants in my study in regard to the features and uses of ASL and to ASL literacy practices is of a distinct, unique nature. The unique features of this knowledge derive from its origins in a community of Deaf people for whom ASL is a first or primary language, who have grown up knowing the importance of visual communication for Deaf children, and whose professional experience has further developed this expertise with fostering early ASL literacy. This type of knowledge is also largely absent from the Discourse of speech and hearing and medical professionals as presented in Chapter 5. Given the lack of resources for supporting ASL that are described in the same chapter, Deaf people's knowledge has thus been in large part excluded from the discourse of Ontario infant hearing screening and early intervention services.

Like Ladd (2003), Padden and Humphries (2005) chronicle the impact of twentieth-century oralist Discourses of mainstreaming and medical interventions, and of Deaf community counter-Discourses on Deaf people's ways of seeing. In particular, the recognition of signed language-using Deaf individuals as members of genuine linguistic communities and the advances in overall linguistic knowledge that have been gained by

discoveries in signed language linguistics have greatly contributed to the recognition of Deaf culture and heritage. As these authors note, “To possess a language that is not quite like other languages, yet equal to them, is a powerful realization for a group of people who have long felt their language disrespected and besieged by others’ attempts to eliminate it” (Padden & Humphries, 2005, p. 157).

However, Ladd (2003) expresses the difficulties inherent in validating cultural recognition of the Deaf community, particularly in an academic domain where Deaf people’s experiences have been virtually excluded:

Initially, in order to even establish the existence of a Deaf community, one has to work one’s way through a series of ideological strata which attempts to deny its existence. Once that is overcome, the next set of ideologies which appear are those which accept the existence of such a community, but see it as a collection of individuals who are either less than normal or who have failed to achieve normality. It is only at the end of such a process of exploration that one can even begin to attempt a honest academic description of a healthy Deaf community in its own terms. And in turn, it is only after having established and won partial acceptance of *that*, that one can consider the question of the existence or otherwise of a Deaf culture, let alone build a justification for that perspective, set it into a conceptual framework, and present it to academia and majority society for its consideration. (p. 169-171)

These difficulties are so pervasive because of the dominance of medical views of Deaf people as impaired, and because of mainstream, ethnocentric cultural values like those described by Fjord (1999). However, Ladd (2003) also discusses some ontological problems with defining the concept of culture itself, and its application to communities of Deaf people. Just as definitions of “language” appeared to preclude signed languages prior to linguistic analyses of those languages, definitions of “culture” such as those provided by anthropology may need to be expanded to encompass Deaf culture, which is

often not transmitted through the unit of the family (Ladd, 2003). Additionally, for Ladd (2003), there is a lack of clear boundaries to demarcate Deaf cultural groups, which include a diversity of experiences and a continuum of hearing loss—such as the presence of hard of hearing individuals who have been able to “pass” for much of their lives. As well, the facets of Deaf culture that mark it as a minority, colonized culture and as an entity habited by bilingual bicultural actors who also participate in majority society render it distinct. However, Ladd (2003) affirms the correspondence of Deaf communities to ethnicity distinctions (such as the high rate of endogamous marriage), linguistic criteria, and belief systems. A Deaf identity is also often consciously adopted by choice by former mainstreamed Deaf individuals (Ladd, 2003).

The forces of mainstreaming and cochlear implants—with their concomitant Discourse regarding isolating Deaf people from each other and denying access to native signed languages—have compelled Deaf communities to assert the validity of Deaf ways of being. These forces have been joined with developments in genetic engineering where efforts are aimed at eliminating the numbers of Deaf individuals (Ladd, 2003). For Ladd (2007), with these recent developments in genetics it becomes necessary to define Deaf people’s contribution to the human race as a condition of their survival:

Features of Deaf people’s positive biology include enhanced visual skills; sensitivity to touch and enhanced general tactility; and enhanced use of face, hands, and bodies. Indeed, Deaf languages have emerged from precisely this foundation. These qualities have led to a remarkably high degree of globalism among Deaf people; the syntactic similarities and profound “plasticity” of their languages has led to their belief that [sign language peoples] set a contrasting example to the (hearing) human history of war and oppression. (p. 2)

With its descriptions of Deaf adults' visual, tactile, and interactive uses of language with young children, Chapter 7 has shown how the ASL Parent-Child Mother Goose Program functions to support Deaf people's positive biology as described by Ladd (2007). In these terms, the program itself can be said to present a counter-Discourse to not only pathologic views of Deaf individuals, but also the national cultural values that entwine with this medical Discourse. With this Discourse unmasked and its embodiment in Ontario infant hearing screening and early intervention services brought to light, increased support for the alternate views and initiatives of the Deaf community of ASL users becomes a matter of human rights.

Padden and Humphries (2005) further note that Deaf researchers of Deaf culture need to examine their personal histories in light of their analyses. Although such biographical information was left out of their first work, as the authors note, "We understand now that our personal lives are intertwined in the very same history we describe ... and that we too are implicated in 'the promise of culture'" (Padden & Humphries, 2005, p. 8). It is for much the same reason that I have made reference to my own experiences and situatedness at various points in this thesis.

The remaining sections of this chapter will revisit the findings of my study in light of my research questions and discuss their implications, limitations, and indications for future research.

Summary of Findings

This thesis has examined the features of Deaf and hearing parents' roles and contributions and young children's emergent ASL literacy skills in the context of a family ASL literacy program. These features of emergent ASL literacy and how they are supported by parent and program leader participants are in turn framed by the larger context of Ontario infant hearing screening and early intervention services, where support for parents' and Deaf children's learning of ASL has been minimal. This lack of support for ASL as a resource in turn highlights the ASL Parent-Child Mother Goose Program leader's goals and the adult participants' perceived need for further public support for ASL programs and learning activities.

In Chapter 7, data was presented regarding the roles and contributions of Deaf and hearing mother participants and the program leader as they worked to facilitate emergent ASL literacy in the child participants and further contributed to the construction of a Deaf cultural space. The findings of this chapter are summarized as follows:

Deaf mothers' contributions.

The Deaf mother participants provided an invaluable resource for supporting and defining emergent ASL literacy. The Deaf mothers regularly improvised and demonstrated new variations for existing ASL rhymes that changed the rhymes' tempo and increased their tactile and interactive components. These variations worked to support and retain young children's visual attention and foster ASL phonological

awareness through the incorporation of different handshapes. Additionally, the Deaf mothers improvised rhymes and home activities that incorporated bilingual literacy and numeracy concepts. When signing rhymes with their children and those of the hearing mother participants, the Deaf mothers demonstrated various tactile strategies for attracting and keeping the children's visual attention.

The Deaf mothers shared information with other participants regarding their use of rhymes that incorporated various toys and implements in settings at home and in the community. In other words, the Deaf mothers conveyed information regarding context-bound, as well as context-independent, ASL literacy practices. While the ASL Parent-Child Mother Goose Program does not in principle use toys or implements, it appeared that the Deaf mothers saw the use of rhymes in conjunction with items in the surrounding environment as a way to support their children's world knowledge and visual attentiveness.

The Deaf mothers modelled ASL communication with young children by regularly conversing with their own children and those of the hearing mothers, and reporting how they dealt with situations such as teething that posed a challenge to the mothers' use of rhymes. They also modelled communication with the children of hearing parents by signing rhymes and stories with these children, and modelled various attention-behaviours. The Deaf mothers provided advice to the hearing mothers regarding community involvement, attention-getting behaviours, and responding to children's

communications. They also provided advice regarding the use of hearing aids and related technology, and in so doing communicated an alternate, commonsense perspective on hearing loss.

Although the Deaf mothers were exceptionally well-informed in regard to ASL literacy practices, they reported several benefits to their children and themselves from participation in the ASL Parent-Child Mother Goose Program. These benefits include enhanced child language development through increased use of rhymes and stories, and child enjoyment of participation in the program. The program also provided the Deaf mothers with greater opportunities for community involvement.

Hearing mothers' contributions.

By virtue of their participation in our program, the hearing mothers were led to assume a position of critical inquiry. The hearing mothers asked questions of the Deaf adult participants that provided further opportunities for the Deaf adults to share their knowledge regarding Deaf children's behaviours, Deaf community views of hearing technology, and ASL structure and vocabulary. The hearing mothers took an active approach to learning ASL and ASL rhymes given the resources that were available to them. They reported independent use of ASL rhymes and stories, and demonstrated receptivity to the suggestions and examples of the Deaf mothers.

The hearing mothers also reported several benefits to their children and

themselves from participation in the ASL Parent-Child Mother Goose Program, including their learning new language-based strategies to occupy and engage their children. Our program also appeared to lead to further participation by some of the hearing mothers in ASL programs and activities.

Program leader's role and goals.

The ASL Parent-Child Mother Goose Program leader worked to facilitate parent participants' awareness of emergent ASL literacy by calling attention to child responsivity to ASL rhymes and stories. He also provided a definition for young children's responsivity: excitatory arm and leg movements, facial expression, laughing, hand and vocal babbling, and anticipation of rhyme sequences (as demonstrated by children's anticipatory responses to components of rhymes with which they had grown familiar, as evidenced by a child's laughing or pulling back his or her hand in anticipation of rhyme sequences involving the adult signer's tickling the child or tugging on the child's fingers). The program leader called parents' attention to the turn-taking sequence of child responses and how responsivity increased as children grew familiar with the content and structure of rhymes and stories.

The program leader encouraged improvisation and revision of existing rhymes and demonstrated several variations for different rhymes according to a child's age and parents' signing skills. He also encouraged the use of rhymes at home with other family members and demonstrated variations that allowed participation by more than one adult

signer. The program leader also modelled attention-getting behaviours and strategies for keeping a child's visual attention. He introduced ASL literacy and numeracy activities that encouraged communication between parent and child. In addition, the program leader facilitated awareness of ASL linguistic structure and vocabulary. The program leader scaffolded ASL literacy for parents by working with them individually to provide further information regarding how to sign rhymes and stories, and increase the use of facial expression and tactile components of rhymes.

The program leaders' observations of differences between Deaf and hearing parents relate to his goal of facilitating emergent ASL literacy through teaching ASL rhymes and stories. These observations also illustrate the undue pressure that was placed on our program as the only free resource for the hearing parents' learning of ASL.

In the course of our program, various suggestions for improved practice emerged relating to the development of individual rhymes, the program time slot, the pace of our program, and memory aids for rhymes and stories. It was also suggested that information about Deaf culture be included as part of the program schedule.

In Chapter 6, data regarding the function of ASL name signs was presented and analyzed as it contributed toward the construction of a Deaf cultural space for our program. The findings and discussion of this chapter are summarized in the following section.

Role and history of name signs.

The fact that the children of Deaf mothers had name signs at the start of our program, and the children of hearing mothers did not, led to several discussions regarding name signs' function and use. Through these discussions, some of the historically-rooted values, beliefs, and practices of the Deaf community of ASL users were brought to light. Such practices include the distinct ways in which names are used by the Deaf ASL community to refer to absent individuals in the third person, and attention-getting behaviours used by signers in place of calling out names. These discussions among participants also revealed ASL naming traditions surrounding who receives a name sign and how and when it is given.

The discussions of name signs among participants also revealed a sociolinguistic tension surrounding some aspects of ASL and their perceived influence by English. Several points of these discussions also revealed some dissent regarding name sign formation and history. In particular, it appears that disavowal of the arbitrary name sign system as being based on English is misguided when viewed from both a historical and linguistic perspective. However, more research is needed to explore current perceptions of arbitrary and descriptive name signs within the ASL community.

Non-traditional name signs and their popularity among ASL learners and mainstreamed Deaf individuals are evidence of misconceptions surrounding name signs,

such as their always having an inherent meaning. However, non-traditional name signs can also function as cultural markers that indicate their bearers' outsider status in the Deaf community. The name signs given by the program leader to the children of hearing parents appeared in some instances to be non-traditional in nature. It is speculated that these child name signs were intended to be held temporarily, in order to allow the hearing parents to participate in using certain ASL rhymes and also in the view that the child participants would receive their proper ASL names later, in a manner and setting that better respected the cultural and naming traditions of the Deaf community. Additionally, the giving to and use of name signs for child participants worked to facilitate the children's emergent literacy in terms of their ability to identify each other by name.

In Chapter 5, data regarding public and institutional support for young Deaf children and their families' learning of ASL was presented and analyzed. This chapter also examined the impact of gatekeepers who restrict access to ASL. The findings and discussion of this chapter are summarized in the following two sections.

Inadequate support for young children and parents' learning of ASL.

Public funds for supporting and hosting the ASL Parent-Child Mother Goose Program as an ASL literacy program for Deaf and hearing parents and young children were clearly inadequate. This inadequacy is revealed in reports by the program leader that Ontario Early Years Centres, as public venues for parents and children to access early language and literacy programs and resources, did not have funding to hold programs.

The lack of support for our program meant not only that OCSD as a non-profit Deaf community organization was responsible for covering hosting costs, but also that the duration and content of our program was affected. Having an eight-week program instead of a full-length, 30-week program was clearly limiting for participants in terms of their ability to acquire an ASL Discourse and foster children's emergent ASL literacy. In addition, the program leader's goals and activities for supporting emergent ASL literacy were affected by difficulties in gaining access to registrants with Deaf children and the subsequent need to host programs with all-hearing, non-ASL-fluent participants in order to justify foundation support for the ASL Parent-Child Mother Goose Program.

The lack of support for the ASL Parent-Child Mother Goose Program extended to an overall inadequacy of Ontario public resources for supporting young Deaf children and their parents' learning of ASL. This is seen in the lack of adequate provisions for ASL services under the IHP. Both Deaf and hearing parents reported needing more support and opportunities to access ASL classes and programs and ASL and Literacy Consultant services. Parent participants also reported needing support for forms of hearing technology and spoken-language development that fall outside the AVT-cochlear implant matrix. Additionally, there appears to be a lack of awareness and advocacy on the part of some IHP staff members regarding Deaf children's needs for ASL-centred daycare and early educational programs.

Gatekeeper influence on access to ASL.

Lack of support for learning ASL is intertwined with the presence of gatekeepers who restrict Deaf children and their families' access to ASL. These gatekeepers appear to be in large part complicit with the AVT policy that forbids learning of signed language. However, the conduct and statements of gatekeepers have been infrequently documented and held up to scrutiny. Not only did gatekeepers directly and indirectly restrict participation in our program for several families, but individual parent participants reported the censure they received from these professionals for wanting to learn ASL. Gatekeepers also conveyed negative perspectives regarding individual children's hearing loss and genetic makeup, and pressured parent participants to elect for cochlear implant surgery for their children.

The overall context of support for ASL within Ontario infant hearing screening and early intervention services needs to be analyzed from a language planning and policy framework. Viewed in these terms, both formal and operational policies and provisions can be unmasked for what they reveal about the attitudes of speech and hearing professionals and ethnocentric cultural values. Additionally, when seen in the context of a language planning framework, more adequate measures for supporting bilingual, ASL and English (or LSQ and French) programs and resources might be allocated, and a more positive vision of a Deaf identity might begin to be promoted by government agencies and their representatives.

Further implications and discussion of findings

Emergent ASL literacy through use of ASL rhymes.

In Chapter 1, I reviewed various sociocultural definitions for literacy in terms of their applicability to ASL and young children. Chapter 2 reviewed the literature surrounding Deaf children's need for early and accessible signed language input. The data presented in Chapter 7 and summarized above works toward providing a definition of emergent ASL literacy in very young children like the child participants in my study. Two central parts of this definition are visual attentiveness and responsivity. In very young children, responsivity to the use of a visual language is defined as excitatory arm and leg movements; hand and vocal babbling; and laughing, smiling, and other types of affect. In addition, the ASL Parent-Child Mother Goose Program's teaching and repetition of ASL rhymes supports children's anticipation of rhyme sequences as a feature of responsivity. The presence of manual babbling, such as occurred in some of the child participants' production of certain handshapes, is distinct from excitatory motor hand activity which occurs in all infants, and is a key feature of infant babbling in infants exposed to natural signed languages (Petitto, 2000; Petitto & Marentette, 1991).

The ways in which emergent ASL literacy was fostered through use of ASL rhymes and stories, and particularly the extensive use of revisions and improvisations to existing rhymes by the Deaf adult participants, may indicate some distinctive features of ASL poetry as a genre of ASL literature. In *ASL Poetry: Selected Works of Clayton Valli* (Valli, 1995), Marlon Kuntze notes that ASL poetry is a more recent phenomenon than

ASL itself due to historical oppression of the language, and ASL poetry is still expanding and developing as a genre. Hence, a complete understanding of ASL poetry and its differences from spoken or written poetry may still be a work in progress. The constant variation in how ASL rhymes were signed with the young children in my study may be a unique feature of ASL poetry use with children who are in the process of acquiring receptive skills in a signed language. This feature also suggests some possible differences between the respective functions of spoken-language nursery rhymes and ASL rhymes in terms of supporting literacy in a spoken and signed language, and indicates that further study may be needed regarding whether variation in signed language poetry differs from how spoken-language rhymes are used with young children. These forms of literacy and literature are often thought to be synonymous with orality and oral literature (Bahan, 1991). Egan (1987) discusses orality in terms of its use of myth and storytelling; rhyme, rhythm and meter; metaphor; and literary events involving participation by a speaker and listener. Both the spoken-language and ASL Parent-Child Mother Goose Program can be said to involve the previous elements, but the latter program incorporates the features of orality in a way that supports learning of a visual language.

Parent perspectives and program leader goals and perceptions of the need for additional ASL literacy resources.

In Chapters 2 and 5, I outlined the context of Ontario infant hearing screening and early intervention services and the ways in which restrictions on learning ASL affected the participants in our program. Chapters 6 and 7 described the contributions and

activities of adult participants within this context. It seems clear that some of the processes and outcomes of a family ASL literacy program with Deaf and hearing parents and children may be different given adequate support for Deaf children and their parents' participation in ASL programs and ASL literature activities. In particular, the hearing parents may have been better able to benefit from the program leader's teaching of rhymes and stories if they had other support for learning ASL that was concurrent with our program. Additionally, the program leader's practice may have differed substantially if he were more free to teach a range of rhymes and stories without undue concern for hearing parents' knowledge of ASL vocabulary and awareness of ASL.

As I outlined in Chapter 2, it is precisely their lack of access to ASL and an ASL Discourse that leaves so many Deaf children at a disadvantage when they begin school. The poetic and storytelling techniques of orality as described by Egan (1987), and as conveyed in the ASL Parent-Child Mother Goose Program, are frequently absent in the impoverished linguistic environment faced by many young Deaf children. Public services to Deaf children and their families that include greater support for learning ASL from Deaf adult professionals, and participation in ASL literature programs, should be viewed as a support for bilingual development. An early intervention framework where speech and hearing professionals work cooperatively with Deaf adult providers of ASL services will better ensure that the needs of Deaf children and their families are truly served.

Another implication of my findings derives from the ways in which Deaf and

hearing adults worked collaboratively in the context of our program. In Sweden, a network formed of Deaf organizations, a national organization of parents of Deaf children, and academics has resulted in policy and systemic changes for supporting signed language and bilingual education programs (Mahshie, 1995). Additionally, other studies have reported the potency of collaborative relations between Deaf and hearing parents of Deaf children for transforming hearing parents' perceptions of their children's identities and capabilities, enhancing the language learning and socialization of Deaf children of hearing and Deaf parents, and creating an activist movement to ensure that all Deaf children with hearing parents receive the benefits of interaction with other Deaf children and adults (cited in Davies, 1991; Mashie, 1995). Further support and opportunities for interaction between Deaf and hearing parents may point to another way that an ASL Discourse can contain the seeds for transformative action.

Limitations of the Study

This study is limited to one ASL Parent-Child Mother Goose Program with six participating families. As this is the first such program to be studied, it is difficult to assess the program's representativeness of other family ASL literacy programs. The lack of research in young children and their parent's participation in family ASL literacy activities also makes it difficult to compare similarities and differences with other studies regarding the processes of young children's emergent ASL literacy development and their parents' experiences in such programs.

The parent participants in our program may have been exceptional both in terms of their qualifications and investments in learning ASL. The Deaf mothers were highly qualified and well-informed as bilingual educators of young children. Although Deaf children of other Deaf parents have been shown to consistently outperform Deaf children of hearing parents due to the first group's better exposure to signed language, it is uncertain whether all Deaf parents would have the same ASL literacy expertise that was displayed by the mothers in my study. Additionally, the hearing mothers in my study may have had different kinds of investments in learning ASL from other hearing parents of Deaf children. Not only did the hearing mothers possess the knowledge and self-assurance to confront individuals and institutions that restricted their learning of ASL, but they also demonstrated an active desire to learn the language for their children's benefit and their own. As such, these parents may have differed from other hearing parents with a lesser motivation, or a negative view of ASL.

Directions for Future Research

This study addresses significant questions in the field of young Deaf children and their parents' learning of ASL and Deaf community initiatives for supporting this learning within the overall context of infant hearing screening and early intervention services. An important direction for future research will be to investigate programs and services in a policy context that incorporates broad support for bilingualism in a signed and spoken/written language. In such a context, it is envisioned that future studies can be undertaken on a wider scale and include larger numbers of participants and programs.

Additionally, longitudinal studies of young children exposed to family ASL programs and services are needed in order to track their ASL literacy and bilingual development over time.

Conclusion

Although the Deaf community's contributions are frequently overlooked by mainstream media and academic Discourses, Canada's historical and cultural landscape is a less vibrant place if the languages, knowledge, and traditions of this community are subtracted. More importantly, in the twenty-first century young Deaf students' access to Deaf community Discourses is in keeping with current understanding of the role of negotiating a positive social identity and an empowering education in fostering academic success (Cummins, 2001). Given its significant cognitive, affective, and academic benefits, young Deaf children's acquisition of a fully accessible, native signed language is a key matter of public interest. Government programs and services that work to restrict access to signed language for Deaf children and their families therefore need to be held up to scrutiny and revised to fit a best-practices model of early bilingual education.

This thesis has presented data regarding the benefits of participation in an early ASL literacy program for parents and young children, in the context of Ontario infant hearing screening and early intervention services to Deaf children and their families. In so doing, the thesis is an effort to demonstrate some of the potential cognitive, affective, educational, and societal advantages of supporting Deaf children and their families'

acquisition of ASL literacy and of bilingualism in a signed and spoken and/or written language. It has also attempted to demonstrate the value of Deaf people's ways of seeing as a humanizing counter-Discourse (Lo Bianco, 2001) to medical and audiological views that work to stigmatize a Deaf identity. Public services that, in Lo Bianco (2001)'s words, allocate a multiple capital endowment for ASL and LSQ as primary languages of Canadian Deaf children will advance more progressive views and educational practices that are in the interest of both Deaf students and the Canadian public at large.

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Appendix A:

Parent or Guardian Information/Consent Form

Dear Parent,

The purpose of this letter is to inform you about a research study that I am doing with parents and children in the ASL Parent-Child Mother Goose Program. I also wish to request your written consent for your own and your child(ren)'s participation in my study. This study is being undertaken as part of my Ph.D. degree requirements.

Your participation is completely voluntary. All of the activities in the ASL Parent-Child Mother Goose Program are meant to be enjoyed by parents and young children. If you agree to participate in my study with your child(ren) and then change your mind, you are free to withdraw from the program at any time.

I am interested in studying young children's emerging ASL literacy and their parents' learning about ASL in the context of the ASL Parent-Child Mother Goose Program. I am particularly interested in studying ASL literacy in young Deaf children with hearing parents. Depending on the number of interested participants, between one to twelve families will be included in my study. As an assistant program leader, I will videotape the weekly program sessions involving learning of ASL rhymes, rhythms and stories for one hour. I will also interview parents at the beginning, middle and end of the program to learn about your perspectives and experiences in the program. You may decline to answer any questions.

The benefits of the ASL Parent-Child Mother Goose Program include improved family well-being, positive parent-child communication and support for ASL literacy. Information from my study will be useful to you for seeing how your child's language and literacy skills progress. In addition, public attention will be drawn to the benefits of early ASL literacy for young children and their families.

Your participation, and your child(ren)'s participation in my study, is confidential. Information collected from interviews and observations will remain confidential. However, the focus group interviews that I will conduct during the program may reveal your identity to other participating parents. Pseudonyms will be used for all parents and children in the study. You are free to change your mind about participating in the study, and can withdraw even after you have agreed to participate. You can decline to answer specific questions during the interviews.

Total anonymity is not possible with video recording. Video recordings will be watched by the researcher in a secure location for the purpose of data analysis. Some video clips may be shared with academic audiences and Deaf community members at conferences. Any personal information will be removed from the video clips. If you wish, you may

participate in the program and my study but not have your own or your child(ren)'s image to be shown during public conferences. (Videotapes can be edited so your own and your child's image are blurred.)

All data from my study will be stored in a locked cabinet in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education, University of Toronto. No duplicate copy will be made of the videotapes. I will destroy videotapes after my research has been presented and/or published, which can take up to five years after data has been collected. A copy of my thesis will be made available to you at your request. In addition, I will keep you informed by mail, telephone or email of any study results that are published in academic journals or featured at conferences.

If you have any questions about this study, you may contact me at any time at ksnoddon@oise.utoronto.ca. You may also contact my thesis supervisor, Dr. Jim Cummins, at jcummins@oise.utoronto.ca. Information about your rights as a participant in my study can be obtained from the University of Toronto's Ethics Review Office at ethics.review@utoronto.ca or 416-946-3273.

Thank you for participating, and for allowing your child to participate in this program.

Sincerely,

Kristin Snoddon
Ph.D. candidate, Second Language Education
Modern Language Centre
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education, University of Toronto
Email: ksnoddon@oise.utoronto.ca

_____ I, the undersigned, understand the above explanation and give consent for my own and my child(ren)'s voluntary participation in the research project.

Signature: _____
Parent/guardian of child

Date: _____

_____ I give consent for my own and my child(ren)'s videotaped images to be shown for academic or educational purposes.

Signature: _____
Parent/guardian of child

Date: _____

Appendix B:

ASL Parent-Child Mother Goose Program Coordinator Information/Consent Form

Dear Jonathan,

The purpose of this letter is to inform you of the research project I discussed with you for an ASL Parent-Child Mother Goose Program at Deaf Service Agency, and to request your written consent for your participation. This research is being undertaken as part of my Ph.D. degree requirements.

I am interested in studying young children's emerging ASL literacy and their parents' learning about ASL in the context of the ASL Parent-Child Mother Goose Program. I am also interested in studying your goals as a program leader. As an assistant program leader, I will videotape the weekly program sessions involving learning of ASL rhymes, rhythms and stories for one hour. I will interview parents at the beginning, middle and end of the program to learn about their perspectives and experiences in the program. In addition, I will also interview you during weekly debriefing sessions regarding your goals and observations for the day's session. You may decline to answer any questions.

You have the right to withdraw your participation at any point should you desire. Your anonymity and confidentiality will be protected in all written accounts by referring to pseudonyms. Total anonymity is not possible with video recording. Video recordings will be watched only by myself in a secure location for the purpose of data analysis. Some video clips may be shared with academic audiences and Deaf community members at conferences. Any personal information will be removed from the video clips.

All data from my study will be stored in a locked cabinet in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education, University of Toronto. No duplicate copy will be made of the videotapes. I will destroy videotapes after my research has been presented and/or published, which can take up to five years after data has been collected. A copy of my thesis will be made available to you at your request. In addition, I will keep you informed by mail, telephone or email of any study results that are published in academic journals or featured at conferences.

If you have any questions about this study, you may contact me at any time at ksnoddon@oise.utoronto.ca. You may also contact my thesis supervisor, Dr. Jim Cummins, at jcummins@oise.utoronto.ca. Information about your rights as a participant in my study can be obtained from the University of Toronto's Ethics Review Office at ethics.review@utoronto.ca or 416-946-3273.

Thank you for participating in this project.

Sincerely,

Kristin Snoddon
Ph.D. candidate, Second Language Education
Modern Language Centre
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education, University of Toronto
Email: ksnoddon@oise.utoronto.ca

I, the undersigned, understand the above explanation and give consent for my voluntary participation in the research project.

Signature: _____ Date: _____
ASL Parent-Child Mother Goose Program
Co-ordinator

Appendix C:

Ontario Cultural Society of the Deaf Administrative Information/Consent Form

Mr. John Hemingway, President
 Ontario Cultural Society of the Deaf
 420 Britannia Road East, Unit 109
 Mississauga ON L4Z 3L5

Dear John,

The purpose of this letter is to inform you of the research project I discussed with you for an ASL Parent-Child Mother Goose Program at Deaf Service Agency, and to request your administrative consent for my study of OCSD's program. This research is being undertaken as part of my Ph.D. degree requirements.

I am interested in studying young children's emerging ASL literacy and their parents' learning about ASL in the context of the ASL Parent-Child Mother Goose Program. I am also interested in studying the ASL Parent-Child Mother Goose Program Co-ordinator's goals as a program leader. As an assistant program leader, I will videotape the weekly program sessions involving learning of ASL rhymes, rhythms and stories for one hour. I will interview parents at the beginning, middle and end of the program to learn about their perspectives and experiences in the program. In addition, I will also interview the ASL Parent-Child Mother Goose Program Co-ordinator during weekly debriefing sessions regarding his goals and observations for the day's session.

Participants in my study have the right to withdraw their participation at any point. Participants' anonymity and confidentiality will be protected in all written accounts by referring to pseudonyms. Total anonymity is not possible with video recording. Video recordings will be watched only by myself in a secure location for the purpose of data analysis. Some video clips may be shared with academic audiences and Deaf community members at conferences. Any personal information will be removed from the video clips.

All data from my study will be stored in a locked cabinet in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education, University of Toronto. No duplicate copy will be made of the videotapes. I will destroy videotapes after my research has been presented and/or published, which can take up to five years after data has been collected. A copy of my thesis will be made available to the OCSD Board. In addition, I will keep the Board informed by mail, telephone or email of any study results that are published in academic journals or featured at conferences.

If you have any questions about this study, you may contact me at any time at

ksnoddon@oise.utoronto.ca. You may also contact my thesis supervisor, Dr. Jim Cummins, at jcummins@oise.utoronto.ca. Information about study participant rights can be obtained from the University of Toronto's Ethics Review Office at ethics.review@utoronto.ca or 416-946-3273.

Thank you for allowing me to study OCSD's program.

Sincerely,

Kristin Snoddon
Ph.D. candidate, Second Language Education
Modern Language Centre
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education, University of Toronto
Email: ksnoddon@oise.utoronto.ca

I, the undersigned, understand the above explanation and give administrative consent for the Ontario Cultural Society of the Deaf's program to be studied in the research project.

Signature: _____ Date: _____
OCSD President

Appendix D:

Deaf Service Agency Administrative Information/Consent Form

Dear DSA Manager,

The purpose of this letter is to inform you of the research project I discussed with you for an ASL Parent-Child Mother Goose Program at Deaf Service Agency, and to request your administrative consent for my study of OCSD's program. This research is being undertaken as part of my Ph.D. degree requirements.

I am interested in studying young children's emerging ASL literacy and their parents' learning about ASL in the context of the ASL Parent-Child Mother Goose Program. I am also interested in studying the ASL Parent-Child Mother Goose Program Co-ordinator's goals as a program leader. As an assistant program leader, I will videotape the weekly program sessions involving learning of ASL rhymes, rhythms and stories for one hour. I will interview parents at the beginning, middle and end of the program to learn about their perspectives and experiences in the program. In addition, I will also interview the ASL Parent-Child Mother Goose Program Co-ordinator during weekly debriefing sessions regarding his goals and observations for the day's session.

Participants in my study have the right to withdraw their participation at any point. Participants' anonymity and confidentiality will be protected in all written accounts by referring to pseudonyms. Total anonymity is not possible with video recording. Video recordings will be watched only by myself in a secure location for the purpose of data analysis. Some video clips may be shared with academic audiences and Deaf community members at conferences. Any personal information will be removed from the video clips.

All data from my study will be stored in a locked cabinet in the Department of Curriculum, Teaching and Learning at the Ontario Institute for Studies in Education, University of Toronto. No duplicate copy will be made of the videotapes. I will destroy videotapes after my research has been presented and/or published, which can take up to five years after data has been collected. A copy of my thesis will be made available to the OCSD Board. In addition, I will keep the Board informed by mail, telephone or email of any study results that are published in academic journals or featured at conferences.

If you have any questions about this study, you may contact me at any time at ksnoddon@oise.utoronto.ca. You may also contact my thesis supervisor, Dr. Jim Cummins, at jcummins@oise.utoronto.ca. Information about study participant rights can be obtained from the University of Toronto's Ethics Review Office at ethics.review@utoronto.ca or 416-946-3273.

Thank you for allowing me to conduct this study at DSA.

Sincerely,

Kristin Snoddon
Ph.D. candidate, Second Language Education
Modern Language Centre
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education, University of Toronto
Email: ksnoddon@oise.utoronto.ca

I, the undersigned, understand the above explanation and give administrative consent for the research project to take place at DSA.

Signature: _____ Date: _____
DSA Manager

Appendix E:

Sample Interview Questions for Parent Participants (to be translated into ASL)

Initial interview questions for the first program session

1. How did you find out about the ASL Parent-Child Mother Goose Program and/or Deaf Service Agency's Parent-Infant Program / Preschool / Early Years programming?
2. What other language and literacy supports have you accessed for your child and yourself?
3. What information have you received in the past about ASL and early literacy?
4. Have you previously experienced learning ASL and/or ASL literature activities? If so, can you tell me about it?

Interview questions to be asked during subsequent program sessions

5. Have you started using ASL rhymes/rhythms/stories at home with your child(ren)? How do you incorporate ASL literacy activities in your daily routine?
6. How does your child respond to your use of ASL rhymes/rhythms/stories?
7. Do you have any suggestions for how our ASL literacy activities and/or program can be improved?

Interview questions to be asked near the program's end

8. Do you have any goals for your child and yourself to continue learning ASL?
9. What other ASL and literacy resources and support do you feel are needed?

Appendix F:

Sample Interview Questions for the Program Leader (to be translated into ASL)

Initial question

1. What are your goals in providing an eight-week ASL Parent Child Mother Goose Program for this group of parents and children? What outcomes do you hope to see?

Sample questions to be asked during weekly debriefing sessions

2. What do you notice about the learning experiences of the participants?
3. What ASL literacy skills do you see emerging in the child participants?
4. What do you notice about parents' learning of ASL through the program? Do their skills, confidence and independent use of rhymes, rhythms and stories increase? If so, how does this happen?
5. What do you notice about participating parents' attitudes toward ASL? Do these evolve in the course of the program?
6. What issues or problems come up during the course of the program? How can we revise the program to solve these issues?

Questions to be asked near the program's end

7. Do you feel that your planned program outcomes were achieved? If so, how were they achieved?
8. What ASL and literacy resources and support and/or support for parents and Deaf children do you feel are needed?

Appendix G:

Assent Script for Child Participants (to be translated into ASL)

Researcher: Hello and welcome to the ASL Mother Goose Program! My name is Kristin. I am a student at university. I am interested in the ASL Mother Goose Program. So I am here to watch you and your mom/dad play ASL Mother Goose.

This is a video camera. I want to film you and your mom/dad. Later I will watch the videotape to better understand the program. If you don't want to play ASL Mother Goose or be seen in the video, that's OK. I will stop watching and filming you.

Note: Children participating in the ASL Parent-Child Mother Goose Program are with or near their parents at all times. If they are bothered by the videotaping or do not wish to participate, they can play elsewhere in the room during the program. Teaching of ASL rhymes, rhythms and stories during the program is directed at parents rather than children.

Appendix H:

Initial Program Observation Scheme

Date: _____ Week #: _____

[illegible]

Appendix I:

ASL Parent-Child Mother Goose Program Schedule

Week 1

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule **(0-2 years)**

Introduction: Lecture
Lecture

" ASL Language and Early Literacy"
"ASL Parent-Child mother Goose Program"
ASL Rhymes, Rhythms, Stories for Parents and Their Children

ASL Rhymes: Peekaboo Animals

ASL Rhymes: Caterpillar

ASL Rhythm: Peekaboo Animals

ASL Story: Bear

Circle: Rollercoaster, I love you, Bye

Week 2

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule
(0-2 years)

Review _____

ASL Rhymes: Bike or Car

ASL Rhymes: Row, Row, Row Your Boat

ASL Rhymes: I love you (Balloon)

ASL Rhythm: Peekaboo Animals (Line up)

ASL Story: Bear (Big Ear...)

Circle: I Love You, Bye / Caterpillar

Week 3

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule (0-2 years)

Review _____

ASL Rhymes: How much I love you

ASL Rhymes: Whale

ASL Rhymes: Eleplant

ASL Rhythm: Alligator/Bear

ASL Story: Rabbit, Floopy Ears, Puffy Cheek, Hopping / Hungry Bear

Circle: Rollercoaster, I love you, Bye

Week 4

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule
(0-2 years)

Review _____

ASL Rhymes: Sleep

ASL Rhymes: Stars

ASL Rhymes: Moon

ASL Rhythm: Fall

ASL Story: Dog's Secret

Circle: Butterfly/ I love you, Bye

Week 5

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule (0-2 years)

Review _____

ASL Rhymes: Eat your Toes

ASL Rhymes: Sandwiches

ASL Rhymes: Daddy and Mommy Love You

ASL Rhythm: Prince/ess Baby

ASL Story: Bird and Worm (1, 2, 3, 4, 5)

Circle: Swing / I love you, Bye

Week 6

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule (0-2 years)

Review _____

ASL Rhymes: Ice-cream

ASL Rhymes: Turtle

ASL Rhymes: Egg Scramble

ASL Rhythm: Alligator

ASL Story: Rabbit, Floopy Ears, Puffy Cheek, Hopping

Circle: Whale / I love you, Bye

Week 7

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule (0-2 years)

Review _____

ASL Rhymes: Spider Roll up & Down

ASL Rhymes: Elephant

ASL Rhymes: Four Seasons

ASL Rhythm: Alligator

ASL Story: Zoo

Circle: Washing Machine and Dryer / I love you, Bye

Week 8

Date: _____

OCSD's ASL Parent-Child Mother Goose Program

Program Schedule (0-2 years)

Review _____

ASL Rhymes: Snow (1,2,3,4,5.. lots of snow)

ASL Rhymes: Bath Time

ASL Rhymes: Four Seasons

ASL Rhythm: Alligator

ASL Story: Hungry Bear

Circle: Rollercoaster, I love you, Bye
