

## Constructing a Profile of Successful L2 Signer Hearing Parents of Deaf Children

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## 6. Constructing a Profile of Successful L2 Signer Hearing Parents of Deaf Children

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### **Abstract**

This chapter summarizes semi-structured interviews conducted with signing parents recruited through early intervention programs for deaf children. Nearly all the deaf children of the interviewed families had received or were scheduled to receive cochlear implants, making their parents' decision to adopt American Sign Language (ASL) as a family language unusual. Patterns emerging in the parental responses are instructive for constructing a preliminary profile of ASL parent learners, the factors that motivate them to choose ASL as a family language, and the practices that support their learning. Documenting these factors is an important first step towards better understanding the effects of parental signing proficiency on deaf children's development of spoken language and sign language.

### **6.1. Introduction**

This chapter focuses on an under-studied sub-group of hearing adult L2 sign language learners: hearing parents of deaf children.<sup>1)</sup> The stakes are very high for these learners, given the critical role that early sign language exposure plays in preventing detrimental effects of language deprivation on deaf children's linguistic and cognitive development (Hall 2017; Morford and Mayberry 2000). Proficiency in a natural sign language and an accompanying bicultural, bilingual identity among deaf children has been correlated with good mental health and self-esteem (Leigh and Pollard 2011), on-time cognitive development (e.g. Courtin 2000) and academic success (e.g. Henner et al. 2016; Hrastinski and Wilbur 2016). Furthermore, recent studies on the bilingual development of Deaf children with cochlear implants growing up in Deaf families suggest that simultaneously learning a natural sign language and spoken language leads to successful development of both languages (Davidson et al. 2014). These are all favorable outcomes that hearing parents wish for their deaf children. However, before they can raise bilingual, bicultural deaf children, hearing parents face the formidable challenge of first learning to sign themselves, a task that comes with no guarantee of success.

As new sign language learners, hearing parents have urgent and specific needs that differ from those of "typical" students of sign language for whom most sign language

curricula are designed. Many of them also feel overwhelmed by the prospect of learning a new language in a new modality, often with few available resources. Given these obstacles, hearing parents understandably ask whether the benefits of signing with their deaf children are worth the trouble. To date, documentation of sign language development by hearing parents is exceedingly rare, as is careful analysis of the effects of parental sign language proficiency on deaf children's bilingual development. This makes it impossible to determine the minimum level of sign language proficiency that parents must attain for their deaf child to derive benefit exceeding that offered by oral-only training. As a first step towards addressing this very important question, the current study examines a group of hearing parents of deaf children who have committed to learning ASL to document their motivations for signing, their experiences as developing signers, and the role of ASL in their family lives.

## 6.2. Signing Among Hearing Parents of Deaf Children

About 95% of deaf children in the US are born to hearing parents (Mitchell and Karchmer 2004) who have no previous experience with deafness or sign language. Until as late as the 1970's, large numbers of deaf children were educated at residential schools for the Deaf, where they were immersed in a natural signing community and acquired sign language through interaction with deaf adults and other deaf children. However, when they came home during holidays, they did so to families who usually did not sign. Rainer *et al.* (1969) and Rawlings (1973) estimated that 88% of deaf children had hearing parents who did not know sign language. Similarly, Evans (1975) found that 90% of the Deaf college students he polled reported having "no system of communication at home other than primitive iconic signs": they were unable to understand the spoken language used by family members, and their family members were unable to sign.

This state of affairs improved somewhat in the next twenty years, but remained far from ideal. Meyers and Bartee (1992) invited 109 Deaf people to rate their hearing parents' knowledge of sign language and found two general trends. First, fathers were more likely than mothers to know only "a few or no signs" (overall 67% and 47.7%, respectively); this pattern has been noted before (Kluwin and Gaustad 1991), both in the US and other countries. Second, Meyers and Bartee (1992) noted an increase in the number of hearing parents who signed among families of younger deaf respondents compared to those of older respondents. For example, while the oldest respondents reported that 83.3% had non-signing fathers and 71.4% non-signing mothers, among the youngest respondents in the study, only 31.3% of their fathers and 22.2% of their mothers reportedly knew few or no signs. These data trends appeared to indicate greater adoption of sign language by hearing parents, perhaps triggered in part by recent dramatic shifts away from residential schools for the Deaf. Meyers and Bartee (1992) surmised that growing numbers of Deaf children attending mainstream programs at their local hearing schools, living full-time and interacting with hearing family members on a daily basis, created pressure on parents to learn to sign. The authors also warned that their results should be interpreted with caution because roughly a third of the participants were recruited at a Deaf Walk-a-thon event for families of Deaf children, so

sampling may have been biased in favor of families already engaged in Deaf events. More importantly, Deaf participants' ratings of their hearing parents' mean proficiency, even among those committed enough to attend a Deaf Walk-a-thon, remained very low: 3.9 for mothers and 4.6 for fathers, where 1 represents "very good" signing skills and 5 represents knowing "a few signs/no signs."

### **6.3. Current Factors Affecting Sign Language Adoption by Hearing Parents of Deaf Children**

Today, what is the likelihood that a hearing family with a newly-diagnosed deaf child will choose to sign with them? How informed are hearing parents about sign languages, and what resources do they use to learn to sign? The answers to these questions are complex and unclear. On the one hand, "baby signs" have emerged as a hot trend in parenting, triggering unprecedented levels of interest in signing among the general hearing community. This interest has persisted for more than two decades now, generating a wealth of instructional materials that are ubiquitous (if often of questionable quality) and easy to access. However, the booming popularity of baby signs has done disappointingly little to advance deaf children's access to sign language (Chen Pichler 2016). A main reason is that baby signs are marketed as a supplementary learning tool for hearing children, bridging a gap for parents eager to communicate with their preverbal infants and toddlers who, crucially, already have unrestricted access to spoken language. As vocabulary items, baby signs have no grammar of their own, since they are only meant to supplement spoken language, not replace it. This utilitarian role reinforces the misconception that sign languages have no grammar, potentially discouraging hearing parents from considering them as a viable option for their deaf children.

Parental likelihood of signing is also influenced by the growing popularity and increasingly younger ages of cochlear implantation worldwide. In 2020, U.S. Food and Drug Administration lowered the approved age for cochlear implantation from 12 to 9 months (The Hearing Journal 2020), and as of December 2019, an estimated 65,000 cochlear implants had been received by children in the United States (National Institute on Deafness and Other Communication Disorders 2021). Worldwide, the number of implants has increased dramatically, from an estimated 60,000 in 2004 (Zeng 2004) to about 737,000 by the end of 2019 (National Institute on Deafness and Other Communication Disorders 2021). Although the majority of implant recipients continue to be adults, cochlear implantation is fast becoming the norm for deaf infants in many parts of the world, leading many to conclude that sign languages have become an obsolete option for deaf children.

There are no direct figures on the impact that cochlear implants have had on the number of hearing families that opt to sign with their deaf children, although influential associations that advocate for "listening and spoken language" (LSL) by deaf children claim that the rate of ASL adoption in the U.S. is low among hearing families, with the implication that this is because LSL has emerged as a preferable option. Sugar and Goldberg (2015), representing the Alexander Graham Bell Association for the Deaf and Hard of Hearing, claimed that "[m]ore than 88 percent of families choose a LSL outcome for their deaf

child... Deaf children today frequently communicate quite well with LSL alone, and the number of children who have a need of ASL to communicate has decreased dramatically.” Hear Indiana, an advocacy group for families of deaf and hard of hearing children in the US state of Indiana, has made similar claims: “Today less than 20 percent of all families choose traditional American Sign Language; the remaining 80 percent want their children to enjoy the full range of sounds and be able to listen and speak” (Davey 2011). Although these claims sound authoritative, they are presented without any empirical support, making it impossible to verify their accuracy.

#### 6.4. Empirical Studies on Language Development by Children with Cochlear Implants

While I know of no research tracking the number of hearing families choosing to sign with their deaf children following cochlear implantation, many studies aim to compare implanted children’s spoken language development with or without sign language exposure. Most recently, Geers *et al.* (2017) has been widely cited as offering “the most compelling support yet available in CI literature” for focusing exclusively on LSL, without sign language exposure, for optimal spoken language development (2017: 1). However, this chapter has been severely criticized in a series of peer responses for a number of methodological flaws.<sup>2)</sup> Most notably, Geers *et al.* (2017) defined exposure to sign language as at least 10% exposure to “ASL, Total/Simultaneous Communication, baby sign, Signing Exact English, Signed English, sign language, sign support, or Pidgin sign” (2017: 2), conflating a full and natural sign language such as ASL with baby signs and the many non-language sign systems that deaf children commonly encounter under the educational philosophy of Total Communication (TC). Under TC, signs are produced as a supplement to speech, often only sporadically, following spoken language word order and stripped of important visual prosodic patterns that accompany natural sign language production (Allard and Chen Pichler 2018). Not only did Geers *et al.* (2017) not distinguish between children exposed to these impoverished sign systems and those exposed to natural ASL, they also failed to confirm whether the latter group had actually acquired signing skills (10% is an unusually low threshold for acquisition). Finally, the non-randomized assignment of children to the signing group means that researchers cannot rule out the possibility that those children’s families began signing with them because of poor listening and speaking development post-implantation. In other words, the use of signing among study participants could be a *result* of poor speech development rather than its cause.

When children with cochlear implants are exposed to an actual, natural sign language from birth, there is no evidence that doing so obstructs their spoken language development. These findings come from studies observing deaf cochlear implant recipients from signing, Deaf families, known as DDCI (Deaf of Deaf children with CI). Davidson *et al.* (2014) compared scores for DDCI children with published scores for oral-only cochlear implant users on standardized tests of English vocabulary, articulation accuracy, sound fluency, syntax and general linguistic development (both auditory and expressive). In all cases, the DDCI children performed as well or better than the oral-only cochlear implant users.

Although the DDCI group studied by Davidson *et al.* (2014) is very small (5 children) due to the relative rarity of cochlear implanted children from Deaf families, researchers are increasingly studying bimodal bilingual DDCI development for language pairs other than English/ASL (e.g. Hassanzadeh 2012 for Persian/Iranian Sign Language; Quadros *et al.* 2012 for Brazilian Portuguese/Brazilian Sign Language), with similarly positive results.

Of course, the Deaf parents of DDCI children were already proficient in a natural sign language before their deaf children were born. Prior signing skills give Deaf parents a clear advantage compared to hearing parents, who face a long and difficult challenge of learning a second language (L2) in a new modality (M2) if they choose to use sign language with their deaf children. Before committing to this challenge, hearing parents may wonder what level of sign language proficiency they must achieve in order for their deaf children to enjoy the same benefits of a bimodal bilingual approach reported for DDCI children. They may also fear that failing to reach sufficient sign language proficiency will end up hurting their child's development rather than helping it. Given the critical impact of these issues on hearing parents' language choices, parental development of sign languages as M2L2 and its effect on deaf children's linguistic development are clearly important areas for much more detailed investigation than is currently available.

The prospects for deaf children acquiring a high level of sign language proficiency from hearing parents has been described in rather discouraging terms. Mayer and Leigh (2010) remark that “[s]ignificantly delayed first language acquisition is likely to be a hallmark of L1 (sign language) learning by all deaf children whose hearing parents have no prior experience of deafness” (2010: 179). Similarly, Knoors and Marschark (2012), erstwhile proponents of the bilingual and bicultural model of deaf education, conclude that “deaf children with hearing parents in bilingual settings are less proficient in sign language than we had expected or wished” (2012: 294), possibly due to insufficient sign language skills of their parents.

In a rare study directly investigating the effects of parental sign language proficiency on young (2- to 5-year old) deaf children's phonological development, Lu *et al.* (2016) reported that participants with hearing parents lagged behind their native deaf peers in sign language phonological development and vocabulary, a difference the authors attribute to the “non-optimal environment” of the British Sign Language (BSL) input available to deaf children of hearing parents who are still learning to sign. This result seems to confirm a worst-case scenario, that despite committing to learning sign language, most parents do not learn it well enough or fast enough to benefit their deaf child's linguistic development, or worse, end up disrupting their children's development with low quality input. Yet before we jump to such discouraging conclusions, we must remember that the parents in the Lu *et al.* study appear to have begun learning BSL only recently. They had reportedly all achieved “level one BSL (Signature basic level)” (Lu *et al.* 2016: 542), which the Signature website (n.d.) (<https://www.signature.org.uk/british-sign-language>) describes as being able “to communicate with Deaf people in BSL on a range of topics that involve simple, everyday language use.” Qualification entails completion of 3 courses in BSL totaling 90 hours of guided learning time and additional study hours, after which learners are expected to be able to:

- understand and use a limited range of simple words and sentences in BSL
- take part in simple, everyday conversations in BSL
- give and follow simple directions or instructions in BSL
- give and follow simple familiar statements or descriptions in BSL

If the hearing parents examined by Lu *et al.* (2016) are only 90 hours into their BSL instruction, it is not surprising that the BSL environment they offer to their deaf children is impoverished. We do not know from the study what the parents' ultimate goals for learning BSL are or whether they are actively continuing to learn BSL. The critical next step would be to document what parents do to improve their sign language proficiency and carefully track the effects of their increasing proficiency on their deaf children's development (linguistic, cognitive, and social-emotional). Such studies do not yet exist, but we can begin to lay the foundations for them by studying hearing parents who have committed to learning and using a natural sign language like ASL or BSL with their deaf children. What motivates hearing parents' commitment to learn a sign language, especially in the face of significant public opinion that deaf children should focus exclusively on oral development? How do they learn to sign, and how do they incorporate signing into their child's home life? These questions form the basis for my small investigative pilot project interviewing signing hearing parents about their motivations and experiences learning ASL, described in the next subsection.

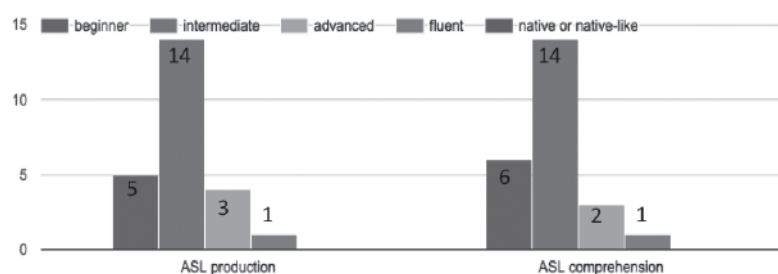
## 6.5. The Current Pilot Study

For the current pilot study, I recruited hearing parents of deaf or hard of hearing children through early intervention programs and organizations supporting deaf children in the US and Canada, as well as through Facebook sites frequented by hearing parents of deaf children. Inclusion criteria were only that parents be hearing learners of ASL with at least one deaf or hard of hearing child. This chapter summarizes responses from 23 parents of deaf or hard of hearing children that I have interviewed so far. All of the parents filled out a language background questionnaire prior to being interviewed, answering basic questions about the proportion of English, ASL or other language(s) addressed to their deaf child by various people at home and in school, and vice versa. The questionnaire also collected information about the parent's own development of ASL, including self-assessment of their proficiency in comprehension and expression, and rankings for difficulty and importance of learning various aspects of ASL. Unlike for BSL, there is currently no accredited ASL course sequence with accompanying standardized qualification levels, so the questionnaire elicited information about parents' total years of experience in ASL and the primary sources of their ASL learning (family or spouse, their deaf child, a Deaf mentor, a special program for families with deaf children, ASL courses at a community college or university, ASL classes for hearing parents, involvement in the Deaf community, and/or other parents of deaf children). Future expansion of the current project will include in-depth linguistic assessment of parental ASL using tests designed by our research group, but such an undertaking was beyond the scope of the current pilot study.

Most parents rated themselves as beginner or intermediate signers, as illustrated in



Figure 6-1.

**Figure 6-1** Parents' self-ratings for ASL proficiency in production and comprehension

Roughly half of the interviewees were parents of cochlear implant users (unilateral or bilateral), while most of the children of the remaining parents used hearing aids. The majority of the deaf or hard of hearing children ranged in age from 1 to 5 years, with the remaining five children aged 6-10 years old.

Interviews were all conducted in spoken English by me, a hearing L2 learner of ASL specializing in sign language acquisition. Some interviews were conducted in person, but the majority were conducted over the phone or through online video conferencing applications that allowed the interviews to be recorded and subsequently transcribed. For this initial analysis, I consider parents' responses to the following questions:

- What made you choose ASL, despite publicized reports that deaf children with cochlear implant should not sign?
- What are your goals for learning ASL for yourselves? for your deaf children?
- What have been the greatest benefits so far to using ASL as a family language?
- What aspects of ASL are the most challenging for hearing parents to learn, and what support do you need to continue your development of ASL?

In this chapter I will discuss parent responses that reflect four notable themes that recurred across multiple interviews, listed below. I will expand on each one in turn.

1. **Attitudes towards ASL:** Parents possess substantial prior knowledge about ASL and/or experience with signing and/or multilingualism, and are learning ASL with the goal of ASL-English bilingualism for themselves and their deaf children.
2. **Complementary roles of ASL and English:** Parents view ASL and spoken English as complementary rather than mutually exclusive. They value spoken English as their original home language but also ASL for allowing them to communicate with their deaf child at all times, even when spoken English is not an effective option.
3. **Appreciation of the importance of the Deaf community:** Parents are willing to admit their own limitations in parenting a deaf child and recognize the important role that the Deaf community plays in providing fluent ASL input and modeling



Deaf identity.

4. **Insufficient language support:** Parents expressed frustration with a persistent lack of resources for continued development of ASL in their family, particularly in the areas of ASL grammar and sentence structure.

### 6.5.1. Parental Attitudes towards ASL

Previous research has indicated that many hearing parents received only partial or negative information about options for signing with their children, especially in the context of cochlear implants. McKee and Vale (2014) surveyed hearing families in New Zealand about the information they received upon their child's diagnosis of deafness and examined the influence this information had on parents' decision to learn or not learn New Zealand Sign Language (NZSL). More than half either did not receive professional advice about using sign language with their newly diagnosed deaf children or were explicitly advised not to sign. Perhaps as a consequence, only 19% of the families studied by McKee and Vale (2014) reported using NZSL with their deaf children, and only "a minority want their child to become bilingual in English and NZSL (most commonly, with English established first)" (2014: 45). In contrast, most of the American and Canadian parents I interviewed considered the initial information they received about cochlear implants and oral vs. sign language communication to be balanced and fair. However, most also noted that although they were not discouraged from choosing to adopt ASL, they were not offered sufficient resources for learning the language either, as I will discuss in section 6.5.4.

On the background questionnaire, parents were asked to indicate their goals for their own ASL development. Figure 6-2 shows that nearly all of them expressed long-term commitment to using ASL, with the goal of "[becoming] an ASL-English bilingual person, actively using both languages." Three quarters of the parents also selected "[adopting] ASL as a family language, used by more than just my deaf child and me" (note that parents were allowed to select more than one goal). None of the parents indicated that they planned to use ASL for the short term only, e.g. until their child's cochlear implant was activated or their English development was well enough established to function as their primary language.

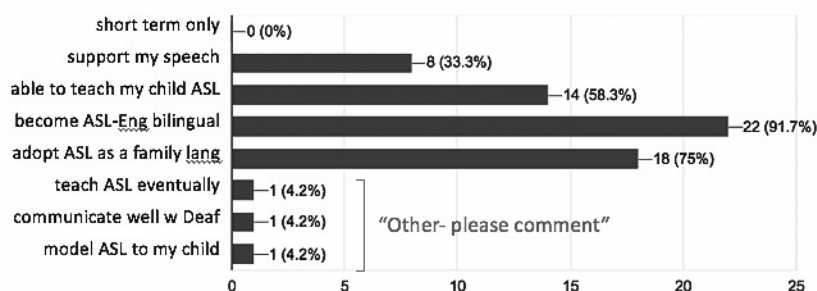
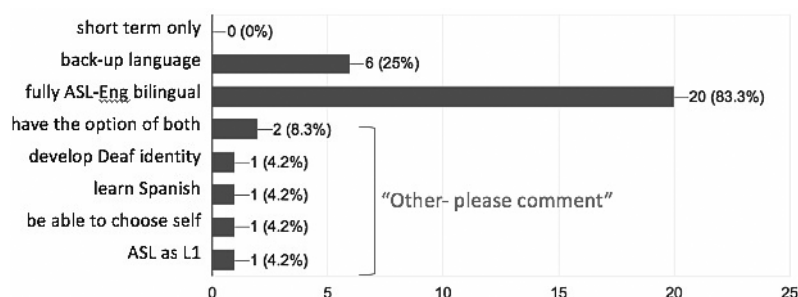


Figure 6-2 Parents' goals for their own ASL development from background questionnaire

Similarly, Figure 6-3 shows that the majority of parents indicated long-term goals for their children to grow into active ASL-English bilinguals in addition to being able to use ASL long-term as a backup language when needed (again, parents were allowed to pick more than one answer).



**Figure 6-3** Parents' goals for their deaf or hard of hearing children's ASL development from background questionnaire

The hearing parents I interviewed demonstrated fairly sophisticated knowledge about the linguistic status of sign language, distinguishing between ASL and artificial sign systems such as Signing Exact English (SEE). One mother had an aunt who worked as an ASL interpreter and explicitly encouraged her to choose ASL over SEE. Another mother grew up using some ASL with adopted hard of hearing siblings with Down's Syndrome. Several parents commented that SEE's direct mapping onto English word order made it easy to learn but also unwieldy and tedious to produce for long stretches. While all but one interviewed parent characterized ASL word order as "quite difficult" or "near impossible" to learn, they repeatedly expressed determination to free their signing from English word order to "sign in an idiomatic, ASL way." It is also notable that all parents alluded to "voice-off" signing as either an implicit or explicit goal. In the US and Canada, the phrase "voice-off" is a jargon term borrowed from ASL and refers to signing produced without accompanying English speech. Voice-off signing is strongly associated with ASL grammar and is therefore widely regarded in the Deaf community as preferable to signing accompanied by speech. Parents' use of that term and their characterization of voice-off signing as a desirable goal is consistent with their stated commitment to incorporating ASL as a true family language.

Additionally, the parents I interviewed held a very positive view of bimodal bilingualism and appeared favorably predisposed to bilingualism in general. Six of the families were already bilingual in more than one spoken language before starting to learn ASL, or worked or lived in heavily bilingual settings. They regarded ASL as a desirable addition to their family repertoire, particularly for its practical value of ensuring consistent communication, the second recurring theme to which I turn next.

### 6.5.2. Parental Views on Complementary Roles of ASL and English

Parents interviewed for this pilot study placed an extremely high value on consistent access to communication with their deaf children. When asked what the greatest benefit of signing with their child was based on their experiences so far, one mother replied that ASL had had “a huge influence” on her deaf daughter’s English development in the early stages after she received her cochlear implants, and recounted her amazement at how quickly her baby attached meanings to signs, then transferred those meanings to English when she saw her parents sign and speak together. All parents stressed the importance of having multiple communication options to choose from, whether or not their child happened to be using their hearing aid or cochlear implant at that particular moment. They were hyper-aware that assistive hearing technology can malfunction, run out of batteries, get lost, etc., and were not willing to endure gaps in communication whenever such incidences occurred. This very practical stance is reflected in the statements below.

We want to give her all the communication options we can...ASL is an extra way to communicate with her. (Mother of 1 year-old with hearing aids)

(Communication-wise), until she gets her CI (at 15 months), it’s ASL or nothing...so that makes ASL the obvious choice. (Mother of 12 month-old awaiting CI)

As an engineer, the one thing I know technology will do is break. I don’t want to go four weeks without communication just because her CI ran out of batteries. (Father of 12 month-old awaiting CI)

A recurring theme especially among parents of older cochlear implant users was that their children used ASL heavily when they were very young, but now preferred to speak. Yet these parents remained highly committed to ASL and continued to sign, finding various ways to maintain or increase the ASL exposure their deaf child received. One mother reported that her 10 year-old bilaterally implanted daughter signed very little these days because she was so comfortable functioning in spoken English. Yet this mother felt that as her daughter advanced into middle school, the challenges of accessing her education fully through spoken language would increase, eventually making it necessary for her daughter to have ASL as a backup language.

I’ve met people who grew up oral and then learned to sign, and I don’t want my daughter to be in that position, to have to learn a new language at 21. (Mother of a 10 year-old with bilateral CI)

Another mother described her 2 year-old daughter’s preference for talking and sudden abandonment of signing once her cochlear implant was activated. The mother worried that if her daughter lost her ability to use ASL, it would be harder for her in the future to develop her Deaf identity. As a result, the family was moving to a larger city where their daughter could grow up in contact with a larger population of Deaf signers.

She accesses sound, but she's not hearing. It feels like we're robbing her of her culture if we let her drop ASL. (Mother of a 2 year-old with bilateral CI)

Overall, parents placed a high value on having more communication choices with their deaf child than only speech or only signing could provide. They embraced ASL and English bilingualism as a way to optimize their deaf child's ability to interact meaningfully in both hearing and Deaf contexts and develop their dual identity (see similar perspectives from Deaf parents of children with cochlear implants described by Mitchiner and Sass-Lehrer 2011).

### 6.5.3. Parental Appreciation of the Importance of the Deaf Community

Another aspect of hearing parents' pragmatic approach towards raising deaf children is a noteworthy recognition of the critical role of ASL and the Deaf community in their deaf child's upbringing. In many cases, parents themselves had forged relationships in the Deaf community and had very positive reactions towards it. The comments below suggest the view that hearing parents trying to raise a deaf child need ASL and the Deaf community to succeed. For these hearing parents, Deaf adults play a crucial role in helping them understand many aspects of deaf people's experiences and needs that parents may not automatically intuit.

I can't reach the ideal [as a hearing parent raising a deaf child], I have to accept that. The best thing I can do is to learn [ASL] myself. (Mother of 12 month-old awaiting CI)

[The greatest benefit of signing with [my son] so far is that] we have been exposed to a whole new world and to rich experiences [through the Deaf community]. (Mother of 3 year-old with hearing aids)

We can only parent half of her, and the Deaf community parents the other half. They are amazing people who have given us so many [insights on raising a Deaf child] that I never would have thought of [as a hearing person]. (Mother of 15 month-old infrequent hearing aid user)

These statements reflect these hearing parents' remarkable willingness to embrace a foreign (and sometimes intimidating) language and culture in order to give their deaf children the best possible chance for a healthy and well-adjusted childhood. Their comments in this area reflect the response to Sugar (2016) released by the Gallaudet Linguistics Department:<sup>3)</sup> "Hearing parents need to know that choosing ASL does not close the door to hearing culture for their child. Rather, it opens a door to Deaf culture, and most importantly, equips parents to accompany their child as they navigate a new cultural landscape together." Parents interviewed for this project did not view their child's developing ASL skills and Deaf identity as incompatible with speaking and hearing English.

We want her to own her hearing loss as well as her cochlear implants, as well as her Deaf identity. I think she'll fit into "both worlds" the best and be most comfortable in both worlds if she's using the language grammatically correctly in both worlds. (Mother of 3 year-old

with bilateral CI)

I want her to develop her own Deaf identity, even though she is hearing language and we want her to hear and speak. (Mother of 12-month old with bilateral CI)

I want her to feel like she can be part of both communities, that she can fit in to both [Deaf and hearing] worlds. We've decided to give her tools [to communicate in both] then let her decide. (Mother of 22 month-old with bilateral hearing aids)

By committing to ASL as a family language, the hearing parents in this study have taken the first step in facilitating their children's lifelong development as bilingual, bicultural individuals, doing so in addition to, not to the exclusion of, their own culture(s) and language(s).

#### **6.5.4. Parental Concerns over Insufficient Support for Continued ASL Development**

In most countries, families with deaf children qualify for various resources for learning the local sign language through early intervention programs, weekly home visits by a Deaf mentor, and various programs for deaf infants and toddlers. However, support for these resources typically cuts off by the time the child reaches school age. In the U.S. and Canada, the cut-off age varies between 3 and 5 years, and many parents complained that this was not long enough for them to establish the ASL skills they needed for effective communication with their deaf children over the long term. They expressed deep concern over how they would continue progressing in ASL once their children aged out of early intervention services.

I'm worried what I'll do after she turns 5 and our ASL services get cut off. (Mother of 1 year-old hard of hearing child with hearing aids)

We're worried that [as his ASL expands,] family communication won't be spontaneous because of our own limitations in ASL. (Mother of 3 year-old with hearing aids)

One child's parents took time off work to attend ASL classes, hired a Deaf nanny and turned to their local Deaf community for further opportunities to advance their ASL skills. They acknowledged that they were fortunate to have the means to do these things, which remain beyond the reach of many other hearing parents with less stable jobs or less access to a local Deaf community. Three parents shared during interviews that their family had decided to move to another state or city, where their deaf or hard of hearing children would be able to attend a Deaf school with a strong commitment to bilingual education and/or interact with a larger Deaf community than was available in their current location.

In the pre-interview questionnaire, parents rated word order, classifiers and storytelling skills as the most difficult aspects of ASL to learn, as illustrated in Table 6-1.

**Table 6-1** Parents' rating of the relative difficulty of learning various aspects of ASL

	<b>Not that important</b>	<b>Useful but not required</b>	<b>Critical</b>
Accurate pronunciation	4	10	12
Large vocabulary	0	9	17
Produce and read fingerspelling	1	8	17
Facial expression/nonmanuals	0	2	24
ASL story-telling skills	0	8	18
Word order and grammar	1	16	9
Pick and use classifiers	0	15	11
Using eye gaze correctly	1	5	20
Child-directed ASL	1	7	18

This result is consistent with previous analysis of information and supporting services that hearing parents of deaf children receive or wish they received conducted by Decker and Vallotton (2016), who identified a lack of resources for learning ASL as a major complaint among the 12 hearing parents they interviewed. In particular, the authors noted parents' frustration over the unresponsiveness of service providers when parents said they wanted to learn ASL, "the complete structure of sign language rather than individual signs" (2016: 162). While the majority of parents interviewed for the current study were able to access beginner ASL classes in their community, where they learned useful vocabulary, many complained that these courses provided insufficient information on ASL sentence structure.

We are stuck at intermediate level. We're already in the last ASL class offered in our area, but we still don't feel fluent. Vocabulary alone is not enough. I don't want SimCom, I want ASL! (Mother of 15 month-old infrequent hearing aid user)

All the vocabulary has been very helpful, but now ... I really need to work on the grammar [of ASL], I really need to get serious in practicing the word order and I'm not really finding a place to do that or to get that [training]... I don't want to hit a wall where [my daughter] enters high school or middle school...where she reaches this age that I just can't talk to her anymore. Right now, being able to sign like a kindergartener, I can handle most of that, but I'm going to reach a point [where] if I don't keep learning, I'm going to lose my ability to communicate with her in the way that I want to (Mother of 6 year-old with hearing aid)

As a hearing parent who signs, I can't get any feedback on my word order [from Deaf adults]. Nobody ever corrects me, they're just thrilled I'm doing ASL, and sometimes they even adjust their own ASL to English [word order when signing with me]! (Father of 3 year-old with bilateral CI)

Hearing parents' struggle to obtain sufficient language support highlights the need for more research on sign language development specifically in the context of hearing families with deaf children, as well as more programs specialized in developing family-centered ASL skills. One mother related that in the ASL night class she was taking at a local college, they were practicing how to talk about their jobs. While she was pleased to be learning "grown up" vocabulary that would eventually be relevant to her deaf daughter, she commented

on how far removed such lessons were from the kind of everyday ASL she had needed as the parent of a deaf infant. The number of studies on M2L2 sign language acquisition has increased dramatically over the past decade, helping to refine existing assumptions about the processes of adult second language development and how they may be affected by modality (Chen Pichler and Koulidobrova 2015). However, existing M2L2 signer research focuses almost exclusively on the “typical” context of hearing adults learning to sign in an academic setting, out of personal interest. In contrast, hearing parents of deaf children face an urgent necessity to learn ASL infant- or child-specific varieties of ASL to communicate on a daily basis with their deaf children (Napier et al. 2007).

## 6.6. Conclusions and Future Directions

Findings of the current pilot investigation revealed hearing parents with fairly sophisticated perspectives on Deaf culture and identity, and the benefits of natural sign language and bimodal bilingualism for their deaf children’s development, even in the context of cochlear implants. Granted, the participants in this study were few in number and highly educated (all parents reported completing at least an A.A., B.A., or B.S. degree, or other college-equivalent schooling); as such, they likely do not represent the majority of parents of deaf children. Furthermore, recruitment for this project explicitly targeted families committed to learning ASL as a family language, leading to inevitable sampling bias. The purpose of this pilot project, however, was to document the motivations and experiences of hearing parents at this extreme end of the spectrum. Identifying patterns that emerge among hearing parents who are already using ASL as a family language gives us an idea of what factors and resources underlie committed sign language development for hearing families with deaf children, as well as what obstacles hinder development. That information provides a foundation for further, targeted M2L2 acquisition research focused explicitly on hearing parents, which in turn can inform development and refinement of family-centered ASL pedagogy. Only once we understand the processes by which hearing parents develop into successful signers can we begin to answer the thorny and complex question of how parental signing proficiency correlates with their deaf children’s development as bimodal bilinguals.

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## Notes

- 1) I have tried throughout this chapter to reserve the term *Deaf* for individuals who have sufficient experience in the Deaf community to identify as culturally Deaf. For all other cases, I use *deaf*, including for very young children in hearing families. I recognize that this rule of thumb is



imperfect, as cultural identity is fluid and can only be decided by individual themselves.

- 2) Both peer objections to Geers *et al.* (2017) and Geers' follow-up response (Geers 2017) discussed later in this chapter can be accessed online at <https://pediatrics.aappublications.org/content/140/1/e20163489/tab-e-letters> (Accessed June 16, 2021)
- 3) For ASL and English versions of the Gallaudet Linguistics Department responses to Meredith Sugar's (2016) statement, see <https://lingdept.wordpress.com/2016/04/15/the-gallaudet-linguistics-department-response-to-the-ag-bell-association-april-2016-statement/> (Accessed June 16, 2021)

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