

Language Learning: A Total Approach — or Let's Learn English

Mrs. Carol Amon, M.A.
University of Denver

The acquisition of language is unique in human beings. Intellectual development and educational attainment are dependent upon this acquisition. Much of our time, as professionals in the area of deafness, has been dedicated to the discovery of better ways to facilitate language development for the profoundly and prelingually deaf child. Remaining at the forefront of controversy is the bitter debate between the proponents of manual and oral communication.

It is enlightening to see that professionals today, are beginning to realize that the symbol set or mode of communication used for the school-age child is of little importance compared to the language facility the deaf child possesses when he enters the school environment.

There is no doubt that three critical years for the acquisition of language exist before preschool age is reached—years that are the most important for planning of brain mechanism and processing the input efficiently (Trevoort, 1964), years that are critical periods for developing conceptual language (Lenneberg, 1967). The deaf infant, like that hearing infant, is going to learn language in a deeply emotional one-to-one relationship with his parents within the security of his home.

EVERY DEAF CHILD SHOULD BE GIVEN THIS OPPORTUNITY TO DEVELOP COMPLETE LANGUAGE AS AN INFANT in some type of parent-centered training program. The deaf child who has been given a complete form of language in infancy will enter the formal school environment equipped, as the normal child is, with a complete language set which can be translated into any other chosen symbol set—auditory, oral, written or visual.

The question is, are the parent-centered infant—developmental language programs in existence today providing the opportunity to develop complete language to *EVERY* deaf child before he enters the formal school environment.

Although no research data are available, many professionals have reported that those deaf children with early infant training that now have adequate language to be integrated into the normal hearing classrooms in the school environment have severe hearing impairments rather than profound. Often we see that child with only fragmentary hearing eventually becoming as “oral failure,” resorting to a sign system later in his school years.

One cannot help wondering whether using a sign system during those three critical years for development of conceptual language would facilitate language learning, so that these children could enter the school environment with a language set—a symbol set that could be translated into more adequate oral and written language.

There is no question that the best route to complete language development is the "normal" way through the auditory pathway, for those infants possessing sufficient residual hearing and intact auditory processing. Two critical questions then exist: (1) what constitutes "sufficient residual hearing?" and (2) what kind of approach using a sign system would facilitate complete English language learning?

The first question, the crucial determination of sufficient residual hearing, is certainly a worthy topic of investigation. A noted pediatric audiologist, suggest that when definite responses can be obtained at all frequencies through 2000 Hz, even if as low as 100 dB, the criterion is met (Downs, 1971).

An immediate reaction to this is, how reliable are our audiometric techniques with infants? There is great need today to use a team approach to evaluating the hearing loss and determining the etiology and pathology. This team can then make an education prediction of auditory function that can be expected from a given child. This judgement is crucial to the selection of the proper habilitative program.

In order to estimate the percentage of the deaf population which may not have sufficient residual hearing according to our criterion, audiological evaluations of the 230 cases currently being followed in the University of Colorado Congenital Deafness Clinic were reviewed. It was found that 46 of the 230 children had only fragmentary hearing at 250 Hz, or 250 Hz and 500 Hz. These figures may indicate that we are not meeting the needs for as many as 20 percent of the deaf.

The second question then is, what kind of approach using a sign system would facilitate complete English language learning for this population? It is well established that fingerspelling cannot supply language for the child in infancy (Downs, 1971; A. Herman, 1970; Kohl, 1967). The limitations of the American Sign Language, in my opinion, reduce its value as a complete language input for the young deaf infant.

New forms of signing are being developed today, however, which are grammatical and syntactical representations of English. These are expansions of the American Sign Language where there is a sign for each word and only one word for each sign. There are prefixes and suffixes, verb conjugation, plurals, comparison of adjectives, and signs for the articles. One such system of expanded sign is called, Seeing Essential English (SEE) (Anthony, 1970).

We are recommending this type of complete language signing for the profoundly deaf infant, birth to three years old, in combination with all other sensory inputs, auditory and visual, that can be given. The language concepts that have been developed through complete language signing will hopefully allow the child to be more proficient in any program that may follow.

Disapproval of the new sign system of English has been voiced by some of the adult deaf population and professionals in schools for the deaf where fingerspelling and American Sign Language are used. It should not matter, however, if the sign system we give the infant deviates from the adult or school sign system. So long as the infant system is a complete language form, the translation can be made into the school or adult system as well as the written or oral form of English. Remember, the normal hearing child translated his auditory-verbal symbol set quite easily into the written symbol set when he reaches school age.

We at the University of Denver Speech and Hearing Center have developed a parent-centered infant developmental language program in which two different modes of complete language input are used—the Auditory-Verbal Approach and the Total Approach which includes the Seeing Essential English system of signs. In September we will initiate a formal three-year longitudinal study of our techniques and accomplishments, our goals being: (1) to develop criteria to prescribe and prognosticate and determine appropriate methodologies to facilitate language acquisition, (2) to develop a comprehensive parent-centered correspondence program to meet the needs of the geographically isolated hearing impaired infants, and (3) to stimulate a greater awareness in the professional community to the needs and potentials of the hearing impaired infant through dissemination activities.

In summary, let me suggest that *EVERY DEAF CHILD SHOULD BE GIVEN THE OPPORTUNITY TO DEVELOP COMPLETE LANGUAGE AS AN INFANT*. Two important changes in the status quo must be made if we can ever hope to accomplish this. One, we must develop alternative approaches to the currently established infant developmental language programs. Two, we must begin training considerably more habilitative audiologists—with experience in parent-centered infant-developmental language programs. Too many of our certified audiologists today do not seem to know which end of the baby to talk to.

REFERENCES

- Alterman, A. I., "Language and the Education of Children with Early Profound Deafness", *American Annals of the Deaf*, 115, 1970, 514-521.
- Anthony, D., Seeing Essential English. Paper presented at workshop on SEE, University of Denver, 1970.
- Downs, M. P., "Overview of the Management of the Congenitally Deaf Child", *Otolaryngologic Clinics of North America*, 4, 1971, 223-226.
- Kohl, H. R., *Language and Education of the Deaf*. New York, Center of Urban Education, 1967.
- Lenneberg, E. H., *Biological Foundations of Language*. New York, John Wiley & Sons, Inc., 1967.
- Trevoort, B., "Development of Languages and the Critical Period. The Young Deaf Child: Identification and Management", *Acta Otolaryn. (Suppl.)*, 206, 1964, 247-251.