DEAF CULTURAL IDENTITY AND THE EDUCATIONAL APPROACH TO LANGUAGE ACQUISITION

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Abstract. Deaf cultural identity is a construct that refers to the identity of a deaf individual or a deaf minority group and the influence resulted by the affiliation to the deaf culture. Deaf cultural identity is defined by two main elements: the status as a deaf person and the use of the Romanian sign language (RSL) in every day communication. The usage of RSL in social interactions depends in great extent by the educational approach to language acquisition. This study examined the teacher`s beliefs about the cultural identity of Romanian deaf students and also the teachers and parents attitudes towards the best educational approach to language acquisition. These two experimental variables were correlated to evaluate the degree of influence of the Romanian educational special school system into the deaf culture. In order to assess the study variables the BADE questionnaire was administrated to 20 teachers and 20 parents of deaf children. Results revealed that the teachers adopt the medical model of disability, and they perceive a positive impact of bilingualism on student`s development. Both groups perceived Romanian deaf cultural identity defined by RSL, activities organized by National deaf organization and role models.

Keywords: deaf cultural identity, deaf education, oral/bilingual approach

Introduction

Deaf community is a very special commune, which can be the subject of numerous research studies in group dynamics. Deaf community is considered at present, following a laborious process of emancipation, a true ethnic minority, hereby defined by its own culture and its own language. Since the 1960`s research in linguistics recognize American Sign Language (ASL) as a true language, full and rich, which has all the functions and features of any language. From the 1970s deaf communities, especially the American ones, were entitled to education in their own language and to pass on the deaf culture to future generations. Therefore they defined themselves more and more as an ethnic minority, with their own specific language, the sign-language, on whom are build the whole deaf community and deaf culture. Currently, this trend of ethnic self-definition was taken by deaf communities all around the world, including Romania.

"Deaf culture describes the social beliefs, behaviors, art, literary traditions, history, values, and shared institutions of communities that are affected by deafness and which use sign language as the main means of communication." (Padden, Humphries, 2005)

Members of the deaf community tend to view deafness as a difference in human experience rather than a disability (Jones, 2002). Deaf people always have had a sense of community but the concept of deaf community emerged only in 1970s, and the implication of this concept on cultural development, self-consciousness as a deaf person, specific educational and therapeutic measures was immense. The values, mores, and ways of relating that have emerged out of this background are transmitted from Deaf parents to their deaf children and from Deaf peers to those deaf individuals who become exposed to Deaf culture at varying stages in the process of life, whether in the educational setting of childhood or

within social organizations consisting of Deaf persons during adulthood (Padden, Humphries, 1988).

”Deaf/Hearing cultural identity paradigm consists of four cultural orientations potentially applicable to deaf persons. This paradigm was developed by Glickman (Glickman, 1993) using racial and ethnic identity development models as a theoretical foundation. The first cultural orientation refers to those who are culturally Hearing, meaning that hearing norms are the reference point for normality, health, and spoken communication. The role of deafness in one's identity is not emphasized. The second covers the culturally marginal, those who do not fit into either Hearing or Deaf societies. Their identities emerge without clear notions of hearingness or deafness. The third identity reflects immersion in Deaf culture to the extent that there is a positive and uncritical identification with Deaf persons. Hearing values are denigrated. Lastly, those with a bicultural identity possess the skill to comfortably negotiate Hearing and Deaf settings. They embrace Deaf culture and also value hearing contacts.” (Leigh & at, 1998, p.331)

Historically, deaf culture and deaf sense of identity were acquired in the special schools for deaf and in deaf social clubs (Jones, 2002).

While living among hearing, the deaf community has a strong and coherent sense of their identity (Hintermair, 2008). The most important in the deaf community is that they have common cultural heritage, language, life experience and sense of identity. Deaf community has strong coherence and a sense of its own identity. People with hearing impairment share cultural heritage, language, life experience and sense of identity. They manifest as a world apart, as a linguistic and cultural minority: they use the same language – the language that is also the method of oral transmission of their culture. (Fishman, 1999)

The deaf culture in general includes the Sign Language, specific values and beliefs, behavioral norms, common history and the assistive technologies (Kaplan, 1996). The most important element of deaf culture is their natural, “maternal” language, the sign language. This is the indigenous element whereby deaf identity is defined. Through sign language human relations are formed, life experienced passed along and norms and values conserved.

The specific values and beliefs refer to deaf identity in particular: the pride of being deaf, the joy of a newborn deaf baby and the positive attitude towards deafness in general (Maxwell-McCaw, 2000). Oralist approaches to educating deaf children pose a threat to the deaf social cohesion. Some members of deaf communities may also oppose technological innovations like cohlear implants, viewing them as a threat to the deaf status.

The behavioral norms have been developed in relation to the status of deaf person and of sign language speaker: positioning through a conversation, ways of addressing or modalities of getting attention.

Also, the reliance on technology is a specific element of deaf culture (Keating, Mirus, 2003). Support technologies have played an important role deaf live experience, especially in terms of long distance communication. The advancement of new informational technologies has facilitated remote communication for deaf, first via mobile (SMS), and then by means of written communication or via internet video. Video communication has allowed them to use in long distance communication their own language, the sign language (and no verbal language in its written form), which contributed to the significant increase in their quality of life.

In particular, Romanian deaf culture includes the our national form of the sign-language, the Romanian Sign Language (RSL), the deaf clubs and associations (with emphasis on National Association of Deaf), sportive clubs, special competition for deaf (literary, general knowledge, dance or sportive), deaf churches and the special educational system.

The Romanian educational system is the one in which the first basis of deaf cultural identity are formed. The majority of the Romanian deaf children came from hearing families and do not know the sign language prior to school enrolling. When they go to school they make their first contact with deaf children who communicate in sign language. They learn the RSL very fast from their peers and for the first time they have a valid way of communication that they will adopt for life.

The school culture and educational philosophy can influence in many ways the adoption of deaf status and the deaf cultural identity formation. The most important variable in this context is the educational approach to language acquisition. Historically, there are three main approaches to language acquisition: the oral, the bilingual/bicultural and the total communication approach.

The oral approach focus on verbalization, on acquisition of the oral (or phonetic) form of the language, the sign language is excluded from communication. In the oral approach the deaf child must learn only the national language by speech therapy and can communicate with hearing people but also between themselves only in Romanian. The sign language being excluded, they can`t form a high sense of deaf identity, although they adopt the status of a person with disabilities.

On the other side is the bilingual/bicultural approach. In this philosophy, the child is valued as deaf, and allowed to speak and learn in RSL. The children is not obliged to learn the phonetic pronunciation of Romanian language, only the written form (the sign language do not have a written form). This educational approach to language acquisition is the one who favors the most the deaf cultural identity assumption.

Those two antagonistic approaches to language acquisition do not exist in the Romanian special school system, only the third one, the total communication philosophy. In total approach any mean of communication is accepted as valid, as long as it can improve human interaction. The adoption of one form or another depends on the preferences and possibilities of communication of the deaf child.

All the Romanians special schools for deaf are total communication school, but put more emphasis on oral or on bilingual methods. Also, particular teachers can be partisans of one or the other form of language acquisition. This research wants to determine if indeed there are any connections between deaf cultural identity and language acquisition approach.

Specific aims

Given the important role of teachers and parents in culture and identity development of children, we sought to assess the type of disability model adopted by the teachers and parents of deaf children and their attitudes toward deaf culture and identity. We address this specific aims:

- Assess the model of disability and the type of language acquisition approach adopted by the teachers and parents of deaf children

- Reveal their attitudes towards deaf culture and identity
- Determine the perceived role of teachers and parents in deaf cultural identity development.

Research hypothesis

We presume that:

1. The teachers of deaf adopt mostly the medical model of disability and the oral approach to language acquisition.
2. The teachers who adopt a strong social approach to language acquisition considers that they have an impact on deaf identity and deaf cultural development
3. There are not significant differences between teachers and parents attitudes towards language acquisition
4. Both groups (teachers and parents) consider that a positive deaf culture and identity exist in Romanian society.
5. Both groups perceived Romanian deaf cultural identity defined by RSL, activities organized by National deaf organization and role models.

Methods

1.1.Participants

There are two research groups: the group of teachers of deaf children and the group of the children`s parents.

In the group of teachers are included 20 professors from CSEI "Constanin Pufan" Timisoara, aged between 25 and 44 years old, with a mean age of 35.8. Lot gender distribution reveals 19 women and 1 man, with a mean of teaching experience in schools for deaf of 11.7 years. The participants are 10 psychologists (50%), 9 special education specialists (45%) and 1 (5%) mathematics professor. The positions occupied in school are 7 teachers for deaf (35%), 5 educational teachers (25%), 2 kindergarten teachers (10%), 6 speech therapists (30%) and 1 mathematics teacher (5%).

In the group of parents are included 20 parents (16 mothers and 4 fathers) of deaf children, 12 enrolled at CSEI "Constantin Pufan" Timisoara and 8, with cohlear implants enrolled in mainstream education all over the country. The children are 18 (90%) profoundly deaf and 2 (10%) sever deaf. The children age vary from 4 to 18 years old, with a mean age of 5.9 years. The onset age of the deafness vary from 9 month to 3 years, with a mean of 1.5 years. The age of the therapy beginning vary from 1 to 3 years, with a mean age of 2.3 years.

1.2 Instruments

To assess the teachers and parents attitudes about deaf education the "BADE" questionnaire was administrated to both groups of participants. The BADE questionnaire assess the attitudes and beliefs about deaf education and was elaborated by Science of Learning Centre on Visual Language and Visual Learning. The questionnaire was translated and adapted to the Romanian cultural specific. For teachers, the questionnaire was auto - administrated online, and for parents face to face. The questionnaire consisted of 26 questions, grouped in 4 subscales: subscale 1: Medical Model/Oral Language, 10 items, subscale 2: Social Model/perceived positive impact on bilingualism 10 items, subscale 3:

perceived negative impact on bilingualism, 4 items and subscale 4: learnability of RSL for hearing parents, 2 items. Low scores mean that people disagree with this subscale (scores between 1 and 2.5); Scores of 2.5 to 3.5 mean that respondents neither disagree or agree with this subscale; Scores of 3.6 or above mean that people agree with the subscale.

To the BADE questionnaire 4 more items were added, they refer to the attitudes and beliefs toward deaf culture and identity, and how teachers and parents see their role in their development.

Results

In order to test null hypothesis 1, that states that "the teachers of deaf do not adopt mostly the medical model of disability and the oral approach to language acquisition" we compared the differences of means between the medical and social approach scales of BADE questionnaire completed by teachers.

Table 1: One-Sample Test for BADE scales, teachers responses

	Test Value = 3.5					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Medical model	3.791	19	.001	.51000	.2284	.7916
Social model	2.296	19	.033	.21000	.0186	.4014
Negative impact d/bibi	-9.293	19	.000	-1.25000	-1.5315	-.9685
Learnability RSL	-4.637	19	.000	-.95000	-1.3788	-.5212

In table 1 are presented the one-sample t test values for BADE scales, reported to 3.5 value, that is indicated in the questionnaire manual as the reference value for high scores per scale. The values higher than 3,5 indicated a positive approach towards that variable. So, in our case the teachers value both medical and social model (the t scores indicate that the difference of means is significant at $p< 0.05$). Also, they don`t think that learning RSL in early childhood determine a negative impact on language acquisition or that the parents are willing and capable of learning RSL.

Table 2: Paired sample t test for medical vs social approach to language acquisition, teachers responses

		Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
Pair 1	Medical model – social model	.30000	.50990	.11402	2.631	19	.016

In table 2 is presented the paired sample t test for medical versus social approach to language acquisition, the result indicate that medical model is significantly more valued and adopted than the social model ($t=2.63$ at $p<0.05$). We can say that the null hypothesis was invalid, and the research hypothesis does confirm.

In order to test null hypothesis 2, that states that "The teachers who adopt a strong social approach to language acquisition do not considers that they have an impact on deaf identity and deaf cultural development" we correlated social approach scores with deaf identity beliefs scores.

Table 3: Correlations between manual approach scores with deaf identity beliefs scores, teachers responses

		Social model	Deaf identity
Social model	Pearson Correlation	1	.606**
	Sig. (2-tailed)		.005
	N	20	20
Deaf identity	Pearson Correlation	.606**	1
	Sig. (2-tailed)	.005	
	N	20	20

**. Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation index obtained, $r=.60$ at a significance level of $p<.05$, indicate that a positive, medium correlation exists between the oral approach and the deaf identity scores. The more teachers are incline to adopt a social approach to language acquisition, the more they belief that can influence the development of deaf identity. We can say that the null hypothesis was invalid, and the research hypothesis does confirm.

In order to test null hypothesis 3, that states that "There are significant differences between teachers and parents attitudes towards language acquisition" we compared the differences of means between the medical and social approach scales of BADE questionnaire completed by teachers and parents.

Table 4: One-Sample Test for BADE scales, parents responses

	Test Value = 2.5					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Medical model	4.281	19	.000	.59000	.3015	.8785
Social model	-.132	19	.896	-.02500	-.4215	.3715
Negative impact dbibi	10.057	19	.000	.76250	.6038	.9212
Learnability RSL	7.452	19	.000	1.37500	.9888	1.7612

In table 4 are presented the one-sample t test values for BADE scales, reported to 2.5 value, that is indicated in the questionnaire manual as the reference value for high scores per scale. The values higher than 2,5 indicated a positive approach towards that variable. So, in our case the parents have a medium attitude to both medical and social model (the t scores indicate that the difference of means is significant at $p< 0.05$). Also, they don`t think that learning RSL in early childhood determine a negative impact on language acquisition.

Table 5: Paired sample t test for medical vs social approach to language acquisition, parents` responses

		Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
Pair 1	Medical model – social model	.61500	.60024	.13422	4.582	19	.000

In table 5 is presented the paired sample t test for medical versus social approach to language acquisition, the result indicate that medical model is significantly more valued and adopted than the social model ($t=4.58$ at $p<0.05$) by the parents.

Table 6: Independent sample t test for medical and social approach to language acquisition, teachers` vs parents` responses

	Levene's Test for Equality of Variances				
	F	Sig.	t	Df	Sig. (2-tailed)

Medical model	Equal variances assumed	.000	.992	4.777	38	.000
	Equal variances not assumed			4.777	37.978	.000
Social model	Equal variances assumed	9.042	.005	5.871	38	.000
	Equal variances not assumed			5.871	27.399	.000

In table 6 are presented the independent sample t test for medical and social approach to language acquisition, teachers versus parent`s responses. The scores obtained indicate that in both medical model ($t=4.77$ at $p<0.01$) and in the social model ($F=9.04$ at $p<0.01$) the teachers have significantly higher opinions. We can say that the null hypothesis was invalid, and the research hypothesis does confirm. Although both groups have a greater inclination towards the medical model and the oral approach, the power of affiliation to that model is bigger for teachers.

In order to test null hypothesis 4 that states that "Both groups (teachers and parents) do not consider that a positive deaf culture and identity exist in Romanian society" we calculated the following frequencies:

Table 7: Do you influence the assumption of deaf identity and the deaf culture?

		Teachers		Parents	
		Frequency	Percent	Frequency	Percent
Valid	yes	8	40.0	10	50.0
	no	12	60.0	10	50.0
	Total	20	100.0	20	

In table 7 are presented both teachers` and parents` beliefs about their influence to deaf identity and deaf culture development. The majority of teachers (60%) considers that they don`t influence this process, probably they prefer the oral approach model. For parents, the opinions are divided, half of them considers that they manifest an influence in development of their deaf child identity.

Table 8: The deaf culture is formed by

		Teachers		Parents	
		Frequency	Percent	Frequency	Percent
Valid	RSL	2	10.0	0	0
	RSL, ANSR, National competitions	18	90.0	20	100.0
	Total	20	100.0	100.0	

Both groups consider that the deaf culture are formed form RSL, ANSR and national competitions.

Table 9: How do you influence the deaf culture

		Teachers		Parents	
		Frequency	Percent	Frequency	Percent
Valid	Personality developer	2	10.0	3	15.0
	Early educator	4	20.0	6	30.0
	Preparation for life	2	10.0	1	5.0
	Neither way	12	60.0	10	50.0
	Total	20	100.0	100.0	

The majority from both groups consider that they don`t influence in neither way the deaf culture, but the majority of answers refer to the influence as an early educator.

Results

This research focused on investigating the disability models adopted by the teachers and the parents of the deaf children in language acquisition. We aimed to reflect how they relate to deaf identity and deaf culture development.

The results substantiate that the teachers value above average, both medical and social model. This dual attitude towards language acquisition demonstrates that they, in fact, adopt a total communication approach (in which both methods are accepted and valued). Also, teachers focus more on the medical model. In conclusion, teachers have a total communication approach to language acquisition, with more emphasis on the oral approach. Parents also value both medical and social model, but at average level, with more emphasis on the oral approach. The differences between teachers and parents approaches to language acquisition does not consist in their choices (they both adopt the same total communication model), but in the power of their convictions. Parents don`t have the academic formation and the scientific certitude they adopt a model only by their experiences and beliefs.

The majority of teachers consider that they don`t influence the deaf culture identity, probably they prefer the oral approach model. For parents, the opinions are divided, half of them considers that they manifest an influence in development of their deaf child identity. Both groups consider that the deaf culture are formed form RSL, ANSR and national competitions.

There are a number of limitations to this study. First of all the instruments used are not adapted for specialists (teachers) and parents. Secondly, the research groups are small and the effect of the findings cannot be generalized. Finally, it was not possible to associate parent`s and teacher`s model of disability on the child deaf identity assumption, only with their opinion.

REFERENCES:

Fishman, J.A. (1999). *Handbook of language and ethnic identity.* Oxford University Press, accessed at books.google.ro/books?isbn=0199761396

Hintermair, M. (2008). Self-esteem and satisfaction with life of deaf and hard-of-hearing people - a resource-oriented approach to identity work. *Journal of Deaf Studies and Deaf Education 13 (2), 278-300*

Jones, M. A. (2002). Deafness as Culture: A Psychosocial Perspective. *Disability Studies Quarterly, 22:2, 51-60*

Kaplan, H. (1996). The nature of deaf culture: Implications for speech and hearing professionals. *Journal of the Academy of Rehabilitative Audiology, XXIX, 71-84*

Keating, E., Mirus, G. (2003). American Sign Language in virtual space: Interactions between deaf users of computer-mediated video communication and the impact of technology on language practices. *Language in Society 32:5, 693-714*

Leigh, I., Marcus., A., Dobosh, P., Allen, T. (1998). Deaf/Hearing Cultural Identity Paradigms: Modification of the Deaf Identity Development Scale, *Journal of Deaf Studies and Deaf Education 3:4, 330-338*

Maxwell-McCaw, D.L., Leigh I., Marcus A. (2000) *Social identity in Deaf culture: A comparison of ideologies. JADARA 33:14–27.*

Padden, C., Humphries, T.,(2005). *Inside deaf culture.* Harvard University Press, accessed at http://books.google.ro/books?id=2B4XWIFPgowC&pg=PA1&lpg=PA1&vq=Deaf&redir_esc=y#v=onepage&q=Deaf&f=false

Padden, C., Humphries, T.(1988). *Deaf in America: Voices from a culture.* Cambridge, MA: Harvard University Press.