

ASL-English Bilingual Classroom: The Families' Perspectives

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Abstract

Traditionally, professionals have provided information about deafness and its implications to families from a “hearing perspective,” but not from a “deaf perspective.” With diagnosis, the family is faced with raising a child that does not match its expectations of a “normal” child. Families may experience grieving, non-acceptance of deafness, and confusion created by an abundance of detailed and contradictory information. The purpose of this paper is to examine families’ perspectives about their children’s deafness, language, and education when the children’s educational setting is bilingual. Qualitative methods, specifically interviews and focus group meetings, were used. The findings suggest when information with a “deaf perspective” is provided and certain classroom conditions are present, families are empowered with new attitudes about deafness.

Introduction

Families are provided information about the possible long-term effects of deafness on the child and how difficult it will be for the child to be successful in mainstream society or within a dominant culture of “hearing” people. Little information, if any, is provided about the possible effects on the entire family and the views of the deaf community (Lane, 1992; Lane, Hoffmeister, & Bahan, 1996; Mahshie, 1995). The “hearing perspective” emphasizes the various types of devices that may facilitate the child’s use of residual hearing, the acquisition of spoken language, speech and auditory training strategies and based on the degree of the hearing loss, the potential for academic achievement within particular educational settings. To construct a balanced perspective, families need information from the “deaf perspective,” particularly its views on cochlear implants, the use of American Sign Language (ASL) in home and school settings, its culture and rich heritage, and resources available within the community.

Within a bilingual setting for deaf children in the United States, ASL is the primary language of instruction rather than other sign languages of the world such as Mexican Sign Language. The underlying principle is the acquisition of a primary language that is accessible, that being ASL, the language of the deaf community in the United States. ASL is considered the primary language even though the families' primary or dominant language may be Spanish, Hmong, or Vietnamese, to name just a few. Deafness does not recognize the cultural, economic, or linguistic diversity of families and, therefore, creates classrooms of children from many different linguistic and cultural backgrounds. It is not the intent of ASL-English bilingual programs to not recognize or respect the various home languages represented in classrooms for deaf and hard of hearing children. The view is that the acquisition of an "accessible" and complete language is most critical in order to facilitate the child's linguistic, cultural, social, and cognitive development needed for academic success. This is a very different philosophical view from other bilingual programs for hearing children that develop and maintain the children's primary home language such as Spanish and the dominant language, English.

Signed languages are different than spoken languages, but the key for deaf children is to have comprehensible input and establish a primary language. ASL will provide access to English print and eventually other languages such as Spanish print. For some deaf children, spoken languages may develop, and for others, it may not. Thus, the purpose of this study is to determine families' perspectives about their children's deafness, language, and education when their children are enrolled in a bilingual program where the primary language of instruction (ASL) most likely does not align with the home language, that is, unless the child is from a deaf family.

Families' Acceptance of Deafness

The grieving process has been defined by, and is in the mindset of some professionals, a "natural process" that hearing families must undergo in order to accept their children's deafness (Ramsey, 2000). When one examines the two worldviews of the deaf and hearing communities, there is a realization that the subordinate culture (deaf) does not experience the "expected" grieving process, but instead embraces their children's deafness. Ramsey (2000) reported that Mexican American families of deaf children do not talk about their children in terms of grieving; instead, they may refer to feelings of sadness or surprise. Based on love, affection, and their obligations as parents, their approach was to do whatever was necessary for their children. Consequently, grieving may not be a natural process, but rather a process that is influenced and legitimized by how the dominant culture (hearing and English speaking communities) in the United States defines the expected "normal" skills of a person (Allen, 1998b). The over-emphasis on the "hearing deficit" makes it difficult for family members to accept the child's deafness, creates family turmoil and uncertainty, and can eventually interfere with the child's overall success in the educational setting and society.

For many families, discussions with medical professionals about cochlear implants are a central issue. After surgery, many families have expectations that their children will function as “hearing persons.” Yet, skewed information and research findings regarding the success and failures of cochlear implants are prevalent and often not shared with families as well as the deaf communities’ views. Cochlear implants are not considered part of the cultural perspective of the deaf community, rather a perspective of the hearing community’s. A sense of urgency is created based on the notion that time is of the essence for first language acquisition of spoken English and to not perform surgery will cause delays in English language acquisition and cognitive abilities. This characterization of the success of implantation causes some families to make hasty sometimes uninformed decisions, not only about the surgery, but about the type of educational setting for their children (Kluwin & Stewart, 2000; Rose, McCay, & Pool, 1996; Vernon & Alles, 1994). Without information from the deaf perspective, the information becomes unbalanced and inaccurate.

Misconceptions About ASL

Families are often presented with the idea that ASL is a problem rather than a resource. Many uninformed but well-intentioned professionals emphasize that ASL can impede rather than promote English development, even though there is research that refutes this notion (Gardner & Zorfass, 1983; Humphries & MacDougall, 2000; Prinz & Strong, 1998). Researchers have reported that deaf children of deaf families do better academically than deaf children of hearing families, implying linguistic and academic benefits in the early acquisition of ASL (Vernon & Koh, 1970). Some professionals represent ASL as a language that hearing families can not learn and use on a daily basis with their deaf children (Gustason, Pftzing, & Zawolko, 1975). Such low expectations of what families can and can not do undermine the motivation to acquire ASL, devalues ASL as a language, and perpetuates the idea that English is superior to ASL.

Professionals often struggle with the modality differences represented in English and ASL. Notions about the interference of one language upon another coincide with arguments in bilingual education. The linguistic interdependence hypothesis posits the existence of a common proficiency underlying all languages; that is, literacy skills acquired in one’s first language are transferable to the second language provided that there is adequate exposure in the environment and motivation to learn the language (Cummins, 1983). Some argue that there may not be linguistic interdependence between English and ASL because ASL has no written form (Mayer & Wells, 1996). While some question this hypothesis, there are others who argue that deaf adults must be fluent in two or more communities—the community of deaf and hard of hearing people who use ASL, and the community of hearing or English speakers, in order to be full participating members in the United States (Humphries, 1993; Israelite, Ewoldt, & Hoffmeister, 1992).

Deaf community members, some parents, and educators realize that the process of becoming bilingual and bicultural must begin at birth and be facilitated by the school environment (Humphries, 1993; Johnson, Liddell, & Erting, 1989). With this realization, a growing number of professionals, educators, parents, and members of the deaf community are advocating for well-designed bilingual programs for deaf children. Yet, there are still questions, skepticism, and resistance to the establishment of such classrooms partly due to: (a) the historical culture and power struggles in the field, (b) the lower language status of ASL as compared to English, (c) the two different modalities in which English and ASL are represented, (d) a narrow focus in the field with regard to teaching practices and strategies that have been used, and finally, (e) little available research to demonstrate the success of bilingual programs for deaf and hard of hearing children.

Educational Options

Families are presented with two general approaches in the education of deaf and hard of hearing children. One approach is an “oral approach” whereby sign language is not used in any form. The second involves signing, which may or may not be the language of the deaf community, ASL. A “manually coded form of English” may be used and is sometimes referred to as the manual approach, simultaneous communication (Sim Com), sign-supported speech (SSS), or Total Communication (TC). Both approaches view the deaf child as unique, emphasizing specific and intensive strategies that will facilitate the often assumed cognitive and language delays of the child. These two described approaches can be categorized as English-Only because: (a) English is viewed as the primary language to be developed and maintained, and (b) established language policies often prohibit or limit the use of ASL as the language of instruction, making it difficult to develop and maintain ASL within the school environment.

Comprehensible input is critical for language acquisition to occur in either the first or second language. Without first language acquisition, cognitive development may be delayed, which ultimately impedes academic performance of any student. Many deaf and hard of hearing students of hearing families do not have access to the families’ spoken language; thus, they may not acquire a complete first language prior to entering school, creating an educational disadvantage. In comparison, children of deaf families have the benefit of acquiring a first language, ASL, similar to how hearing children acquire spoken language in the home. Researchers have consistently documented how neither language (ASL or English) is represented completely when teachers “Sim Com” or incorporate “SSS” in the classroom setting, thereby creating an incomplete and incomprehensible language model for the children (Kluwin, 1981; Marmor & Petitto, 1979). Consequently, the acquisition of English becomes very difficult, if not impossible, for many deaf and hard of hearing children; therefore, many do not acquire either language making academic

success very difficult. The failure of the educational system is exemplified when one realizes that deaf and hard of hearing high school students are graduating with average reading levels between third and fourth grade (Allen, 1986; COED, 1988). Traditional approaches used to facilitate English acquisition have produced many students and adults with negative attitudes toward the English language, deflated their self-esteem, caused confusion about their own self identity, and finally, for some deaf people, created animosity toward hearing people (Humphries, Martin, & Coye, 1989; Lane, 1992; Lane, Hoffmeister, & Bahan, 1996).

A bilingual educational setting is a rare option for most deaf and hard of hearing children. There are a few such settings in the United States and the numbers seem to be growing (Strong, 1995). Well-designed bilingual programs for hearing children have been found to be effective in the United States, as well as in other countries, such as Canada, Sweden, and Denmark (Cazabon, Lambert, & Hall, 1993; Christian, 1994; Ramirez, 1992). Researchers have also reported cognitive benefits of being bilingual in other languages (Hakuta, 1986; Ricciardelli, 1992). Cummins (1986) provides a theoretical framework that describes bilingual classrooms that empower rather than disable linguistic minority students. It is based on four structural elements: (a) cultural/linguistic incorporation, (b) community participation, (c) pedagogy, and (d) assessment. This framework has been supported by considerable research data. Based on this research, it is plausible that well-designed ASL-English classrooms can be effective for deaf and hard of hearing children. The research on the effectiveness of ASL-English bilingual programs in the United States is limited but promising. Researchers have provided evidence that ASL can provide access to the English language (Humphries & MacDougall, 2000; Prinz & Strong, 1998). There are a few studies that suggest bilingual classrooms for deaf and hard of hearing students are effective in promoting literacy (Allen, 1998a, 1998b; Andrews, Ferguson, Roberts, & Hodges, 1996; Humphries, Martin & Coye, 1989).

Mahshie (1995) presented qualitative evidence that bilingual programs in Sweden have been successful in the education of deaf and hard of hearing children for over 15 years. In fact, Swedish high school students are graduating on par with their hearing counterparts. Sweden also passed legislation that mandates all deaf and hard of hearing children acquire Swedish Sign Language (SSL) as their primary language. In the classroom, teachers use the primary language (SSL) to bridge to the Swedish language and later on, English. Clearly, Sweden values bilingualism and even multilingualism, not only for deaf and hard of hearing children, but for all of its citizens. This is not the case in the United States.

In order to make an informed placement decisions, families need to be informed about the philosophical and educational differences between classroom settings, and more importantly, the success and failures of these settings. Most families embrace the “hearing perspective” and advice from

the professionals, assuming the presentation of information is accurate. The information aligns well with the families' own "hearing perspective," but without the deaf perspective, the information is unbalanced and not complete. Thus, families' perspectives continue to be aligned with the "hearing perspective," and for many, perpetuate a desire to "fix" their children rather than viewing their children as "whole" individuals and members of a cultural linguistic community. It seems critical that families understand the following:

1. Exposure to English does not necessarily promote language acquisition. A spoken language, even though it may be the families' dominant language, may be very difficult for the child to acquire as a first language.
2. Intensive speech therapy and hearing devices do not guarantee that the child will acquire a spoken language as their primary language.
3. Without first language acquisition, cognitive development may be delayed, which ultimately impedes academic performance of any student.
4. ASL is a viable language and a resource, not a problem. ASL may be the child's primary language because it is most accessible and can provide the necessary tools needed to access other languages.
5. The deaf community is an invaluable resource.
6. Deaf and hard of hearing children and the entire family can be bilingual or even multilingual.

Method

In this qualitative study, the researcher examined the families' perspectives in an ASL-English early childhood bilingual classroom. Two questions about the families' perspectives were posed: (a) What are the perspectives of the families whose children are enrolled in a bilingual setting? And (b) are their perspectives different in comparison to the traditional and "expected" perspectives of hearing families; that is, an alignment with primarily the hearing perspective? The findings presented are part of a larger study that also examined classroom practices within a two-way bilingual model designed specifically for deaf, hard of hearing, and hearing children and five case studies of selected children in the program.

Participants

The families were selected from an ASL-English bilingual early childhood classroom located in a large urban public school district in southern California. There were 19 families out of 28 that participated. The classroom offered a setting whereby deaf, hard of hearing, and hearing children were integrated in a collaborative learning environment. The model was similar to a two-way bilingual classroom. The primary goals of the classroom were to (a) facilitate the children's development and maintenance of two languages, ASL, and English; (b) foster their emergent literacy; and, (c) create a home-school partnership with the families to facilitate their understanding of the children's deafness.

The bilingual/bicultural early childhood classroom consisted of 28 children in the classroom on a daily basis depending on attendance. The children's ages ranged from 18 months to four years old. Hearing children were not accepted into the program unless they had deaf family members, and ASL was used consistently in the home. The program designed was based on a two-way bilingual model adapted for deaf, hard of hearing, and hearing children. Teachers made home visits to inform the families about the education program and respond to their questions and concerns, used ASL as the primary language of instruction, respected both ASL and English languages as equals, kept both languages separate, and used multiage practices emphasizing a literature based curriculum. They also encouraged families to interact with each other and other ASL users.

The families and the children were categorized according to the families' language dominance and hearing status, thereby providing insight to the children's communicative environment (Table 1). The three groups were as follows:

1. The English-dominant families consisted of hearing families just learning ASL and using English primarily in the home. One family also had members that used Spanish.
2. ASL-dominant families used ASL and English. One ASL-dominant family had members who also used Spanish. The children in these families were either deaf or hard hearing siblings, or the children were hearing without deaf siblings, and one or both the parents were deaf.
3. The Spanish-dominant families were hearing families whose primary language was Spanish, but they were learning ASL, and for many, English as well.

Table 1

Topology of the ASL-English Bilingual Classroom

Families' Language Dominance	Hearing	HOH	Deaf	Total
ASL	4*	1	2	7
English	5*	1	9	15
Spanish			6	6
Total	9	2	17	28

Note: * denotes one child was trilingual in all languages represented.
 HOH = hard of hearing; Ethnicity: African American/Caucasian = 1;
 Caucasian = 18; African American = 2; Latino = 7

Procedures

Six focus group meetings were used to determine the families' perspectives. Interpreters for the languages represented at each meeting were provided. Each meeting was recorded using audiotape, and videotape and was later transcribed by a professional transcriber. Approximately nine hours of audiotape and videotape of family statements were transcribed and analyzed. The open-ended questions for the focus group meetings centered around the families' concerns for their children, their feelings and attitudes about deafness, communication with their children in the home setting, the classroom and teaching practices, and attitudes toward bilingual education for deaf and hard of hearing children. The transcribed statements were coded according to general themes that emerged. Major themes were determined by searching for repetitiveness, similarities, and differences in the statements of the families to a point of saturation (Denzin & Lincoln, 2000).

Results

Interviews and Families' Statements

The families revealed their perspectives about deafness through their statements and interactions at the meetings. There were commonalities and differences in the families' statements as well as seven general themes that emerged: (a) language and culture, (b) grieving, (c) acceptance, (d) resources (e) barriers, (f) children's behaviors, and (g) education.

Excerpts and summaries of family statements along with tables were used to illustrate the families' perspectives across the identified themes. A scale of intensity with high, medium, low, and none differentiates the level of their concerns or priorities. A high (H) level of intensity denoted that the family had a high priority or concern and there were several statements made about the topic. Medium (M) and low (L) were used to indicate a lesser degree of concern or priority for the family. None (N) did not necessarily mean that the family did not have the concern or priority about the topic, but for some families, statements did not emerge or there were not enough statements made to determine the degree of their concern or priority.

Language Development and Deaf Culture

All of the family participants were concerned about their children learning English, and most of them understood the value of being bilingual. For example, one hearing English-dominant mother of a 4-year-old deaf boy, George, stated:

We want our son to fit in. It's a hearing world. He's deaf and we don't want to change that or fix that, but we want to give him whatever avenues are available to make his life a little bit easier. . . . Now for us, the bilingual-bicultural approach seems the most productive and logical way because it's not taking away who he is. It's adding to who he is.

George's mom continued:

He needs to be part of his community, the deaf community, and he needs to know survival in the hearing world. It is imperative that he knows English, but I believe if he's taught his subjects . . . taught in his language . . . he's going to retain so much more of it. . . . We are not saying we don't want him to learn English, I'd love it if George would speak with his voice, but we've decided if that doesn't happen, it doesn't happen.

Tracy's mother who is deaf and ASL dominant added:

I will not sacrifice her academic lessons for her [Tracy's] speech skills, if she is not doing well in speech, it is not as important to me. It is important that she achieves academically . . . because if she speaks really well, but she doesn't have academic knowledge, then it is worthless.

Realizing the importance of language development and communication with their children, both the English- and Spanish-dominant hearing families were concerned with keeping up with their children's signing ability. Both groups also desired interaction with other ASL users within the deaf community, knowing it would improve their skills and expose their children to deaf adults and the culture. The Spanish-dominant families all agreed that it was very important to learn ASL, even if that meant learning ASL before learning English. For the ASL-dominant families, they regarded ASL as the most accessible, efficient, and natural way to communicate, rather than "manually coded English" systems. The hearing and deaf families' viewpoints were similar in three ways: (a) they wanted good English skills for their children, understanding it might not mean spoken language; (b) ASL was highly regarded as a desired language to be acquired and used; and, (c) being bilingual, even multilingual, was a benefit not a problem.

Table 2

Commonalties and Differences Based on Language and Culture

Language and Culture	A	S	E
Acquisition of English	H	H	H
Oral English and development of speech skills	L	M	M
Benefits of children and family members being bilingual or trilingual	H	H	H
Understood importance of acquiring deaf cultural knowledge	N	H	H
Awareness of children's ability to code-switch	H	N	H
Children's awareness of hearing status of others	H	N	H
Valued ASL as a language	H	H	H
Interaction with ASL users to develop signing skills	N	H	H

Note: A = ASL; S = Spanish; E = English

Grieving Versus Acceptance

In general, the English- and Spanish-dominant families were prepared to do what they needed to do to facilitate the development and education of their children. Expressions of sorrow or shock were terms used by the English-dominant families to describe their initial response to the diagnosis. An English-dominant, hearing mother discussed her feelings about her son Brady's deafness:

I was sad. He said, 'Mom' the other day and I cried. Voiced perfectly—'Mom!' And I cried because I thought, 'Wow! Am I ever going to hear my son say that?' And I did! So there are little things that are going to come up. I was talking to a woman on the phone who had a deaf son, 10 or 12 years old, who came up to her and said, 'Okay, I'm done being deaf.' Well, that's going to hurt! But I hope that because of the knowledge I have now, that he won't ever feel that way.

Danny's father, hearing and English dominant, added:

They [professionals] only gave you basic information. You learn a lot more by just going out and talking to people and going out to classes. It seemed like every night of the week, we were going out to a different direction trying to get information. I think it's important to put yourself where you're around the culture of deaf people, deaf functions like at church. Sitting with the interpreter because it's part of your life. It's where I sit now and I'm hearing. This is who we are as a family unit.

You need to accept it and move forward. Without this program [bilingual-bicultural classroom] it would have taken longer to find out about the culture.

George's parents, both hearing- and English-dominant, discussed the importance of deaf role models. Knowing that there were successful deaf people helped them get through the process of accepting their son's deafness. They both agreed that by being around deaf adults, and watching how deaf adults interacted with deaf children, there was a realization that George would be normal, that is, grow up, marry, and get a job.

The families' statements reflected whether they were in a state of grieving or acceptance (Table 3). The Spanish-dominant families did not make any comments regarding their initial responses to their children's deafness, whereas the English-dominant families did. The statements of the English-dominant families were reflective in nature; that is, stating what they initial reactions were in contrast to their current feelings. As for the ASL-dominant families, the acceptance of their deaf children was never an issue. As is common among many deaf families, they did not view deafness as a handicap; it was perceived as a condition that creates a different way of life that may be more difficult at times or inconvenient as compared to the hearing majority. Both the Spanish- and English-dominant families were similar in four ways: (a) no one was seeking out specific measures to correct their children's hearing loss or "fix" their children, e.g., cochlear implants; (b) grieving or non-acceptance of deafness was not detected, rather feelings of sadness, surprise, or shock were terms used; (c) everyone was willing to do whatever was necessary for their child to be successful; and, (d) they were learning ASL and interacting with ASL users.

Table 3

Commonalties and Differences Based on Grieving Versus Acceptance

Grieving	A	S	E
Initial reactions to diagnosis described as "shocking," or feelings of sadness	N	N	H
Seeking information to "fix" child	N	L	L
Acceptance			
Interaction and involvement with deaf community	L	H	H
Learning ASL	L	H	H
Interaction with ASL users	L	H	H
Children's capabilities as adults	L	N	H

Note: A = ASL; S = Spanish; E = English

Resources and Barriers

The hearing Spanish-dominant families encountered more barriers and fewer resources than the other families (Table 4). The Spanish-dominant families had difficulty obtaining information because many were still learning English. Sometimes information from the school site and district was translated, but just as often, it was not. The teachers often used their time on their home visits with these families, explaining the many stacks of papers from the school, leaving little time to address the issues or concerns about their children's deafness. One teacher was fluent in Spanish and could facilitate the Spanish-dominant families' access to information.

Table 4

Commonalties and Differences Based on Resources and Barriers

Resources	A	S	E
Funds for transportation	L	H	L
Funds for babysitters	L	H	L
Funds available for ASL, deaf culture classes, and ASL tutors	L	H	L
Networking and parent groups	M	H	H
Barriers			
Access to information about deafness	L	H	H
Language/cultural sensitivity of school personnel/administration	H	H	H
Translation of school-related materials	L	H	L
Signing ability of equivalent to children	L	H	H
Difficult to understand all the information after diagnosis	N	H	H

Note: A = ASL; S = Spanish; E = English

These families' socio-economic status (SES) made it difficult for them to obtain the necessary transportation to attend meetings or classes and find the extra money for baby sitters. The families reported that sign classes where English was used to explain the concepts of ASL were difficult for them. These families wanted an instructor who could explain the concepts of ASL using Spanish. Through their conversations at the focus meeting, these families decided that it would be best to hire a tutor to come to one of their homes once a week. They were all very willing to pay the tutor. In fact, about a month later, they did find a tutor who was trilingual, commanding ASL, English, and Spanish, who began giving classes in their homes. In comparison, the hearing English-dominant families reported that they enrolled in community college classes for ASL and deaf culture and had the resources necessary to hire baby sitters. The ASL-dominant families' primary barrier was the lack of understanding of the deaf community's perspective on the part of the school staff, support personnel, administration, and some teachers at the school. All three groups recognized the need for the school personnel, administration, and other teachers at the site to have more understanding about language and cultural differences. The need for family support groups and networking was highly desired by the English- and Spanish-dominant families.

Children's Behavior

The children's behaviors and parenting skills emerged as a common concern for all the families. Families discovered from each other that everyone had similar discipline problems regardless of the dominant language of the family or the hearing status of the children. At all the meetings, the more experienced families, both hearing and deaf, often gave advice about how to handle certain behaviors to the families whose children were just recently enrolled in the bilingual program. For these "new" hearing families, they felt reassured to find out that the behaviors of their children were age appropriate and not related to the deafness. All of the families agreed that communication with their children was critical in order to avoid behaviors that might arise from the children's frustration of not being able to communicate their needs and desires.

Education

Several families contrasted their children's experience in the bilingual classroom with other types of classes (Table 5). Mack's mother reflected on what she observed in a TC classroom where her son was enrolled at one time:

Table 5

Commonalties and Differences Based on Education

Education	A	S	E
Literacy	H	H	H
Reading books to children was difficult	L	H	H
Establishment of kindergarten bilingual class	H	H	H
Hiring of deaf teachers	H	N	H
Teachers' language/cultural knowledge	H	N	H
Curriculum	H	H	H
Mainstreamed teachers'/children's perceptions	H	N	H
Inappropriateness of mainstreamed setting	H	N	H
Did not want TC or oral classrooms	H	H	H
Language-appropriate peers using ASL	H	N	L

Note: A = ASL; S = Spanish; E = English

“It was really different. The children had no language, whatsoever, it really made me cry. They were not dumb, but they looked dumb. I hated going to school. Now [in the bilingual-bicultural class] everyone communicates. . . . They communicate very normally.” Danny’s mother expressed her feelings about the various classrooms she had visited on a tour at the school:

I walked into the small classes, including the preschool. I felt I was in a special class, a handicapped class. I felt like maybe they were mentally retarded. . . . When I walked into the [bilingual-bicultural] class, I saw all these normal children communicating normally . . . nothing was different, except the language.

All three groups mentioned the issue of educational options. All of the families were concerned that there was not going to be a kindergarten class offered for their children to continue in a bilingual setting the following school year. The Spanish-dominant families were explicit about their concerns. They stated several times that they wanted their children to continue in a bilingual classroom. Other concerns of the ASL and English families were: (a) the desire to have more deaf teachers hired, (b) a strong academic curriculum,

and (c) perceptions or stereotypes about deafness held by mainstreamed teachers, some teachers of the deaf and hard of hearing children at the site, and hearing children who were not enrolled in the bilingual classroom. All the families understood that literacy was a critical part of the curriculum and noticed their children's interest in books. Several families reported their children retelling the stories that were introduced in the classroom. The Spanish- and English-dominant families were concerned about their ability to read books to their children using ASL. The ASL-dominant families wanted their children to have peers who had equivalent ASL skills, while this was not a concern for the English- and Spanish-dominant families.

Discussion

The findings suggest that both the English- and Spanish-dominant families were beginning to view their children from a deaf perspective. These families and their children began to gain access to the culture and the language of the deaf community early on during their school experiences instead of years later. Early access into the deaf community influenced their attitudes about their children's deafness, raised their consciousness of both the hearing and deaf perspectives, and finally, fostered their desire to develop their children's cultural identity and voice. Because of their understanding of the importance of language, culture, and the deaf community, many actively pursued ways of incorporating the "deaf perspective" into their homes and daily lives. They questioned the traditional practices and philosophies of the school and were determined to provide their children with a bilingual/bicultural environment in the home and school. Duration of the "expected" grieving process for many seems to have been reduced or eliminated, and for some, non-existent. Thus, the grieving process may not be a natural process, as some may believe, but emerges from mainstreamed society's characterization of deafness. Some of the concerns raised were not applicable to the ASL-dominant families. Attitudes toward deafness, cultural identity, and others are natural aspects of their daily lives as functioning bilinguals within two communities.

Cultural Identity and Voice

An "enculturation process" whereby deaf and hard of hearing children of hearing families encounter, experience, and eventually adapt to the culture often occurs during their high school or adult years when they are initially exposed to the deaf community. Yet, this process was happening for these children very early on in their education. The hearing families and their children were exposed to the deaf culture through actual interactions with its' community members, thereby promoting the children's cultural development and identity with the deaf community.

The classroom's collaborative setting fostered many interactions among the children and the families in very natural and non-threatening ways. Because the classroom consisted of children from deaf families, hearing, and deaf who were bilingual and bicultural themselves, the presence and influence of culture and language occurred naturally on a daily basis. It brought hearing and deaf families together in a physical place where there was common interest—their children. Through various dialogues and interactions with the teachers and the deaf adults in the classroom, the hearing English- dominant and Spanish- dominant families gradually discovered that there was a new culture and language to understand and experience. They observed how the deaf parents interacted and communicated with their own children and realized that they, too, could have similar interactions, in time, with their children. The interactions of the families with deaf adults were critical in developing a deeper understanding about their children's deafness and fostering their roles as caregivers. These interactions helped them to actually "see" and understand what they needed to do in order to guide and nurture their children's cultural development and identity as well as succeed in the educational setting.

As duration in the program grew, the families' community experiences and interactions with others increased and advanced their linguistic confidence and cultural understanding. Their ability to move between the two cultures—for the Spanish- dominant families, three cultures—caused further examination of the opinions, values, and ideas represented within the cultures and, in turn, prompted more experiences and interactions. With each successful experience and interaction, their movement between the cultures became more flexible, and, eventually, further developed and deepened their overall understanding and perspectives. As each hearing family became more closely aligned with the deaf perspective and culture, it then assumed the role of introducing the "new" or less experienced families to the language and culture.

Each family had to deal with the issue of accepting or rejecting the deaf culture as the primary culture for its child and incorporating it into its' everyday life, without rejecting its own cultural values. To align with the deaf perspective meant changing the lives of every family member by gradually adapting to new cultural patterns and acquiring a new language. For these families, alignment with the deaf perspective was manifested in very specific ways: (a) the children's cultural behaviors; (b) the ease of talking about their children's deafness; (c) comments made about the differences between the hearing and deaf cultures and the two languages, ASL and English; (d) their basic understanding of various educational practices that devalued their children as "whole children"; (e) their active participation and leadership in the dialogue with the school administrators to provide a bilingual option for kindergarten; and finally, (f) their ability to examine the traditional values and practices within the educational setting and challenge the status quo to promote change.

The Perspectives of the Spanish-Dominant Families

For the Spanish-dominant families, they were considered part of the dominant “hearing” culture because of their hearing status, but they also held membership within their own cultural group. The participating families responded in ways that dispute traditional ideas held by some educators. The educational community has often misinterpreted the “silence” or non-involvement of the Latino families. Many educators have perceived the silence as (a) resistance to being actively involved with their children’s education, or (b) not caring about their children or their education (Ramsey, 2000).

In this study, the Latino families demonstrated their concerns for their children and willingness to do whatever was necessary to support their children very candidly. The families’ collaborative efforts to hire an ASL tutor to meet their needs certainly does not align with the traditional perceptions of many. These families clearly understood the value of their children, as well themselves, being bilingual and even multilingual. They were very supportive of the bilingual classroom and realized the need for their children to continue in a bilingual setting the following academic school year. Nevertheless, there were still barriers for the Latino families: factors such as cultural and linguistic differences, SES, different perspectives of the school’s role, and the parent’s role in achieving success (Gerner de Garcia, 1995).

There is a concern that this bilingual classroom and the teachers may have facilitated the families’ understanding of the importance of ASL and deaf culture, but there was little evidence to demonstrate inclusion, promotion, or emphasis on the Spanish language and culture. Other cultures need to be recognized by teachers of deaf and hard of hearing children and addressed by implementing culturally inclusive teaching practices, e.g., the use of culturally relevant materials and consideration of the families’ funds of knowledge as resources. Additional trained staff and deaf Latino adults are needed to provide the support that is necessary for these families and children. Working with Latino families requires a better understanding of the differences in their experiences and expectations for their children. A redefinition of the educators’ role and expectations needs to occur in order not to marginalize these families and children. Further research is needed that addresses other linguistic minorities who have deaf and hard of hearing children within ASL-English bilingual settings in order to understand their perspectives about deafness, language, education, and the specific needs of such linguistically diverse families.

Conclusion

Based on the findings, these families are of a new generation with a new attitude about deafness. Their new attitudes emerged due to the influence of four factors or conditions present in the home and classroom environments:

(a) a balanced approach in the presentation of accurate information from both hearing and deaf perspectives, based on the information presented by and interactions with the teachers, families, and deaf community members; (b) information about the benefits of being bilingual with expectations that the entire family would become bilingual, even multilingual, based on the adapted two-way bilingual program designed by the teachers; (c) encouragement to interact with deaf adults in the classroom and the deaf community, as well as with the families who have children enrolled in the program; and finally, (d) a collaborative classroom setting based on a two-way model that supports ASL and English as separate, but equal languages.

Educators and the medical community need to re-think the current practices and approaches that are used with hearing families of deaf and hard of hearing children and the available educational options. Re-thinking how deafness impacts the entire family (Mahshie, 1995) instead of just the child, is just a beginning step. With less emphasis on the “hearing deficit” and shaping the child into a “hearing person,” and more emphasis on how families can interact and experience the deaf community, its culture, and language, new attitudes emerge. Families begin to view its members, language, and culture as resources for the children and the entire family. Eventually, families begin to view their children, as well as themselves, as bilingual and even multilingual learners, which in turn fosters children’s self-identity and overall development. Finally, the families have a better understanding of how to provide a more balanced and enriched cultural, linguistic environment for their children.

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