











LEAD ME Winter Training School Madrid 2021

Media Accessibility Training: Sign Language and Subtitling for the Deaf and Hard-of-hearing















Deaf signers as linguistically heterogenous groups

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- Introduction
- Variation across individual profiles due to language acquisition
- Variation across the signing community and the problem of standardization
- Concluding remarks



Sign Languages

- Full-fledged natural languages, with the same degree of complexity as spoken languages
- Spontaneous emergence in Deaf communities
- No one-to-one correspondence with spoken languages
- Some contact phenomena with spoken languages (cf. fingerspelling)



Sign Languages

- Different SLs in the same language domain of spoken languages:
 - -American SL (ASL) vs. British SL (BSL) vs. Irish SL(ISL)
 - -Flemish SL (VGT) vs. SL of the Netherlands (NGT)
- Spain: Catalan SL (LSC) in Catalonia vs. Spanish SL (LSE)
- International Sign: not a SL proper



Sign Languages

- Types of Deaf and signing communities:
 - -Large Deaf communities, e.g. in Western / industrialized nations
 - -Integrated Deaf communities, "Deaf villages": e.g. Martha's Vineyard (US; extinct), Adamorobe (Ghana), Kata Kolok (Bali), Al Sayyid Bedouin (Israel)
 - → shared/rural SLs
 - -Lack of community (and SL): isolated home signers
 - -Communities with secondary SLs: Aboriginal SLs, Monastic SLs



Language Acquisition

- With sufficient language input from the direct environment, language is acquired spontaneously and without effort in the first 5-6 years of life (critical period for language acquisition).
- Under normal conditions, deaf children acquire a sign language if signed input is available during the first years of life.



- Acquisition by deaf children is crucially dependent on the language situation at home:
 - Deaf parents sign to children from birth.
 - If hearing, sometimes they learn sign language.
- Language input also outside the family.
- Many deaf children receive only spoken language input. →
 homesign, language acquisition very slow and incomplete
 (late learners of SL in many cases).
- If input is rich from the start, development is parallel to hearing children thanks to the innate language acquisition device.



Milestones:

- 0;7-0;8: begin to produce rhythmic hand movements, comparable to vocal babbling. → Manual babbling: precursor to first real signs.
- 1 yo: production of first referential signs and pointing gestures → One-word stage.
- Around 1;8: 2-word stage. → First syntax (clauses).
- Comprehension much more advanced than production.



- Only 5-10% of deaf children are born into a deaf family where sign language is used (native signers).
- 90-95% of deaf children
 - -do not have sign language input during the first years of life (critical period for language acquisition)
 - -spoken language input is partial, even if they get a cochlear implant early on (cf. different success rates)
 - -are expected to become "normal" speakers=like hearing



- Great variation in linguistic profiles across deaf individuals, due to:
 - -Age of deafness (at birth, later in childhood...)
 - -Language(s) available in their immediate environment
 - -Age of sign language acquisition/learning
 - -Degree of spoken language competence
 - -Schooling (mainstream, bilingual-bicultural, special)
 - -(Socio)linguistic identity
 - -Use of hearing technologies



- Many cases of delayed or incomplete language acquisition with consequences for language competence, even leading to language deprivation.
- Levels of literacy vary a lot but tend to be lower than in hearing populations.
- Signers are exposed to signed systems that are not sign language proper (manual codes meant for teaching of spoken language).

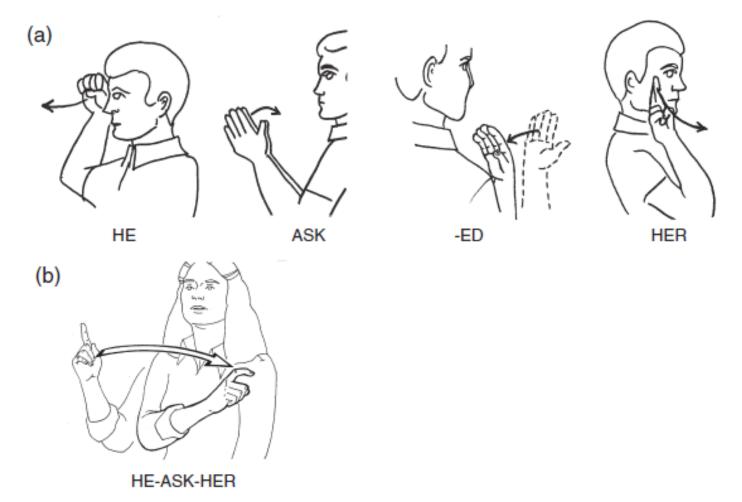


Figure 43.3 Examples of Manually Coded English (MCE) and ASL. (A) the MCE sentence 'He asked her'; (B) the equivalent sentence in ASL. The MCE signs are reprinted from Gustason et al. (1972). Reprinted with permission. ASL illustration copyright ©Ursula Bellugi, The Salk Institute.



- Most signers are bilingual in sign and spoken (written) language.
- Cochlear implants widespread since 1990s in the West: better access to spoken language.
- Types of bilingual populations with SL:
 - Deaf children of deaf parents: native
 - Hearing children of deaf parents: CODAs
 - Deaf children of hearing parents: 90-95%
 - Children with a cochlear implant



SL Endangerment: weak Ig model

- Late acquisition for the majority of signers.
- Learning from **non-native models** (teachers, language therapists, interpreters; other late learners).
- Use of artificial varieties of signed codes in education: potential interference in SL acquisition → risk of attrition and eventually grammatical and lexical replacement.
- Extreme diglossia: spoken/written language for all formal uses.



SL Endangerment: transmission

- Transmission chain is peculiar if compared to endangered spoken languages:
 - -Children acquire a SL that their parents don't have
 - -They acquire SL mostly from non-native signers
- Transmission disrupted by factors other than shift to majority language (indirectly, rather).
- SL acquisition for the majority of Deaf signers:
 - -At school
 - -In the Deaf community

SL Endangerment: external attitudes

- Associated with disability → SL typically relegated to accessibility policies, not to language policies. E.g. albeit oficial, Peruvian SL not included in the Indigenous Language Act (Ministry of Culture), assigned to Ministry for Women and Vulnerable Populations.
- SLs denied the status of natural languages till recently. Countered by empowerment of Deaf communities and scientific research.



SL Endangerment: internal attitudes

- Conflicting attitudes of deaf citizens:
 - -Oralists: spoken language as the only way to integration in mainstream society (assimilation)
 - -SL users: signing as part of Deaf identity (linguistic and cultural identity)

SL Variation



- Dialectal variation: impact of schooling and Deaf clubs
- Variation due to age, gender, ethnic background
- Register variation
- Diachronic variation
- Different levels of variation:
 - -Lexical
 - -Phonological
 - -Morphological
 - -Syntactic

SL Variation



- Minorities within the Deaf community:
 - Black & Deaf
 - Homosexual & Deaf
 - Blind & Deaf
 - Hard of hearing
 - Children of Deaf adults (CODAs)

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- Children and adults with Cochlear Implants



SL Variation and standardization

- Language policies aimed at changing language use and status through intervention.
- Soft, spontaneous or indirect standardization: establishment of a "standard" for practical reasons (grassroots dictionaries, Deaf education, interpreting, SL use in media, creation of teaching materials).



SL Variation and standardization

- Official or institutional standardization: direct intervention by some authorized body.
- Normally targets formal uses (L1 and L2 education, interpreter training, etc.).
- It also addresses the need for creation of novel terminology.
- It typically affects the lexicon.



SL Variation and standardization

- Standardization can trigger rejection by the signing community (imposition from above, by hearing body or specialists).
- It should try to respect the existing variation, without aiming at reducing it.
- Based on good knowledge of the lexicon and the grammar of the language and the existing variation.
- Participative process with engagement of the community.



Concluding remarks

- Individual signers are diverse in terms of their language competence.
- Signing communities present variation, as is common in minority/minorized languages, but not only.
 There usually is no established standard variety.
- Accessibility measures should take into account this complexity when making choices.





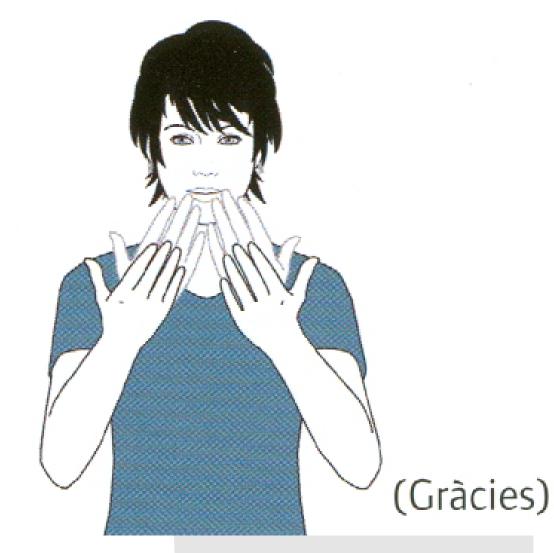








Thanks for your attention!



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