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Growing up deaf in Ireland

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M. Phil. in Applied Linguistics

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But I shall let the little I have learnt go forth into the day

in order that someone better than I may guess the truth,

and in his work may prove and rebuke my error.

At this I shall rejoice that I was yet a cause

whereby such truth has come to light.

Albert Dürer

ABSTRACT

The aim of this dissertation is to describe my own linguistic experience at school and by doing so provide a general understanding of the linguistic experience of Irish Deaf children during the period that oral education was introduced into Irish schools for deaf children.

The dissertation is divided into five chapters. In the first chapter, I argue that the medical view has been the dominant view and that oralist theory and practice is based on a view of this kind. I argue that in a cultural understanding of deafness,an educational programme is bilingual; it includes the language of hearing society but gives the key role to sign language.

Chapter 2 describes developments in the teaching of language to deaf people. The teaching of language to deaf people began with the view that it was possible for them to learn and that vision and writing could be substituted for hearing and speech. In the early years of the 19th century the dominance of signing was due to the influence of de l'Epee in promoting public education for deaf children. By the end of the century, a powerful movement to assimilate deaf people into hearing society had developed.

Chapter 3 describes the development of oralism in Ireland in the late 1940s and early 1950s. In oralist theory and practice, language meant spoken language and signs were regarded as a barrier to the acquisition of oral skills. As a result segregation became a characteristic feature of Irish schools - segregation or oral pupils from pupils who were taught signs and segregation of hard-of-hearing pupils from deaf pupils.

Chapter 4 examines oralist theory and practice in some detail through an analysis of my own school experience of oralist education. The complex process of education was reduced to speech training. The development of intellectural social and moral abilities became subordinate to auditory training and the production of speech sounds. Oralist practice left a void that deaf pupils filled by communicating in sign language among ourselves. Although we did not have access to signing models during our early years, by the time we entered secondary school we were fluent signers within our own school community.

Chapter five contains the general summary and conclusions of the study.

ACKNOWLEDGEMENTS

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INTRODUCTION

The late 1940s and early 1950s were a critical period in the education of deaf children in Ireland. The first schools for deaf children were established at the beginning of the 19th century. For more than a hundred years signing was the main method of communication, learning and teaching in the classroom. During the late 40s and early 1950s a very different method of communication and instruction began to be used in the schools. This approach came to be known as oralism. Oralism emphasised speech and speech-reading and the use of microphones and hearing aids. All forms of signing were banned both in and outside the classroom.

The oral approach was developed by educators who were hearing. Although many had close contact with Deaf communities, their concern was mainly paternalistic. There was no place for Deaf people as teachers, advisers or role-models in the oral approach. Many advocates of oralism were also familiar with signing but would not permit it to be used in the classroom. They did not accept that the primary language of the Deaf community was a 'real' language.

Most of the accounts of the educational and linguistic experiences of deaf children have been written from the point of view of hearing educators, researchers and administrators. This study sets out to present an alternative perspective and an attempt to challenge the theory and practice of oralism based on two major developments; firstly, linguistic research has established that sign languages are natural languages, and as such, sign language constitutes the primary means by which deaf children can learn in school and any approach that ignores the role of sign language creates major obstacles to progress and achievement in education. Secondly, individual accounts from deaf people themselves provide crucial information about what the experience of education was really like. These accounts have been excluded from the oralist perspective and the main purpose of this dissertation is to rectify this omission.

Since we now know so much about sign languages, (for example, in relation to British Sign Language see Kyle and Woll 1985, Brennan 1990 and 1992; for American Sign Language see Liddell 1980; Lucas and Valli 1992; for Irish Sign Language see Mc Donnell 1996), it is extraordinary that educational institutions have not incorporated this research in their school and teacher training programmes.

Chapter 1

Background to the Study

1.1 Reason for the Study

I undertook this study firstly, to describe my linguistic experiences during my school years and, secondly to try to establish a general understanding of the linguistic experience of Irish Deaf children in education in the 1950 - 1964.

We have many accounts and descriptions of oralism from a hearing perspective. A former President of the World Federation of the Deaf, Dr. Yerker Andersson (1990a) has deplored the limited knowledge of deaf people possessed by hearing authors who write on deaf issues. He argues that there is a great need to describe what education was like from the point of view of Deaf people. He proposes that Deaf people should describe their own educational and linguistic experiences. This argument has inspired me to write this dissertation . A Deaf perspective gives an alternative account of the education of Deaf children, very different from the accounts found in official reports and in texts used in teacher training. It also provides important insights into issues of power and control in education and even into the meaning of deafness.

1.2 Deaf or Hearing Impaired: What does Deafness Mean?

There are two main discourses on deafness in society. The dominant discourse is based on an understanding of deafness as a medical or clinical problem. This view understands hearing people to be 'normal' and Deaf people to be 'handicapped' This perspective is expressed in the title and recommendations of the main official document dealing with the education of deaf children in Ireland (*The Education of Children who are Hearing Impaired,* 1972). Deafness is defined only as a matter of being partially or totally unable to hear. Theory and practice in education and in other social services in Ireland have generally accepted this view of deafness. A medical model`of deafness assumes that the individual has a 'deficit' or a 'problem'. Great

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efforts are made to 'cure' or 'fix' Deaf people so that they will be able to 'overcome their problem' and be assimilated into hearing society. In the medical model, all experts are hearing; Deaf people themselves are usually excluded from significant roles in education and other services (Mc Donnell 1993; Lane 1992; Brien 1992).

Oliver (1983) distinguishes between impairment and disability. He defines impairment as 'individual limitation' and disability as 'socially imposed restriction'. Deafness is an impairment but the suppression of access to sign langauge for example, is one of the factors that creates the disability - a social determined disability state Thus, disability arises out of an intepretation and response of society to an impairment. Interpretation and responses of a particular kind (for example, exclusively oral education and the suppression of sign language) actually place deaf people at a disadvantage and create the disability.

In the medical model of deafness the generic term 'hearing impaired' is used to refer to all deaf individuals regardless of the degree of deafness or the family background (Tucker 1995:55). The term 'hearing impaired' is fairly new. It came into general use in education in Ireland during the post-war period to replace terms such as 'deaf and dumb' and 'deaf mute'. Teachers and other professionals felt that 'hearing impaired' was a more accurate term for the new oralist methodology that was being developed. It was also argued that the older terms had negative connotations of heedlesssness, stupidity and ignorance.

Another important term linked to the medical model is 'residual hearing' which refers to the hearing which oralists claim can become functionally useful with sound perception training and amplification through hearing-aids. However, speech consists of a relatively narrow range of pitches, mostly between 300 and 4000 cycles per second and the value of residual hearing depends, in part upon a combination of loudness and pitch - the loudness required before the sound can be heard by the child

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and the pitch ranges (cycles per second) the child can hear. Therefore, the potential for learning speech through residual hearing may be non-existent or it may be excellent. Interpretations concerning the significance of residual hearing in relation to speech should be given conservatively. Unfortunately, they are generally too optimistic; and if the successful development of speech skills is limited at first this is assumed to be "a transitional stage" (Ewing and Ewing 1964:7).

The second discourse regarding deafness has developed more recently. Since the early 1960s studies of sign languages and Deaf communities have changed our understanding of deafness. They have led to a socio-cultural model of deafness. In this model, the term 'Deaf' has a positive value. A 'Deaf' person does not have a'deficient' or 'impaired' identity. This model shows that the 'disability' or the 'problem' is not really located in the deaf individual. The real problems are to be found in the way that society interprets and responds to deafness. According to this socio-cultural model of deafness, for example, low levels of achievement are not attributed to 'hearing impairment'. They are due to social and political issues such as the exclusion of sign language from the schools, inaccessible curricula, unsuitable methods of teaching and the absence of Deaf teachers.

A socio-cultural model of deafness defines sign language and deaf culture as a normal aspect of human difference. The problems that Deaf people experience are not to be found in their ears but in the structures and responses of society. Deafness is accepted as a normal variation in human diversity. In many recent studies of sign languages and Deaf communities a socio-cultural understanding of deafness is shown by the use of an upper-case 'D' when referring to Deaf people or Deaf communities. When the lower-case 'd' is used it is generally used to refer to a physical disability and to refer to individuals who are not members of a Deaf community. 'Deaf' refers to a cultural difference and denotes deafness as a cultural trait; 'deaf' refers to an impairment. The first indicates commitment, the second indicates circumstance.

Deaf people have been given many labels, created mostly by the medical profession. Andersson (1990b) states that the creation of new terms or categories, such as 'hearing impaired' or 'prelingually deaf' has brought no advantages to Deaf people and has been adopted mainly for political and administrative purposes. In fact, Deaf people in most countries have rejected the term ' hearing impaired' since it implies that there is something defective about the person. Deaf people regard themselves as members of a distinctive community.

1.3 Language and the Acquisition of Language

Chomsky argues that human beings are born with a mental structure already in place and that part of this mental structure is language-specific in nature (Parker and Riley 1994:208). Chomsky based his argument on the acquisition of spoken language. Research in the acquisition of sign languages (Newport and Meier 1985; Wilbur 1987) suggests that Chomsky's argument applies equally to children who are exposed to language in a very different modality and both deaf and hearing children have similar capacities for language.

One of the difficulties in discussing sign language acquisition is the scarcity of research. Only recently have sign languages come to be classified as natural languages. A good deal of information is available about processes of speech and hearing. By comparison, there is little information about the visual and motor processes that relate to sign languages (Stokoe 1983: 266).

However, some acquisition studies have been carried out and these show some interesting findings. (Lane Hoffmeister and Bahan.: 48) gives the following outline in the acquisition of American Sign Language:

07 - 10 months   babbling

12 - 18 months   first-sign stage

18 - 22 months   two-sign stage

22 - 36 months   stage of word modification and rules for sentences.

During the babbling period, infants acquiring sign language babble prior to the time of producing their first lexical items.

There is some evidence that sign language vocabulary grows faster than vocabulary in spoken language. One study showed a deaf child used eighty-five signs at thirteen months. (Bonvillian, Orlansky and Folven 1994; Lane et al.:1996). Hearing children at that age are usually just acquiring their first few words The reason for this difference may be that visual and gestural data provide a very accessible means of communication for very young children. The communication mechanism is directly visible to both child and parents.

The acquisition process is quite different for deaf children of hearing parents who would not have experienced deafness and who are not signers. Deafness is not usually noticed until the child is between 9 - 15 months. This usually happens in the local health clinic where motor and sensory development tests are done.

When deafness is identified the child is referred to the National Rehabilitation Board (NRB) and further tests are carried out. The child is then fitted with a hearing aid and arrangements are made for a visiting teacher.

From age two to four or five years, school-going age, the parents will be advised not to sign to the child. They will be informed that signing will hinder the acquisition of speech skills. In fact, language will be equated with speech. Hearing-aids and perhaps cochlear implantation will be emphasised and speech will be taught. Deaf children of hearing parents will begin to gesture spontaneously to members of their families or to each other. "Their gestures are idosyncratic, reflecting salient features of their

environment. Thus the gesture signifying father may touch the chin if father has a beard" (Lane et al. 1996: 48). Deaf children of hearing parents first produce one gesture at a time. They then begin to combine gestures to produce two-gesture utterances (Goldin-Meadow and Feldman 1975) and this forms the basis of a communiciation system. Some researchers argue that this is an early linguistic system while others claim that it cannot develop into a real linguistic system. For further discussion on this issue see 4.6.

Traditionally, schools for deaf children have been places where sign language is transmitted. There, deaf children of hearing parents meet older deaf children who use sign language as well as younger deaf children who have acquired sign language at home. At school the teaching of spoken language (oralism) occupies the greater part of the curriculum and some of the language learned in this way becomes incorporated into the sign language of the school. However, sign language is transmitted among the children as they communicate with one another, mainly as an extra-curricula activity.

There is as yet no data describing the acquisition of Irish Sign Language among deaf children in Ireland. Most research in the field of language and deaf children has been 'deficiency' research (Moores 1987). Such studies are based on a pathological rather than a cultural view of deafness and they are mostly concerned with the hearing abilities, the speaking abilities and the speech-reading abilities of deaf children What has not been studied is the normal interaction of deaf people among themselves (Maxwell 1985:97).

Because most deaf children are born to hearing parents only a few deaf children have access to adults' signing models. The pre-school guidance services do not make any arrangements regarding access to Irish Sign Language. When the time comes for the child to go to school, Irish Sign Language is not taught in the classroom. Deaf children will be taught English, the dominant language. However, the children will begin to

acquire Sign Language from other deaf children in the school.

1.4 ' Normal' Language

The medical model of deafness has important consequences for the language curriculum in schools. Since hearing is accepted as the only norm, it follows that spoken language is also assumed to be the only norm. In most of the textbooks and official reports of the period in which oralism developed in Ireland, language became synonymous with speech.

As we saw in the previous section, the domaint view has been to see deafness as a medical / clinical problem. The hearing world is taken to be the norm. Since the hearing world is accepted as the norm, it is assumed that Deaf people have to be assimilated into this world (*The Education of Children who are Handicapped by Impaired Hearing*, 1972). In the same way, since spoken language is assumed to be the normal form of language, in schools and classes for deaf children in Ireland the language of the classroom is English. When pupils are being assessed in language, only their proficiency in English is being measured. Irish Sign language is given no role in the education of deaf children and is not recognised as the primary and preferred language of deaf people.

Jacobs (1989:6) argues that in its responses society has focused much more on the 'problem of deafness' and less on deaf persons as individuals. Thus, the primary concern had been to 'conquer' deafness by attempting to 'normalise' deaf youngsters so that they can 'speak and listen' like hearing children. These efforts have failed dismally and have been made at the expense of the children's many other needs (Lane 1992) Deaf people have been regarded "more like case studies than as human beings" (ibid. p.6).

A recent experience of my own illustrates this attitude very clearly. In March 1997, I

tried to get a copy of my ten year old audiogram from the National Rehabilitation Board (NRB) where I went for a test for my first new ear-level aid which was newly available in the 1980's The audiogram was on the desk of the audiologist. but could not be handed over until my request was first approved by the medical officer. In addition, the audiologist, whom I could lip-read, scolded me for not wearing hearing aids and said that my speech would have improved, also that my lipreading and voice would have improved if I had worn them all the time and that I should be ashamed of myself. I responded by explaining in writing that it was my choice and that I did not recognise the spoken words said nor could I hear anyone calling me nor a knock on the door. My response was completely ignored. It is astonishing that information based on the individual's personal experience of hearing aids is not considered to be worthwhile or useful.

Lane, Hoffmeister and Bahan (1996:370) argue that, historically, the drive to cure deafness has much to do with an assumption that the defining characteristic of human beings is their ability to speak; those who do not speak are considered to be not fully human. If such attitudes exist nowadays, they are not usually articulated. A more likely justification for intervention is 'This is a hearing world'. But of course there is a Deaf world too. So we must ask, who seeks to override the judgement of Deaf people about their own best interests and why do they do it? To many hearing people it seems obvious that it is better to be hearing than Deaf. This view expresses only a negative understanding of deafness; it considers only the things that are absent.

1.5 Classification of Deafness

The dominant response to deafness in Irish society is an understanding of deafness as a medical and audiological problem. This response is most clearly evident in the educational system where placement in school and pedagogical practice is determined by medical and audiological criteria. The *Report of the Special Education Review*

Committee (1993) accepts a medical definition of deafness and classifies deafness only according to audiological criteria. The classification is as follows:

"A hearing-impaired person is one whose hearing is affected to an extent that renders the understanding of speech through the ear alone, with or without a hearing aid, difficult or impossible. There are two main types of deafness;

(a) conductive deafness caused by an obstruction or abnormality in the
    outer or middle ear

(b) sensori-neural or nerve deafness caused by an abnormality of the inner
    ear or of the auditory nerve.

Hearing is measured in terms of the minimum level of intensity, expressed in decibels, at which particular sounds can be heard. The following levels of hearing impairment have emerged as useful guidelines:

Minimum audible intensity	Level of Impairment
20 - 30 Decibels	Mildly Hard of Hearing
30 - 60 Decibels	Moderately Hard of Hearing
60 - 89 Decibels	Severely Hard of Hearing
90 - decibels or over	Profoundly Deaf"

(*Report of the Special Education Review Committee* 1993: 105).

Educational provisions for deaf children is based upon this medical definition of deafness. The educational needs and appropriate placement of deaf children are suggested as follows:

"Mildly Hard of hearing
Children who, despite a relatively slight hearing impairment, are able to make satisfactory progress in ordinary schools without special educational arrangements.

Moderately Hard of hearing

Children who, despite impaired hearing, are capable of making satisfactory progress in ordinary school provided some special educational arrangements are made for them.

Severely Hard of Hearing

Children who have considerable speech experience but are so handicapped by defective hearing that they require to be educated in small classes by a teacher of the deaf using modern electronic equipment.

Profoundly Deaf

Children with little or no residual hearing, who require to be educated in schools for the deaf by methods suitable for pupils whose speech has failed to develop spontaneously because of impaired hearing"

(Report of the Special Education Review Committee 1993: 105-106). 1993: 104 - 106).

1.6 Conclusion

To focus on deafness as an impairment, as a negative, is to look at what is not rather than what is. This has been the dominant if not the only view, both medical and social, of deafness, and as such is reflected in the education of deaf children. While this approach is changing, the change is slow and in the main language is still equated with the spoken language leaving no room for sign language. An understanding of deafness of this kind fails to acknowledge that at least three decades of research in linguistics, sociolinguistics and sociology which point to deafness as a matter of language, community and culture as well as a matter of decibels and impairment.

In the next chapter we will briefly trace the development of language teaching in the education of deaf children.

Chapter 2
Language Teaching in Deaf Education

2.1 Introduction

In this chapter we will briefly describe important developments in the teaching of language to deaf people. We will show that there is a close relationship between perception of deafness and the form taken by language programmes for deaf pupils. Studies of deaf education have traced these developments from the Renaissance period and have described the establishment of schools in Europe, America, Britain and Ireland (Berger 1972; McDonnell, P. 1979; Kyle and Woll 1985; Brien 1992; Winzer 1993; McDonnell, J. 1992).

2.2 Developments in Europe

The first known teacher of language to deaf people was a Spanish monk, Pedro Ponce de Leon (1520 - 1584). Ponce de Leon taught two deaf brothers, Francisco and Pedro de Velasco, at the Monastery of St. Bendict at Oria, near Burgos. The brothers learned to read, write and speak. There was a great emphasis on speech because speech was necessary if the children were to inherit the family title. Later, during the sixteenth century and early seventeenth century, teachers in different parts of Europe began to develop and describe methods of teaching spoken and written language to deaf pupils. Juan Martin Pablo Bonet in Spain introduced the idea that deaf children could be taught to speak by learning production of individual sounds through the senses of touch and vision; for understanding speech he advocated the use of the manual alphabet rather than speech-reading (Kaplan et al. 1985: ix).

In Britain, John Bulwer, an English physician, was influenced by the writings of Bonet. Bulwer wrote the first known English books which refer to sign language. In Chirologia (or The Natural Language of the Hand), published in 1644, we find the first descriptions of signs used by deaf people in England in the 17th century.

Bulwer described the movement of the hand as being "the only speech that is natural to man" and said that "it may be called the tongue and general language of human nature" (Berger 1972:7). In Philocophus, (or The Deafe and Dumbe Mans Friend) which appeared in 1648, Bulwer states that deaf people can express themselves by signs as hearing people do by speech (Kyle and Woll 1985: 50). Bulwer proposed "an academy for the mute" but the prevailing belief of the period was that deaf people could not be educated (Winzer 1993: 35-6).

George Dalgarno (1626-1687), a Scottish master in an Oxford grammar school became interested in teaching language to the deaf while studying the possibility of a "universal language". Dalgarno was the first to recognise a linguistic distinction between sign and spoken language. He recommended the use of dactylology (the manual alphabet) and typology (writing) as a means of communication and of teaching deaf people (Kyle and Woll 1985: 37). In his manual alphabet he depicted the letters on the fingertips and joints of the hand. The right index finger was used to point to the vowels, and the right thumb to the consonants at particular locations on the left hand (ibid. 50).

During the 18th century, Thomas Braidwood (1715 - 1806), a Scotsman, had opened a private school for the deaf pupils in Edinburgh. This school was subsequently run by three generations of his family for over half a century. The Braidwoods "were extremely secretive about their methods, the impression given at the time was that they adopted a wholly 'oral' approach, that is to say they focused on the development of speech in their pupils and taught through the medium of spoken English. However, evidence suggests that the Braidwood method actually included natural gesture, signing and finger spelling as well as spoken and written English" (Brien 1992: 4).

During the 19th century over thirty schools for the deaf were established in Britain

and it seems likely that sign language was used in many of these schools. Kyle (1985) quotes evidence to suggest that there were no purely oral deaf establishments in the Britain by the mid 1800s. The attitude to sign language must have been positive for, as Kyle and Woll (1985:56) point out "...all through the 19th century there was consistent and repeated expression of the value of signs to the mental life of deaf people". During this period also there were many Deaf teachers of deaf children.

While British teachers employed methods based on signing, a contrasting methodology developed in Europe. Johann Konrad Amman (1669 - 1724), a Swiss born writer who moved to Holland in 1689, was one of the first to recognise the distinct relationship between hearing and speech. He concluded that deaf people were mute as a result of their deafness. Amman believed that speech was a divine gift and that it was the only means for the expression of language. He was convinced of the importance of spoken language for the development of the intellect. He proposed that deaf people "could be taught to imitate sounds by means of speech-reading and watching their own movements in a mirror" (Berger 1972:10). He taught his students to feel the vibrations of the sound on his throat as he spoke. If they mispronounced a sound they were not corrected but rather were shown the written symbol for the sound that should have been made.
Although Amman did not establish a school he did lay the foundations for oralism and was very influential among his contemporaries (Winzer 1993:48).

In France the first notable teacher of the deaf was Jacob Rodriguez Pereira (1715 - 1780), who had come there from Portugal. He made primary use of a one-handed manual alphabet in his teaching. He taught in Bordeaux, and from 1750, in Paris. When his students began to make progress in their studies, Pereira gradually began to introduce speech and speech-reading with them. Like Amman he placed great importance on the development of oral language and considered it to be absolutely

necessary for the cultivation of the intellect (Winzer 1993: 48).

Charles Michel de l'Epee (1712 - 1789), a priest and lawyer, was the first to make the education of the deaf a matter of public concern. His work with the deaf began in 1755 when, during his pastoral work, he met two deaf sisters. As a result of this meeting, he opened a school in his own house. By 1785, there were seventy-two pupils in the school. De l'Epee was convinced that the signs made by the students could become the basis of a language for them.

De l'Epee's school was a radical development: for the first time a large numbers of deaf pupils were involved, the pupils were poor, and signing was the main method of instruction. He originally included the teaching of speech in his training program but because of a large increase in the number of students he found that signing was a more effective method of instruction in his school. In 1766 de l'Epee wrote: "The only serious means of giving them (the deaf) back to society is to teach them to hear with their eyes and speak with their hands". After de l'Epee's death the Abbe Sicard (1742 - 1822) continued to operate the school.

De l'Epee's methods of teaching language through signs spread through most of Europe and to America. He employed 'natural signs' (that is, the native signing of the pupils) in his teaching. However, his primary objective was to teach French. To do this he developed what he called 'methodological' or 'grammatical' signs, since he required particular kinds of signs that conformed with the grammar of spoken and written French (Berger, 1972:11). It appears that while de l'Epee recognised the value of signing as a method of teaching and learning, he did not realise that the language used by deaf people in Paris, French Sign Language, was itself a distinct language.

In Germany, de l'Epee's contemporary, Samuel Heinicke (1727 - 1790) became a

leading figure in the education of the deaf. His school, founded in Leipzig in 1778, was the first public school for the deaf to be established in Germany. For Heinicke, who became known as the father of the German oral method, there could be no compromise between speech and signing. He believed that spoken language was essential for thought. "(H)uman thought is impossible ... by gesture ... but most assuredly by the spoken word only" (quoted in Winzer 1993: 55). Heinicke's method of teaching involved three stages: firstly, the articulation of words with functional meaning, then taking the words apart into syllables, and finally taking the words apart into letters.

Another very influential German educator of the deaf was Friedrich Moritz Hill (1805 - 1874), a native of Breslau and a student of Pestalozzi. His approach to speech and language teaching differed from that of even the most ardent oralists, who still used the grammatical method of teaching language. According to Hill, "deaf children should be taught language in the same way that hearing children learn it, by constant use, associated with the proper objects and actions; speech must be the basic of all language; and speech must be used from the beginning as a basis for teaching and communication" (Berger 1972:11). Hill, however, did not forbid the use of signing in the classroom.

2.3 Developments in America

In the United States, the earliest methods of deaf education established were sign language and finger spelling. At the beginning of the nineteenth century, Thomas Hopkins Gallaudet (1787 - 1851) became interested in the education of deaf children when the daughter of Mason Fitch Cogswell, a doctor in Hartford, acquired deafness at the age of two. Gallaudet began teaching her language by associating an object with written word, following this up with other words so that her vocabulary grew rapidly. In 1815, Cogswell and his associates decided to send "a competent person overseas to learn European methods of educating the deaf"

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(Lane, 1984:184). Gallaudet was selected. Among the schools he visited was a Braidwood school which at this time was located in London. Gallaudet then went to France where he studied in Abbe Sicard's school. Laurent Clerc, a deaf teacher in the Paris school, offered to help Gallaudet and after fourteen weeks training he returned to America with Clerc and in 1817 they open the first school for the deaf in the United States at Hartford, Connecticut.

In the fifty years after 1817 twenty-four institutions for deaf pupils were established. All looked to the Hartford school for guidance and advice and to Gallaudet as the leader in the field (Winzer 1993: 104). Teaching and learning in these schools was conducted through sign language and many of the teachers were themselves deaf (Lane 1984: 251). However, by the middle of the nineteenth century, the communication methods controversy, which had started in Europe between de l'Epee and Heinicke, spread to the United States.

During the second half of the 19th century, the education of deaf children began to change dramatically. With the Congress of Milan in 1880, educators rejected the use of signing and demanded the implementation of oral methods within deaf education. The new focus was on the development of speech and the exclusion of all forms of signing. This emphasis was reinforced in Britain by the Royal Commission report of 1889 which recommended that children should
be "taught to speak and lip-read on the pure oral system" (Brien 1992: 4). As the opposition to signing methods developed it spilled over into the curriculum, teacher training and the status of deaf teachers. School records from this period show that Deaf teachers were removed from their posts and deliberately replaced by hearing teachers who could not sign (ibid.).

In 1844 on a trip to Europe to study education methods, Horace Mann, secretary of the Massachusetts Board of Education, and Samuel Gridley Howe, the director of a

school for the the blind, toured schools for the deaf. After returning to the United States, Mann published a report which strongly criticised schools for the deaf in America and their teaching methods. Following this report both Mann and Howe expressed consistent and public opposition to signing and stressed the apparent advantages of oralism. The agitation for an oral school appealed particularly to middle-class parents who wanted their deaf children to acquire the appropriate social graces which could only be done if they mixed with other pupils of their own class (Winzer 1993: 126-7).

In 1867 the Clarke school for the deaf was opened in Northampton, Massachusetts, using an oral approach. This was followed by the opening of an oral day school in Boston in 1869 which became known as the Horace Mann School for the Deaf in 1877. In 1872 Alexander Graham Bell, one of the most influential commentators on special education, started a training course for teachers of the deaf in Boston. Bell was a strong advocate of oral deaf education and believed that deaf children should be educated only through speech and speech-reading. He also believed that education should take place in day schools where the formation of deaf communities would be prevented and the possibility of marriage of deaf people with deaf people would be reduced.

Oralist theory and practice rapidly came to dominate the field. By 1882, nine percent of American deaf children were being taught by oral methods; ten years later the proportion was almost fifty percent (Winzer 1993: 129). The numbers of deaf teachers fell. In the middle of the 19th century almost half the teachers of deaf students were deaf themselves; by the end of the century the proportion had fallen to a fifth (ibid. 245-6).

2.4 Developments in Ireland, 1814 - 1947

The first school for deaf children in Ireland was established by Charles Orpen (Mc

Donnell, 1979). Orpen, who had qualified as a doctor, went on a tour of various institutions in England in 1814. While he was there he met a Dr. de Lys in Birmingham. De Lys told him about a school for the deaf that had been recently established there. Orpen thought that he "might at some future time be able to apply the same means to the same end for the good of my country" (Orpen 1826: 6).

Two years later, Orpen put his idea into operation. He found a deaf boy, Thomas Collins, at the House of Industry in Dublin and over a period of three or four months set out to teach him sounds, syllables, words and sentences written in English. After a fund-raising exhibition, the first school for the deaf opened with eight deaf pupils in the Smithfield penitentiary in Dublin and was known as the National Institution for the Education of Deaf and Dumb Children of the Poor in Ireland. Two years later the school moved to premises in Brunswick Street. In August 1819, another move was made to Claremont in Glasnevin, where the school remained for the next one hundred and thirty years.

In 1822 another school for the deaf was set up in Cork by a physician, Dr. Patrick Kehoe, to educate about 30 pupils, "many of whom he saw frequenting the sacraments" (Centenary Record 1957: 20). The methods of teaching used in this school are not known.

The Cabra schools were established when it was claimed that a number of deaf boys and girls from Catholic families attended the Protestant-run Claremont school (the National Institution). There were accusations of "wholesale proselytism" and as a result the first moves were made in 1846 to found a Catholic institution. A priest, Thomas Mc Namara, visited the Institution of Le Bon Sauveur in Caen in Normandy. He wrote that he "...visited...the Institution for the Deaf and Dumb; and having assisted at some of the exercises of the pupils, I said to myself, 'This is a work much needed in Ireland' " (quoted in Mc Donnell 1979).

Later two Dominican nuns, M. Vincent and M. Magdalen Farrell and two young girls from Dublin, Agnes Beedem and Mary Anne Dogherty were sent to Caen for six months to be instructed in the system of teaching used by the Abbe Jamet. This system had been originally developed by de l'Epee in the late 1700s in the National Institute for Deaf-Mutes in Paris (Nicholas, 1979). The nuns and deaf girls would have "an opportunity of reducing to practice the education they themselves would receive" (1st Annual Report Cath. Institution 1846: 14-15, quoted in Mc Donnell 1993: x).

This teaching system became one of the foundations stones of pedagogical practice in Ireland for the next hundred years. The language programme was closely modelled on the Caen system. Within a short time, however, problems arose in teaching English language structures using a signing system that was based on French grammar. Fr. Mc Namara approached another priest, John Burke, a fluent French speaker, for help. Burke had been appointed Chaplain to St. Mary's in 1851. He studied the work of de l'Epee and Sicard and used their ideas in revising the Caen system. Eventually, he produced "a method and a set of principles which were used and with considerable success in Cabra" (Broderick and Duggan 1996: 19). The approach was described as "manual pronunciation of words" adapted to English syntax (Griffey 1994:23).

Throughout the 19th century the principal emphasis in the Cabra school curriculum was on literacy (LeMaster 1990: 74). Since oralism was not then a part of the school curriculum, written English became the principal means of communication between deaf and hearing people, and signing was the principal means of instruction in the school. English language instruction began on the child's first day at school. Children were taught to associate a sign with a picture of the object it referred to, or with the actual object itself in order to learn English vocabulary. For example, children were taught to associate the sign CAT with a drawing of a cat. Signs were

then combined into simple sentences, and in this way more and more complex English grammatical structures were gradually developed (Br. Fitzgerald, personal communication, quoted in Le Master 1990: 75).

The teachers were concerned with adapting general teaching strategies to the particular needs of deaf children. For example, a series of language charts was developed to teach distinctions in English grammar (e.g. 'in' versus 'into'). The following illustration is intended to show the difference between 'in' and 'into' through pictures of a dog in, and a dog going into a kennel (LeMaster 1990: 75).

Figure 4 (after Le Master 1990: 76)

By using such visual examples, written English was made more accessible to deaf children. This language teaching method was devised by a Christian Brother, M. Reddington. The charts were hand-painted by a deaf artist, Thomas Mahon, who was a past pupil of Cabra and a teacher in the school. He drew an entire series of these charts designed to illustrate particular grammatical categories:-

- "A" charts contained the manual alphabet and a few signs.
- "B" charts contained nouns: there were seven charts with 120 nouns on each.
- "C" charts were made of contrasting adjectives in pairs, such as good / bad, young / old, rich / poor, and so on.
- "D" charts depicted both regular and irregular verbs.
- "H" charts illustrated prepositions (as shown in the illustration above).

There were other charts as well, dealing with topics such as geography and time.

Children were first taught to spell the words and then were taught the corresponding signs. Next they were given examples of English sentences, employing vocabulary from the charts). which were presented in writing and in sign. Progressively more complex sentences were used as the children's vocabulary grew. There was a programme for each class that had to be followed and mastered by the students before they were allowed to advance to the next level.

The Cabra schools were innovators in the teaching of English to deaf children. They developed a series of English textbooks which were specifically designed for the needs of deaf children. One of the advantages of these books was the inclusion of deaf people in the texts. It is reasonable to assume that this had the effect of making the English language relevant to the deaf students. At a subtle level, the inclusion of deaf people in these examples must have suggested to deaf children that the English language was not just a language for hearing people, but that it was also their language, (LeMaster 1990:77).

The following example is taken from one of the textbooks: (Elementary Lessons for the Deaf and Dumb 1877:49)

Lesson 102 : Exercises on the Past Tense

Joseph C. swept the school this morning.

Joseph C. broke a slate yesterday.

The boys ate meat last Sunday.

A dog followed Thomas last Friday.

William M. mocked Thomas F. this morning.

John E. wrote a letter yesterday

The baker made bread last Monday.

Deaf pupils also had the benefit of adult deaf role models working at their schools in varying capacities, as teachers, cooks, and in other staff positions. The underlying point of deaf people's inclusion in their own textbooks is that deaf children learned that they were a part of a greater society that used the English language. Therefore, written English also became the language of deaf people.

2.5 Conclusion

This brief history of communication and language teaching with the deaf in Europe, the United States, Britain and Ireland may make it appear as though educational methodology had a gradual and smooth development. However, until the nineteenth century very few deaf children went to school. Those who did were the children of wealthy parents who could afford to pay for private tuition.

As far back as the early seventeenth century, papers presented to members of the Royal Society, suggested methods of educating the deaf that were systematic and rule-driven and that relied heavily on memorisation (Anderson 1993:5). In the eighteenth century, educators like Heinicke, de l'Epee, Sicard, and Clerc also examined various ways of presenting language principles and structures to their deaf charges in a coherent fashion. Like most linguistic scholars of the period, they based their approaches on vocabulary acquisition and the memorisation of common grammatical structures. They encouraged deaf students to learn long lists of words belonging to various 'classes' or 'types' - nouns, verbs, adjectives, adverbs, and

prepositions. And, as a way to foster an understanding of the way rules govern language, they instructed their students to select appropriate words from these lists to exchange with those from the corresponding 'classes' found in simple demonstration sentences.

Quigley and Paul (1984:21) succinctly summarise the history of language education for deaf pupils when they say, "In spite of almost 200 years of effort in the United States and more than 300 in Europe, only limited success has been achieved in developing language in deaf children to the extent where it serves as an adequate vehicle for educational development". Here, of course, Quigley and Paul are referring to spoken language and to reading and writing that language.

Yet it is difficult to fault either instructor or institution, given the amount of energy or number or resources that have been allocated to the education of the deaf (Anderson 1993:16). The problem is one of understanding rather than resources. Few hearing policy-makers understand the demands that deafness imposes on individuals in an oral environment. As Kathryn Meadow(1980:17) asserts, "The basic deprivation of profound congenital deafness is not the deprivation of sound, it is the deprivation of language." Again, this is a reference to spoken languge so perhaps this final point can be put more accurately as a deprivation of *access* to language.

In the next chapter we describe the development of oral education in Ireland.

Chapter 3

The Development and Practice of Oralism in Ireland

3.1 Introduction

During the 19th century there was an on-going argument about methods of instruction in schools for deaf children. The arguments that took place between de l'Epee and Heinicke continued after their deaths. However, because of the influence of de l'Epee and his successor, Sicard, signing remained the dominant method during the first half of the century. Then a shift against signing developed gradually, a shift which was officially confirmed by an international congress on the education of the deaf held in Milan in 1880.

3..2 The Congress of Milan

The congress of teachers of the deaf in Milan strongly endorsed the use of oral approaches in the education of deaf students. The congress, from which most deaf educators were excluded, elected a fierce opponent of signing as its president, an Italian priest named Giulio Tarra. The president argued that "oral speech is the sole power that can rekindle that light God breathed into man when, giving him a soul in corporal body, he gave him also a means of understanding, of conceiving and of expressing himself ... While, on the one hand, mimic signs enhance and glorify fantasy and all the faculties of the sense of imagination. The fantastic language of signs exalts the sense and foments the passions, whereas speech elevates the mind much more naturally, with calm, prudence and truth" (Lane 1992: 114-115).

After Milan, deaf schools in most countries of Europe and in North America adopted a policy of oral education (ibid: 115). As a result signing was excluded from the curriculum and practice of the schools. Deaf teachers were dismissed from school staffs and were replaced by hearing teachers who did not know how to sign. St. Mary's school in Cabra, however, continued to follow a manual approach to

language development for more than sixty years after Milan.

3.3 The Development of Oral Education in Ireland

The first steps in the development of an oralist approach in Ireland were taken in the late 1940s. The name 'St. Mary's Institution for the Deaf and Dumb' was changed to St. Mary's School for Deaf Girls around 1945 and a new programme of training was initiated for teachers in the school in 1946. This programme involved training in the use of oral / auditory methods in the education of deaf pupils and was based in Manchester University. The first Irish participants in the course went on a tour of schools for the deaf and audiology clinics in England and Scotland. All these schools were using oral methods except for Donaldson's School in Edinburgh which had two classes called 'oral failures' in which sign language and finger spelling were used. The tour reinforced the decision of the school authorities to introduce the oral methods in St. Mary's (Griffey 1994).

The first oral class was set up in 1947 with a group of four to seven year old children. Members of the department of Audiology and Education of the Deaf at Manchester visited St. Mary's that year to advise on procedures necessary for establishing the oral pedagogy in the school. A report of the visit highlighted the achievements: "We were delighted with the beginning in speech and lip-reading already made by the youngest pupils. In the junior and higher classes we were impressed by the evidence of thorough, systematic and co-ordinated teaching. The written language and reading attainment of the pupils reaches a high standard" (Griffey 1994: 41).

With the need for further training and development in oral methods it was ironic that two nuns should have visited Caen in 1951. In doing so they retraced the earlier steps of the other two nuns who had travelled there in 1846 to study manual methods (Broderick and Duggan 1996). The Bon Sauveur school at Caen had also

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changed from manual to the oral methods. There the children were now taught speech and speechreading (Griffey1994: 46-47). By 1952 St. Mary's school was acquiring a reputation outside Ireland and many visitors were coming to study the "Cabra Method".

Another influential link in the development of oral education at St. Mary's was established in 1953. This was the link with a school for deaf children at St Michelsgestel in the Netherlands. An important figure there was Fr. Anthony van Uden, who believed that the development of a sense of rhythm in deaf children would benefit their speech, language and speech-reading. Van Uden advocated a sound perception training programme which involved a development of sound awareness, firstly by contact-feeling and then by resonance-feeling. He also believed that deaf children should follow a programme that mirrored normal language development patterns with emphasis on conversation which was meaningful to the child. He called this the 'Maternal Reflective Method' (Griffey 1994: 25) and claimed that this approach avoided the artificiality of analytic methods which emphasised drill practice in teaching set sentence patterns (van Uden 1970).

One of the most significant features of van Uden's approach, however, was his vehement opposition to signing of any kind. He argued that it was 'more human' to communicate by speech (ibid.) and that sign languages did not have phonological, morphological or syntactic structures (van Uden 1986). Thus, oralist theory and practice in St. Mary's school included a very strong anti-signing bias and every effort was made to eradicate signing among the pupils. Many different strategies were used to prevent the pupils from acquiring and using signs (McDonnell and Saunders 1993: 256).

3.4 The Cabra Method

The Cabra school believed that the best results in oral education would be achieved

if the pupils who were following a strictly oral programme were segregated from pupils who were following the manual system (Griffey 1994: 25). Segregation became a distinguishing feature of the school (Mc Donnell 1992). In St. Mary's, pupils began to be segregated in two main ways: pupils who were taught signs were segregated from the rest of the school and pupils who were deaf were segregated from those who were hard-of-hearing.

The argument for segregation was based on a belief that the mode of communication affected the pupils' linguistic achievement. Deaf and hard of hearing children were placed in separate classes because it was felt that the achievements of hard of hearing pupils "... would be seriously jeopardised were they to receive their early education in association with children who have no naturally acquired speech" (*The Education of Children who are Handicapped by Impaired Hearing* 1972: 6.46). Likewise, the practice of segregating pupils taught through oral communication from pupils who are taught through signs was based on the claim that "... children who are taught by oral methods only do not make adequate progress if they continue to associate, in or out of school, with children using manual media" (ibid.: 6.13).

These views did not have a sound basis in research. No evidence, other than personal opinion, was advanced to support the argument for segregation of pupils and thus, the oralist programme was based more on ideology than on reason.(ibid.) A powerful underlying belief, as we have observed, was that speech made the individual 'more human' and that sign language was 'concrete' and 'ungrammatical'. It was assumed that access to signing would impede the acquisition of skills in spoken language. In fact a substantial number of later studies showed that the knowledge and use of signs by pupils benefited, rather than hindered, the acquisition of such skills (Mc Donnell 1992: 6).

Oralism received an official stamp of approval with the publication of the first Irish

report on the education of deaf children The *Education of Children Who are Handicapped by Impaired Hearing* (1972). The report argued that oral schooling "... enables the deaf child to take his place in the hearing world which is richer in cultural, social and economic experiences and opportunities than the silent world of the deaf" (6.5). In education then "... the central task ... must be to enable him (i.e. the deaf child) master the linguistic skills necessary for efficient communication with others in the environment" (6.3). The linguistic skills intended here were those related to spoken language. Underlying these aims was the assumption that sign language was not a language and that deaf children were linguistically proficient only to the extent that they were proficient in English. It was assumed that the primary language of the children was or would be English.

To be effective, however, language teaching must begin with what children know and not with what they don't know. In other words, language teaching must be learner-centred. Any approach to language instruction that overlooks this point will be deficient and the progress of learners will be correspondingly impoverished. Speech and hearing are natural channels of communication for people who have normal hearing but not for deaf people. The oralist approach to teaching language made four important assumptions about the outcomes of such a programme. These assumptions were based on a medical model of deafness and therefore must be questioned.

Firstly, oralists assume that *the deaf child would be able to acquire spoken language skills sufficient for the conduct of everyday interactions with hearing people*. Oral skills can be divided into two parts: speech, the expressive part, and residual auditory perception with speech-reading, the receptive part. To develop intelligible speech, a person continually monitors for features such as volume, pitch and tone. The voice is adjusted for different situations. However, without hearing, or even with some residual hearing, this 'monitoring' cannot occur. Consequently, even Deaf

people with good proficiency in English experience difficulty in having themselves understood by ordinary listeners (Health of School Child 1962 and 1963; Conrad 1979; Commission of the the European Communities 1979).

In oral schools deaf pupils will accept the optimistic and misleading assessments of their speech efforts but can be bitterly disappointed by real life experience. As one pupil put it: "Teachers kept telling our speech was good. I believed speech was very important and I did my best but when I went home nobody could understand me" (McDonnell and Saunders 1993: 257).

Secondly, it is assumed that *an oralist programme will facilitate the integration of deaf children into the hearing community* (Jacobs 1989: 28). Integration theory as proposed by oralists implies the complete assimilation of deaf people into hearing society. (Lane 1992). However, successful integration cannot be based upon the destruction of the language and culture of any minority group. Rather, it depends on recognising the contribution that minorities can make to society in general and on promoting access to the resources and services that society provides for its members. A policy of assimilation ignores the importance of sign language and Deaf community membership in the lives of Deaf people. A very considerable amount of research now exists which provides information about deaf communities and their culture. Significant research dealing with the grammar and structures of many sign languages is also available. A policy of assimilation also ignores the fact that in the real world Deaf people already function in two communities (Kyle and Allsop 1982) and that the problems which they experience have more to do with unequal access to educational and other services than with the absence of speech skills. The most effective integration is promoted when hearing people / children learn sign language as a second language. For deaf children there are physiological barriers to learning spoken English; in learning sign language, hearing children do not face these barriers.

Thirdly, oralists assume that *if deaf children are permitted to sign they are likely to become isolated in 'deaf ghettos'*. Deaf communities are created because people share certain values and attitudes in relation to deafness, not because their communication is oral or manual (Padden 1980). People who cannot sign do become members of a Deaf community. It is entirely natural for people with shared experiences, especially experiences of discrimination and marginalisation, to draw together. Thus, not only deaf people, but also people with disabilities, and for that matter people with particular religious, sports or academic backgrounds, come together to create communities. In fact, contrary to their teachers' expectations, deaf graduates from programmes employing oral methods become members of Deaf communities instead of integrating only into hearing communities. As Kyle and Allsop (1982) have shown, Deaf people become members of both Deaf and hearing communities because they expect and gain different things from each.

It is ironic that oral schools should express concerns about 'deaf ghettos'. In general, schools for deaf pupils in Ireland have few or no links with the adult Deaf community and exclude sign language from the curriculum. The Deaf community in Ireland is not an isolated community. It has a rich internal network as well as extensive and growing contacts at an international level. In fact it is the schools that are isolated and cut off from important sources of linguistic and cultural life; the schools are the ghettos. Schools need to take on board the views of deaf people themselves about their educational experiences.

Fourthly, oralists assume that *if deaf children acquire sign this will interfere with their ability to acquire skills in English reading and writing*. There is persistent but unfounded belief that the introduction of sign language into the classroom will interfere with the acquisition of English language skills by deaf pupils. This view is a matter of ideology rather than of fact. Many studies from as far back as the 1960s have found that early manual communication contributes to significantly better

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academic achievement and helps improve rather than hinder the development of English language skills (Jacobs: 1989). Deaf adults have been aware of this fact for a long time, but it has taken research to convince many hearing educators.

Educators have also devalued sign language as representing an inferior 'system of communication'. Through the influence of the schools and other organisations, this view has been accepted as being true. It has led to negative attitudes towards deaf people who use manual communication. It has overvalued speech and speech-reading so that the ability of some deaf people to use speech has been equated with ability and intelligence. It has reduced opportunities in education and employment for deaf pupils whose speech skills were not well developed because it was assumed that the lack of these skills indicated a lack of ability. The primacy given to the spoken word marginalises deaf individuals in ways that are not often understood, particularly by those who teach them (Anderson 1993:13).

3.5 The Consequences for Deaf People

Traditionally deaf persons were thought to be inferior to hearing population in cognitive abilities (Gregory and Hartley 1991). It was thought that since most deaf people did not have a high level of proficiency in English and since language was necessary for thought, most deaf people therefore had a 'cognitive deficit' - an inability to think, conceptualise and reason. More recently, however, numerous studies have indicated that deaf persons are comparable to the hearing population in range and distribution of intelligence (Mindel and Vernon, 1971), and in the ability to conceptualise and reason (Furth 1971).

The perception that Deaf people were intellectually inferior stems in part from a misconception about language, especially sign language. First and most important, there has been a tendency to equate 'language' with spoken language. People who are born deaf cannot hear speech and therefore have great difficulty in acquiring a

spoken language. However, if the parents of these children are deaf, the children will acquire a sign language. If the parents are hearing, and if the children go to a school for deaf pupils, the children will acquire a sign language from peers who themselves have acquired it from their parents. Until recently, sign languages were not generally recognised as natural languages and were not considered to have a significant role in the development of cognitive processes in deaf children.

Secondly, negative attitudes are often expressed about minority languages and the people who use them. These negative attitudes have been observed in areas other than deafness. Wilcox (1989)gives one example. The nineteenth-century coloniser, or the chauvinistic twentieth-century tourist may refuse to learn the 'outlandish gibberish' of the 'natives'; this is not really a language and anyway, why can't 'these people' learn a real language, like English? Languages differ and English is not the only language in the world. The dominant language cannot constitute a base for judging the 'grammaticality' or validity of any other language (ibid.: 106).

Deaf researchers and writers are now comparing the experiences of the Deaf community in the United States with those of the black population. According to Carver (1993) and Lane (1992) the hearing have tried to 'fix' the problem of deafness by experimentation and by oppressive social policies. However, the attempt to find new ways of making Deaf people 'normal' have ended in failure. Alluding to Jesse Jackson's reference to 'economic violence' as a means of denying black people access to higher living standards. Carver (1993) argues that linguistic oppression denies the deaf access to opportunities in life. The result is a deaf population with low self-esteem, a sense of inferiority and poor educational qualifications. Carver rejects the terms that the hearing have set out for the deaf to function in society. "Hearing people keep telling us that we live in a hearing world and we must learn how to live in it, but it is our world, too! To accept their terms is to make ourselves inferior" (ibid. 5)

Deaf persons whose speech is poor, or who know little or no English, are not 'language deficient'. Investigators who have used deaf subjects as 'language-less' controls in studies of cognitive ability did not, in general, take knowledge of sign language into account, and thereby invalidated their experiments. Lane (1988) concluded that the literature on the 'psychology of the deaf' is seriously flawed because tests are neither reliable nor valid. Some of the more recent research, however, especially that dealing with the linguistic structure of sign languages and with language acquisition, has been more carefully designed. These studies indicate that in acquiring sign language, for example, deaf children go through the same milestones of acquisition as hearing children do in acquiring spoken language.

3.6 Educational Achievement in Oralist Programmes

The prevailing view of deafness as a problem has had serious consequences for the school experiences of Deaf people. Although Deaf people have the same range of mental abilities as hearing people, these abilities are not shown in their school performance. Many international studies in literacy and numeracy highlight the under-achievement of deaf school children.

In general, studies of speech production and speech reception among deaf students show that very few attain a proficiency similar to that of their hearing peers (McDonnell 1992: 45-8). In one large scale study of 600 deaf school leavers in England and Wales, Conrad (1979) reported that over sixty percent had unintelligible speech. Conrad (1977a) also reported that the speech-reading of deaf students after twelve years of training was no better than the speech-reading of hearing individuals who were deprived of sound for the experiment.

Johnson, Liddell and Erting (1989: 4) state that "competent lip-reading requires prior knowledge of the language and being able to use that knowledge (and partial hearing) to supply missing information. Thus, it is impossible to speech-read English

well without first knowing the structure of English - to determine, for example, the probability that a given word will precede or follow another word (Wilcox 1989: 107). "Furthermore, even the best speech-readers can only read about forty percent of what a speaker is saying; they fill in the rest from their experience and their knowledge of English, if they can" (ibid.). In speech-reading there is no indication of word boundaries, certain sound units are not visibly articulated; others are indistinguishable from each other (/b/ and /p/, for example; in general, too much information is lost. If this looks like a vicious circle, it probably is, and it helps to explain the many 'errors' and non-standard constructions in the English produced by deaf students and adults. (ibid.). Charrow (1973) states that only ten percent of all speech sounds can be read from the lips of English speakers and so cannot learn syntax from lip-reading. Rosenthal (1973) cities that lip-reading is ninety percent guesswork" and not simply a physical operation in which the eye has learnt to interpret for the ear, it is also an intellectual exercise. With regard to speech-reading therefore, it appears that deaf children are not more talented at it than hearing children.

A deaf child is not likely to have the background knowledge of language patterns to aid in lip-reading that a hearing child will have (Jacobs 1989:19). This does not mean to deprecate the value of training in speech and speech-reading; they have an important place in any educational program for deaf children. Yet education is a much broader endeavour than training in speech skills.

Studies of reading and writing indicate that the majority of deaf students in oral programmes leave school with reading ages at the border line of literacy and that only a very small number achieve levels comparable with their hearing peers . Conrad (1977b, 1979) tested the reading skills of 15 to 16.5 year old deaf pupils attending specials schools in England and Wales. Out of a total of 355 pupils more than 50% did not reach a reading age of eight years and "just about half a dozen" ...

reached the average reading ability of hearing children (Conrad 1977b: 9). Findings such as these are typical of oralist programmes (McDonnell 1992: 54-5).

One Irish study reported on the reading achievements of deaf children aged 6 -16 years (James, O'Neill and Smith 1991). 360 students with severe or profound deafness attending special schools and units for hearing impaired children were assessed using two reading comprehension tests. The report noted that the children "typically experience great difficulty in acquiring good reading skills, despite special education and training". The results were similar to those obtained by Conrad (1979). They showed that the average deaf 16-year-old had a reading age of around 9 years. The study also compared the scores of severely and profoundly deaf children. At each age level those with the greater loss had lower reading ages. "This is as expected as severity of hearing impairment has been found to be correlated with reading ability in previous studies (James, O'Neill and Smith 1991:9)

Most deaf students have characteristic difficulties in expressing themselves in written English. A study by Taylor (1969) found that omission and redundancy were characteristic of the written work of deaf students. Other studies show that problems involving word order and morphological rules are also frequent in their work. Charrow (1975); Wilbur (1976); and Quigley et. al. (1977) suggest that these errors are not random, but are rule-governed; they might be considered 'variable rules', co-existing with English rules. Such rules appear to be based upon incorrect hypotheses about the structure of English, which deaf children cannot immediately correct because of their limited exposure to, and feedback from, English. Some researchers argue that the pattern of errors in the writings of deaf students is similar to that found in the work of younger hearing children (Quigley et. al. 1977) or the work of students learning English as a second language (King 1981).

To test the hypothesis that deaf children were learning English as though it were a

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foreign language, Charrow and Fletcher (1974) gave the Test of English as a Foreign Language to deaf high-school students of college-entrance age. Although the deaf students did not perform as well as foreign college entrants, in general their results more closely resembled those of foreign students than those of native speakers of English.

Some of these difficulties experienced by deaf students may be due to the fact that they are using another language, sign language and that the difficulties are the outcome of language interference. Very little research has been done on the possible influence of sign language on the learning of English. A particularly interesting aspect of this question is the fact that the grammar of English is expressed in a linear manner (that is, one feature follows another in the stream of speech), while the grammar of Irish Sign Language is layered (that is, several different features can be expressed at the same time).

At this point one might ask, "Why don't deaf children know English? Aren't they taught it in school?" Indeed, deaf children are taught English in school. They have been taught it for many years when they were in school; many took courses in remedial English after leaving school. Why hasn't someone found better ways of teaching them English? The problem is not at all simple. Teaching conducted through English has placed limits both on what can be learned and on what can be taught. One thing, however, is clear. The oralist approach - teaching English orally, through lip-reading, speech lessons and auditory amplification - has not been successful in teaching English to the majority of deaf children. In fact it has created barriers to the achievement of adequate levels of proficiency in reading and writing among deaf children.

3.7 Conclusion

The first steps in the development of an oralist approach in Ireland were taken in the

late 1940s. The development of oral methods was influenced by the Department of Audiology and Education of the Deaf at Manchester and at St. Michelsgestel in the Netherlands. Oralist theory and practice involved the segregation of pupils and included a very strong anti-signing bias.

Oralism received an official stamp of approval with the publication of the first Irish report on the education of deaf children, *The Education of Children Who are Handicapped by Impaired Hearing* (1972). The assumptions of oral theorists were based more on ideology than on research. Educators devalued sign language and overvalued speech and speech-reading. Opportunities in education and employment for deaf pupils were reduced because of poor education achievement. In fact, oralism created barriers to education achievement among deaf children.

In the next chapter I will focus more directly on my own linguistic experiences during my school years. This chapter takes up the primary concern of this dissertation; it provides an account of educational and linguistic experiences from the inside, from the point of view of the deaf pupil.

Chapter 4

A Linguistic Autobiography

4.1 Introduction

Recently, when I discussed my deafness with my older sister, she told me I never looked up when I was called. My younger sister, said my parents thought I was a distant somewhat heedless child. I can remember that I joined in games with other children. I can also remember that if the games involved turn-taking to a rhyme, such as in skipping games, I found it difficult to know when it was my turn.

There were no such problems with ball games. These games involved matching a sequence of actions using a ball with a sequence of rhyming phrases. For example, the following game involved throwing a ball against a wall:

"One, two, three, (Throw the ball underhand three times)

Over, (Throw the ball once overhand)

Four, five, six, (Three times underhand)

Over, (Once overhand)

Seven, eight, nine, (Three times underhand)

Over, (Once overhand)

Ten, (Once underhand)

Over, (Once overhand)

Catch the ball (Three times underhand)."

Before I went to school I did not make any connection - because I was deaf - between the spoken phrase, 'one, two, three' and the throwing actions but I could carry out all the sets of actions perfectly. I acquired the throwing and catching pattern. Later when I had hearing children of my own, I borrowed books about

children's games from the library. When I read the rhymes I realised that the mouth patterns involved were the same as those I had tried to intimate as a child.

Some of the rhyming patterns were more difficult to acquire because the phrasing was more directly connected with the throwing and catching actions. For example: "Ireland, England, Scotland Wales, All tied up in donkey's tails." This game involved throwing the ball as part of a group activity in which each member had to keep pace with the others in the group. The pace was controlled by the oral phrasing which was articulated by another player standing nearby but not throwing a ball.

There was another game:

> "Flowers in the garden,
>
> Fishes in the sea
>
> If you want to pick one
>
> Please pick me".

I developed particular mouth patterns which I used when I played this game. I associated these mouth patterns not with words but with the actions of the game. In fact, it was only when my children brought the words rhymes home from school in children's books that I discovered that the words matched the mouth patterns I had used as a child.

Our family said the Rosary every evening in Irish. In doing so I acquired a sequence of mouth patterns associated with the articulation of the words of the Hail Mary:

'Sé do bheatha Mhuire, tá lán de ghrasta, tá an tiarna leat..."
I learned to 'frame' the sequence of words in mouth patterns. By 'frame' I mean that I learned to produce the visual properties of the words but not the vocal, properties. When I tried to produce vocal expression there was a mismatch between vocal and

visual properties of the words. So I was not allowed to use my voice because it made my sisters laugh.

My first school was the local Convent of Mercy primary school. I went there for a short time and by the time I left I 'knew' the numbers 1 - 10, some prayers , and items of vocabulary in Irish. By 'knew' I meant that I could recognise and reproduce the visual properties of the words as they appeared when they were articulated. I think that I could speech-read the part of the word that was visual. I think that I could reproduce this pattern, or something like it. I could associate what I speech-read and reproduced with the object in question. For example, in Irish the word 'gúna' means 'dress. Only the vowels 'u' and 'a' are visible on the lips. I think that what I saw and reproduced was something like 'u-a' and I associated this with the item of clothing worn by girls. So I 'knew' a few individual words, but I had no sentences.

4.2 St. Mary's School for Deaf Girls

When I was about six years old my mother brought me to the doctor. He probably did the usual tests of hearing - making a quiet noise, speaking behind my back, asking me to carry out some intruction while speaking in a low voice (Whetnall and Fry 1964). The following September I went to St. Mary's School for Deaf Girls in Dublin.

My father left my mother and me at the train station. I had a nice brown suitcase with my clothes in it, the dresses from my aunts in America. When the train pulled out my mother was crying. I am sure she was anxious and worried about me and I had no idea what was happening. A friend of my mother's met us at the station in Dublin in a Morris Minor car. She brought my mother and me to the school. St. Mary's was a huge building in the suburbs of Dublin. There was another school beside it, a private school for hearing children and there was a convent and a church linked to our school.

We went to the parlour and after a while a nun came in. Mum tried to be cheerful

and smiling at first but this did not last for long. When it was time for her to go, she started to cry. The nun tried to take me away but I would not let go of my mother. Another nun came to help to take me away. I could not stop crying.

At first I was put in the infirmary. There were nurses in uniforms and strange smells which made me feel queasy. I think I got an injection during the first few days. After a few days I was moved into a large open dormitory. There were two dormitories on the same floor. In one, there were forty beds for the younger pupils and a cubicle for a senior girl. The other dormitory was for the older pupils. Between the two dormitories there was a room for the two nurses.

The other dormitory was much bigger, as I discovered two years later when I was transferred to there It was divided into two by a partition, with forty beds in each part. One section was for pupils under twelve and the other for the over-twelves. On each side of the two sections pupils over 16 years had their own cubicles.

As times went, we got used to the routine of travelling back to school after being at home for the holidays. I had mixed feelings about going back to school. It was hard to leave home but I looked forward to seeing our classmates again. Until we were eleven or twelve years old, every time we came back to school we had to go through the 'cleansing' ritual - a bath, treatment with DDT, our hair was checked. Our home clothes were put away and we were given our school clothes.

4.3 The School Day

After we got up at 7.00am, we walked in twos to Mass in the oratory. Then, at 7.30 we went down to breakfast. From 8.00 to 9.00 we had to do all the tidying, cleaning and polishing chores. We had to make the bed in a particular way. The pillow was put on the top cover. The cover had to be tucked in under the pillow and then pulled over it. The big girls waxed the floors. We younger pupils did the polishing with

brushes and cloths. We all had to work in rhythm as we polished. As we worked we had to count 1,2,3,4. The work was supervised and if we broke the rhythm we got a smack with a ruler. Some girls hated this work but I enjoyed it. I liked the rhythmic movement and it kept us warm on cold mornings.

At 9.00am we assembled in the hall before school. We had to line up in our own class. There were about ten lines, one for each class and one for day pupils. The principal said the prayers and gave out our mail. All the letters were first opened by the school authorities. My mother used to sellotape the money on the letter and put in a bar of chocolate. I got the chocolate but the money was handed back immediately after I had seen it. After the prayers, we filed out to our classrooms and waited outside our classrooms till the teachers arrived. A few years later we had an account in a book where all the money was put in a press and the amount recorded in a book. There was a sweet-shop then which opened a couple of days in the week.

Erving Goffman (1968) observed that routine is highly significant in institutions such as residential schools. Our daily lives were dominated by routine. We followed the days of the week by the dinners we ate. We had particular food on particular days of the week - fish on Wednesdays and Fridays, stew on Mondays and Thursdays.

Goffman also notes the difficulty of finding any privacy in institutions. It was difficult to get any privacy in the school. There was a lot of control over where we could go in the school. We had to go everywhere together - to the classroom, to the refectory, to the oratory, outside for a walk. There was no such thing as arriving late because we all arrived together. The first time I had to say sorry I'm late was when I was employed by a large retail company. I saw the others doing it. Some places were out of bounds - the convent, the staff room, the manual school, the infirmary if we were not sick. There were other spaces which we could use only at appointed times - the refectory at mealtimes, the oratory for Mass, confessions and prayers, the

classroom during school-time. The manual department was particularly out of bounds. Pupils in this department used signs and there was strict segregation between these pupils and 'oral' pupils.

We had a sign which meant 'forbidden' or anything that was not allowed. It consisted of a lip movement articulating something like 'wef'. If you were seen walking by yourself to the toilet, you were always asked 'where are you going'? We were not allowed into the kitchen, the laundry or the bakery. There was a great temptation to go into the bakery for bread. If the baker saw us standing there he would get us something. Sometimes, we went in and got something ourselves. If we thought we would be caught we would say and sign a warning:

Sign   <u>   wef</u>

Gloss   CATCH

Look out, you will be caught.

mouthing	: wef
handshape	: C
location	: under chin without contact
orientation	: palm down
movement	: quick closing movement of the hand.

4.4 The Primary School Curriculum

I remember my first class was in the library. A screen separated the class from the glass-fronted book presses. There were twelve pupils in the class. Later we moved into a proper classroom. The table was U-shaped and we all sat around this table. We had no table microphone or group hearing aids. Other classes had hearing aids which they plugged into the desk. In these classes the teacher had a master control on her table which she switched on/off or raised or lowered the volume. In our class each

pupil had a hearing aid - a Mesdresco We wore it all the time clipped into our gym-slips. I remember the discomfort of the ear-piece. It was itchy and hot in my ear.

During my early years at school I was in a very mixed class; we were all of different ages. I was the only born-deaf deaf pupil. The others were hard-of-hearing or had become deaf during childhood. Some of my classmates were much older than me: two were adults and the others were teenagers. Some of the members of the class had never been to school before. The adult women and older pupils were admitted to the school for basic religious instruction and they left the school soon after they had made their first communion.

Some of the first exercises I remember were picture matching and counting on an abacus. We did drawing and painting. We said prayers at the beginning and end of each period. We said something like, 'Oh Jesus I love you'. We had no idea what the words meant. The teacher wrote on the charts and hung them in the classroom. We imitated as best we could, joining our hands and moving our lips.

Oral education theorists have written of the importance of constructing and maintaining 'an oral environment' (Ewing and Ewing 1954; Calvert and Silverman 1975). The oral programme had two aspects. First, speech was to be vigorously promoted. In an oral environment speech was taken to be the primary means of communication. The frequent use of speech was emphasised; everyone - parents, teachers, care staff - were advised to "talk, talk, talk to the child" (Calvert and Silverman 1975: 151). As many opportunities as possible were to be contrived to elicit speech, and pupils were to be continually reminded and encouraged to use speech.

The second aspect of oral ideology was to prevent the development of alternative channels of communication among the pupils. If the receivers of a message indicate

that they understand non oral communication pupils will ask themselves "Why the use of speech at all" (ibid p. 53).

The curriculum in the primary school in Cabra was organised around an oral methodology. One of the most important influences on the development of oral schooling in Ireland was the Department of Audiology at the University of Manchester. Irene and Alexander Ewing and later Ethel Ewing, who were the leading figures in the oralist movement in Britain, visited Cabra on a regular basis. They wrote that the primary requisites for a good general education for deaf children were "speech comprehension, capacity to think in normal language and learning to talk" (Ewing and Ewing 1964: 145). For the Ewings, "normal" meant spoken, and the complex endeavour of education was reduced to training in speech comprehension and speech production. The basic elements in the curriculum were auditory and sound perception training, and speech-training. Of course learning English, learning reading, writing and numbers were also included in the curriculum but each of these areas was used as the raw material for teaching speech.

Speech teaching was emphasised from our first days at school. The teacher would articulate a word and all together we imitated her. Then, we had to articulate each word in pairs. The teacher drew our attention to the sounds that were invisible on the lips - k, t, d, and so on. We were slapped for making mistakes in speech but we were thankful that we were not reported to the principal too often.

Speech training permeated all aspects of the curriculum. For example, a lot of work went into preparation for oral confession. We had to learn the appropriate words of the prayer. We also had to practise 'saying our sins' -
I talked in class
I disobeyed the teacher
I signed in the dormitory

I was not paying attention at Mass

I did not say my prayers

I told a lie.

We drew up a full list of potential sins. Then, from this list, we wrote down our own private list of sins. When we had learned it off by heart we tore it up. Then we went to the oratory and we all said our prayers before confession Each one of us made her confession orally. When we had finished we said the prayers after confession and then the penance of three Hail Marys together.

Speech development continued to be an important part of the curriculum during our senior years in the primary school. At this stage, speech practice was usually based on a poem:

Slowly, silently now the moon

Walks the night in her silver shoon

This way and that she peers and sees

Silver fruit upon silver trees.

Underlining the letters and adding numbers were used to draw our attention to the sounds an syllables:

1	2	1 2 3	1 2	1	1 2
Slow-ly,		si-lent-ly	n-ow	the	moo-n

Some sounds were considered to be very important. Our attention was continually drawn to these sounds. The important sounds were s, t, k, n, m, d, ing. These sounds were always underlined by the teacher. There was a system of hand movements and positions around the face which were associated with the articulation of specific sounds. It is ironic that a system of signs was used to teach better articulation skills:

a, o	: hand on chest
e	: hand under the chin
b and p	: hand in front of lips
k, g and c	: little finger points to open mouth
sh	: index finger in front of lips
m	: hand on side of face
n,	: index finger on nose
ing	: index finger on nose then little finger points to open mouth
ch	: thumb forward from mouth.
c s	: hand below the lips or use a feather
t r	: particular movement of index finger in front of the mouth
f	: hand in front of lower lip.

We practised making these sounds over and over again, but the use of speech in a natural context did not arise for us. There were few opportunities to use these exercises as part of an interaction in spoken language with hearing persons outside class. We did not see any connection between what we were doing in class and having a conversation in speech with a hearing person in the world outside classroom. When the teachers told us that our speech was "good" we believed them. We thought it would be possible for us to interact comfortably with the hearing world through speech. When I tried to talk at home no one could understand me.

We practised speech-reading by dictation. The teacher usually used extracts from our written work.The teacher said one sentence and we had to write it down. We often had to guess particular words because the articulation of such words gave us no visible clues. For example we never knew whether it was 'had' or 'has'.

Much of our learning was by rote. In our catechism lessons we learned to list off the seven deadly sins - Pride, Covetousness, Lust, Anger... We did not know the

meaning of any of these words. In fact I only discovered what they meant when I left school. I disliked the word 'lust' particular because of they very difficult 'st' combination and covetousness because the syllables were easily forgotten. Catechism was another opportunity for practising speech without bothering too much about the meaning of what we were learning.

We studied arithmetic, adding, taking away, multiplying, dividing, counting money, making shopping lists, calculating change and so on. There was not a very strong emphasis on speech in maths but there were some reminders about articulating the 's' in 'six' or 'seven'. We learned the tables off by heart.

The school kept very tight supervision over our hearing aids. They had to be worn at all times. The teacher checked them every morning to make sure they were in working order. The teacher expected us to report any fault first thing in the morning at class. If we did not report, we were scolded. We did not dare not to wear it. It was uncomfortable at times and never allowed to be covered by our cardigans. Wearing hearing aids became a habit.

Ewing and Ewing (1964: 26) recommended that "every hearing impaired child needs to have his hearing re-tested and re-assessed at least once each year". At least once a year our hearing was assessed and new ear moulds were made. A lot of time was wasted checking, testing and fitting and so on. It was part of the ritual of oralism.

From the middle of the 1950s, auditory training was an important part of the curriculum. The pupils were trained to distinguish between different kinds of sounds - loud and quiet, between high and low, between sounds with fast rhythm. and sounds with slow rhythm There was a special stage in the play-hall which was equipped with an organ and two powerful loud speakers. The theory was that training in sound awareness would help our speech. When after some time the

programme was linked to auditory training and movement to different kinds of rhythms. That was the theory but in practice it did not work like that for the students. In my experience there was no direct link between the awareness of sounds and rhythmic movement. When we moved we counted time - march-time, waltz-time and Irish dancing-time. When we moved we depended on counting, not on the sounds of the music. Movement to music helped us "to move gracefully" and "to breathe properly" (Mc Ilroy O.P. 1996). It kept us fit and occupied. There was very little link between that and speech.

4.5 Teaching and Learning English

In the first stages of language teaching there was a lot of emphasis on building up a basic English vocabulary. It was obvious if we were to make progress in spoken language we had to know the words for things (Ewing and Ewing 1964: 47). The teacher used charts, pictures, cards and written words, We had a list of farm animals, clothes, furniture, colours, food and so on.

As we got older we were introduced to a particular system for learning English sentence patterns. Everyday the teacher wrote 'The News' on the board.

Today is ...

Yesterday was...

Tomorrow will be...

It is the ...(date)

It is .... (weather)

Today is the feast of ... (particulars of the day).

Then other appropriate or topical sentences were included:

We went for a walk to the farm yesterday.

Mary got a letter from home.

We will have pancakes tomorrow.

These sentences were first elicited from the pupils. As the correct answers were given they were written on the blackboard. We then copied the sentences into our copybooks. We read the news from the board while the teacher corrected our speech as we read aloud.

Teaching English structures, especially word order, became more important during my final years in the primary school. Teachers used a number system as a framework for these language lessons. The following examples show how the system worked. Two examples of the system:

(1) 1   2   0   3
     John   is   a   boy

(2) 0   1   2   5
     The   blackboard is   black

Each part of the speech was assigned a number 0 - 6. A typical lesson was proceeded as follows: the teacher wrote a sentence on the board. The pupils were then asked to identify the parts of speech in the sentence. When we said 'noun' the teacher wrote 1 over the appropriate word. We would complete several sentences in this way. Ordinarily the match between number and part of speech could be made in a straight forward way. Occasionally, certain mysterious combinations occurred which puzzled us. For example:

(3) 1   1
     Mary's jumper

It was difficult to accept that two number ones could occur together. Why wasn't the

second word a 2 or a 3?

(4)   0   1   2   5

            The   blackboard   is   black.

We could not understand why 'black' was not an object '3'. After all, the 1, 2, 3 sequence was very common. Why should black be a '5'?

There were other symbols for changes in the form of the verb. The present tense was indicated by a 2 alone, the past tense was indicated by a leftward arrow over the 2 and the future by a rightward arrow over the 2, for example:

(5)   2   ↰2⟩   ⟨2↱

            washes   washed   washing

It is probably true to say that we never made any real connection between 'ed' and its temporal meaning.

Similarly at this stage we did not grasp the difference between 'a' and 'the' or between 'was' and 'were' or between 'had', 'has' and 'have'. The system was based on developing the receptive form of English. There was much less time given to teaching productive English. We never had to make up our own sentences and put in the numbers.

A similar system was used in 1944 - 1950 (Leen and O'Grady 1997) A line was used to denote an adjective and two lines for an adverb for examples:

(6)   0   —   1

            The   black   shoes

(7)   1   2   =

            I   walk   slowly.

For verbs instead of the arrows as in example no. 5, the line on the number 2 was
used instead For example:

(8)   2   —2   —2

            loves   loved   loving

4.6 Communication among the Pupils

Halliday (1975) argues that when children are developing a language they are
learning how to express meaning. Learning how to mean was not part of our
classroom experience. When we were practising speech we were learning to
articulate. We were not learning to mean. Of course we had to develop other ways to
express meaning. We had to develop an alternative system. For us, learning to mean
grew out of our need to communicate with one another.

As I remember it, as children we gradually developed a system of communication
among ourselves. We built our linguistic system by borrowing from the world we
lived in, from home and from the world of the school. During my early years we had
no access to signing adults. There were no children in the school who had deaf
parents and from whom we could acquire a sign language. The children, who began
as oral pupils, were segregated from the older children who had been taught under
the manual system. We never really has access to any signing models.

We created sign names for teachers out of familiar characteristics - an unusual walk,
a particular hairstyle or kind of make-up, the shapes of the glasses they wore, or how
they administered punishment (tugging an ear, rapping knuckles). We borrowed them
from the actions and movements of the people around us at school and at home and

these became the raw material for the development of a language for our own pupil based community.

Goldin-Meadow (1977) and Feldman, Goldin-Meadow and Gleitman (1978) report on the development of signing among children who did not have access to signing models. These studies suggest that deaf children begin to develop a sign language in the absence of adult models. Goldin-Meadow reported the emergence of two-sign utterances. Feldman et al. found that the children in their study developed substantial lexicons of invented signs. They also reported that the children's utterances were governed by basic grammatical rules. For example, when an actor was specified in an utterance it occurred in the first position.

Mohay (1982) reported the development of two-sign utterances in the absence of adult signing models. However, she concluded that the communication systems generated by the children, at the point at which the research was carried out, did not appear to constitute a true linguistic system. Despite these limitations, the children were able to express all of the semantic functions found in the early stages of language development. Thus, according to Mohay's study, language development occurs but is delayed in the absence of language models.

Volterra (1983) has criticised these findings. In a study of the development of gestures, she compared the hearing children of hearing parents with a deaf child of deaf parents. All the children in her study developed gestures which named objects or actions, such as DRINK and TELEPHONE (referential gestures). They also developed deictic gestures by pointing or reaching to objects and locations (for example, THIS and THERE). All the children progressed to combinations of two deictic gestures (THAT THERE) and of a deictic and a referential gesture (THAT DRINK). However, only the deaf child, who was exposed to an adult model of sign language developed combinations of two referential gestures (FISH EAT).

Volterra re-analysed Goldin-Meadow's data in the following way: deictic, referential, deictic+deictic, deictic+referential, and referential+referential. She claims that none of the children in Goldin-Meadow's study combine two referential gestures. She goes on to argue that the capacity to combine two referential symbols indicates the development of a true linguistic system and that such development depends on access to a language model.

My own school experience, at least in the early stages, does not seem to substantiate Volterra's argument. I do not remember that we had access to any sign language models, either signing adults or pupils who had deaf parents. I do remember that we developed an extensive lexicon in sign, based, as I have observed, on actions, objects and states taken from the world around us.

SATURDAY (wash hair)
This sign was derived from the fact that our hair was washed every Saturday.

We combined referential signs.
CAKE BE-AWFUL :   (eating)
The cake is awful.

FROCK + index BE-AWFUL: (item)
Your frock is awful.

MARY INDEX SICK + hand on forehand: (feeling)
Mary is very sick.

TWO TWO: (walking)
Get into twos

In ordinary circumstances, the acquisition of language and the progression from one stage of development to another is a complex process. The complexity greatly increases when access to adult language models is absent, when transmission occurs through the child population and, when a difference between language modes (sign and speech) cuts across the acquisition process. A great deal of further linguistic research is required among the deaf school-going population. Such research will enable us to get a clearer picture of the manner in which deaf children of hearing parents acquire sign language, of the stages in this process, and of how the variety of language used in the schools compares with adult usage. Research of this kind is of particular importance since so many deaf children of hearing parents now attend mainstream schools where there are no signing models and the numbers of deaf children are too small to constitute a viable signing community.

Many researchers have observed that even in a highly controlled and strictly supervised oral environment, deaf children use movement and action to create and express meaning Oralist theory stressed that the oral programme had to be extended beyond the classroom and the care staff were expected to enforce oral communication among the pupils (Calvert and Silverman 1975: 52). At mealtimes and playtimes we were not supposed to sign to one another. Signing was strictly forbidden. The teachers emphasised that signing was "very stupid", that if we signed we would "never learn" and "never be able to talk".

If we were caught signing we were punished and the punishments were in a variety of ways e.g. slapped, deprive of treats like sweets and cakes (Burns 1995: 159). We were put out on the classroom corridor, were picked on, and told "You are very stupid. You are always signing. go to the back of the queue". The principal slapped pupils who were sent to her for signing. Most of the corporal punishment administered in the school was administered for signing. Speech was connected to moral behaviour; signing was related to disobedience and sin.

We had to communicate, so when we signed among ourselves we always had to keep a watch out for 'nurses', 'nuns' or 'teachers'. *"The pupils were under constant surveillance and since the staff was outnumbered, older pupils were encouraged to report incidents of signing to the school authorities. We were not really afraid of the older pupils. They might tell us to stop signing but they didn't report us. Anyway they themselves signed too"* (Mc Donnell and Saunders, 1993:257).

I remember there was one pupil who was the 'storyteller'. We could all gather around her when she had a story to narrate. She had to keep a watch out for the care staff. If anyone came along she stopped signing and pretended to 'talk'. She told stories about the films that she had seen. She had marvellous descriptive powers, detailing the expressions of the actors, how they walked, their clothes and houses, the love scenes. We learned a lot from her; we understood her stories but of course we had no English words for the signs.

Nevertheless, the strategies against signing had a powerful effect on the pupils' attitudes, values and beliefs (Mc Donnell and Saunders 1993). As pupils we were very aware of the 'forbidden' nature of signing. Even though we developed strategies to circumvent the ban on signing we felt guilty and bold for doing so. We believed what we were told. We believed that signing was bad, stupid and dangerous. Of course, we could not stop because we had to communicate. When we tried to use speech we could not understand one another. We did not know how English worked.

At the end of what I thought to be my final year in primary school, two members of my class went into vocational stream - training in cookery, sewing, knitting, etc. The pupils who did not move to second level left school. Two other pupils went to second level. At the age of 11 and 12 years I and another girl, Mary, were considered too young for secondary school, although there was no difference in

academic achievement between us and the rest of the class. We, then, had to stay on
for a further year in primary school and made our confirmation. I do not think we
gained much from the extra year. There was a geography project, which I enjoyed
doing. We were given a book, told to choose a country and make a model for the
assembly hall. I remember we chose Holland and made a model with windmills,
flowers, canals, cotton wool for clouds and soap flakes for snow.

During the last year we had a group hearing aid system. The teacher had a
microphone. The sound was relayed to each pupil at the U-shaped table. We had to
plug in our headphone into a socket in the table. We had to adjust the volume
ourselves. This system produced background noise but did not improve our capacity
to discriminate between speech sounds. I could distinguish the teacher' s voice and
my own voice but only as a kind of background noise. During this year I noticed
that more and more visitors were coming into the class. Perhaps it was due to the
fact that our class now had a group hearing aid system. This was a new occurrence
which broke the monotony of school. The visitors were mostly male. we thought
they were doctors because of their white coats. This change helped to develop our
communication and signing skills since we now had something to comment on and
make remarks about. Pupils were selected to give the prepared answers ready: what
is your name?, where are you from? A warning was given not to sign.

We entered the Alliance and Dublin Consumers' Gas Company Cookery competition
in 1963 and 1964. The two certificates I kept showed that I was awarded a first prize
in 1963 for second year level and second prize in 1964 for in the practical
examination in 2nd year standard.

4.7 The Post Primary Curriculum

The secondary department was quite small. At that time second level education for
deaf girls was a new idea. Around the time, the early 1960s, deaf girls began to sit

for public examinations for the first time. Two students in 1959 did the matriculation examination - an entrance examination for university (Buckley 1997). At this time Irish was a compulsory subject at second level. However, exemption from Irish in Matriculation had been granted to the school in 1958 by University College, Dublin. A similar exemption was extended to the Intermediate and Leaving Certificates. In 1963, five girls did the Intermediate Certificate examination, one passed. Six subjects were studied, Latin, English Language, History and Geography, Elementary Mathematics, Domestic Science, and Drawing.

When we arrived in the secondary department the following year there were seven girls divided into three groups consisting of four pupils, two pupils and one pupil. Their ages were from 15 - 17. There was no hearing aid system. There were nine tables, three on each side of the three sides with a table for the teacher.

There was considerably less emphasis on speech in the secondary department. I think there was no time because so many other subject areas had to be covered. Most of our efforts involved reading and writing, and speech-reading. There was no time for spoken language. I did not feel any loss. I felt I was learning. There was new information and knowledge to be acquired. Learning was more flexible. When I had finished one lesson I was free to move on to the next. As a result my learning experiences at second level were much more positive than in the primary school.

We had few text books. Most of the resources and class materials were developed by the teachers themselves. The lessons in history for example were prepared by the teacher in a simplified format which we had to copy out and learn off by hear. When we wrote English essays the teacher corrected them and used the corrections to illustrate and teach English structure and word order. I used to read my hearing sisters' English books and do grammar exercises from them.

Signing was forbidden at second level but the supervision was not as strict as in primary school. We always signed with one another when the teacher's back was turned. But at the back of my mind there was always the notion that signing would affect my cognitive development in a negative way.

I particularly liked learning Latin. I was fascinated by the translation of Latin to English and spent a lot of times with it. As I made progress in Latin, I learned about the clauses and sentence structure in English. I began to make sense of the tenses, of the difference between 'a', and 'the', 'were' and 'was', 'had' 'has' and 'have' which had always very confusing. My English improved

Once again Mary and I were considered too young to do the Intermediate Certificate examination along with the rest of the class. We entered for it the following year. I was expected to pass but I think the school was surprised that I got an honour in Latin - even though we had not prepared for the Roman History section of the paper.

In September when I came back to school I expected to do the Leaving Certificate class. Mary, who had done her Intermediate Certificate with me, did not come back. The good results I had received in the Intermediate Certificate seemed to confirm my expectations. I had brought back one of the books used for the Leaving Certificate, a book that my older sister had used - 'School Arithmetic" by W..P. Workman. However, I was then told that I would not be allowed to study for the Leaving Certificate. It seemed that this decision was made after an assessment by the school psychologist. I was given no explanation. Although one of my teachers appealed to the principal and offered to support me during my studies the decision was not changed. When I asked the teacher for an explanation, he said it was because I was 'profoundly deaf'. I believe there was a much more positive attitude towards the prospects of partially deaf and deafened students than towards deaf students. For the reminder of the year I was put in as a classroom assistant in the manual school and

asked to supervise infants at playtimes. The following July I started a three-month diploma course as Comptometer Operator. In October I received the diploma standard of competency.

4.8 Conclusion

It was not until I was six years old and had a hearing test that I was sent to St. Mary's. School for Deaf Girls. Prior to this I learned to 'frame' a sequence of words in mouth patterns. I learned to reproduce the visual properties of the words. This continued to be an important part of my experience of spoken language during my school life and into adult life. St. Mary's set out to construct and maintain an oral environment. It permeated all aspects of the curriculum and was the focus of all classes. The meaning of words was not as important as the ability to say them. By saying them or attempting to we were wrongly led to believe our speech could be understood by the hearing world.

As pupils whose primary need was to communicate with one another, we gradually acquired a sign language. We constructed our linguistic system by borrowing from the visual world we lived in. I do not remember that during my early school years we had access to adult signing models. However, we did develop a lexicon and syntax in sign and by the time we entered secondary school we were signers within our own school community.

In secondary school signing, while unacceptable, was more widely used and the emphasis on speech in the classroom lessened. words took on meanings and the curriculum a life. This life, for me, was short-lived as I was not allowed to do the Leaving Certificate apparently for no other reason except that I was profoundly deaf.

Chapter 5

General Summary and Conclusions

The aim of this dissertation has been to describe my own linguistic experience at school and by doing so to provide a general understanding of the linguistic experience of Irish Deaf children during the period that oral education was introduced into Irish schools for deaf children. It offers this account in the context of a considerable amount of linguistic and sociolinguistic research dealing with sign languages and deaf communities

In the first chapter, as a background to this study, I distinguished between a medical and a cultural understanding of deafness. I argued that the medical view has been dominant and that oralist theory and practice are based on a view of this kind. I argued that a cultural view of deafness implies that deaf people are normal and that sign language and deaf culture need to be understood as aspects of human diversity rather than as 'impaired' or 'inadequate' in relation to the hearing world. An educational programme based on a cultural and understanding will give a cultural role to Irish Sign Language.

Chapter 2 described developments in the teaching of language to deaf people. The teaching of language to deaf people began with the view that it was possible for deaf people to learn and that vision and writing could be substituted for hearing and speech. Early educators differed in their attitudes to signing and speech. The acquisition of speech skills by the privileged few was important for inheritance purposes but when educational provision was extended to large numbers of deaf children, signing became important. In the early years of the 19th century the dominance of signing was due to the influence of de l'Eppe in promoting public education for deaf children. By the end of the century, a powerful movement to assimilate deaf people into hearing society had developed. As a result, oralist practice spread in the United Kingdom, in Europe and

in the United States. In Ireland, the change to oralism occurred in the late 1940s and 1950s.

In Chapter 3 I described the development of oralism in Ireland. This was very influenced by institutions outside Ireland - particularly by the Department of Audiology at the University of Manchester and by St. Michielsgestel School in the Netherlands. For these institutions language meant spoken language and signs were regarded as a barrier to the acquisition of oral skills. Consequently, segregation became a characteristic feature of Irish schools - segregation of oral pupils from pupils who were taught signs and segregation of hard-of-hearing pupils from deaf pupils. Strenuous attempts were made to eradicate signing. These practices were formalised in a major report on the education of deaf children (*The Education of Children who are Handicapped by Impaired Hearing* 1972).

In Chapter 4 I examined oralist theory and practice in some detail through an analysis of my own experience of oralist schooling. The complex process of education was reduced to speech training. The development of intellectual, social, and moral abilities became subordinate to auditory training and the production of speech sounds. Speech was the all-important aim, but the reason why people speak seemed to be forgotten: the need to communicate to express one's thoughts, needs, and wants and to understand the thoughts, needs and wants of other people. Oralism left a void that we filled by communicating in sign language among ourselves.

Despite the lack of signing models and both physical and psychological pressure to use speech we used our everyday environment to create a means of communication. Researchers have argued about the exact conditions that deaf children need to develop a true linguistic system. These studies appear to have involved very small numbers of children. My own experience of acquiring sign language suggests that very different conditions apply when there is a larger community of children involved. I am not sure

what these conditions are, but it would be an interesting area for further research.

The method, by which I was taught, was not very successful. The lack of focus on understanding leaves the child ill-equipped to participate outside school world. It was only when the emphasis on speech lessened that I began to really understand English structures. The fact that I learned more about English sentence patterns through Latin and my sisters' schoolbooks than in years of lessons in primary school.

From the experiences that I have described you can see that language does develop among deaf children and that a spoken model is not necessarily the best model for a deaf child. Of course, my experience is the experience of one individual, and as I mentioned earlier, a great deal more research needs to be done to discover the best way to educate deaf children and to enable them to achieve to their full potential.

"The alternative is that deaf children will continue to achieve far below their potential, not only in spoken language and the related skills of reading and writing, but also ironically in sign language itself" (Mc Donnell 1992: 19). Deaf people are members of two communities. Educational achievement is of growing importance. Therefore, a bilingual approach appears to offer deaf children the best opportunity to develop to their true potential. Results of bilingual programmes in Sweden and Denmark are providing evidence of progress (Ahlgren and Hyltenstam 1994). The education policy (Ahlgren and Hyltenstam 1994). However, a change to bilingual education cannot be achieved without fundamental change in curriculum organisation, in the appointment and training of teachers (including deaf teachers), in the provision of learning materials, and in the status of and attitudes to sign language (Mc Donnell 1992). A Centre for Deaf Studies would be an ideal initiative to begin with.

The views of deaf people themselves have never seriously been taken into account:
"The dream and hope of the Deaf is that signing be given the same status as oral

language; that signing should mean signing in our language; that information on Deaf culture and the history of Deaf people and Deaf experience be part of the school curriculum; that books written by the Deaf, about the Deaf or about growing up as a Deaf person be in the school library" (Mc Donnell and Saunders 1993: 260).

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