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# Analyzing language practices in mother–child interaction against the background of maternal construction of deafness

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ABSTRACT

This paper explores what mothers think about language, what they plan to do in language and what they actually do within the context of interaction with their deaf child. Through the concept of construction of deafness, developed to understand how parents view deafness, we attempted to capture mothers' language ideology and planning by analyzing interview data. The findings of the interview analyses were confronted with analyses of language practices with their deaf child. As such we were able to gain insight into the interplay between construction of deafness and language ideology on one hand, and language practices on the other hand.



## 1. Introduction

This paper discusses the results of a cross-sectional analysis of language ideologies and language planning of Flemish mothers of deaf children, as expressed by their construction of deafness, their language practices in mother–child interaction and possible interactive connections between them.

The language practices of young deaf children have long been of concern to their families, professionals in the field, and researchers in the area of Deaf Studies. Because of their limited access to auditory information, this group of children runs the risk of a delayed spoken language development (Schauwers et al., 2008; Bouchard et al., 2008; Marschark and Harris, 1996). This is especially the case for deaf children who receive only spoken language input, as delay in the only language they are offered may impact on other developmental areas (e.g. development of theory of mind [Woolfe et al., 2002; Schick et al., 2007; Meristo et al., 2007]). The introduction of paediatric cochlear implantation (CI), however, has changed the situation for deaf children considerably (Schick et al., 2006: x). This device enables profoundly deaf children to pick up environmental sounds and 'offers hearing sensitivity and functioning corresponding to a mild to moderate hearing loss' (Bouchard et al., 2008: 4). In response to this improved access to sound research regarding deaf children with CI has focused especially on spoken language development. This resulted in studies on the ability of the deaf child to perceive and produce

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spoken language as a function of improved auditory perception, on the ability to read, and on general academic performance (Huber and Kipman, 2012; Venail et al., 2010; Niparko et al., 2010; Archbold et al., 2008; Vermeulen et al., 2007). More recently still, attention has been focused on the effect of age at implantation on speech intelligibility and auditory perception (e.g. Tomblin et al., 2005; Schauwers et al., 2008). From these studies it is apparent that CI has a beneficial effect on the spoken language development of profoundly deaf children. Nevertheless, they have also shown that results vary among implanted children (Majdak et al., 2006; Connor et al., 2006).

Studies of the language performance of deaf children with CI usually focus on the spoken language production of these children in isolation, often without taking into account the language models these children are presented with (e.g., Schauwers et al., 2008; Ruggirello and Mayer, 2010; Niparko et al., 2010). Likewise, research investigating the role of signed language in the spoken language development of deaf children (Wiefferink et al., 2008; Geers et al., 2003; Kirk et al., 2002; Hassanzadeh, 2012) does not acknowledge parents' actual language practices or only through parental report (Watson et al., 2008). Studies that do focus on parental, typically maternal, behaviour, on the other hand, often do not consider the child's role in interactions as well as the larger social context in which the interaction takes place (e.g., Koester and Lahti-Harper, 2010). However, the interplay between what parents think about language (i.e., their language ideologies), what they say they do in language (i.e., their language planning), and what they actually do (i.e., their language practices) may be considered crucial to their child's language development. Through actual language practices children construe what parents perceive to be good practice. Through their parents' ideas of good practice, in turn, they construe language ideologies, and more broadly, culture (Halliday, 1994: xxxi; Bernstein, 1971; Riley, 2012: 493).

Wortham (2008: 92) notes that 'Work on language ideology shows how language in use both shapes and is shaped by more widely circulating social models and power relations.' In the case of deaf children, language ideologies are related to the way in which deafness is perceived. In scientific literature a distinction is made between several models of disability and deafness. We will briefly discuss three models relevant to language ideologies parents may develop: the medical model, the social model and the cultural linguistic model. The medical model views deafness as non-perfect hearing leading to non-functional development, a problem which should be fixed. Successful assimilation into the dominant hearing society is the primary aim of the medical model. Because of this, a focus on auditory perception and speech production by means of implementing auditory rehabilitation technologies as soon as possible is often proposed as the best option for hearing impaired infants to develop in a way comparable to normally hearing children. More recently, encouraging results of cochlear implantation have strengthened this model in its beliefs (Hardonk et al., 2012: 2). Researchers from different disciplines reacted against the medical model already in the 1960s (see Thomas, 2002; Hardonk et al., 2012). They held that disability is a social construct. Disability, in this social model, is not reduced to individual bodily characteristics, but instead considered as a social problem. In other words, the social model theorists view deafness primarily as a problem of participation and therefore focus on adapting environments to enable full inclusion of deaf persons. Experts in the field of Deaf Studies have taken this model one step further. They view deafness as a characteristic of a cultural linguistic minority rather than as a disability, which is a basic assumption of both the medical and the social models (Jones and Pullen, 1989; Humphries, 1993). This cultural linguistic model emphasizes the positive aspects of a person's deafness, i.e. the development of a signed language, Deaf community and Deaf culture, usually called "Deaf Awareness" or "Deafhood" (Padden and Humphries, 1988, 2005; Erting and Volterra, 1994; Ladd, 2003).[1] Although these models have succeeded in providing a classification of the main lines of thought regarding deafness, parents appear to construct their own reality of deafness during the course of the early care trajectory (Hardonk et al., 2012). In turn these constructions of deafness give access to parents' language ideologies and related language planning. In this article we will focus on the interrelatedness of language ideologies and planning on one hand and language practices on the other hand. It is therefore necessary to make clear distinctions between these concepts.

Language ideology is by far the most difficult term to capture. It refers to 'any sets of beliefs about language articulated by the users as a rationalization or justification of perceived language structure and use' (Silverstein, 1979: 193). We have opted for Silverstein's conception of language ideology over that of Heath (1977), Irvine (1989) and Rumsey (1990)[2] because it takes as its origin the individual language user rather than the social group to which the user belongs (Silverstein, 1992). These beliefs may be both implicit and explicit. Explicit aspects of language ideologies are voiced in language planning.[3] Spolsky and Shohamy (2000: 2) define language planning as 'any specific efforts to modify or influence' language practices. However, as King (2000: 169) accurately notes, language planning 'may only reveal one of several existing language ideologies which are present in the community and which influence behaviour.' Similarly, McGroarty (2008: 98), Mesthrie (2008: 75) and Riley (2012: 509)

[1] It is customary to write *Deaf* with a capital letter *D* for deaf people who regard themselves as members of a linguistic and cultural minority group of signed language users regardless of their degree of hearing loss and to write *deaf* with a small letter *d* when referring to the medical given of hearing loss. Being *Deaf* implies self-identification. The children in the current study, however, are too young to have made this conscious decision. Therefore, we have restricted the use of *Deaf* to such concepts as Deaf culture and Deaf society.

[2] Heath defines language ideologies as 'self-evident ideas and objectives a group holds concerning roles of language in the social experiences of members as they contribute to the expression of the group' (1977: 53); Irvine defines language ideologies as 'the cultural system of ideas about social and linguistic relationships, together with their loading of moral and political interests' (1989: 255); Rumsey defines language ideologies as (shared bodies of commonsense notions about the nature of language in the world' (1990: 346).

[3] In this paper "language planning" is not equated with "family language policy". Family language policy may be considered as made up from language planning (explicit policy) and language practice (implicit policy). In other words, it is what people say they do in language and what they actually do. Language planning as understood in this paper is the conscious externalization of one of the internal, implicit language ideologies.