

**SOCIOLINGUISTIC RESEARCH ON LANGUAGE
ACQUISITION AND LANGUAGE USE OF THE DEAF IN
HUNGARY**

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INTRODUCTION

The World Federation of the Deaf estimates the Deaf population in the world at approximately 70 million (Bergman 1994, <http://www.wfdeaf.org>). Because of the lack of exact numbers, we also have to lean on estimated numbers of the Hungarian Deaf population. According to this there are 30–40 000 deaf people living in Hungary (Vasák é.n. [2004]: 14). They create the third biggest (but not recognized) linguistic and cultural minority in Hungary (Bartha és Hattyár 2002), whose members use the Hungarian Sign Language for communication within the community.

Reviewing the numbers on Deaf it is important to notice, that it is only 5–10% of them who are born in deaf family (Berent 2004). This way we can observe the generational continuity only in a small compass in the Deaf community, so most members of the community come from the hearing world in each generation and they live in hearing environment for a long time.

Using empirical data the present dissertation discusses how prelingual Deaf children acquire Hungarian Sign Language (HSL) and Hungarian as well, and what kind of grammatical competencies these children can develop in the different language acquisition models. Because of the difficulty of their case, the language acquisition of prelingual Deaf children of hearing parents will be specially emphasized.

I. SIGN LANGUAGES AS NATURAL HUMAN LANGUAGES – MISBELIEF AND DENIALS

It is quite rare that we have to prove about a language that it is one of the natural human languages. But it is different with sign languages. It needs prove for the laymen and sometimes for the linguists and specialists, that languages used in

the Deaf communities are really natural, elaborated languages with rules and they are perfect tools of communication.

There have been several misbeliefs around Deaf and their sign languages for a long time. The most common ones are the followings:

1. who is deaf, that is mute as well;
2. deafness goes along with other – usually mental – disabilities;
3. language equals speaking, so the only appearance of language is speaking;
4. sign language equals pantomime;
5. that sign language is a universal language, so Deaf are using the same language all over the world;
6. that sign languages are based on spoken languages (sometimes artificially found out), without grammar on their own, only following every feature of the spoken language.

Contrary to the above written we can say, that deafness and muteness are not interconnected features, and even though complementary mental disabilities are more often among the deaf, than among the hearing population, the togetherness is not at all ordinary phenomena. The linguistic researches started in the 1960's, also have proved, that Sign Languages are independently evolved from the spoken languages, they are rule-governed, with complex phonology, morphology, syntax, and discourse structure (Grosjean 1982). Unlike the oral languages that are spreading through vocal-acoustic channels, they are transmitted through manual-visual channel.

II. THE CONCEPT OF DEAFNESS

Before introducing the characteristic of sign languages and the communities using them, it is important to examine and define, whom we can consider as

Deaf. There is no the one definition for the concept of deaf accepted by everyone. Different areas of specialty are approaching the question differently.

We can see two separate approaches in the literature about Deafness. One is the *pathological aspect*, which defines deafness as a lack, the lack of hearing and defines it through the degree of hearing (Muzsnai 1999, Bartha és Hattyár 2002, Bartha 2004, Bartha, Hattyár és Szabó 2006). Besides medicine, special education also sees the phenomena of deafness according to this, and they both are trying to correct and also to hide the hearing loss defined as lack or problem.

There is an other aspect in contrast with the above mentioned stigmatising pathological view: the *cultural, anthropological approach*, which sees deafness as a „given” but not a deficit, and emphasises as well as develops the valuable speciality that goes together with this kind of phenomena – for example the use of sign languages (see Bartha 2004). In this approach, Deaf people are not those who do not hear, but those who belong to the linguistic and cultural minority of the Deaf.

III. THE DEAF COMMUNITIES

Although there are some examples of Deaf and hearing people living in harmony in bilingual communities (like Martha’s Vineyard in the XVII–XIXth century, or the same we can experience in the village Desa Kolok in Bali, nowadays), generally we can say, that it is often the exclusion and discrimination that characterizes the situation of the Deaf.

Deaf people had lived separately from each other for a long time. The birth of Deaf communities was influenced by the start of the institutionalized education of Deaf (independently from the applied teaching method). After founding the schools for the Deaf, soon different Deaf clubs and lobbies have been formed, that further strengthened the communities (Lucas et al. 2005).

These Deaf communities are forming linguistic and cultural minority all over the world – however their minority status is officially recognized only in a few countries, and at many places they are restricted in their sign language use.

The beginning of the linguistic researches in 1960s meant a turning point in the life of the Deaf. With the grammatical description of sign languages Deaf have been become self-conscious, and started to fight for their rights at many places worldwide (Vasák 1996). This struggle has been going on till today in Hungary, with the aim of obtaining equal opportunities and the official recognition of HSL, the regulation of the use of HSL, the change of the present regulation of the education of the Deaf, and the promotion of the change of view in the society.

IV. THE BILINGUALISM AND BICULTURALISM OF THE DEAF

As the members of the Deaf communities are living not separately but inside the hearing society, contacting with its members every day, the Deaf are exposed to the majority spoken language, what they learn at school. They use this language (its written but often spoken forms) in everyday life when communicating with hearing people. (The sensation of spoken language is carried out of course through lip reading.) So Deaf are using two languages daily during their communication: the spoken language around themselves and the sign language of the community. Considering this speciality, on the base of the definition of bilingualism of Csilla Bartha, which says „bilingual are those, who use two or more languages during their everyday communication (in spoken and/or in written form, or through signing) according to the persons’ communicative, socio-cultural needs” (Bartha 1999: 40), we can appoint that the Deaf communities are constituting bilingual linguistic minorities in the society.

The bilingualism of the Deaf – in spite of several common characteristics – naturally differs from the bilingualism of hearing people, who use two or more languages with the same modality. The most important characteristics of the bilingualism of Deaf are the following:

1. In many cases they learn the most natural form of communication – sign language – only in school;
2. Because of their hearing loss, Deaf people remain bilingual throughout their life, and from generation to generation;
3. They are not concentrated into one particular place inside of a country;
4. There are differences in their linguistic knowledge (it is possible for example, that somebody articulates bad or does not distinguish some grammatical forms in spoken language, or maybe can use only the written form of the majority's language);
5. They are characterised by diverse patterns of language knowledge and language use;
6. They are not recognized as bilinguals (Grosjean 1992; see also Bartha 1999).

The members of Deaf communities are not only bilinguals, but also bicultural: they are devoted to their own culture as well as to the culture of the majority. The Deaf minority communities have independent cultural habits, resources on their own, that naturally strengthen the cohesion among the members.

V. GRAMMATICAL CHARACTERISTICS OF SIGN LANGUAGES

In a wide sense we can define sign languages as manual sign systems. But not all kind of manual forms of communication can be considered as language. The different manual communication systems are grouped as follows (See Bartha, Hattyár and Szabó 2006):

1. *Primer sign languages*: rule-governed, conventional sign languages, that are used in Deaf communities.
2. *Secondary (alternate) sign languages*: high quality systems of signed communication, which are developed and used by those who are competent users of a spoken language.
3. *Home sign systems*: communication systems that are based on gestures, and worked out if a Deaf person lives separately from other Deaf people and he/she needs to communicate with the hearing people.

The so called double articulation is typical for both the primer sign languages and the spoken languages, according to which meaningful linguistic units are built up from the combination of a limited number of meaningless units (phonemes or cherems). The cherems are classified the same way in each sign language, that are the followings (Bartha, Hattyár and Szabó 2006): hand shape, place of articulation, movement, orientation, mimics, and the shape of the mouth.

From morphological point of view sign languages are inflectional and incorporating languages, which have different system of parts of speech than spoken languages (Mongyi and Szabó [2004]).

The structures of sentences were examined in different sign languages, and so we can assume that there are SVO word order sign languages, for example the Italian Sign Language, and also there are ones that prefer the topic-

comment structured sentences, like the Swiss German Sign Language (Woll and Kyle 1994). Mongyi and Szabó [2004]) For the Hungarian sign language, the SOV word order is typical.

VI. THE DEVELOPMENT OF SIGN LANGUAGES

The question how the man creates the language, has been interested many linguists. It is not easy to catch the process of structure forming by studying the already worked out languages. But the recently developing sign languages in the Deaf communities give us an opportunity to examine how the language comes into existence and develops. Nowadays there are two freshly created sign languages standing in the centre of interest of linguists; the Nicaraguan and the one of a Bedouin tribe in Israel. With the help of these sign languages we can study the process of structuring.

VII. SIGN LANGUAGES AND THE BRAIN

For a long time only the users of spoken languages had been studied to map the neurobiological background of language. After analyzing the results a question occurred, whether the cerebral organization of language were based on the function of hearing and speaking. To answer the question brain injured sign languages users had been involved into the researches. The results were relevant from two aspects: first experts could specify our knowledge on the neurolinguistic functioning of language, second researchers could prove that the same territories of our brain are responsible in the case of sign language production as well as in the case of spoken languages. It proves that sign

languages are just as well as natural, independent, human languages as any spoken language.

VIII. SOCIOLINGUISTIC APPROACHES TO SIGN LANGUAGES

The birth of the sign language sociolinguistics, just as well as the start of the research of sign language from a descriptive linguistics viewpoint, is attached to William Stokoe, who described the language use of the American Deaf with the help of Ferguson's concept of diglossy in 1969 (Lucas et al. 2005). The early sign language sociolinguistic investigations following Stokoe's work were restricted to the next four areas primarily:

1. the relationship between the spoken language of the majority community and the sign language, particularly in educational settings;
2. limited knowledge of the linguistic structure of the sign language;
3. doubts as to the actual status of the sign language as a "real language";
4. application of spoken language sociolinguistic models to sign language situations.

(Lucas et al. 2005: 251).

The former dominance of these areas is explicable with the fact that in the early stage of the scientific approach of sign language, it was necessary to fight against the centuries old misbeliefs behind the discriminative practice surrounding the Deaf and their sign languages. So the early researches had to strengthen the status of the sign languages and the Deaf communities (Lucas et al. 2005). In those countries where the fight for the acknowledgement of the sign language, and also for using it as the medium of the education of the Deaf has been finished already, and the status of Deaf communities and the sign

languages used by them are relatively stable, and the description of the sign language in a certain level has been done, researches are made in all subfields of sociolinguistics – although overall and detailed examinations were not born yet (Lucas et al. 2005).

In Hungary the regular linguistic studies on HSL started relatively late, in the 1990s, but at the same time the sociolinguistic researches also started.

For a more thorough knowledge of HSL and the community using it, several further researches are necessary. The present essay aims to map the language acquisition and language socialization of the Deaf from attitudes, and measures the effectiveness of language acquisition with the examination of linguistic competencies. Hopefully this research can add new results to the sociolinguistic studies on HSL in Hungary.

IX. LANGUAGE ACQUISITION OF DEAF

It is very important to distinguish **prelingual** and **postlingual** deafness, during the examination of language acquisition of Deaf. The first phenomena is when somebody loses hearing before the sensitive period of language acquisition, which means he/she cannot build up the linguistic system with spoken language input in his/her brain. The second means when losing occurs after the sensitive period, when the linguistic system has been built.

Although every person is different and every Deaf acquire language differently depending on many factors, some models can be observed. These models are distinguished by languages and/or code-systems used primary in the family, secondary in the school. The most commonly discussed models are:

- Home sign system with the lack of linguistic input
- Spoken language input at home and oral method at school

- Spoken language/signed language at home and at school
- Inconsistent sign language input
- Sign language input in the family, early sign language acquisition

From the view of linguistic competence, the most successful model is the early sign language acquisition. With learning sign language in time and in appropriate timing – while communicating with the family – the Deaf child can get to know the world and so the cognitive development is insured with a suitable beat.

The hardest situation is when the prelingual deaf child is growing up in a family that uses an inaccessible (spoken) language (90–95% of Deaf), and they are educated also in spoken language at school. They usually learn sign language quite late, at kindergarten or at school, from their deaf companions, and even though they are learning it very quickly, their sign language competencies are underdeveloped comparing with the ones, who live in Deaf families (Meadow 1968, Kyle 1994, Fischer 1998, Newport and Supalla 1999), while they do not achieve significantly more regarding spoken language (l. Meadow 1968).

X. EDUCATION OF DEAF PEOPLE

In every bilingual (and bicultural) situation, there is a special role of education from the point of saving the language and the culture.

The education of the Deaf in Hungary goes in the frame of a special variation of segregation program, when the language of the education of the minority is the majority language. So the Deaf in Hungary are educated separately from their hearing companions, in spoken Hungarian language. This method urges the acquirement and usage of the spoken Hungarian, ignoring the

development of the student's knowledge and communicative skills in HSL. This practise is aiming the development of subtractive bilingualism (Hattyár 2000).

Deaf in Hungary can also participate in integrated education, depending on the rate of deafness and other factors, which means they can study among hearing children in majority schools. It is the immersion program, and can result monolingualism in that case, if there is nobody in the family or among friends, who uses sign language.

The education of Deaf was not always like this. Abbot Charles Michel de l'Épée (1712–1789), the founder of the institutional education of Deaf, founded his school in 1759 for children who were deaf and poor in Paris. He used sign language to educate his pupils and to teach them the written form of French (Branson and Miller 2002).

The manual method of De l'Épée was quickly spread, but the founder of a Deaf school in Lipche (1778), Samuel Heinicke developed a new rival method at the end of the 18th century, that has become popular very soon: the so called *oral method* (Bartha, Hattyár and Szabó 2006). The aim of the oral method is that the child would acquire the majority language and also its spoken form. For this reason both forms (written and spoken) of the spoken language were used when giving instructions, excluding any form of sign language.

The fight between the manual and oral method sharpened by the end of the 19th century, and the new mode extruded the other practise built on the traditions of the French abbot. Even, on a congress in Milan, in 1880 (2nd International Congress), where teachers of Deaf participated, those resolutions were accepted which provided the monopoly of the oral method in the education of Deaf for a long period of time.

In most cases the oral method does not reduce the disadvantage coming from the lack of sensible input from the early ages, even more conserves or enlarges it (see Kudomrák 1999). From the very slow development of cognitive achievement (and retrogression) we can assume, that this method does not

provide the development of an independent and successful life routine for the Deaf children either the possibility of the social integration.

We had to wait for the next relevant change in approach to the education of Deaf till the end of the 20th century. In the 1980s several bilingual education programmes were started in different countries: in Australia, South-Africa, Denmark, Finland, The Netherlands, Great-Britain, Sweden, Portugal, Uruguay, few states of the USA and in Venezuela (Bartha 2004). There are several types of bilingual education of the Deaf; we can sum the positive effects of the different models as follows (Bartha 2004: 325–326):

- Same knowledge of reading as their hearing companions’.
- Their writing skills are the same as the hearing contemporaries’.
- They still make mistakes in writing but much less, than those who do not study in bilingual education.
- They are able to express themselves fluently in writing.
- They have more self-evaluation, they are more balanced mentally.
- They are able to acquire a third or fourth language.
- They achieve on the same level according to the requirements of the standard national curricula, not to the reduced content.

Despite of the positive results of the bilingual Deaf education, the oral tradition has been sanctified also by the Hungarian legislation. Although, according to the law about the public education in *1993 No. LXXIX.*, 8/B §, the 3rd article says about the educational governing Principle in kindergarten and also in school, that those children, who need special education can be trained and educated also in sign language; sign language does not appear anywhere as the language of education. As a subject it occurs quite late in the 7th and 8th grades.

XI. THE RESEARCH

The aim of the present essay was to map and to estimate the samples and factors effecting the acquisition and use of language of the Hungarian prelingual Deaf children, and in connection with this estimating their linguistic competence.

When planning this study I assumed that the language acquisition and use of the prelingual Deaf children and also their linguistic competencies differ in regard of the language used by the family. I also thought that there are other factors that effect the development of linguistic competence, so primarily the Deaf children growing up in spoken language environment do not create a homogenic group. So the study were built around three exact questions:

1. What kind of path of life does a prelingual Deaf child and his family go trough today in Hungary, and how do the social stereotypes, prejudices and attitudes influence the development?
2. What kind of models of language acquisition and use can be distinguished regarding the prelingual Deaf children?
3. What kind of competencies can be created by the different models of language acquisition and use?

For answering the above questions I have interviewed Deaf children and their mothers about language use. Also I have interviewed two employees (a special teacher and an educator) of that school where I had been doing my observations for two years, and where most of my informants studied.

Also I have sketched the profiles of language acquisition and use of each Deaf child participating in the research, then based on this I distinguished four different models.

I have measured the effects of the four models of language acquisition and use with different type of tests on competencies. One part of these tests

concentrated on sign language skills, the other part on the Hungarian language skills. All the time I distinguished the Deaf children of Deaf parents from Deaf children of hearing parents, during the introduction of the competencies. Then I examined the results in relation with the four model of language acquisition and use.

23 people participated in the research: 7 prelingual Deaf children (members of the target group), every mother of these Deaf children, a hearing control group, and a hearing special teacher and a deaf trainer. The table below shows the codes of the informants.

Table 11/1.: The codes of informants

Target group	Control group	Mothers	Teachers
SiS-13-f-1	K-13-f-1	A-SiS-13-f-1	ST
SiS-16-f-2	K-16-f-2	A-SiS-16-f-2	HT
HaS-16-l-3	K-16-l-3	A-HaS-16-l-3	
HaS-13-f-4	K-13-f-4	A-HaS-13-f-4	
HaS-16-f-5	K-16-f-5	A-HaS-16-f-5	
HaS-15-l-6	K-15-l-6	A-HaS-15-l-6	
HaS-15-l-7	K-15-l-7	A-HaS-15-l-7	

The first three characters of the codes belonging to the members of deaf target group (SiS, HaS) show if the child was born in Deaf or hearing family. Then comes the age of the informant. It is followed by the gender f (male) and l (female). The last character of the code is a simple ordinal number, that was necessary for distinguishing two informants. (It was the same with the control group, only the first three characters were changed into „K”, which means „control group”. Mothers are shown through an additional „A” to the code of their child. The deaf teacher got a simple ST, the hearing one a HT code.)

The interviews and tests with Deaf have been prepared with the help of Deaf fieldworkers (Györgyi Szalma, Anikó Fülöp and Gabriella Cserni), with the hearing informants I was working.

The tests of the study were examining the competence of Deaf on different linguistic levels. It is summarized in the table below.

Table 11/2.: *The types of tests measuring linguistic competencies*

Linguistic level	HSL task	Hungarian language task
HSL phonology	Odd-one-out	—
Mental lexicon	Antonyms, synonyms, odd-one-out	Antonyms, synonyms, odd-one-out
Hungarian morphology	—	Odd-one-out
Hungarian morpho-syntac	—	Sentence processing, sentence completion, grammaticality judgements
Comprehension in HSL and Hungarian	Comprehension of HSL text	Comprehension written Hungarian text

XII. PREJUDICE, STEREOTYPES, ATTITUDES

It has been known for a long time already from social-psychological literature, that man is tend to categorize, generalize, and that has a key role in our cognitive activity of everyday life. (see Forgács 1989, Csepeli 1997a, Allport 1999). We are grouping the world's phenomena on the base of certain principles, but at the same time to notice the differences between individuals of one group becomes difficult, we see these individuals of a group very similar to each other, and parallel with this the differences between groups are getting stronger. We are enlarging and exaggerating the common characteristics of a group, and what is very important: we generalize to each member of the group (Csepeli 1997a).

These processes are described by the sociopsychologists as prejudice, stereotype and attitude, and they are mainly discussed in connection with ethnic minorities. People are treating the ones living with disabilities as one homogeneous category just as the ones belonging to ethnic minorities, and often

irrationally (lacking the truth) dressing them with characteristics. The same happens in the case of the Deaf too. The presentation of the above mentioned phenomena is very important regarding the Deaf, because of the acts based on the majority's opinion effect the main issue of the present essay, that is the process of language acquisition.

As it has been already mentioned, most of Deaf (90–95%) were born in hearing families (Berent 2004). In most cases these parents have no any ideas and information about the Deaf, the deafness, and sign languages. Contrarily there are a lot of stereotypes, generalization and simplified pictures around them, based on which they have build up their attitudes. When choosing the language acquisition strategy, parents usually decide according to their attitudes developed on the basis of stereotypes and prejudices.

XIII. DEAF CHILDREN IN THE FAMILY

Naturally all people are expecting healthy child and they are planning their common lives and future without considering the possibility of disability. This way the birth of a child with a disability is always a trauma for the parents, upsetting a delicate balance.

There are well recognized standard stages of the process of the working up the shock, despite of several factors (for example the type of the disability, its seriousness, the (the date when it happens, the financial situation of the family, emotional resources, the age of the parents, etc.) which make all cases different (Kálmán and Könczei 2002).

After the interviews with the mothers, we can see that in the centre of the life of a Deaf child and his/her family, there is always the disability and the struggle for overcoming it.

The typical path of life of a family raising a Deaf child can be described with the following main features:

- The diagnosing of deafness is always hard and takes a long time (several months).
- Getting the diagnose hearing parents – contrary with the Deaf parents – go through a serious trauma.
- This trauma dissolves very slowly and usually never comes to an end.
- The parents do not get sufficient information on what to do and where they can go for help.
- If they get some information and help and any advices, it concerns always exclusively the early application of the oral method.
- The parents' therapy is not part of the rehabilitation, nobody cares about the problem of the parents.
- The freedom of the school choice guaranteed in the law does not come true, they can choose only between the integrated or segregated education, but in both types of institution the spoken Hungarian language is the language of the instruction, and the acquisition of this is the most important pedagogic aim.
- The school usually wants to rule the home communication practise as well.
- For the hearing parents the most important aim is to achieve and to develop the spoken language skills, and they work very hard to succeed.
- Many times the parents are not satisfied with the achievement of spoken language.
- Even though the quality of knowledge passing is not high, parents are satisfied with the work of the school, but the Deaf child is not.
- The parents' and the children's vision is quite vague: they all have fears related with the further studies and berth.

- Both the parents and the children are (based on their earlier negative experiences) mistrustful with the social majority.
- The parents, the Deaf children and the teachers want changes of view in the society.

XIV. ATTITUDES TOWARD DEAFNESS

With the interviews it was possible to get to know the parents' and the children's attitude toward deafness and HSL. Looking at the results we can say that hearing parents look at the deafness of their child as a deficit. A good prove of it is that from their point of view the biggest aim is to acquire the spoken language, what we can interpret also as an experiment to hide deafness. The same is proved when often the notion of deafness is associated with reduced value. Besides of this it is a very important fact that hearing parents do not keep in touch with the Deaf community, moreover, many of them do not know about the existence of this community.

Seemingly the fact that the hearing parents remain aloof similarly to the deaf parents regarding the hearing corrective operation – it is not connected with the acceptance of Deafness but of being afraid of the risk of the operation.

XV. ATTITUDES TOWARD SIGN LANGUAGE

During the research it turned out that the attitude of Deaf parents of Deaf children toward sign language is positive and the attitude of hearing parents can not be called negative. Hearing mothers – besides other doubtfulness – concern HSL as a language and mostly find it nice and useful also. They believe it is important that their children use it on a high level. But the most important aim of

their linguistic raise is to develop speaking skills; none of them went to any sign language course; only one mother has evolved home sign system so as to communicate with her child; two parents use signs during communication with their children; and two are raising their children without using HSL or any signs at all. It also has turned out that the attitudes of the hearing parents have been changed a little since the birth of their Deaf child, but not relevantly, since none of them changed their language usage habit.

The attitude to sign language of Deaf children is quite positive, as only one of them figured out an other language as the most liked one, and they all choose sign language as the easiest to use. But only one child from the seven says that sign language is his mother tongue. It is important to notice that the positive attitude of these children toward HSL has not been formed against Hungarian. All of the informants recognises the written and spoken form of Hungarian, also the importance of application of lip reading, and many of them think that sign language together with Hungarian should be used in school.

XVI. LANGUAGE ACQUISITION AND LANGUAGE USE PROFILES

The process of acquisition of the language is different in each case, and influenced by many factors, as the date of diagnose, the used methods, the keeping touch with the Deaf community. When evaluating the results of the survey we have to notice these differences – specially because of the small number of the participating informants. With processing the interviews by different aspects, it became possible to separate some models of language acquirement and usage.

Table 16/1.: Models of language acquisition and language use of the informants

Informant	Language used with the parent	Language used with sisters and brothers	The language of education	Language used with close friends	Language used in the wider family and group of friends	Model of language acquisition and use
SiS-13-f-1	HSL	—	Hungarian	HSL and Hungarian	HSL and Hungarian	PRIMER HSL DOMINANT
SiS-16-f-2	HSL	HSL	Hungarian	HSL and Hungarian	HSL and Hungarian	
HaS-16-l-3	Home sign system	—	Hungarian	HSL	HSL and Hungarian	HOME SIGN DOMINANT
HaS-13-f-4	Hungarian with some signs	—	Hungarian	HSL	Hungarian	HUNGARIAN DOMINANT WITH SOME SIGNS
HaS-16-f-5	Hungarian with some signs	Hungarian	Hungarian	HSL	Hungarian	
HaS-15-l-6	Hungarian	HSL	Hungarian	HSL	Hungarian	HUNGARIAN
HaS-15-l-7	Hungarian	—	Hungarian	HSL	Hungarian	DOMINANT

The primer dominant model differs from all the other three models regarding the date of acquisition of HSL. Those children belonging to this model (Deaf parents' Deaf children) have acquired HSL at home, in familiar surrounding since infancy, in a natural way. The others belonging to the other three models met ASL only when they went to school, so the learning of this language (meaning the first language) could be started quite late.

XVII. LINGUISTIC AND COMMUNICATIVE COMPETENCE

The concepts of linguistic competence and linguistic performance, introduced by Chomsky have become basic terminus of the modern linguistic researches (Chomsky [1965] 1990). This dichotomy was judged by Hymes (1972) from the performance. Hymes emphasises that during the examination of utterances some socio-cultural features have to be considered, that influence the forms and the grammatical level of the utterances. According to Hymes behind our utterances there is not only a linguistic competence but also a so called communicative

competence, that has different territories and these territories are changing and developing for the whole life (Hymes 1972).

Regarding the communicative skills of bilingual persons Grosjean (1992) lays down, that there are only a very few bilingual persons who have native competence in both languages. This phenomena determines the language use of Deaf just as well as the hearing people's. It is also important to point out that the use of two languages results that these languages have effect to each other. Consequently, same kind of mistakes appear in the Deaf's Hungarian language use than the kind, hearing language learners make (Horváth under edition). It proves that Deaf children learn the spoken language according to the mechanism characterized when learning a second language (Bartha, Hattyár és Szabó 2006), that are governed by other cognitive processes, than when acquiring the first language (Fischer 1998).

The third question of this essay is about what kind of competencies can Deaf children develop within the different models of language acquisition and use determined and influenced by the attitudes and social stereotypes represented by the parents and education.

For answering the question I have prepared a test for the group of Deaf. The study of competencies included test of the mental lexicon in HSL and in Hungarian, the knowledge of rules phonology of HSL and the morphology and morpho-syntactic characteristic of Hungarian.

The expectation of the parents and the school is the acquirement of Hungarian by the prelingual Deaf child as well as possible. The level of requirements for this can be understood through the fact that they are forced to get the information and the curriculum in Hungarian, just like their hearing companions. Because of this the test had to be done by a hearing control group as well. The results of the control group let us see on what level the Deaf can fit the requirements for linguistic competence. As the mother tongue of the control

group is Hungarian, while checking the results of both group, we can compare the competences in the mother tongues as well.

The analysis of the tests was the same in each case: every good answer meant 1 point, every bad one 0 point, than I got the indicator of achievement with average-calculation.

XVIII. SURVEYING THE MENTAL LEXICON

For the representation of notions, I had worked out six exercises. In two of them the task was to give synonyms, first in HSL than in Hungarian; in two others they had to give antonyms (also in HSL than in Hungarian); in the last two there were so called odd-one-out exercises, where the informants had to choose the sign/word that did not fit there.

In two tasks – synonyms and antonyms – Deaf children achieved better results in HSL than in Hungarian. It shows that their mental lexicon of HSL is twitted stronger to the representation of notions than Hungarian mental lexicon. In these exercises Deaf children of Deaf parents got better results in both HSL and Hungarian, than the Deaf children of hearing parents, which means that the early sign language acquisition has positive influence on learning the spoken language, and the mental lexicon of Deaf children is more extended. Their achievements are more balanced in HSL and Hungarian, which means the high level of their bilingualism.

In the odd-one-out exercises the Deaf children of hearing parents achieved 10% better, than Deaf children of deaf parents. But in the case of the Hungarian exercises the Deaf children of Deaf parents made 23,4% better than the hearing parents'. These results can be explained by the small number of items in the test.

Analyzing the results, we can say that the total target group has HSL dominancy, but it seems that Deaf children of the Deaf parents get to the mental representation of concept with the same ease in both languages.

XIX. PHONOLOGY, MORPHOLOGY, MORPHOSINTAX

With the results of the my research I was trying to answer the question, what kind of linguistic competencies the Hungarian Deaf children get during language acquisition.

With the odd-one-out test I was examining the competence of HSL phonology and Hungarian morphology of Deaf children on. I was examining their morpho-syntactic competence with a sentence processing, a sentence completion test, and with one that needs grammatical judgement. While the sentence processing and the grammaticality tests were for mapping the informants' linguistic consciousness, the sentence completion test was examining how they can use their grammatical knowledge.

Tests that refer to the application of morphology and morpho-syntactic rules were prepared only in Hungarian. The reason was, that the grammatical structure of the Hungarian Sign Language differs from Hungarian, so I could not create tasks in HSL analogue to the ones in Hungarian. And as a detailed description of morpho-syntactic rules of the HSL at this level has not been edited yet, I have not prepared other tests with other viewpoints.

The test on phonologic knowledge of HSL (odd-one-out exercise) was difficult for all Deaf kids whether their parents are Deaf of hearing, and the children with hearing parents achieved results by 10% better. Analyzing the results of the three tasks we can say, that the most difficult was to distinguish the nature of movement, and the easiest was to make decisions by the hand shape. But because of the small number of items, we have to be careful with the results.

Table 19/1.: Results of the odd-one-out test concerning HSL; target group (N=7)

Distinguished feature	SiS	HaS	SiS+HaS
Place of orientation	0	0,2	0,142
Hand shape	0,5	0,6	0,571
Movement	0	0	0
Total	0,166	0,266	0,238

In one of the tasks on morphologic rules of Hungarian language informants also had to choose odd words. In this task the Deaf children of Deaf parents have made 18,3% better than the ones with hearing parents, but still it was worse by 25% than the result of the control group. This result can be explained with the fact that, that the grammatical features and rules are explained for the Deaf children only in Hungarian (in a language to which Deaf children don't have full access), and also because they meet these characteristics only in written form, so much more rarely than the hearing children.

The results of the sentence comprehension task shows the same patten with the difference of better achievements in both Deaf groups.

Examining the results of the sentence completion test together with the one's that needed grammaticality judgements, we can conclude, that the Deaf children of hearing parents do have some – not enough – knowledge of the morpho-syntactic rules of the Hungarian language, but it seems to be very difficult to use them. Contrary to this Deaf children of Deaf parents have native like competence on this level of Hungarian language.

XX. COMPREHENSION

In everyday life we are surrounded with texts everywhere. The communication (either spoken or written or through signing) goes through texts. Our knowledge about the world comes mainly from texts, and we use also texts to arrange this knowledge. Processing texts is part of the learning, and especially in the sense of

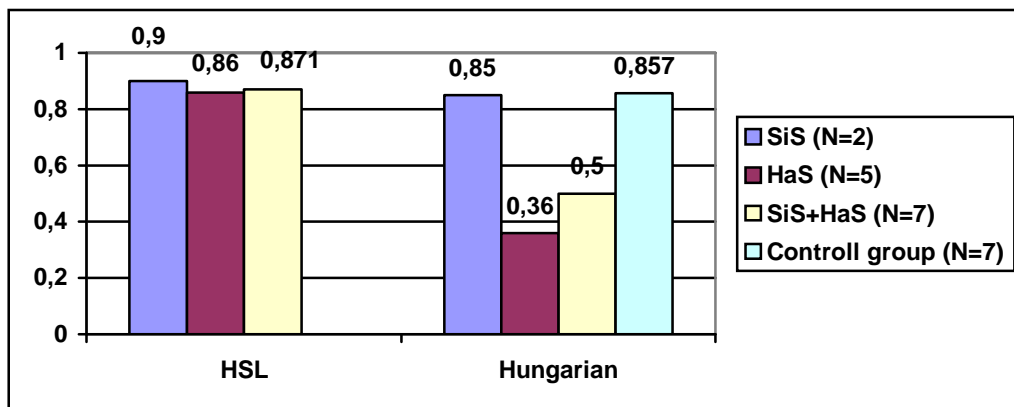
„basic cultural competence it is the learning itself” (Horváth 2003). Even though it is evident, it is important to emphasize that the skill of comprehension of texts and its success is also very important in educational setting.

I have examined the comprehension competence both in HSL and in Hungarian language, on the level of equalizing the facts, dates and content of the text, with the method of paraphrase (see Horváth 2003). It means that after watching and reading the text, the informants had to tell the seen/heard story.

For the analyzation I have chosen ten-ten relevant content element from both of the stories, and I was checking if these were included in the solutions.

I checked the reproduction of the seen or read story in sign language only, as all the seven informants communicated in this language the most self-confidently.

Figure 20/1.: Results of the comprehension tests



The results show that the understanding of texts in HSL does not cause any problems for Deaf children. The mother tongue competence of all the Deaf children of hearing or Deaf parents reaches (overcomes) the control group's. So the information is accessible in this language for the Deaf. But the understanding of the Hungarian is very different. The difference is dramatic between the two groups. It is 49%.

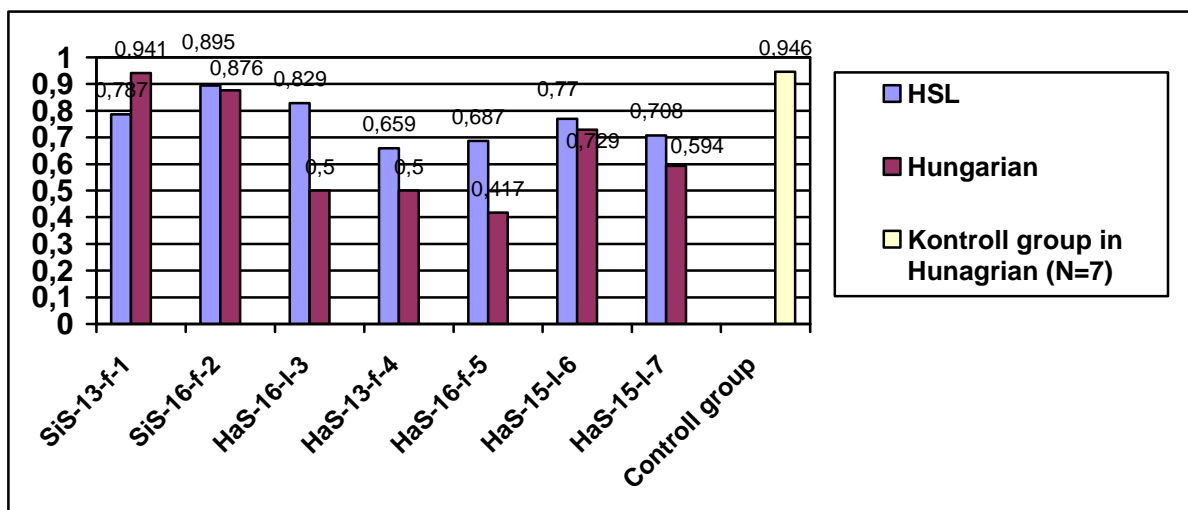
This result also calls our attention to that the acquisition of HSL and the early intensive use of it subserves the development of second language competencies, which means that Deaf children of Deaf parents can get to the curricula easier. Contrary to this, the slight of HSL at early ages will cause a huge lag regarding the acquisition and use of a second language.

XXI. INTERPRETATION OF THE RESULTS OF THE TEST OF COMPETENCIES

With checking the results of the tests of competencies, according to informants and languages we can draw a scale according to the efficiency of the models of acquisition. Looking at the competencies in HSL, it is the following:

1. primer sign language dominant and home sign dominant model
2. Hungarian dominant model
3. Hungarian dominant model with some signs

Figure 21/1.: Results of the tests of competencies according to the informants



The good achievement of Deaf children of Deaf parents is of course connected to the early sign language acquisition in natural environment. These two children acquired HSL under similar circumstances. The different between

their achievements can be explained with the differences in the environment outside the family and the types of schools.

According to the results of the study, the use of home sign system has a relevant influence on the development of sign language competence. The result of HaS-16-1-3 is better than one of the two children from Deaf family (SiS-13-f-1). Even though the home sign systems are not primer languages, it is well known that these code-systems already contain the bases of sign language structure, what Goldin-Meadow (2002) calls the resilient attributes of the languages. The building up and usage of these basic structures naturally facilitated the acquisition and use of the conventional sign language system.

Those deaf informants, who did not meet any HSL or family sign system input in their early childhood, achieved worse than their companions. It is basically the consequence of the fact that they could not start language acquisition in the most sensitive period, that is before three years. The late start of the language acquisition leads to an irrevocable disadvantage in developing competencies both in first and second language (Kyle 1994, Fischer 1998, Newport and Supalla 1999).

Among those, who acquired sign language late, those have more developed linguistic competencies, who did not get help with signs during the communication with the parents, so had to concentrate only on the speech or its visible forms.

Among the children of hearing parents those had the less developed linguistic competencies, who can be classified to the type of the Hungarian dominant model with some signs. With these children, their parents communicated in spoken Hungarian language, while sometimes, randomly used signs. What the children see during this type of communication is not a language, only some signs, which are leading the attention of the child because of their accessibility. This communication form lacking of any systems, and as we can see, it makes the acquisition of HSL more difficult for the Deaf child.

Regarding the Hungarian language competencies the scale varies as follows:

1. Sign language dominant model
2. Hungarian dominant model
3. Hungarian language dominant model with some signs, home sign dominant model

Those Deaf children have the highest language competencies in Hungarian, who start learning their first language (HSL) in their early childhood. The results of the present research support that is already known from the international literature for a long time fact (among the first see Meadow 1968), that with the acquisition of a sign language, it will be possible to build the mental language that is indispensable for a successful second language learning in school.

On the scale the Deaf children of Deaf parents are followed by children of hearing parents, who are characterised with the Hungarian dominant model. Acquiring Hungarian is more difficult for them because of the lack of the early language acquisition.

They are followed by two informants characterised with different models. Both of them are showed a same competencies of Hungarian, but one of them, HaS-13-f-4 is younger by three years, so he had come before on the scale. Informant HaS-13-f-4 can be characterized with the of Hungarian dominant model with some signs, while the elder HaS-16-l-3 with home sign dominancy. According to the facts of the research, with the less developed linguistic competence disposes an informant characterised by the Hungarian dominant model with some signs. For the good understanding of the achievement of the three informants we have only assumptions, that would need further empiric proves.

One important question arising along the results of the three informants, is that the use of the home sign system helps – as we can see above – the learning of HSL, but does not help to learn the spoken language. One answer could be that the home sign system can ease only the study of language with equal modality. This means that developing and using home sign system, only prepare the mind for the building up of the linguistic structure. But the structure is not built up by it. For the mind prepared by the usage of a home sign system, the structure, the building up of a mental language starts only at the meeting of a primer sign language. So with the same delay just as in the case of informants following a Hungarian language dominant sample.

The Hungarian dominant model with some signs can lead to a weaker Hungarian language competencies, than the pure Hungarian dominant model, which also does not provide the opportunity of a language acquisition for Deaf children. The reason for this is probably in the earlier mentioned facts. Further more we can assume, that in case of communication with the help of signs with the limited knowledge of them, the utterances of the parents in Hungarian will be reduced.

If we compare the competencies in both languages by the informants, we can see, that only one informant (SiS-13-f-1) shows Hungarian language dominancy, who studies in an integrating public school.

We can also see from the table that the most balanced achievement belongs to the informant SiS-16-f-2 who has a strong Deaf identity, coming from a Deaf family, and his Hungarian competence is almost as high as in HSL.

Children who have pure Hungarian dominancy show quite balanced linguistic competencies, but their knowledge of sign language lags from those who grow up in Deaf families, and because of this their total achievement is weaker.

The less balanced linguistic competencies are shown by those informants, who are characterized with a home sign dominancy and with Hungarian

language dominance with some signs, which means that in these two models is the most difficult to achieve the high level of bilingualism.

Summarising the results we can say, that the key of a high level bilingualism of the Deaf is the early language acquisition, that is realizable in the case of prelingual Deaf children only through sign language. With the lack of this, the Deaf child, who starts the acquisition of the first accessible language with a delay (only at the beginning of school with the help of his/her companions), actually gets into an irrevocable disadvantaged situation if the oral method is used in school (Kyle 1994, Fischer 1998, Newport and Supalla 1999).

These disadvantages deriving from the lack of language acquisition can naturally cause further cognitive lag, as the low competencies are obstructing the achievement of learning, in everyday learning and in educational settings as well. Further consequences are (but not only because of this), that the chances of integration of the Deaf are very bad. So insuring the opportunity of sign language acquisition or the prevention of it is influencing the whole life.

XXII. SUMMARY AND ADAPTABILITY OF THE RESULTS OF THE RESEARCH

The results of the present research could be used in three territories: in education, the counselling and rehabilitation and in the promotion of changing the social point of view.

So as to the school could ensure the language development of the Deaf and the equalization of the differences caused by the different acquisition models, the present aim and method of Deaf education as well as the different approaches behind the education have to be changed. Only the change in the approach and the reform of the methods can result that the Deaf children could

correspond to the requirements for linguistic development and the subject requirements.

The other area of application of the results is the counselling and rehabilitation. At present the hearing parents do not get appropriate and enough information about the possibilities regarding the language development after the diagnosis. And even what they get is very one-sided. It would be important to let them know about alternative methods, and except for the early expansion to the oral method they would be familiar with the opportunities residing in the sign language acquisition.

Besides of providing the information, the possibilities should be available for those parents who are willing to learn sign language and to bring their child to sign language using Deaf community. Meanwhile the therapy of the parents is necessary. As for the harmony between parent and child, the key is, that seeing further of the disability, considering it as only one element of the personality, the parent would be able to see his/her child together with all the personal characteristics.

Finally the results could be used in the promotion of the change attitudes on a social level. To explicate the misbelieves surrounding Deafness and sign languages, and to spread over the denials in the society would be necessary. Because both the rehabilitation and the parent-therapy as well as the remodelling of the educational system could bring reassuring results, only if the majority is also prepared for the integration of the Deaf.

AFTERWORD

The welfare of the Deaf has been limited by stereotypes and prejudices for a long time. Even nowadays, at many areas of life they have to meet discrimination, and the fact that the social majority treats them only according to

their disability, and that – even if with benevolence – they are forced by the majority norms.

The task of the majority is not to raise the Deaf onto the level of hearings, with a paternalist gesture, but they should abolish the many century old conditioning about the measurable differences between hearings and Deaf. The biggest task for the majority should be to do everything for Deaf according to *their* needs to help them to live this world in its completeness. We have to act not as benefactors but we have to become real partners. The labels on Deaf should be torn off, and we should get to know them in their own colourfulness. Even if we cannot become like the inhabitants of Martha's Vineyard or Desa Kolok, we have to be ready to become like that: not simply acceptors but cooperative. For this the first step should be to give back everything to Deaf what had been taken from them for centuries by the majority: their self-reliance, their self-esteem and most importantly: their language.

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