During the last two decades bilingual-bicultural education programs (programs which recognize that children may come from a different culture and speak a different language in the home than in the school) have flourished in the United States as the
ethnic composition of children attending public schools has become more diverse. In the late 1980's discussion of bilingual-bicultural education for children who are Deaf brought about new theories. (A capital D is used by bilingual-bicultural programs to identify deafness as a cultural, rather than a medical, issue.) According to Schirmer (1994) "the impetus for implementing bilingual-bicultural programs for children who are deaf comes from two sources: (1) The Deaf community, who advocate for the right to pass on their language and culture to succeeding generations; (2) the overall disappointing achievement of youngsters who are deaf. (p. 98) Although small gains have been made in the levels of reading achieved by the average child who is deaf, overall achievement remains considerably lower compared to their hearing peers despite ardent attempts to teach Deaf children through Total Communication (see ERIC Digest E559) and oral approaches (see ERIC Digest E551).

Additional impetus for bilingual-bicultural programs comes from Sweden, where, in 1981, after years of grassroots activism by Deaf adults and parents of children who are Deaf, the Swedish Parliament passed a law stating that people who are Deaf need to be bilingual in order to function successfully in the family, school, and society (Mahshie, 1995). What does it mean to be bilingual-bicultural?

"A person who is bicultural can move freely within and between two different cultures. Biculturalism implies an understanding of the mores, customs, practices, and expectations of members of a cultural group and the ability to adapt to their expectations" (Finnegan, 1992, p.1). Bilingualism involves the ability to use two different languages successfully. Some individuals may be stronger in one language, some in the other, some may blend the two languages into a pidgin (Maxwell, 1991). Individuals who are Deaf are considered bilingual if they are able to communicate effectively in both American Sign Language (ASL) and English or the spoken language of their country. They are considered bicultural if they are capable of functioning in both the Deaf community and the majority culture.

Although there is no standardized formula defining bilingual-bicultural programs, they are founded on a common set of principles. A basic premise of bilingual-bicultural education is that all children should develop communicative competency. This is a challenge because more than 90 percent of children who are Deaf have hearing parents or caregivers who must learn ASL as a second language.

Education programs that follow the bilingual-bicultural philosophy work with parents/caregivers to help them realize the special linguistic, educational, and social needs of their child(ren) who are Deaf and to help them realize the importance of early language acquisition. Deaf children who develop language late are less proficient than those who develop an early first language (Newport & Sapulla, 1987). Helen Neville's research at the Salk Institute's Laboratory for Cognitive Neuroscience also shows that children must learn a language during their first five years or so, before the brain's neural connections are locked in place, or risk permanent linguistic impairment.
(Wolkomir, 1992). "What suffers is the ability to learn grammar. As children mature, their brain organization becomes increasingly rigid. By puberty, it is largely complete. This spells trouble because most deaf youngsters learn language late; their parents are hearing and do not know ASL, and the children have little or no contact with deaf people when young." (p. 36)

Since it is the grammar of languages that distinguishes them most significantly from one another (most spoken languages have similar pragmatic or social functions and similar sound systems), the early assault on the ability to learn grammar makes the development of a sound language system even more compelling.

Bilingual-bicultural programs differ from other programs most notably by their approach to first language acquisition. While bilingual-bicultural programs have respect for both ASL and English, these programs advocate for ASL to be the first language of children who are deaf. "Research has shown that effective language has to be fast and clear. ASL is an efficient language for visual learning and is easier for Deaf children to acquire as a first language than any form of English" (Finnegan, 1992, p. 7). Johnson, Liddell, Ertling (1989) stated that ASL is the language choice of adults who are deaf, and it offers access to the school curriculum and other world knowledge. A solid foundation in a first language leads to better English performance over time, and skills transfer from one language to another.

Teaching ASL as the first language for Deaf children has additional benefits. ASL is the language of Deaf people throughout the United States. Proficiency in ASL automatically allows membership in the Deaf community and in cultural events that occur in communities where Deaf people live. This membership is vital to Deaf children because it promotes a healthy view of who they are as human beings and increases self-esteem and confidence in their abilities to interact in a wide array of situations.

The bilingual-bicultural approach recognizes that ASL and English are two distinct languages in the same way that, for example, French and German are distinct languages. ASL is a complete language with its own grammar, syntax, and rules for interaction. Signing ASL and speaking English cannot be performed simultaneously with a great degree of success; therefore, when signing ASL one should not attempt to speak English. Speaking English when signing deteriorates the visual signal resulting in an inferior production of signs as well as inferior use of spoken English. The goal is clear and proficient production of ASL.

Proponents of the bilingual-bicultural approach believe that Deaf children are not deficient. Instead of being auditory learners, they are visual learners. Deaf children do not need remedial teaching strategies because the bilingual-bicultural program provides a unique visual learning environment in which their linguistic, cultural, and social needs are met. Deaf teachers, administrators, and support staff are considered valuable components of the bilingual-bicultural program. The bilingual-bicultural approach does
not support mainstreaming Deaf children in regular education programs. Many Deaf adults have shared their stories of isolation and academic deprivation while attending schools for children who can hear. The bilingual-bicultural approach holds that cognitive, linguistic, and social competence are best achieved in environments that provide full communicative access to the curriculum.

Who can choose a bilingual-bicultural option?

Proponents of the bilingual-bicultural option feel that all children, no matter what their degree of hearing loss, would benefit from a bilingual-bicultural option. However, it is most likely that these programs will exist separate from the mainstream education agencies and buildings. Some may be residential, some may be day schools. Parents or caregivers who feel that this approach is appropriate for their child should call the residential school for Deaf children in their home state. Although a growing number of schools for children who are deaf have adopted bilingual-bicultural programming, families in rural areas may not have access to this approach.

What are the benefits of a bilingual-bicultural option?

There are several benefits of bilingual-bicultural education. Early access to comprehensible language fosters early cognitive development which, in turn, promotes increased literacy and greater academic achievement. Students who attend bilingual-bicultural programs develop functional skills in two languages. The emphasis on early language acquisition and establishing a first language (ASL) provides a base upon which English is subsequently taught. Students in bilingual-bicultural programs have increased self-esteem and confidence due to the healthy view of Deaf children, acceptance of who they are as human beings, and increased confidence to function in bilingual-bicultural environments.

What are the limitations of a bilingual-bicultural option?

Bilingual-bicultural programs in the United States are still relatively new. Limited data are available regarding students' achievement in these programs. As schools begin bilingual-bicultural programs, schools may have difficulty recruiting native signers of ASL because their numbers are limited. Further, while staff may have excellent skills in signed English, they often do not have proficient ASL skills and must be retrained. Some opposition may result in this effort. At this time, most university education programs continue to prepare teachers of the deaf in the philosophy of Total Communication. Generally, the level of sign language proficiency required by most universities, states, and certifying agencies is inadequate.

Lack of ASL classes for parents or caregivers, especially in rural areas, may severely restrict communication in the home. Without fluent language models, Deaf children's language will be developed neither optimally nor naturally.
What are some questions to ask in choosing this option?

How many of the educational staff are native ASL signers and/or fluent ASL signers? How are signing skills evaluated? How is English developed? When is English introduced in the curriculum? What support is given to parents or caregivers to learn ASL? How are children who developed language late or have limited language proficiency treated in this type of program? How does the curriculum compare to that of hearing children? Where do you recruit staff? How will I know if my child is progressing adequately?

REFERENCES

Bicultural Center, 5506 Kenilworth Ave., Suite 105, Riverdale, MD 20737-3106, (301) 277-3945 (V); (301) 277-3944 (TTY).
California School for the Deaf, 30350 Gallaudet Dr., Fremont, CA 94538, (510) 794-3666 (V/TTY).


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