SARA TROVATO

A Stronger Reason for the Right to Sign Languages

Abstract

Is the right to sign language only the right to a minority language? Holding a capability (not a disability) approach, and building on the psycholinguistic literature on sign language acquisition, I make the point that this right is of a stronger nature, since only sign languages can guarantee that each deaf child will properly develop the linguistic and cognitive potentialities with whom (s)he is endowed at birth. So, the right to sign language is also the right to the integrity of the person.

This is a special time for Deaf people in the world: International institutions have discovered sign languages. In 1988 the European Parliament ratified its first Resolution on Sign Languages for Deaf People. This was the first of many more opinions and recommendations by the same institution, the most significant of which is the 1998 Resolution on Sign Languages.

On December 13, 2006, the UN Convention on the Rights of Persons with Disabilities stated that Deaf people are entitled to communicate through sign languages. Since international statements are about to be employed at a state level, this is a perfect time to think about the nature of the right to sign languages.1

In this article I address the following question: Is the right to sign language the same as the right to a minority language? A minority language is a language that is spoken in a country by a small portion of the population and (typically) does not have an official status (i.e., is not enforced by the law), but can aspire to have one.

Sara Trovato earned her PhD at UCL in Belgium. She teaches sociology of education at the University of Milan-Bicocca, Italy.
On the basis of recent research, I maintain that the right to sign language is not only as strong as the right to a minority language, but is indeed even stronger, because it is the right to have normal social and cognitive development.

The Classification of Rights

Following Vasak (2004), thinkers have classified rights according to three groups based on the timing of their acquisition; see table 1.

The first group includes individual rights, civil, and political rights. Individual rights include the right to dignity, to personal integrity, to citizenship, to one’s name, and to equal treatment before the law. Civil and political rights include freedom of association, freedom of thought, freedom of expression, freedom of religious belief, and the right to vote and to be elected. These rights were the first to arrive on the political scene. Most of them were established in the United States and France at the beginning of the contemporary age (i.e., at the end of eighteenth century). In the United States they were the result of the economic rebellion against colonial powers; in France, they were enforced after five hundred years of ancien régime, which was overthrown in 1789.

Politically, these rights were employed for the first time in the most ancient complexes of norms in the world, which were called constitutions. In addition, their ideals, critical of the past and constructive with regard to the future, constituted the center of all future democratic constitutions of the world (up to today—and possibly beyond). Every

<table>
<thead>
<tr>
<th>First Generation</th>
<th>Second Generation</th>
<th>Third Generation</th>
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<tr>
<td>individual rights, civil and political rights</td>
<td>socioeconomic rights</td>
<td>solidarity rights</td>
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<tr>
<td>individual rights: right to life, to dignity, to physical and psychic integrity, etc.</td>
<td>right to have a house, a job, health care, education, etc.</td>
<td>right to peace, economic development, a healthy ecological environment, access to communication, etc.</td>
</tr>
<tr>
<td>civil and political rights: freedom of thought, right to vote, etc.</td>
<td>These rights are collective; they apply to underprivileged groups and are included in many constitutions.</td>
<td>These rights are collective; they apply to underprivileged groups but are included in no constitutions.</td>
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Table 1. Rights Classified According to Their “Generation” (Vasak 2004).
constitution includes at least one of these rights but not necessarily all of them. They are the most ancient rights, and this makes them particularly strong. So, summarizing, they concern every single citizen (they are individual); they concern everyone (they are universal); and each democratic constitution in the world includes some of them.

Socioeconomic rights belong to the second generation, which appeared shortly after the first generation. They include the right to work, to have a home, to have affordable health care, and so on. This group is the result of economic struggles that began in the eighteenth century. These rights are found especially in Europe. In the United States there is typically little interest in them. They are very strong in welfare states, however, such as Western Europe, and before 1989 they were also important in socialist states. They do not apply to individuals but rather to underprivileged groups (i.e., those who do not have a home, a job, health insurance, etc.).

The third generation includes “solidarity” rights, which belong to the future since they are not yet included in constitutions. This list is open ended. They include such rights as self-determination of peoples, the right to communication, and the right to peace.

It is worth noting that both the second and the third groups of rights are

a. collective, i.e., they belong to more than one citizen at the same time,
b. they are not claimed by everyone, but only by those who are interested in having what they still do not have: a house, a job, peace (for those people who do not have a house or a job, for those countries where there is no peace).
c. they are only partially enforced, they are not present in all constitutions in the world (possibly, third generation rights are not included in any constitution).

What about the right to sign language, then? Does it belong to the first, second, or third generation? It depends on how one answers the following questions: Is it individual or collective? Is it universal or the right of a minority group? Today most people would probably say that, as a right to a minority language, the right to sign language is collective and the right of a group. That would then mean that it belongs to the second or third generation.
Sign Languages as Minority Languages

In every country in the world there is a majority language, but most countries also have at least one minority language. The majority language is the most used and/or the official language of the state (e.g., English in the United States; Italian in Italy). Side by side with the majority language, some people normally use another language. This is not usually a second language learned at school, such as English, but rather one learned mostly at home (e.g., Kurdish in Turkey or in Iraq). The question is, are sign languages the same as minority languages?

In the first place, sign languages are the same as other languages in that all linguists agree that they are true languages (Stokoe 1960). They are the same also because Deaf people everywhere must fight for the right to use sign language, exactly as the Kurds have done in Turkey. However, sign languages are not exactly the same as minority languages since minority groups are usually concentrated in a particular geographic area, whereas Deaf people generally are not.

However, the main reason that sign languages do not have the same status as other minority languages is the manner in which they are transmitted. No other language is so particular in this regard: Minority languages of the spoken variety, no matter how small the community that uses them, are successfully transmitted from one’s parents, siblings, and grandparents.

The problem with languages like Kurdish is that they are usually either forbidden or ignored: They are not used in print, and they are not used in political debates, for instance. They can express a very rich civilization; they can have a literature and even a core of academic knowledge; they can be the language in which very interesting ideas are expressed. Nonetheless, they will be disdained by the official public domain.

Sign languages have an additional problem, however. In most cases, they are not transmitted via the family, as spoken languages are. As the available data tell us, in fact, in most countries deaf children of deaf/Deaf parents are very few, just 5 percent of the total population; the majority (95 percent) of deaf/Deaf youngsters are children who have grown up in hearing families (Rawlings and Jensema 1977; Schein and Delk 1974).
Transmission of Languages

This difference in language transmission has important consequences. An individual in Turkey who sets aside Kurdish will learn Turkish. An individual in Scotland who sets aside Scots will learn English. If Kurdish or Scots is replaced by Turkish or English, inevitably the former languages will gradually disappear, and, for the destiny of the language, this is unfortunate.

In contrast, Kurdish or Turkish equal each other in one respect: their speakers can express their thoughts in both languages. This is so because, for hearing individuals, exposure to a language at the time they are biologically predisposed to learn one (i.e., when they are babies) is sufficient (Lenneberg 1967). For hearing babies language will develop naturally; only if parents segregate them from others might babies remain without a language (Curtiss 1977).

The situation is different when a spoken language is meant to replace a sign language. One might say that sign languages are “stronger” than spoken languages, in that both deaf/Deaf and hearing infants quickly learn sign languages. In contrast, spoken languages are naturally learned only by hearing babies.

Natural Learning and Speech Therapy

Deaf babies naturally acquire only sign language. For them to acquire language, it is enough simply to sign to them. They can also learn spoken languages, but, in order to do so, they must undergo speech therapy and participate in specific support programs. It is not enough merely to talk to deaf babies for them to learn to speak, a fact acknowledged by everyone who works with deaf/Deaf people.

A mother does not need much linguistic competence to convey language to her baby. In fact, mothers who are not literate succeed in this task. In contrast, in order to teach spoken languages to a deaf baby, a great deal of competence is necessary. A mother is not enough; in fact, a speech therapist is required. Speech therapists, unlike mothers, are highly trained professionals. But this means that, in this case, it is the process of teaching and learning that brings about the transmission of language.
As is clear to everyone, teaching and learning can also fail, sometimes for the reason that the process is not natural. (Success, then, depends on many variables, like the preparation of teachers and therapists; the learners’ motivation; the pedagogic approaches employed; the pace of classes; teaching styles and learning styles; the quality of the instructional materials; the relationship between teacher and learner; effectiveness in creating motivation; the surrounding stimuli; the encouragement and support [or lack thereof] of one’s peers and family; the socioeconomic context, etc.)

Dependence on successful instruction characterizes oralism, a system of teaching deaf people a spoken language (to the exclusion of sign language) and also cochlear implantation, as cochlear implants need to be supplemented by the instruction taking place in speech therapy.

This means, conclusively, that, owing to the intrinsic nature of language transmission, deaf children do not always learn spoken languages well; in fact, some studies suggest that they usually do not (for nonstandard spoken English, see, for example, de Villiers, de Villiers, and Hoban 1994; for nonstandard spoken Italian, see Volterra and Bates 1989 and Chesi 2006; on the natural acquisition of sign languages by deaf infants see among others Petitto and Marentette 1991; Petitto, Holowka, Sergio, and Ostry 2001). Thus, it can be said that deaf people are born perfectly healthy but are at risk. They possess a normal intelligence and an intact, innate ability to acquire language, but if they are not exposed to and do not learn language in a correct manner, they might encounter problems.

Experiment

Let us find out more by going through an experiment that Rachel Mayberry performed in 1993. I discuss this specific experiment not because it is unique but because it is representative of a well-established trend in psycholinguistic research about (sign) language acquisition (see also Mayberry 2007, 2010). Mayberry wanted to find out whether there is a proper time for sign language learning.

The test was performed with the participation of thirty-six deaf ASL signers. They were shown ASL sentences that varied in their internal complexity (some were very long and difficult) and were asked...
to repeat them—not to translate them, but only to sign them. The aim of the experiment was to identify signers who were more fluent in ASL. In fact, not everyone performed the task equally well. The sentences they reproduced contained, for instance, lexical errors (such as one sign for another), phonetic errors (such as one configuration for another), and syntax errors.

Results

As a matter of fact, Mayberry intentionally involved deaf signers from four different groups. Her hypothesis predicted a specific distribution among the groups, and this is indeed what she found. Let us consider, one by one, the composition of each group. Those in group one (G1) were deaf children of Deaf parents. They had learned sign language early and perfectly (between 0 and 3 years). For them, sign language was their first language (L1).

Group 2 (G2) comprised deaf people whose parents were hearing. As children (5 to 8 years of age) they had attended schools where sign language was used. For them, too, sign language was their first language.

Group 3 (G3) was also made up of deaf children of hearing parents. However, with them, spoken language was tried first, but they did not succeed in learning it. Only after this attempt had failed were they exposed to sign language. Thus, sign language was also their L1; the difference is that they did not learn it until they were between 9 and 13 years of age.

Those in Group 4 (G4) had become deaf during childhood. Until that time, they had been hearing—long enough to acquire English. Once they were deaf, they had learned sign language as grown-up kids (8 to 15 years). For them, sign language was a second language (L2) (see table 2).

The result of Mayberry’s experiment can be schematically represented as follows:

\[ G_1 > G_2 = G_4 > G_3, \]

namely, those who performed better were G1 (i.e., Deaf children of Deaf parents). Less skillful were G2 signers, deaf people who had learned sign language as their first language not very early but not late,
either. Equally good were the members of G4 (i.e., children deafened after learning a spoken language and for whom sign language was acquired late but as a second language). Those with the worst results were the members of G3, signers who had learned sign language when they were grown up and for whom sign language was their L1.

Implications

These results are very important for the general issue of sign language rights. In the first place, both G3 and G4 learned sign language at the same age, but G4 performed better than G3. Why did they not score the same? The reason must be that G4 already spoke one language well—English. We can say the following:

**A strong L1 → L2 is learned well**

Strong competence in the first language implies that the second language is learned quickly and well. Linguists have been aware of this for some decades. Studies on bilingualism in hearing individuals have provided evidence that competence in one’s first language is conveyed to the learning of a second language (Cummins 1979; Krashen 1982).

What Mayberry’s experiment tells us is that this is true with sign languages as well:

**Strong English → American Sign Language learned well**
Crucially, other studies (Mayberry, Lock, and Kazmi 2002) tell us that the converse also holds:

**Strong American Sign Language → English learned well**

In those countries where sign languages are not mainstream, one can still hear people (including professionals working with deaf people) saying “Signs kill speech,” a dictum that goes back to the infamous Milan Congress. This formula means that, when acquired first, a sign language makes it more difficult to learn a spoken language.

Much experimental evidence, as we have just seen, proves that this is simply false. Signs can stand side by side with speech. Even people who think that words are more useful than signs should not ignore the fact that proficiency in sign language has proven to be a useful aid to acquiring speech.

Signs do not kill speech. Rather, they help deaf people to acquire speech. Access to public discourse takes place mostly in the language of the majority, and the majority is hearing. So, some might want to give priority to speech over signs, whereas others will choose signs as the language in which they will express their most important thoughts. But the former group should acknowledge that signs facilitate deaf people’s access to speech.

**Implications 2**

A second important implication concerns G1, whose signers (Deaf children of Deaf parents) ranked first among all four groups. These signers not only acquired sign language as their first language but also learned it at a very early age and at the “normal” time (i.e., the people surrounding them signed to them from birth). In particular, G1 outperformed G2. The reason for this lies in the timing of their exposure to sign language: G1 members picked up sign language earlier than G2 members. Thus:

**Early acquisition → perfect language**

**The later the time of acquisition → the worse the language skills**

Previous experiments on spoken languages (Lenneberg 1967) and on sign languages bear this out. It is an uncontroversial conclusion for linguists.³ Now, when a deaf person is implanted or oralism is chosen,
sign language is often excluded or delayed. It is important to focus on the consequence of this choice when speech therapy is not effective or when cochlear implantation is unsuccessful.\textsuperscript{4} If sign language is excluded, the normal process of first-language acquisition may be discontinued. If early acquisition brings about linguistic competence, late acquisition \textit{may} imply delays in the child's linguistic development.

Implications 3

Let us now consider the results of G3:

\textbf{There are persons who do not acquire their L1 well.}

Mayberry’s test results reveal that there are deaf people who neither speak or sign well. In other words, there are deaf people who have not developed properly their language faculty.\textsuperscript{5} They were all deaf children who, at birth, had intact intellectual potential; that is, they had the innate ability to develop linguistic fluency. Clearly, the fact that they did not is crucial and should completely change our discourse on rights. It means that there are children who could have experienced normal cognitive growth but did not due to the choice of those people who were responsible for them.

Which Right to Sign Language?

The existence of persons who do not have a satisfactory control of any language brings up a fundamental distinction. If this is the situation, the right to sign language is not only about the right to use one’s language in public:

\textbf{The right to sign language is not about the right to \textit{use} one’s language. It is about the right to \textit{have} one’s language, one’s first language.}

This is very important because language is connected not only with the faculty to communicate but also with other faculties; indeed, the development of one’s overall cognitive abilities depends to a certain extent on language. Moreover, correct social interplay depends on language. The formation of one’s identity, as perceived by those who surround us, is greatly affected by language. As one grows up, both academic and professional success largely depend on language as well (Van der Lely 2005).
The importance of language for other cognitive skills is evident in a developmental condition called specific language impairment (SLI), which is not connected to deafness, anyone can have it. Babies with SLI are intelligent infants whose cognitive faculties are appropriate for their age. The only problem for them is that they will not learn language perfectly. What happens to those children as time goes by? As long as they are young, they use language in a way to make themselves sufficiently understood; as a result, adults do not immediately realize that these children have SLI. As they grow older, however, imperfections in their language become apparent, and in the long run other cognitive abilities are affected; these are the so-called secondary disorders.

The use of short sentences and problems in producing and understanding syntactically complex sentences may reveal that a child has SLI. Then, little by little, other problems start occurring in the appropriateness of emotions, in behavior, and in attention. Later, additional problems can manifest in communication, in social abilities as revealed by theory of mind tests, with obvious effects on the child’s personal and professional life.

Why do I mention this impairment if it has no specific link to deafness? I do so to further stress the fact, crucial for my argument about the right to sign language, that not developing a fully fledged first language may negatively affect the development of skills connected to language. Whether one likes it or not, language is not a choice; it is a must. Those who are left without it, no matter how intelligent they otherwise are, do not have equal access to life. This obviously entails an impoverishment not only for them but also for society as a whole.

Back to Rights

It is time to return to the generations of rights. The right to sign language, at this point, cannot be considered simply a right of the second or the third generation. When it is one’s L1 (by definition, the first language one acquires in life), it is rather a right of the first generation. More than this, as an inviolable right, it is a primary right of the first generation.

The right to use a language, the right typical of minority languages, is a collective right, that is, the right of a group. This is the right to use
one language—often one out of two or more—in public. The right to have a language, which is necessarily the first language, the right typical of the languages of Deaf people, is fundamental, individual, and absolute and demands guarantees for everyone. I strongly emphasize everyone. This is what makes the difference.

In today’s world, no one (who might have language) should be left without an language, a first language. Language must be considered a prerequisite to development because it permits full access to life. Thus, the right taken into account here is not the right to a minority language but the right to psychophysical integrity. This is indeed an absolute, universal right and therefore must include everyone, hearing and deaf. It is fundamental because it is indeed the right not to be deprived of one’s rights—those related to one’s potential—for one’s own sake and that of society. This should not depend on a choice or on one’s belonging to a group.

Constitutions

Thus, the right to sign language should not be considered only the right to a minority language but rather the right to psychophysical integrity. By “psychophysical integrity” I mean one’s right to develop one’s cognitive faculties and one’s right to experience appropriate social interaction. These are fundamental, inviolable rights.

Most constitutions include such rights directly or indirectly. In the United States, the Declaration of Independence declares the existence of “unalienable rights” and enumerates three of these. Two are the right to life and the right to happiness: One might argue that the rights to life and happiness entail the right to fulfill one’s potential. But the clearest constitution of them all is the Charter of Fundamental Rights of the European Union, which was elaborated in 1999 and adopted in 2000:

Charter of Fundamental Rights of the European Union

Article 3
Right to the integrity of the person
Everyone has the right to respect for his or her physical and mental integrity.

In conclusion, Deaf people’s right to language, their first language, is the right to a means to acquire the skills necessary to fully live their
lives. As their right is fundamental, their claim is unquestionably stronger than the right to a minority language.

Disabilities or Capabilities?

At this point, I want to introduce an important proviso. Legal language rights for Deaf people are sometimes grounded in disability theory, and a pathological/medical model of deafness is implicitly or explicitly presupposed. Minority language rights instead see Deaf people as another cultural and linguistic minority group (as a social and cultural construction of deafness would lead one to assume). It is important to understand that my argument, although pointing to a constitutional right, is not about disabilities, but, on the contrary, about capabilities.

To explain equality and social justice, Amartya Sen, economist, philosopher, and Nobel Prize winner, has proposed the category of basic capabilities, which he explains as:

>a person['s] being able to do certain basic things. The ability to move about is the relevant one here, but one can consider others, e.g., the ability to meet one's nutritional requirements, the wherewithal to be clothed and sheltered, the power to participate in the social life of the community. (Sen 1979, 218)

The right to sign language, as I am proposing it here, should preserve Deaf people's capabilities as it is a prerequisite for their development. It is the right that allows the development of one's potential: a full-fledged language, a satisfying use of one's skills, academic success, desirable employment. It is not about what Deaf people do not have but about what they can and therefore should have.

Consequences

When it comes to educational and social policies, what are the consequences if the right to sign language is conceived as a right to a minority language? What changes might occur if it is conceived of as a right to psychophysical integrity? As a right to a minority language, sign language should be allowed for the following:

1. public use: in the press, in research, in works of art
2. nonpublic use: in judicial proceedings, in health services
3. educational use: schools with instruction in sign language, sign language schools

As a right to psychophysical integrity, all of these rights are preserved. But, in addition, two more are added. The government (where there is a welfare state) or educational agencies (in other countries) should give these guarantees:

4. Before formal schooling begins, do not exclude sign languages in interactions with deaf babies. All actions that address deafness in deaf babies should not leave sign languages out.
5. Later on, provide bilingual nursery schools and bilingual education in ordinary schools at all levels.

What is the meaning of points 4 and 5? Let us start with point 4. If one asks for the right to sign languages as a right to psychophysical integrity, the relationship between sign language and other options to address deafness (e.g., cochlear implantation, oralism) would completely change because cochlear implant and oralist approaches are not able to secure success in all cases. Supporters of cochlear implants can say that these devices improve (and even restore) hearing.

Supporters of oralism may say that oralism makes the relation to spoken language and to hearing people more direct. However, as we have seen, only sign language is effective with everyone. If my idea were accepted, the main consequence would be that sign languages could not be excluded from language programs for deaf babies.

Other communication programs can of course always be used. Blocking customary practices, which have been successful in many cases, or blocking research is not an issue, of course. Spoken languages have an unquestionable importance. The consequence would be that such programs should not exist if they exclude the acquisition of a sign language.

If a deaf baby does not learn sign language, the infant is like a trapeze artist in danger of plummeting to the ground. For the baby, sign language is a safety net. What is relevant is whether the baby was exposed to a first language that it was able to acquire. If so, the child is protected. So, for example, if I were a medical doctor who wanted to start an innovative language program in which a baby will
not acquire sign language, I must prove that my program will keep the deaf baby safe.

Let us now move to point 5. We have learned that the right timing for acquiring language starts in the very first years (if not months). Therefore, the government and/or educational agencies should guarantee exposure to sign language even in nursery school.7

Not Only deaf/Deaf People but Also Those Who Work with Them
There is an additional remark that is worth mentioning, although it is less central. The ones to be entitled to the right we are discussing would be deaf babies, deaf children, Deaf adults. But a significant improvement would stem for speech therapists, i.e., the professionals who work with deaf children. Without sign language, in fact, these professionals bear on their shoulders a very heavy responsibility. They end up belonging to a category similar to that of medical doctors: a category whose errors (or inexperience, tiredness, stress) can cost dearly. However, to medical doctors this responsibility is rewarded in many ways (prestige, earning, career), but not the same is true for speech therapists.

Professionals working with deaf babies declare that anxiety often occurs in their job (a job made in conditions of risk for the child, I underline) and this can bring to feelings of guilt, to mutual recriminations. This can happen to parents, to speech therapists, or to other health or educational staff working with deaf children, to deaf children themselves.

It is appropriate to remember that in social and educational services it is not the deaf child who must adapt herself to social or educational professional, but professionals that must adapt themselves to the deaf child. The central point is that the interest of these professionals coincides widely with the proper development of the deaf child.

So, giving the deaf child the security net provided by sign language would entail a clear gain also for the quality of work of speech therapists and other professionals working with deaf children.

Conclusions and Agenda for the Future
In conclusion, what right is worthwhile asking for? The right to sign language as a minority language, or the right to sign language as the
right to psychophysical integrity? My reasoning tried to show that research allows for both requests. Sign languages are true languages, therefore asking for a right to sign languages as minority languages is more than legitimate. But sign languages are necessary for the smooth development of cognitive skills of the deaf child, so one may see sign languages as a tool to maintain psychophysical integrity, as well.

The choice about how framing the request for sign language recognition is a political one and it is the Deaf community who should make it. Whatever their choice, Deaf people will find it difficult to achieve their aims. Anyone who fights for the right to a minority language experiences this. But also the right to sign language as a right to psychophysical integrity is difficult to achieve.

One salient difficulty is in that constitutions (luckily) never include one right alone. In particular, many constitutions include an additional right as well, the right of parents to choose how they should educate their children (the European Charter is clear on this, and so is the American tradition). Now, many parents are worried that their child might not talk their language and that this may interfere with their relationship. They perceive sign languages as a possible barrier between them and their deaf child. And by definition, parents only want that their children may be well off. Still, Deaf people have very good reasons to diffuse their language. Among them, the scientific reasons I tried to present in this article.

I hope that Deaf people will endorse the request of sign language recognition as a right to psychophysical integrity.

Before than in Parliament however, I think that this action should take place in society and should start by explaining to the hearing families of deaf children why including sign languages is the safest choice for their children wellness.

Notes

1. The World Federation of the Deaf (WFD) has gathered information about the status of various sign languages in the world, excluding Europe and Northern America (in the addressed continents, not every country has answered the WFD’s questionnaire; see WFD and the Swedish National Association of the Deaf, 2008; WFD Eastern Europe and Middle Asia Regional Secretariat, 2008 April; WFD RSAR, 2008 November; WFD WCAR, 2008 July; WFD RSA/P, 2008 May; WFD Regional Secretariat for Mexico,
In this paragraph I present a list of countries that answered “yes” to the question “Does your country’s government formally recognize your country’s sign language(s)?” The list is combined with EU countries accounted for in the Council of Europe (Timmermans 2005) and with data for North America (Reagan 2006, 332). In 2008 (except for the United States, where recognition was asked for state by state), the countries that formally recognize sign language were as follows: Algeria, Australia, Bahrain, Republic of Belarus, Belgium, Brazil, Colombia, Costa Rica, Cuba, Czech Republic, Denmark, Dominican Republic, Ecuador, El Salvador, Finland, France, Germany, Hungary, Iraq, Ireland, Italy, Japan, Kazakhstan, Kenya, Kuwait, Lebanon, Lesotho, Lithuania, Malawi, Malaysia, Mexico, Republic of Moldova, Morocco, Mozambique, Namibia, New Zealand, Niger, Norway, Oman, Panama, the Philippines, Poland, Portugal, Qatar, Russian Federation, Saudi Arabia, Slovak Republic, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Tanzania, Thailand, Uganda, Ukraine, United Arab Emirates, United Kingdom, thirty-five out of fifty states of the United States, Venezuela, Yemen, and Zambia.

In the listed countries, legislation mentioning the country’s sign language(s) varies from constitutional recognition to dedicated legislation to passing mention in guidelines. Thus, inclusion in this list can constitute both a full recognition of status at the higher level and an indirect mention. This is the reason that it is interesting to also list the countries that answered “yes” to the following question: “Does your Deaf association/Deaf group lobby your government for recognition of your country’s sign language(s)?” This list refers only to WFD publications and is limited to countries on continents other than North America and Europe and, again, only to the countries that did return a questionnaire: Algeria, Argentina, Australia, Bahrain, Republic of Belarus, Bolivia, Brazil, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Chile, Colombia, Democratic Republic of the Congo, Costa Rica, Côte d’Ivoire, Cuba, Ecuador, El Salvador, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Haiti, Honduras, Indonesia, Iraq, Italy (source: my personal knowledge), Indonesia, Japan, Kenya, Republic of Korea, Kuwait, Lebanon, Lesotho, Malawi, Malaysia, Mauritania, Mexico, Republic of Moldova, Morocco, Mozambique, Namibia, Nepal, New Zealand, Nicaragua, Niger, Oman, Palestine, Paraguay, Qatar, Russian Federation, Rwanda, Saudi Arabia, Seychelles, South Africa, Sri Lanka, Sudan, Swaziland, Tanzania, Thailand, Tunisia, Uganda, Ukraine, Venezuela, Yemen, Zambia and Zimbabwe.

2. One noble fighter for the right to use her mother tongue in public, Kurdish, a minority language, is Leyla Zana, who in 1995 received the Sakharov Prize, given by the European Parliament.
3. For instance, Newport (1990) proved that, after fifty years of sign language use, an individual who was exposed to ASL starting at age thirteen signs differently from the way a child exposed to sign language from birth does. For babies exposed to signed or spoken languages from birth, acquisition follows the same steps (Newport and Meier 1985). The beginning of a production with linguistic properties (e.g., babbling) starts at seven months of age both in the manual and the spoken form. For all of these reasons, delay in the acquisition of sign languages alters the normal development of language. For a review article on sign language acquisition, see Lillo-Martin (2008).

4. Cochlear implants are not successful with everyone. A scholar summarizes his twelve years of research on cochlear implants:

   Despite the success of cochlear implants in many deaf children, large individual differences have been reported on a wide range of speech and language outcome measures. This finding is observed in all research centres around the world. Some children do extremely well with their cochlear implant while others derive only minimal benefits after receiving their implant. Understanding the reasons for the variability in outcomes and the large individual differences following cochlear implantation is one of the most important problems in the field today.” (Pisoni 2004: B133)

5. For example, there are “studies of deaf adolescents who received sparse sign language input in childhood in their home countries prior to immigrating to North America. These exceptionally late learners of a first language show low levels of sign language development and cannot read (Gates 2002; Hargraves, 2002)” (cited in Chamberlain and Mayberry 2008, 384).

6. On the contrary, some research shows that teaching sign language to hearing children may be beneficial in specific areas like visuospatial short-term memory (Capirci et al. 1998).

7. In addition to these desirable consequences, there is an undesirable consequence, one that Tove Skutnabb-Kangas warns against (2008). The official recognition of sign languages, she writes, has led to the enforcement of one single national sign language and therefore to the possible exclusion and endangerment of other minority sign languages.

   The argument that you have seen in this article in support of official sign language recognition does not (and cannot) in principle exclude any minority sign language, so it is compatible with the official recognition of a plurality of sign languages in the same country.

   In other words, the number of existing sign languages cannot be a limitation on their recognition in principle. It can create practical inconveniences, like the necessity of having many interpreters rather than one. Such inconveniences, however, can be overcome where there is political determination.

   Another concern is that official recognition might force standardization with the recognized sign language, which might lead to the disappearance of
minority sign languages. Although Skutnabb-Kangas’s worry is real, history proves that linguistic diversity can be preserved when a particular variety is officially recognized: It is a fact that once-existing sign languages did disappear when ASL became dominant, as happened in the United States with the Sign Language of the American Indian Nations (Davis 2006). However, other stories point to their preservation: In Italy, for instance, after 150 years of intense standardization, Italian is spoken by the whole population, but dialects have not disappeared and are still actively spoken by local communities.

Skutnabb-Kangas also warns that, when a “national” sign language is officially recognized, students who use a minority sign language might not receive education in their native language but only in the officially recognized variety. This might work to their disadvantage. Although we have no solid scientific evidence of this, Deaf signers often report that sign languages are, for native signers of another sign language, more intelligible than spoken languages are for a native speaker of another spoken language. This means that, up to now, we do not know whether the use of another sign language or another variety of the same sign language (i.e., one that is not the student’s L1) as an “immersion” language would prove insufficient for a Deaf student to be proficient: This should be further investigated.

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