

AS I PLANNED my participatory action research study of the ASL Parent-Child Mother Goose Program, I considered several factors. One of these factors was the pervasiveness of systemic barriers to young Deaf children and their families' learning of ASL in an Ontario early intervention context. This issue overshadowed my study's planning and execution in more ways than I originally predicted. I therefore sought to extend my role as ethnographer to that of "a change agent who is collaboratively developing structures intended to critique and support the transformation of the communities being studied" (Barab, Thomas, Dodge, Squire, & Newell, 2004, p. 255). An action research methodology seemed to best embody Freire's (2000) concept of *praxis*, in which participants' dialogue and reflection occur in tandem with intervention for transformation of their world.

Both action research and participant observation require the researcher to be actively involved in the study. Therefore, a primary concern for my study was balancing participant interests: I had to balance an understanding of my own agenda and my subjectivity as a researcher with a commitment to understanding participants' own perspectives and goals (Barab et al., 2004). To support the democratic and collegial environment demanded by action research, I had to foster communication between the participants and myself (Cohen, Manion, & Morrison, 2000). Commitment to dialogue and reflexivity on my part, and a willingness to revise the research agenda were needed in order to balance the program design with principles of action research.

I chose the ASL Parent-Child Mother Goose Program for my study of Deaf and hearing children and parents, in part for reasons of access. The lack of support for ASL services in Ontario at the time of my study meant that few sites existed in which I could study young Deaf children and their parents' ASL literacy practices. In the year 2005, just as its funding and infrastructure for overseeing ASL services terminated, the local Deaf community organization (DCO) received a new, 3-year foundation grant for ASL Parent-Child Mother Goose Program provider training and materials development. This funding provided the means for the organization's family ASL literacy program to continue and expand, even in the absence of the previous infrastructure for ASL services.

### Research Setting

My study took place at a Deaf service agency (DSA) in the province of Ontario, where local parents with young Deaf children are often referred by a regional Ontario IHP coordinating agency. DSA hosts a biweekly drop-in center for parents and children, and aims at promoting a neutral perspective on the contested domain of language choice for Deaf children. Neither ASL nor AVT is advocated, although agency staff members state that ASL is part of the drop-in center environment and AVT services are offered on-site. The drop-in center is open to parents with Deaf children up to the age of 6. DSA also hosts a preschool for Deaf children and hearing children of Deaf parents, in addition to a number of early-years programs.

Ethical considerations arose as I planned my study, owing to the characteristics of the participant group of Deaf children with hearing parents. I anticipated that at least some of the children in this group would have cochlear implants and/or be enrolled in AVT. I also anticipated some concern on these families' part that their enrollment with AV therapists would be threatened if

it were disclosed that their children were participating in an ASL literature program. However, ASL users were already present in DSA as staff members and clients, and so ASL was part of the DSA environment before our program took place. Our program was offered as a complimentary addition to DSA's resources for parents of Deaf children.

I had previously worked with the ASL Parent-Child Mother Goose Program Coordinator (who was also our program leader) during participant observation of an 8-week program in the fall of 2005. Whereas the fall 2005 program involved hearing parents with hearing children, for my present study I planned for a participant group of mainly hearing parents and young Deaf children, but several issues prevented me from accessing my group of initial choice. In the urban center that was the setting for my study—located in the same city as one of the children's hospitals with prohibitions on learning ASL—not many hearing parents of young Deaf children choose ASL as an IHP service option. In the beginning, I faced the prospect of not being able to find any participants for my study. Additionally, the children's program at DSA where our program was held is intended to be accessible to all Deaf and hearing parents of Deaf and hard of hearing children. Because our program was being advertised and hosted by DSA, it was important for us to be open to all parents registered with the agency who wished to participate.

Because both Deaf and hearing parents participated in our program, the different roles and contributions of these parents became central research issues. I chose to focus on both groups of parents' experiences in and contributions to the program in the overall context of Ontario infant hearing screening and early intervention services. In addition, the child participants ranged in age from 4 to 11 months at the beginning of our program, and had varying degrees of exposure to ASL. Because the child participants were so young, I decided to focus on emergent ASL

literacy. The goals of the program leader and the issue of public resources were also viewed in the context of Ontario infant hearing screening and early intervention services.

During the 8-week time period when our program was held, I also attended several related events, including a family event hosted by DSA and DCO's annual general meeting. I also met with the program leader and DSA staff outside of our program to follow up with themes that had emerged during my research and with administrative issues related to our program.

### Data Collection

In observing and recording all participants in addition to my own actions and experiences during the program, I employed multiple methods of qualitative data gathering in concurrent phases: open-ended and structured observations, semistructured and focus group interviews, and a document review.

I used field notes and videotaping of programs for observations. The video data of each program session enabled me to further observe and analyze the program in addition to many of the interviews. The detailed field notes that I took during and immediately following each program session recorded the themes of child participants' visual attention, response, and use of language play and the parent participants' independent use and improvisations of ASL rhymes, in addition to other themes that emerged. I also took field notes during and after the DSA family event and DCO board of directors' meeting that I observed.

I conducted interviews in both ASL and English. An ASL interpreter was present for the duration of the 8-week program to allow free and easy communication between Deaf and hearing parents and the Deaf program leader and researcher. I recorded interview data via field notes and video camera, translated interviews into English (from the ASL video data), and transcribed them for further analysis. The initial, semistructured interviews

that I conducted with parent participants were aimed at exploring the extent of parents and children's previous experience with ASL, ASL literature, and other types of early intervention services. I also conducted semistructured, follow-up interviews with the program leader at the end of each program session and outside of our program. These interviews enabled me to explore and clarify the program leader's teaching goals, observations, and perspectives on various issues. Discussions that focused on parents' use of ASL rhymes at home and children's response took the form of focus group interviews led by the program leader. At the beginning of each program session, he reviewed each parent participant's progress with using ASL rhymes and stories and asked how their child had responded. In addition, over the course of our program several group discussions took place about issues relating to Deaf culture, hearing loss, and hearing technology.

My review of Parent-Child Mother Goose Program and ASL Parent-Child Mother Goose Program training and resource materials enabled me to gather data regarding program objectives and compare the support and resources that were respectively available to the spoken-language and ASL programs.

All qualitative data was transcribed and organized thematically by a set of coding schemes. I categorized the data into themes: the issue of available resources for Deaf and hearing parents, the impact of gatekeepers, child response to ASL rhymes and stories, comparisons made by participants between hearing and Deaf people and perspectives on Deaf identity, name signs, the roles of Deaf and hearing mothers, the program leader's goals and role, and suggestions for improvements to the program.

### Participants

Six families signed up for our program: two with Deaf parents and Deaf children, one with a Deaf parent and hearing child, and

Table 4.1. Individual Family Composition

Child's name	Child's age at start of program	Child's identity as described by parent(s)	Parent(s)' name(s)	Parent(s)' identity
Charlie	7 months	Hard of hearing/Deaf	Bianca	Hearing
David	9 months	Deaf	Grace	Hearing
Henry	4 months	Deaf	Julia	Deaf
Sarah	11 months	Deaf	Mary and Peter	Deaf
Thomas	5 months	Hard of hearing	Alison	Hearing
Violet	6 months	Hearing	Donna	Deaf

three with hearing parents and Deaf or hard of hearing children. Each family or mother/child dyad who participated became a miniature case study. Attendance was most regular for four of the families, and two attended more sporadically. Data regarding the families' makeup is presented in Table 4.1.

#### *Parent and Child Participants*

*Charlie and Bianca.* Charlie and his mother Bianca attended our program regularly.<sup>1</sup> At the first session, Bianca reported that Charlie had a “moderate to severe” hearing loss. However, during the course of our program, Bianca mentioned that Charlie was referred for repeated hearing tests, and it appeared that he had a more severe hearing loss than originally thought—from a severe to profound loss. Bianca and Charlie were referred to DSA (which informed Bianca about the ASL Parent-Child Mother Goose Program) by the IHP. In a preliminary interview, Bianca reported having attended one AVT session with Charlie, and told me she planned to access ASL and literacy consultant services. (It later came to light that Bianca had originally requested dual-language services that included learning ASL, but had instead been referred to AVT services by the IHP.) She also said that our program was the first time she and Charlie had gotten involved with learning ASL, although she has a Sign With Your Baby kit

1. All participant names (except for my own) are pseudonyms.

at home and had registered for, but not yet started, a baby sign program for hearing parents and children.

*David and Grace.* David and his mother Grace attended three program sessions. Grace had arrived in Canada from Hungary four years earlier, and Hungarian was her own and David's first language. Grace learned about DSA through the IHP and was invited to attend our program when she met the program leader, Jonathan, at DSA's family event. David attended weekly AVT sessions, and Grace reported that our ASL Parent-Child Mother Goose Program was the first time she and David were exposed to learning ASL.

*Henry and Julia.* Henry and his mother Julia attended every program session. Julia first learned about DSA services for parents with young Deaf children from a DSA staff member. Julia is a social worker and ASL instructor and is trained as an ASL and literacy consultant and ASL Parent-Child Mother Goose Program leader. She and Henry received ASL and literacy consultant services on a weekly basis, through the IHP.

*Sarah, Mary, and Peter.* Sarah and her parents Mary and Peter attended two sessions. This family had arrived in Canada five months earlier as refugees from Mexico, and their native language is Mexican sign language, or Lengua de señas mexicana (LSM). Peter previously attended Gallaudet University where he learned ASL, and Mary worked as a teacher of Deaf children in Mexico. Mary and Peter learned about the ASL Parent-Child Mother Goose Program from a friend. They reported receiving dual language (ASL and auditory-oral) services from the IHP.

*Thomas and Alison.* Thomas (Tom) and his mother Alison attended our program regularly. Tom was reported to have a unilateral (in

one ear), severe hearing loss. They were referred to our program by the IHP and did not receive other services.

*Violet and Donna.* Violet and her mother Donna attended our program regularly. Donna learned about the DSA program from a family member who was also an IHP employee. Donna's family background is Chinese-Canadian, and her hearing relatives speak Chinese in addition to English with Violet. Donna is a kindergarten teacher at a provincial school for Deaf students and is trained as an ASL Parent-Child Mother Goose Program leader.

#### *The ASL Parent-Child Mother Goose Program Leader*

At the time of the study, the program leader, Jonathan, was one of only two certified trainers of ASL Parent-Child Mother Goose Program leaders (having received training and certification from the founders of the Parent-Child Mother Goose Program). Jonathan is a senior ASL and literacy consultant and a university ASL instructor. He also teaches ASL in community college and service agency settings.

Jonathan's role in my study as a key agent and action-taker was crucial for co-constructing (along with the other Deaf adult participants) a Deaf cultural space in which an ASL discourse was embodied. Through his guidance of our collective action and dialogue, Jonathan's participation illustrated both the importance of collaboration to action research and how the tension among a range of participant perspectives, common to action research, emerged and was resolved.

#### *Researcher as Participant*

At our program's first session, Jonathan introduced me to the other participants as a former program coordinator for DCO (where he was now employed as ASL Parent-Child Mother Goose Program Coordinator). I also told the participants that I was a PhD student. While I mentioned other aspects of my background



and identity in passing during our program—such as the fact that, unlike the other Deaf adults present, I grew up attending mainstream schools where I was the only Deaf student—I did not disclose everything that might have become a point of interest to the hearing adult participants. For instance, I did not share the fact that I had received a cochlear implant when I was 15, or that I had stopped using it after 4 years. This was partly because I did not want curiosity about my experiences to overshadow our program or influence participants' perceptions of my role and agenda as a researcher. However, because I am a member of the Deaf community and a former colleague of several Deaf participants, these latter aspects of my background and identity were known by the Deaf adults in my study.

As a Deaf late second-language learner of ASL, I agree with the notion of social identity as a site of struggle and as multiple and contradictory (Norton Peirce, 1995, p.15). Although learning ASL and claiming membership in the Deaf community have greatly enriched my adult life, neither process has been brief or free of difficulty. My multiple, contradictory social identity, as well as my professional experience, has given me a window on the perspectives of not only other Deaf individuals, but also of other bilingual ASL and English learners and educators, and of Deaf and hearing parents of Deaf children. As befits an action research study, I make no claims to neutrality or disinterestedness in my position as researcher. Instead, my approach to the subject of ASL and early literacy is one of critical inquiry, which, as Maria José Botelho writes, “is an open space for people to take risks and learn from each other, knowing that our take on the world is partial. This partiality is shaped by how we are privileged and targeted by our social identities” (2006, personal communication). The diversity among participants in my study—including hearing and Deaf adults, and first- and second-language learners of ASL—meant that such an open space for risk-taking was possible. Throughout my study, there were several instances when I

was compelled to revisit my prior assumptions about other participants and their respective interests, and reexamine my own agenda as a researcher.

### The Role of the ASL Interpreter

Our ASL interpreter played a crucial role in facilitating communication between the Deaf and hearing participants in our program and making the program's use of ASL literature more accessible to the participants who were ASL learners. The interpreter whom I chose for my study is highly skilled and experienced and is certified by both federal- and provincial-level signed language interpreting associations. During my study, the interpreter occasionally approached me to discuss her role in communicative situations involving hearing parents who lacked significant experience with learning ASL. For some of these situations, she added certain information about the meaning and structure of ASL words, and she intervened by telling Jonathan or myself when hearing parents needed additional help with learning ASL rhymes. In these situations, the interpreter was conscious of having potentially overstepped her role and of relying on her own judgment of when it was appropriate to intervene. However, I felt that in discussing the issue with me, the interpreter and I reached a better understanding of our practice and shared interests. A proactive approach on the interpreter's part also seemed appropriate for an action research study aimed at fostering collaboration and practical outcomes.