## Continuing the baby sign debate

Chloe Marshall reports on the Great baby sign debate that took place at University College London (UCL) on 17 March



Dr Gary Morgan, reader in developmental psychology at City University and an expert in how deaf children acquire sign language, spoke against the use of baby signing.

His main point was that while baby signing classes are fun and provide bonding experiences for parents (particularly dads) and their children, there are many other ways in which parents can stimulate communicative development.

He said there is not enough evidence that baby sign actually works. In fact, the only meta-analysis of research studies failed to find evidence that it does (Johnston, Durieux-Smith and Bloom, 2005).

He added that more research is needed. particularly studies comparing outcomes from baby signing with other types of interactive activities involving parent and child.

Dr Gwyneth Doherty-Sneddon, senior lecturer in psychology at Stirling University spoke in favour of baby signing.

She agreed that research into the effectiveness of baby sign is lacking, but cited her personal experience of using sign language with her own child and running baby-signing classes, outlined the benefits.

For her, a positive aspect of baby signing is that it encourages parents to attribute intentionality to their children's actions. Parents who assume their baby is trying to communicate encourage his/her development of true communicative pointing.



She added that a further benefit is to buffer delay in language development - for children who are slow in developing spoken language, having access to some sort of sign system is important (a point raised by Clarke, 2005).

However, benefits for hearing children who are typically developing might be less tangible and, therefore, more challenging for researchers to measure, she said. These could include the quality of the parent-child relationship and positive effects on attachment

Dr Tyron Woolfe, a DCAL researcher, suggested that any gains from signing with young children would only be transient.

Therefore, parents should not be put under pressure to attend baby-signing classes with fears that by not participating they will delay their child's language and cognitive development.

Moreover, as a Deaf user of BSL, Dr Woolfe gave a perspective from the Deaf community.

He questioned the motives of companies that run classes and sell baby-signing products, claiming they put nothing back into the Deaf community.

He highlighted the illogical situation of hearing children having access to sign language whereas deaf children, the ones who really need it, often do not.

An open question period allowed audience members to put forward their views.

There was discussion over whether 'baby sign' is the right term to use, given it develops out of gestures parents use naturally with their children, and there is no grammar in the way there is in sign language.

There was also discussion about whether parents should use signs from birth or whether, as Dr Doherty-Sneddon suggested, they should wait until their child is 10 or 11 months old and able to reciprocate.

SLTs put forward anecdotal evidence that signing is beneficial for children with developmental language impairments.

Finally, several audience members suggested there might actually be benefits to the Deaf community from baby signing, through increased public awareness of sign language.

Overall, the arguments did not sway me strongly one way or the other. All the speakers agreed that anything that promotes good communication between parents and children is beneficial - but then it would be irrational to argue otherwise.

They also agreed on the need for more research. If this debate stimulates that research, it will have had a positive and valuable outcome

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