

Embracing Bilingualism for Children Who Are Deaf and Hard of Hearing

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In the fall of 2018, I brought my infant daughter, Odessa, to a routine audiology appointment for retesting after she had not passed her newborn screening just months before. I rocked her to sleep in the dark sound booth while the audiologist placed the electrodes. I wasn't worried—it was probably just fluid. Looking down at the perfect pink bundle in my arms, I felt calm. The shock of the diagnosis of profound bilateral hearing loss that would come moments later threw my world into disarray. Determined to "fix" what seemed at the time to be "broken," we launched into a whirlwind of evaluations and preparations for cochlear implantation (CI) when Odessa was aged 10 months. Propelled by grief, fear, and love, I wanted my child to have every opportunity to be "normal," which I equated to happiness. Ironically, in my focus on curing her deafness, it was I who failed to hear the data on language outcomes—and in doing so, unknowingly denied her what she needed most: accessible language from the start.

Since that time, I have learned that although CIs are an extraordinary tool, they do not cure deafness nor do they restore typical hearing.¹ Outcomes vary significantly among users,¹ and many children do not benefit as hoped. Even in the best case scenario, most children who are deaf and hard of hearing (DHH) will still lag behind hearing peers in measures of language and reading. Assistive hearing devices provide children with access to sound but do not automatically translate that sound into language.¹ For Odessa to understand and use spoken language, her brain had to learn to interpret the electronic signal—a process requiring sustained effort, consistent language exposure, and specialized support.¹ We pressed ahead with "gold standard" therapies, and she did begin to make progress—although it was slow and nowhere near the trajectory we had been promised by professionals who assured us she would "catch up by kindergarten." Seeking more support, our family moved states so Odessa could attend a full-time spoken language toddler program. What I didn't realize, however, was that with each passing month, her critical window for language acquisition was steadily closing.²

Yet, my family was encouraged to wait—wait and see how the devices work, wait to see if she "needs" American Sign Language (ASL), wait before making a "final" decision. This wait-and-see approach often results in profound language delays, or what some researchers term language deprivation syndrome,³ a permanent alteration in brain development with lifelong

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effects on cognition and well-being.³ Language deprivation can occur to children like Odessa who have the very best of spoken language interventions. Her school did not teach ASL, which is common in oral-based deaf schools, and she fell further and further behind her peers.

In retrospect, this is where bilingualism—specifically, the inclusion of ASL alongside spoken and written language—could have offered a powerful, developmentally sound approach.² ASL is a complete language that provides immediate access to communication starting in infancy for children who are DHH.^{2,4} It supports cognitive growth, emotional security, and the development of literacy skills.² Importantly, bilingual children who are DHH—those exposed to both ASL and English—tend to outperform their monolingual DHH peers in areas such as reading comprehension and executive functioning.²

Contrary to persistent myths that ASL hinders speech, evidence shows early sign exposure actually supports spoken language development.^{2,5} Although ASL may feel unfamiliar at first to hearing families, after I got over my initial fears, I've found the Deaf community to be incredibly welcoming, generous, and patient—especially with parents learning alongside their children. Despite not being religious ourselves, my family began to attend a local Deaf church, whose congregants welcomed us (and our rudimentary ASL) with open arms. Perfection was not expected; our effort and curiosity went a long way. Deaf culture is rich, inclusive, and supportive of a range of communication approaches, including CIs. The choice doesn't have to be either/or.²

Since then, our family has moved states again and found a wonderful bilingual school for Odessa that finally gives her the tools she's been waiting for. For the first time, she comes home from school bursting with excitement, eager to tell me about her day (in ASL) because now she *can*. Until now, the absence of language had been a barrier between her and the world; friendships were out of reach, connections hard to hold onto. However, this year, 6 little friends who are deaf gathered around her with cake and presents to celebrate the sweet, silly, opinionated 7-year-old girl she's become. Odessa is thriving in a way I once only dreamed of. It may look different from what I imagined, but with language, she isn't just communicating—she's *becoming* herself.

Many early intervention programs, influenced by a long-standing emphasis on spoken language outcomes, have significantly reduced or eliminated instruction in ASL. In certain regions, families also face limited access to qualified ASL instructors or Deaf mentors—Deaf adults who collaborate with families to share lived experiences and support language development. This diminishing infrastructure further constrains families' ability to make fully informed decisions regarding their child's language access, underscoring the need for accessible, comprehensive, and unbiased information. In response, more than 20 states have enacted

Language Equality and Acquisition for Deaf Kids legislation, which ensures that children who are DHH acquire a robust language foundation before kindergarten.⁶ This approach represents a paradigm shift from a passive model—one that monitors whether a child eventually “catches up”—to a proactive framework that systematically measures, monitors, and supports early language acquisition, preparing children to enter kindergarten with age-appropriate language skills. Children who are DHH possess the same innate capacity for language as their hearing peers. Recognizing this potential, policies and practices must reject lowered expectations and instead focus on providing the comprehensive support necessary to achieve equitable language outcomes.

I share our story because I thought I was doing the “right” thing—and yet my daughter still experienced language deprivation. Pediatricians are often the first professionals to guide families following a diagnosis of a hearing difference.⁷ In this role, we have extraordinary influence—not just in setting expectations but in shaping outcomes. It is vital that we present ASL not as a backup plan or a failure of technology but as an empowering, evidence-based choice.^{2,7} A child who is DHH from a hearing family with hearing devices and early ASL exposure is not at a disadvantage; they are on a stronger developmental path than a child who is given devices and expected to make it work. This means advocating for early ASL exposure even alongside spoken language, connecting families to Deaf role models, and reframing CIs as part of a bilingual approach.

Families often feel overwhelmed by learning ASL, navigating Deaf culture, and confronting deeply held beliefs about disability—but this is precisely why they need more support, information, and culturally responsive care from pediatric professionals. We can help normalize bilingualism and validate Deaf identity while still honoring a family's hope for spoken language. Ultimately, our goal as pediatric professionals should not be to restore hearing but to ensure access to language. A truly inclusive approach recognizes bilingualism as the best practice for brain development, emotional well-being, and lifelong success, shifting the question from “Will this child speak?” to “How can we ensure this child thrives?”

ABBREVIATIONS

ASL: American Sign Language
CI: cochlear implantation
DHH: deaf and hard of hearing

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