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Evidence of a "Hearing" Dialect of ASL While Interpreting

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American Sign Language (ASL) is a popular language of study in American post-secondary institutions particularly by hearing, non-native users of the language. It has ranked among the top four or five languages of study over the last decade (Furman, Goldberg, & Lusin, 2010; Welles, 2004). While there is an ever-expanding canon concerning the acquisition of ASL, little is known of the ultimate proficiency attained by adult second language (L2) learners who have English as their first language (Anglophones). As part of a larger study, this investigation focused on the characteristics of a social dialect appearing in the English to ASL interpretations of Anglophone non-native signers.

As described in the theoretical framework for this study, a dialect is a variant of a standard language with differences at the level of pronunciation (accent), vocabulary, and grammar (Romaine, 2001; Valli & Lucas, 1995). A language deemed *standard* is held in more esteem than one of its dialects (Crystal & Ivic, n.d.; Romaine, 2001). At the same time, both the dialect and standard language are mutually intelligible to both groups of language users (Corder, 1971; Fasold, 2006; Valli & Lucas).

Within the framework of a social dialect, this study specifically details the signing performance of both novice and expert interpreters when asked to simultaneously interpret a simple text from English into ASL. As will be detailed within the literature review, an expert was seen as an individual who had several decades of experience as an interpreter and second language use, and who held national certification as an interpreter. A novice was defined as an individual with between five to seven years of second language learning and lacking in national certification or professional interpreting experience. The two research questions addressed by this study were: (1) What similarities or differences can be found in the L2 performance of novice and expert signers while interpreting?, and (2) Is there evidence of a social dialect of ASL in hearing, Anglophone signers while performing an act of simultaneous interpretation?

Literature Review

Acquisition

Research on the acquisition of ASL by hearing, non-native, adult signers revealed the following characteristics. Beginning with receptive language, undergraduate students with no knowledge of ASL were able to learn its vocabulary quickly (Mills & Weldon, 1983). For example, students in ASL Level Two and Level Three could copy nonmanual aspects of the language (*th* and *cs* markers) as well as affect (McIntire & Reilly, 1988). Lupton and Zelaznik (1990) found that over a period of 15 weeks, the signs used by two female college students in their first level of ASL classes "became more constrained in size and duration, as well as more replicable, with practice" (p. 163). After only a few months, the students had gone on to master when to reduplicate some signs. However, McIntire and Reilly (1988) noted that signers in Level Two and Three ASL classes did less well at copying grammatical structures (topic and conditional markings). Level Three ASL students, in particular, were found to overgeneralize the rule for topics and *mm* adverbials by producing them too frequently or across entire utterances.

In a qualitative study of ASL students and their teachers in Levels Three, Four and Five (McKee & McKee, 1992), the students and instructors described ASL syntax, or grammar, as one of the most difficult things for them to master. Both talked about a lack of ability to coordinate the different aspects of ASL phonology or a lack of overall smoothness and fluency in production. In a similar vein, Stratiy (1989), an experienced ASL instructor, observed that ASL students demonstrated "overgeneralization of sign usage," "poor sign execution," "weak pluralization," and "inaccurate temporal aspect" (p. 1). It was also suggested that adult phonological errors in ASL differed from the errors children made, as the latter had yet to develop control of their physiology (Rosen, 2004).

Turning to language reception and comprehension, an earlier study found that identifying location was easier for signers who had completed one or two levels of ASL, more so than recognizing movement or handshape (Crittenden, 1974). In their study of ASL students in Levels Three to Five, McKee and McKee (1992) reported problems perceiving handshape and movement. Based on her experience, Stratiy (1989) suggested that new signers also struggled to master "noun-verb pair discrimination" (p. 1).

Cochran, McDonald, and Parault (1999) looked at the ability of students with no background in ASL and found support for the "The Less-is-More Hypothesis." They showed the participants a number of short sentences in English and their translation equivalents in an ASL gloss, both of which were on a videotape. The sentences consisted of a subject, object, and different type of verb, such as congruent agreement verbs (movement towards the object) or incongruent agreement verbs (movement towards the subject), vertical verbs (which moved upwards or downwards), or a non-agreement verb (which had one constant horizontal motion). Some subjects watched the sentences without a distractor task, while others had to count specific high tones they heard in the background of the videotapes, thus under a load condition. After a short interval and a distractor task, the subjects recreated these sentences and translated an additional set of new short sentences from printed English to ASL. The researchers found "that adults' greater processing capacity, which is generally advantageous to learning, is actually a disadvantage when it comes to language acquisition" (p. 31). When given new sentences to translate from printed English into ASL, the subjects who experienced the distractor task and who theoretically had an increased cognitive load did better on verb direction and therefore subject-verb agreement than the subjects in the no-load condition.

Many of these studies, and several others found in the literature, were limited in scope in at least two significant ways. Several studies examined the abilities of signers with just a semester or two of ASL coursework (Crittenden, 1974; Hoemann & Blama, 1992; Hoemann & Keske, 1995; Lupton & Fristoe, 1992; Lupton & Zelaznik, 1990; McIntire & Reilly, 1988; Rosen, 2004). Many studies focused on a specific aspect of the language, like an adult non-signers' ability to remember, identify, or discriminate between signs (Cochran, McDonald, & Parault, 1999; Hoemann & Keske, 1995; Maynard, Slavoff, & Bonvillian, 1994; Mills, 1984; Mills & Weldon, 1983; von Pein, 2003). Some studies looked at the memorization of the manual alphabet (Hawes & Danhauer, 1980), ASL verbs (Cochran et al., 1999), or how students classified individual signs (Mills, 1984).

There are few studies, however, that look at more prolonged language use of ASL as a second language, thus supporting the need for further research in this area. In one study, it was found Anglophone mothers with up to four years of ASL use were able to use a variety of classifiers with their Deaf children (Entity, Depictive, Manipulative), but admittedly, they made more mistakes than a native signer and did not use the variety of classifiers that a native signer would produce (Lindert, 2001). In another study, after a decade of practice, two interpreters who had Deaf parents improved their range and productive use of ASL classifiers, handshapes, rhetorical questions, noun-adjective word order and non-manual markers (negative headshake) without an accompanying sign (Rudser, 1986). In a third study, it was further demonstrated that experienced hearing signers who had acquired ASL between 10 and 26 years old and who had used the language between 19 and 34 years, did as well as Deaf native signers in identifying handshapes, and in fact did slightly better at identifying location and specific signs, while native signers did better with handshape discrimination (Morford, Grieve-Smith, MacFarlane, Staley, & Waters, 2008, p. 41). That being said, even after an average of 23.2 years of signing, the researchers described the hearing ASL users as "still L1 dominant" (Morford et al., p. 43).

ASL Instruction

To understand how Anglophones acquire ASL, it is also important to understand how they are instructed. Classes are usually taught with a Functional-Notional approach (Rosen, 2010), as espoused in the *Signing Naturally Teacher's Curriculum Guide* (or *Signing Naturally*) (Smith, Lentz, & Mikos, 1988). *Signing Naturally* was characterized in one study as the "primary text" in 12 out of 13 school divisions (Pfeiffer, 2004, p. 13). The Direct Method is also used, as described in the *American Sign Language: A Teacher's Resource Text on Curriculum, Methods, and Evaluation* (Baker-Shenk & Cokely, 1980; Smith & Savidge, 2002). Both curricula focus on communicative competence and follow an immersion philosophy. *Signing Naturally,* in particular, was created following a model of child language-learning (Smith, 1988).

Neither curriculum supports much instruction in grammar. Smith (1998) explained this lack of attention to syntax as, "children do not learn subject-verb agreement, then pronoun reference, and then subjunctive" (p. 173), but instead, children learn language as a whole in context. Baker-Shenk and Cokely (1980), in fact, critiqued the grammar-translation approach historically used to teach ASL for turning ASL students into "quasi-linguists" who were unable to communicate due to an emphasis on syntax. However, both curricula do include some lessons on grammar or specific aspects of the language, such as verb directionality (Smith, Lentz, & Mikos, 1988), fingerspelling (Baker-Shenk & Cokely, 1980; Smith, Lentz & Mikos, 1988), classifiers, locatives, and pluralization (Baker-Shenk & Cokely, 1980).

Novice or Expert

As this study looked at a range of adult signers, it was necessary to operationally define the lower and upper limits and the concepts of novice-expert language users and interpreters. A limited number of studies have looked specifically at the cognitive abilities of interpreters and translators while working and compared experts and novices. In a review of the literature, Moser-Mercer (2000) noted that expert interpreters were seen as more adept at a variety of sub-tasks and therefore seemed to have a better command of long term memory tasks than novices, though later research questioned this (Köpke & Mespoulous, 2006; Liu, Schallert, & Carroll, 2004). Compared to novices, expert interpreters were better at identifying word meanings (Moser-Mercer, 2000), and during translation tasks, novice translators relied more often on dictionaries (Ronowicz & Imanishi, 2003). Unlike novice interpreters, experts had a broader declarative knowledge base and vocabulary and the ability to see or make connections between ideas (Moser-Mercer, 1997). While novices appeared to be focused on the grammatical level (Liu et al., 2004; Moser-Mercer, 2000), experts seemed to be able to consider the larger picture and the meaning of texts in context (Liu et al., 2004; Moser-Mercer, 2000; Ronowicz & Imanishi, 2003). Experts were seen as more able to identify structures in a source message and to reorganize a target text as a result (Dillinger, 1990; Moser-Mercer, 1997). Experts were more adept than novices at conveying both the explicit and implied meanings of a source text (Liu et al.). These competencies were referred to as enhanced metalinguistic abilities (Ehrensberger-Dow & Perrin, 2009). On the other hand, in one study, novices more often than experts created target texts that sounded list-like and that lacked cohesion (Sunnari, 1995).

In addition to the cognitive abilities noted above, several authors have looked at years of ASL acquisition and of professional experience as an interpreter. These were the benchmarks adopted by this study, as there was no a priori information about the participants' cognitive abilities with which to discriminate between the groups and the focus was instead

on assessing language fluency based on production and not cognition. Completion of an interpretation program was an additional requirement for the novices and national certification was chosen as a prerequisite for the experts.

"Years of second language study" was chosen as a characteristic to demarcate experts and novices for a number of reasons. In a discussion of expertise in performance-based occupations, Ericsson (2000) suggested that "elite" interpreters would be those with ten to twenty years of experience (p. 213). In a review of the literature, Moser-Mercer (1997) reported that an expert interpreter would require 5000 hours of study. In an analysis of the abilities of experts and novices, Dillinger (1990) noted how the experts in his study had 3,830 hours of professional experience. In their studies done with signed language interpreters, Cokely (1992) and Russell (2002) noted how the experts in their research had approximately two decades or more of language use.

The number of years of study has also been looked at in the research on second language acquisition. Cummins (2001, 2006) postulated that individuals could acquire Basic Interpersonal Communication Skills (BICS) in their L2 with five to seven years of study. Jacobs (1996) categorized ASL as a level four language in terms of its difficulty for Anglophones to master and theorized that a signer would need "1,320 contact hours" to achieve Level Two in fluency (p. 185). Level Two was described as "limited working proficiency" where the individual could handle "routine social demands and limited work requirements" in the second language (p. 212).

Given these recommendations, in this study, novices were conceptualized as individuals with five to seven years of second language study. This range was in keeping with Cummins' (2001; 2006) BICS theory. It would equate to approximately 1,456 hours of study over seven years given four hours of study per week, just slightly more than the 1,320 hour suggested by Jacobs (1996) for a Level Two competency. At the same time, it was also less than half of the amount of time suggested for expertise by Moser-Mercer (1997) and Dillinger (1990).

The requirement for national certification, one of the requirements for a designation of *expert*, was in keeping with several other studies on signed language interpreters (Cokely, 1992; Davis, 2003; Russell, 2002). In one, the participants had on average between seven and nine years of service provision post certification (Cokely, 1992). While the novices were not certified, they had to be graduates of an ASL-English interpreter preparation program, as this was seen as the minimum acceptable level of education required of an entry-level professional.

Determining Fluency

As one measure of the participants' proficiency in ASL, the descriptors used in the rating scale of the Sign Communication Proficiency Interview (SCPI) or the ASL Proficiency Interview (ASLPI) were chosen (California State University Northridge, 2007; Madsen, 2001; Newell & Caccamise, 2007). This assessment process involves an interview followed by an analysis of the language used by the participants and designation of a level of fluency ranging from "no functional skill," "novice," "survival," "intermediate," "advanced," to "superior" (Newell & Caccamise, 2007, p. 9). These descriptors provide a standardized way to look at the ASL used by hearing individuals; however, it should be noted that this process was not normed on samples of interpreted target texts; rather the process involves looking at communicative language proficiency in a global way (Desrosiers, 2001).

The literature on signed language interpreting is replete with examples where the ASL fluency of hearing interpreters has been judged based on their interpreted target texts. Rudser (1986) looked at the target texts of two interpreters working from English to ASL in a

repeated measures study and suggested an increase in ASL fluency based on an increase in the use and range of classifiers, rhetorical questions, noun-adjective word order and the use of non-manual sentence negation without an accompanying sign. Davis (2003) suggested that crosslinguistic features found in the spontaneous speech of bilinguals, such as code-mixing, code-switching, and lexical borrowing, would show up in the target texts of ASL interpreters and found evidence to support this claim. In a similar vein, Napier (2005) compared the spontaneous texts of a native and non-native user of Australian Sign Language (Auslan) to the interpreted target texts of two hearing interpreters working into Auslan, one deemed a native user and the other non-native. Napier found that the non-native signers included more English mouthing in their Auslan texts and signs to represent English structures such as prepositions, auxiliary verbs, pronouns, and determiners. In a discussion of the national certification test administered by the Association of Visual Language Interpreters of Canada, Russell and Malcolm (1992) explained how the interpreted target texts of the candidates from English into ASL were first given to Deaf native signers from the Canadian Association of the Deaf to score holistically for fluency. Roy (1986) advocated for the use of monolingual raters to judge the target texts of interpreters, as she believed these individuals might look at such texts holistically and identify things left unnoticed by bilingual raters. It was found in the research that the SCPI has, in fact, been used as a tool to screen educational interpreters (Burch, 1997; Desrosiers, 2001). Burch (1997) found a "high significant positive correlation" ($r = 715$, $df = 27$, $p \geq 0.001$) in the scores of 28 interpreters in his study on the SCPI and Interpreter Assessment Program Performance Test (p. 44).

Contrastive Linguistic Comparison

During the research process, specific aspects of ASL stood out as exemplars of the participants' fluency and these will be briefly reviewed next in comparison to similar features in English (ASL concepts are noted in upper case letters; English concepts are noted in lower case italics). A gloss in English will be used as a translation equivalent to discuss these features of ASL, but it should be noted that there is often no complete equivalence between the English translations given for the ASL signs mentioned.

Constructions to create focus, specifically cleft sentences, differ in some ways at the surface level between English and ASL. In both languages, a cleft consists of an open proposition and a focus phrase, where no material can be inserted between the two and the focused phrase has to be outside of the basic clause (Wilbur, 1996). In English, cleft constructions include *it-clefts* (***It*** *was the movie I wanted to see*) and *pseudo-clefts*, which begin with an interrogative phrase or clause followed by a relative clause (***What*** *I wanted to see was the movie*).

In ASL, it is believed the pseudo-cleft is frequently used (Wilbur, 1994), as in JOHN WANT WHAT, SEE MOVIE. According to Wilbur (1994; 1996), the interrogative WH- comes at the end of the initial clause, and is followed immediately by the expected or required answer. The ASL sign for THAT and DO-DO can also create focus and signal a cleft construction (Wilbur, 1994).

Pyers (2003) discussed how Deaf signers potentially interpreted the sign FEEL to mean a strong, true belief. Pyers believed that English speakers would use the word *think* to indicate such belief, while *feel* might demonstrate less certainty. Thus, Deaf signers suggested there were different connotations associated with the ASL signs for FEEL and THINK than those of English speakers for the verbs *feel* and *think*. In ASL and English, specific words can act as focus particles. These include the ASL translation equivalents for ALL, ALSO, ANY, BOTH, EVEN, ONLY, SAME-AS (Wilbur & Patschke, 1998). English

focus particles include *too* (Winkler, 2006), *already* (Brown, 2006), *more*, *most*, and *as* (Lawler, 2008).

The literature identified the following signs as modals in ASL, many of which may have a similar function as their English translation equivalents: MUST/SHOULD/OUGHT, CAN/POSSIBLE, FUTURE, SEEM, FEEL, OBVIOUS (Shaffer, 2005; Wilcox & Shaffer, 2006), MAY (Wilcox & Shaffer, 2006) and MAYBE (Shaffer, 2005). Negative modals in ASL included FORBID, CAN'T, IMPOSSIBLE, DOUBT, NOT-SHOULD (Shaffer, 2005).

A significant aspect of language use examined in this study was the number of tokens or overt signs created by the interpreters in their ASL target texts to represent the English sources. Based on studies between spoken languages (Moser-Mercer, 2000; Ronowicz & Imanishi, 2003), it was believed that the novices would exhibit fewer vocabulary choices than the experts in their L2, ASL. As a group, it was also believed that the target texts of the interpreters would contain, overall, a different number of ASL signs in the target text than there were words in the English source. This was in keeping with the assumption that the two languages were not isomorphic, or had a one-to-one correspondence in lexical meanings and grammar.

Bellugi and Fischer (1972), for example, noted a difference in the frequency of manual signs and spoken English words per second to represent the same propositions. When asked to tell three stories about their lives, one in English, one in ASL, and one while signing and speaking, three hearing children of Deaf parents used almost double the amount of words per second than signs to tell their stories; however, there was no significant difference in meaning or the amount of information conveyed. Perhaps to be efficient, it was noted how ASL does not make use of a copula verb (*to be*) (Bellugi & Fischer, 1972; Woodward & Allen, 1987), again suggesting less than an isomorphic relationship between ASL and English. Instead, Liddell (1980) believed a head nod (JOHN DOCTOR) could be translated as a copula (*John is a doctor*). Isham (2000) suggested that adjectives in English (specifically Human Propensity concepts) such as PROUD, ANGRY, and INEPT were "property verbs" in ASL with an embedded copula verb (p. 35) and so could be translated as *to **be** proud, angry or inept*. Humphries, Padden, and O'Rourke (1980) suggested that HAVE carried at least two meanings, possession and existence, where the latter may also function as a copula verb.

Unlike English, ASL makes less use of phrasal verbs or periphrastic constructions (Bellugi & Fischer, 1972), again indicating a less than perfect isomorphic relationship between the two languages. The ASL sign for RETURN could be used to translate the English phrasal verb *went back* and ENTER could represent *came in*. Verbs in English that occur in an infinitive form beginning with the particle *to* (to + verb) are represented in ASL without the particle.

Similar to languages such as Chinese, Portuguese or Spanish, ASL allows for fewer overt markings of pronouns than perhaps English (Wulf, Dudis, Bayley, & Lucas, 2002), referred to as null pronoun (pro-drop) or null anaphoric reference (Kegl, 1987; Wulf et al. 2002). Kegl (1987) believed utterances could be understood because "coreference relations are at the heart of ASL grammar" (p. 135), and ASL is "a discourse-oriented rather than a sentence oriented language" (p. 154). One study of pronoun dropping found that, "overall, even with plain verbs, signers omitted manual pronouns more often than they supplied them" and in the corpus used for this study, "only 35 percent of pronominal subjects [were] marked with manual signs" (Wulf et al., p. 67).

Theoretical Framework

Corder's (1971) conceptualization of a social dialect served as the theoretical framework for this study. The use of dialect in this study, to explain the ASL used by hearing signers, differs from the historical fashion of describing their language as a contact language (Siple, 1997), an inter-language (Livingston, Singer, & Abramson, 1995; Malcolm, 1992), or a hearing version of a pidgin (such as Pidgin Signed English) (Valli & Lucas, 1995). According to Corder, languages consist of a variety of dialects or social dialects. The individuals who speak them may not fit a purely sociological definition of a social group, as they may not come from the same culture, but their language may appear similar due to a shared "linguistic history" (p. 153). This pertains to Anglophones who have learned ASL as a second language as they may come from diverse socio-economic and cultural backgrounds. However, they might end up demonstrating similar abilities in ASL due to having learned the language in a classroom and perhaps from attending similar community events.

The literature defined a dialect as a variant of what is known as a "standard" language (Crystal & Ivic, n.d. ; Fasold, 2006; Romaine, 2001; Valli & Lucas, 1995). Speakers of both a dialect and a *standard* language are mutually intelligible (Corder, 1971; Crystal & Ivic, n.d.; Fasold, 2006; Valli & Lucas, 1995). Dialects were historically associated with geographic regions (Romaine, 2001), where some natural boundary separated speakers and led to variations in speech. But it has been recognized that they also arise where divisions occur for a number of other reasons, such as political, social, or educational (Crystal & Ivic, n.d.; Romaine, 2001).

Several countries have established national councils to promote their standard languages. In France there is the L'Académie français, and in Spain there is the La Real Academia Española (Fasold, 2006). Not surprisingly, the standard language is seen as having more prestige and power than the dialect (Crystal & Ivic, n.d.; Romaine, 2001). Standard language is also "promoted in dictionaries, grammars, and teaching" (Romaine, 2001, section 3, para 2) and has been referred to in the literature as the *High* version of the language. Conversely, the dialect has been described as the *Low* version; for example, there exists High and Low German (Romaine, 2001).

Variability in a dialect from the standard can occur at the level of pronunciation (accent), vocabulary, or grammatical structures (Romaine, 2001; Valli & Lucas, 1995). At the same time, it has been argued that pronunciation was seen as a distinct property best investigated under the nomenclature of accent (Crystal & Ivic, n.d.). Unlike a pidgin or inter-language, a dialect has some systematic qualities (Corder, 1971; Valli & Lucas, 1995) while an inter-language was seen as temporary stage in development of second language fluency (Koike, 1989).

Method

This study was conducted within a mixed methods framework and was designed to identify specific similarities or differences between novice and expert second language users of ASL. As recommended by Corder (1973), it included both an overall proficiency test (ASLPI) and a measure of attainment in specific features. The following is a brief synopsis of the steps taken in the data collection process.

Participants

Two cohorts of hearing Anglophone interpreters participated in this research. They were given a letter of introduction and asked to sign an informed consent form, which

outlined the ethics review process the study proposal had undergone. The consent form guaranteed anonymity and stipulated participants' ability to withdraw from the project at any time without penalty. Five nationally certified volunteers from the Association of Visual Language Interpreters of Canada were deemed experts. As part of the certification process, the individuals had to simultaneously interpret a number of different texts while being videotaped. Native signers, chosen and trained by the Canadian Association of the Deaf, rated the tapes for ASL fluency. Seven recent graduates of an interpreting program, deemed novice signers, also volunteered to participate. None of these individuals had Deaf parents or Deaf family members and all acquired ASL as a second language and as an adult.

To maintain anonymity, each participant was assigned a pseudonym beginning with the first letter of the alphabet. In addition, the designations "-E" or "-N" were added to the names of the experts and novices, respectively. The first expert was referred to as "Alice-E" and the first novice was given the pseudonym "Adam-N."

The experts had more than two decades of both work experience as an interpreter and second language use in ASL. The novices, on the other hand, had between five and seven years of ASL study and no prior background as a professional interpreter. All of the novices had just graduated from a three-year ASL-English interpretation program.

There were two male interpreters (both novices) and ten female interpreters (five novices and five experts). This prevalence of females was in keeping with similar demographics noted for the field of ASL-English interpreting (Cokely, 1984; Stauffer, Burch, & Boone, 1999) and ASL classes (Peterson, 1999). All the volunteers were in their late teens or early twenties when they first began to learn the language. This was again in keeping with the demographics noted in the literature for students of ASL (Peterson, 1999) and ASL-English interpreters (Stauffer & Shaw, 2006). All 12 considered English their first language. When asked about their second language, responses were ASL (seven participants), French (four individuals) and Serbo-Croatian (one person). Table 1 provides demographics of the participants in more detail.

Table 1
Participants' Demographic Information

	Experts	Novices
Gender and Age		
Male		2
Female	5	5
Age Range (years)	45+	20-39
Language use		
Number of years using ASL	26-32	5-7
English First Language	5	7
ASL Second Language	4	3
French Second Language	1	3
Bilingual	1	2
Polyglot	4	5
Education		
Graduate of interpreting program	1	7
College diploma or certificate	3	1
Bachelor's degree		4
Graduate degree (MA/PhD)	4	
Socio-economic status		
"Low"		3

Middle class	5	4

In addition to the 12 interpreters, the researcher invited three culturally Deaf native ASL signers, who were also experienced ASL or ASL-English interpreting instructors, to participate in this study. The following is only a brief demographic sketch of the raters to maintain some level of anonymity. All three were in their late thirties and early forties and included a mix of men and women of different ethnicities. All had attended a residential school for the Deaf for some period of time and later, Gallaudet University for a number of years. Their degrees ranged from Bachelor of Arts to Master of Arts.

Survey

To begin the data collection, the participants were first asked to complete a survey in which they identified their frequency of signing over the last year (*Almost daily*, *Typically during the weekdays* (for example Monday to Friday at work or in class), *Several times a week, Several times a month, A few times a month, A few times a year* (for example at workshops, social events, presentations). They were also asked how often they used ASL in comparison to spoken English over the last year *(I almost exclusively used my spoken language, 75% or more time spent using a spoken language (used ASL 25% of the time or less), 50% of the time used a spoken language and 50% of the time used ASL, 25% of* the *time I used a spoken language and 75% of the time I used ASL, I almost exclusively used ASL.*

ASLPI

The volunteers completed a self-assessment of their ASL fluency by rating themselves on an ASLPI scale based on various protocols for ASL proficiency (California State University Northridge, 2007; Madsen, 2001; Newell & Caccamise, 2007). This scale consisted of a six-point rating system. The levels ranged from *one – no functional skills, two – novice, three – survival, four – intermediate, five – advanced, and six – superior.* A modified ASLPI process was used as the participants were not interviewed in ASL but were instead asked to assess their overall ability in ASL.

L2 Assessment

The final tool to examine the volunteers' language fluency was a short story in English, a language elicitation task. The interpreters were asked to simultaneously interpret the text from English into ASL. While watching their performance, interpreters were asked to consecutively re-interpret sections or the entire text if they were not satisfied with their performance. By asking the interpreters to review their target texts, they were given a chance to produce their best work without the pressure of keeping up with a speaker and with the benefit of having listened to the entire monologue.

The story consisted of an English text believed to be representative of the typical language-learning story for adult students of ASL (going to class to learn ASL, working with a Deaf person, and using different resources to practice signing). It also included vocabulary that was found in beginning or intermediate dictionaries or textbooks used to teach ASL (Baker-Shenk & Cokely, 1980; Fant, 1983; Humphries, Padden, & O'Rourke, 1980).

Interviews

Following the collection of language samples, the participants were interviewed and asked a number of questions about their experiences learning ASL. A semi-structured format was followed, and the questions included:

1. How do you feel about your ability to interpret from English to ASL overall?
2. Can you describe some settings or contexts that you feel you lack enough fluency in ASL to interpret from spoken English?
3. Is there a difference in comfort level for you or your level of fluency when you are talking to a Deaf friend in ASL versus when you interpret from English to ASL for a hearing speaker?

Rating

After the participants completed a demographic survey, provided a sample of simultaneous and consecutive interpretation, and went through an interview, a panel of three Deaf raters convened. As a group, they rated each interpreter using the ASLPI rating scale and by watching the simultaneous and consecutive samples of work. They were given access to the English transcript of the story and they commented on the performance of each interpreter.

A basic written English gloss was created of each interpreter's simultaneous interpretation of the story. The words used in the gloss were those typically used as translation equivalents for ASL signs (Baker-Shenk & Cokely, 1980; Fant, 1983; Humphries et al., 1980). A Deaf rater verified this gloss for accuracy. A comparison of the number of words in the total gloss (anywhere from 514 to 666 tokens) and the number of changes suggested by the Deaf rater (4 to 40) revealed a high inter-rater agreement with an average of 97.5% and a range from a low of 93% to a high of 99%. The individually glossed transcripts were used to compare the volunteers' language samples.

Data Analysis

Non-parametric and descriptive measures were chosen to analyze the data for a number of reasons. The sample size was small (12 individuals), and there existed no normative group or past research findings for comparison. A normal distribution of scores could not be presumed due to the sample size and as the interpreters were purposefully chosen from two ends of a theoretical spectrum, novices and experts.

Results

Frequency of L2 Use

When asked how much time they had spent using either English or ASL in the past year, participants chose only two categories: *75% or more time spent using a spoken language (used ASL 25% of the time or less)* or *50% of the time used a spoken language and 50% of the time used ASL*. The data were collapsed into a 2 x 2 table and the results of a Fisher's Exact test showed no significant difference at the 0.05 level ($p= 0.5$).

The volunteers were asked to check off how many days per week they used ASL and again the participants chose from only two categories: *Almost daily* or *Typically during the weekdays* (for example Monday to Friday at work or in class). After collapsing the categories into a 2 x 2 contingency table, a Fisher's Exact test again resulted in no significant difference between the groups at the .05 level ($p = .05$).

Fluency in ASL

Using the non-parametric Mann-Whitney test for two independent groups, the ASLPI ratings the interpreters assigned themselves were assessed, and a significant difference was found between the two groups (expert Group 1, novice Group 2) at the 0.05 level (Median = 7.5, *p= 0.01, Z = - 2.58). The expert, certified interpreters rated themselves as more proficient than the novices. The three Deaf raters used the same ASLPI tool to assess each interpreter's fluency based on their simultaneous and consecutive samples. Using the Mann-Whitney test for two independent samples, the ASLPI ratings given by the Deaf raters, after being ranked, were also significantly different between the two groups at the 0.01 level of confidence (Median= 6.5, **p = 0.006, Z = -2.72). Deaf raters deemed the experts to be more fluent than the novices. Table 2 illustrates the raw and ranked scores given to the interpreters by themselves (Self ASLPI) and by the Deaf raters (Deaf ASLPI).

Table 2
ASLPI Assessment

	Self		Deaf	
Participant	ASLPI	Rank	ASLPI	Rank
Group 1				
Alice-E	6	11	5	11.5
Bea-E	5	7.5	4	8
Carol-E	6	11	5	11.5
Denise-E	5	7.5	4	8
Erin-E	6	11	4.5	10
Group 2				
Adam-N	5	7.5	3	3
Barry-N	2.5	1	2	1
Christine-N	3	2.5	4	8
Darlene-N	5	7.5	3.5	5
Elizabeth-N	4	4	3.5	5
Francine-N	4.5	5	3.5	5
Gloria-N	3	2.5	2.5	2

To test if the Deaf raters gave the hearing interpreters the same ASLPI rating as the interpreters gave to themselves, the nonparametric Wilcoxon Signed Rank test was used to compare the individual rankings of the two groups. The Wilcoxon test returned a significant difference at the 0.05 level (*p = 0.01, Z = -2.590) between the ratings where the rankings from the Deaf raters were lower than the rankings the interpreters gave themselves.

Total and Unique Signs

Given the belief that English and ASL are not isomorphic and that experts might have a broader range of vocabulary choices than novices, the total number of signs used by each interpreter was compared and rank ordered. The number of unique signs produced by each interpreter was tallied and rank ordered. No significant difference was found in the Mann-Whitney test between the two groups in terms of the total number of signs they produced (Median = 6, N = 12, p = 0.57, Z = -0.568). In comparison to the original source text, which had 783 words, no one used more signs than the amount of words uttered; however, they did

use approximately three-quarters of the number of tokens, with a mean of 582.5 signs (or 74.4% of the number of tokens of the English source) with a range of 487 to 666 signs (62.2% to 85.1% of the source). The results on the Mann-Whitney test to compare the ranked number of unique signs used by each group approached significance at the .05 level (Median=6, p= 0.074, Z=-1.790). However, there was no significant difference in the number of unique signs used between the two groups.

Pronouns. Given that ASL has been described as a pro-drop or pronoun drop language, the frequency of pronoun use was investigated next. The number of pronouns used was tallied and rank ordered. A Mann-Whitney U test of significance revealed no difference between the experts and novices in terms of the number of pronouns produced (Median=6, p= 0.871, Z = - 0.163). Of interest to note, the original source text had 111 pronouns while the number of pronouns in the ASL target texts ranged from 59 to 125 in the novice group (or 53.2% to 112% of the 111 in the English source). The certified interpreters production of pronouns ranged from 65 to 101 (58.6 to 91% of the pronouns in the English source).

FEEL as *think*. As mentioned in the literature review, Pyers (2003) suggested Deaf signers could use FEEL to mean *think* or a *strong, true belief*. While the English word *feel* was not present in the source text, some of the interpreters included the sign FEEL in their ASL target texts. The following are examples of back-translations of this phenomenon.

Table 3
FEEL for "think"

Participant	Interpreters' ASL Target Texts	Back-translation of Target Text
Bea-E	TEACHER **FEEL** ME FUNNY?	Did my teacher **think** I was funny.
Carol-E	OH-I-SEE. **FEEL** [you] RIGHT.	I realized/**thought** she was right.
Christine-N	LOOK-BACK/REMEMBER, **FEEL** HOW INVOLVED?	In hindsight, what do I **think** got me started?
Christine-N	TEACHER **FEEL** FUNNY, NO	My teacher didn't **think** it was funny.
Erin-E	SHE TEACHER LOOK-AT-US, **FEEL** SOMETHING, SUSPECT…	My teacher **knew** something was going on and suspected…
Gloria-N	BUT MY LANGUAGE, THAT 2 YEARS TIME-FRAME, **FEEL** PICKUP MUCH	I **think** I learned a lot of ASL in those 2 years.

The occurrences of FEEL where THINK would have been a possible translation were tallied for each interpreter and rank ordered. A Mann-Whitney analysis on the ranked data revealed no significant difference between the groups (Median=3.5, p= 0.96, Z=-1.664).

Phrasal verbs. In the English source text there were six instances of the verb *get* as a phrasal verb (verb particle or prepositional verb), which could be reduced to a single verb in ASL. As every interpreter reduced these phrasal verbs, no statistical analysis was performed. The following is a list of phrasal verbs, including *get*, taken from the English source text and examples of the verbs used by the interpreters in ASL.

Table 4
Examples of Reduced Phrasal Verbs

English source text	ASL target text
…and how I **got into** interpreting	START
We **did get caught** a	NOTICE
that **got** me **hired**	CONVINCE
get back to using	START
…that I **got into** interpreting	START
he needed a guide and an interpreter to **get** him **around**	GUIDE and HELP

Infinitive verbs. As part of the analysis, infinitive verbs were examined next. While there was a total of 13 infinitive verbs (to + verb) spoken in the English source text, none of the interpreters made use of the particle *to* with a verb in their ASL target texts.

HAVE as copula. In the English source text, the verb *have* appeared 13 times. It was predominately used to signal perfect tense (10 times), but also as a modal (twice) and once as a possessive (genitive case). Eleven of the interpreters (excluding Bea-E) included the sign HAVE at least once in their target texts. Of those 11, all used it to signal possessive case (e.g., to have a car, to have resources). However, five of the interpreters used HAVE like a copula verb *to be* to signal the existence of events or people (three experts, two novices). As these numbers were so small, the groups were not compared statistically. The following table lists examples of the English source text and the interpreters' target ASL texts where HAVE was used to signal existence.

Possessive case. In the English source text, the storyteller also used the possessive pronoun *my* on a number of occasions, and made mention of *my ASL teachers*. Only four of the novices (Christine-N, Darlene-N, Elizabeth-N, Francine-N) referred to MY TEACHER in their ASL target texts. The experts did not use the ASL possessive MY when interpreting the phrase *my ASL teacher.*

Conjunctions. The next area of investigation was conjunctions and specifically the use of *and*. While the original source text had 20 instances of *and*, three experts (Alice-E, Carol-E, Erin-E) and one novice (Francine-N) did not use the corresponding citation form of AND in ASL at all. A novice, Barry-N evidenced the highest frequency of AND (three) in his target text, whereas the remaining interpreters (seven) included AND only once. Only two novices (Adam-N, Barry-N) used AND to conjoin clauses while the other six used it to conjoin a series of nouns or verbs (BOOK AND DICTIONARY, GUIDE AND INTERPRETER).

Focus particles. The next area of investigation was focus particles. Some interpreters signed ONLY-ONE but changed the location of the sign ONE and articulated it on their chest (ONLY-ME or ME-ONLY), and so this was considered a focus particle separate from ONLY or ONLY-ONE. Some also used a sign glossed as GO-TO-ONLY, where their passive hand assumed the *1* handshape and was repeatedly touched by the fingertips of their dominant hand in the *B* handshape. A comparison of the expert and novices ranked scores by a Mann-Whitney test showed no significant difference in the use of these focus particles by the two groups (Median=7.5, $p = .19$, $Z= -1.31$).

Clefts. The cleft constructions in the participants' ASL target texts were looked at next. Nine of the 12 interpreters made use of DO+ as a cleft, while four used THAT to create a structure similar to an English "it-cleft." An analysis of the cleft constructions using the Mann-Whitney revealed no significant differences between the groups (Median= 6, $p= 0.22$, $Z= -1.22$).

Modal verbs. The last area investigated was modal verbs. No participant used FEEL, OBVIOUS, DOUBT, or FORBID in their ASL target texts. The most popular modals were CAN/CAN'T and MUST/SHOULD. Only two experts used SEEM (Bea-E, Erin-E), while only two novices used IMPOSSIBLE (Darlene-N, Elizabeth-N). No significant difference was found between the groups in terms of the total number of modal verbs used on the Mann-Whitney (Median=6, $p= .62$, $Z= -0.49$).

Table 5
HAVE as Copula

Participant	English source text	ASL target text
Carol-E	There **was** an elderly Deaf person, who I will call Bill.	**HAVE** DEAF PERSON OLD S/HE NAME INVENT BILL, HE
Carol-E	The next day, there **was going to be** a test on fingerspelling.	TOMORROW, GIVE-OUT **HAVE** TEST THERE. FINGSPELLING, SPELL-TO-ME, FINGERSPELLING TEST
Christine-N	In my fourth ASL class, there **was going to be** a test…	FOURTH ASL COURSE, TAKE-UP, TEST **HAVE**…
Denise-E	I knew Bill, but I didn't know there **were** other Deaf ASL teachers as I hadn't met them yet.	BILL, ONE DEAF PERSON KNOW. **HAVE** OTHER ASL TEACHER, OTHER DEAF, DON'T-KNOW WHO, ME MET++ NOT-YET
Denise-E	As well, there **weren't** interpreters around who I could ask for…	ALSO PAST **HAVE** INTERPRETER, ME TAP-ON-SHOULDER++…
Denise-E	There **was** going to be a test the next day…	KNOW TOMORROW **HAVE** TEST
Denise-E	There **was** a rally for Deaf rights at the parliament/government buildings…	RECENTLY **HAVE** #RALLY FOR DEAF RIGHTS, PARLIAMENT BUILDING…
Elizabeth-N	I think there **was** a test in my fourth class	ME THINK FOURTH CLASS, **HAVE** TEST
Erin-E	A long time ago, there **were** very few if any Deaf people I could ask for help.	DEAF, TAP-SHOULDER HELP-ME, NONE, FEW. NOT **HAVE** LONG-AGO

Interviews

The participants were asked a number of questions after having interpreted the English source text, and the following is a synopsis of their comments. Typically they described their fluency in English as superior to their fluency in ASL. For example six of the twelve said they were more comfortable in English (Adam-N, Barry-N, Carol-E, Christine-N, Darlene-N, Gloria-N). Others talked about how they could discuss more topics in English than ASL (Bea-E), or how they had to rehearse things (Carol-E) or had to repeat things (Denise-E) more often in their L2.

When the experts were asked about their fluency in ASL, Carol-E described her abilities as "pretty good," but explained that she sometimes rehearsed what she wanted to say in ASL, and that this occurred "much less" in English. Alice-E talked about how her ASL fluency was "a work in progress." Denise-E found she had to "take a second run" at things sometimes while signing or interpreting. Erin-E said she was confident or with preparation, fine in ASL.

Three of the expert interpreters qualified their answers by talking about specific settings. Alice-E said, "If I am familiar with the topic, I can discuss it in both languages." Denise-E originally said she was more comfortable using English while formally presenting, but has had good experiences presenting in formal ASL. Bea-E recognized that she could not talk about things such as combustion engines in her second language.

When asked about their fluency in ASL, the novices used descriptors such as "weak" (Barry-N), "not great" (Darlene-N), "not comfortable" (Christine-N), "concerned" (Elizabeth-N), or "still learning" (Francine-N). While Adam-N said he was "confident" in ASL, he later remarked, "I don't have to think about what I have to say in English, I can just express it." Gloria-N noted how when she was with friends or interpreters, they tended to speak English, but added she would sign if a Deaf person became involved. In terms of her receptive language abilities in ASL, Christine-E found there were more ASL users that she had problems understanding than speakers of English, though there were some Anglophones she did not understand.

The novice interpreters further talked about feeling less fluent in ASL in formal settings (Christine-N, Francine-N) or when interpreting in mental health, legal, or medical contexts (Francine-N). Adam-N mentioned struggling to interpret English idiomatic language and Barry-N said he was "not comfortable" with abstract concepts. Gloria-N found she had to restate things in ASL from time to time. The novices went on to say they believed they needed to improve their self-monitoring (Barry-N), grammar (Barry-N, Elizabeth-N) and understanding of ASL signs and vocabulary (Adam-N, Barry-N), like the roots of signs (Christine-N). Two talked about the need to improve their nonmanual signals (Barry-N, Christine-N).

When asked if there was difference between their fluency while interpreting and while spontaneously signing, Alice-E asked if it was possible to differentiate between the two. She, Carol-E, Barry-N and Gloria-N thought that their fluency was the same in both contexts. Adam-N, Christine-N and Erin-N thought they looked more fluent while interpreting. Alice-N noted that she might look less fluent while interpreting some topics, and so fluency was context-based. Barry-N believed that preparation materials increased his ability to look fluent. Christine-N said she was more fluent because she was more aware of her language use and more careful to produce ASL while interpreting. Erin-E thought there might have been a higher frequency of English intrusions in her ASL while spontaneously chatting. Adam-N said he made more errors while spontaneously signing.

While seven of the interpreters thought their fluency improved or remained the same while interpreting or signing, four said they were more fluent when just spontaneously

signing (Darlene-N, Denise-E, Elizabeth-N, Francine-N) and one did not comment (Bea-E). While Gloria-N said she was more fluent while interpreting, she later added that perhaps she was better while just signing for herself. Factors that may have potentially reduced their fluency while interpreting included pressure to perform (Darlene-N, Gloria-N), awareness of mistakes and the need to fix them (Gloria-N), and a lack of control over the register (Darlene-N, Elizabeth-N, Gloria-N).

Deaf Raters' Observations

The following is a brief synopsis of the comments from the Deaf raters concerning the volunteers' fluency in ASL. All three raters noticed that several interpreters did not identify the ethnicity of a character in the story as Deaf. They questioned this omission and believed it was important to include. At the same time, they commented positively on the addition of NOT CODA (not a child of Deaf parents) by one of the interpreters for the concept not having Deaf parents.

On the other hand, there was some concern about identifying the ethnicity of the characters in the story too much. In particular, there was discussion about the need to identify Bill as being Deaf from birth. One rater thought that some Deaf people didn't like that designation. She described it like this: "If you were another race, such as Black, would you be described as that from birth—Black from birth? You don't say someone is hearing from birth. Why would you say it about the Deaf?"

One of the Deaf raters said the interpreters did not make use of the DEAF WAY when talking about the destruction of a tape by a dog. The other two raters supported this opinion. It was suggested that the participants could have used nonmanual markers such as TONGUE-OUT, and a concerned or worried affect, and signs like DISGUSTED or FRUSTRATED to communicate that the tape had been destroyed.

The raters commented on the general lack of affect and nonmanual grammar in the interpreters. They questioned if the affect of many of the interpreters fit the content of the story when the speaker said he was "ready to kill" his sister and when he was "frustrated" while looking for a tape or dictionary. They also wanted to see more nonmanual modifiers in ASL for English terms such as *desperate need of money*, *really sure*, and *pretty frail*. At one point they discussed the nonmanual markers for the phrase, *took a good hard look in the newspaper*, and thought that perhaps several interpreters did not convey a hard enough look.

Perhaps as a result of these observations, one rater suggested coursework for interpreters in visual-gestural communication, where students are not allowed to use signs, but instead must communicate through mime, gestures, and facial affect. In discussion with the interpreters and in response to this, some felt that the English source text lacked affect and was a bit stilted due to the addition of pauses at the end of each sentence, and so they matched what they believed to be the speaker's affect.

There was some discussion by the raters about how the interpreters had translated the word *died* when a character in the story passed away. They would have rather seen the sign GONE/DISAPPEARED than DEAD (Adam-N, Barry-N, Bea-E, Carol-E, Elizabeth-N, Erin-N, Francine-N), as they believed GONE showed more sensitivity to Deaf culture and fit the context. The sign DEAD seemed to hold strong negative connotations for the Deaf raters and changed the meaning of the sentence. They questioned the use of the signs A and PLUS for *A+* instead of the signs for the letters *A* and then *T*. They also commented on the lack of an acronym for *Deaf Support Services*, and suggested using DSS.

Discussion

There are a number of limitations that should be noted about this study. The sample size was small and not necessarily representative of the entire spectrum of hearing signers. The participants were asked to interpret a sample of spoken English into ASL. This may have added an additional cognitive load to their signing performance and limited them to the vocabulary of the speaker and that person's prosody and structure.

However, having noted these limitations, the story chosen for this study was familiar to the participants as second language learners, which was confirmed by the participants in later discussions. The volunteers in this study were also allowed to review their work and perform a consecutive re-interpretation if desired, thus reducing their cognitive load and allowing them time to consider different ways of using ASL. The findings of this study support the conceptualization of a social dialect of ASL for hearing second language learners in several ways, irrespective of their length of language study. It answers the two research questions:

1. What similarities or differences can be found in the L2 performance of novice and expert signers?
2. Is there evidence of a social dialect of ASL in hearing, Anglophone signers while interpreting?

Corder (1971) suggested that a social dialect belonged to a group of individuals who may not fit a purely sociological definition of a *social group*, but who shared a number of common features. They might not, for example, come from the same culture but their language may appear similar due to a shared "linguistic history" (Corder, 1971, p. 153). Several similarities in the performance of the volunteers in this study point to just such a shared linguistic history, though they differed in age, how they learned ASL, years of ASL acquisition, and where they originated from in Canada.

I suggest that many of the common characteristics of the ASL used by the participants in this study were naturally acquired and perhaps not learned in formal ASL classes. I propose this as the literature suggested ASL classes are taught within an immersion methodology (Smith, Lentz, & Mikos, 1988; Smith, 1988) and do not include the grammatical structures noted in this study. This would indicate some common second language developmental processes, indicative perhaps of a social dialect.

We will first look at the dissimilarities in the participants' language performance and then turn to the many similarities noted in the findings. A comparison of the ASL proficiency ratings given by the three Deaf raters to the interpreters, and by the interpreters in their self-assessment, revealed that everyone saw the experts as more fluent in ASL than the novices. This appears to have been due to a number of factors outside of the many similarities noted in the participants' language use. These could have included the experts' enhanced ability to deal with the interpretation process, higher level of confidence, mastery of the prosodic elements of ASL, or even accuracy in sign production and speed of signing.

Of interest to note, the participants rated themselves consistently higher than the Deaf raters in terms of fluency. In the literature, ASL teachers believed their hearing students had an exaggerated sense of fluency (McKee & McKee, 1992). Upon discussing this point with some of the participants, however, I believe the difference may be due to a difference in "center." The Deaf raters compared the 12 interpreters to native Deaf signers, a "Deaf center" while the participants I talked with indicated they had compared themselves to other hearing second language learners of ASL, and so felt they were doing well. Another specific difference noted between the groups was the use of the sign MY by the novices to interpret

my teacher and to indicate possession of a person (*my ASL teacher*). The experts, meanwhile, used the sign TEACHER on its own and so the relationship was implied.

Having looked at the differences in their fluency, we turn next to the findings that support the concept of a social dialect. As a group, these individuals had disparate linguistic histories, as they came from different communities, had different second languages, had learned ASL through different means (formal classes versus while interpreting in the Deaf community), and had different years of experience with ASL. At the same time, there were some similarities in education, as all had at least a college diploma. Regarding income levels, three recent graduates described their current incomes as "low" or "poor," but the remaining nine participants used terms such as "comfortable," "middle class," "upper middle class," and "high middle class." As a group, most were multilingual and reported using ASL at least five days a week over the last year.

Turning to specific aspects of their performance, as a group, these interpreters produced approximately two-thirds of the number of signs as words used in the source, and a similar reduction in signs versus words spoken was noted in another study (Bellugi & Fischer, 1972). This group of interpreters, as a whole, also did not typically translate the English "and" as the ASL sign AND. Where AND was used in ASL by the interpreters, it only conjoined nouns or verbs. Instead they used signs like NEXT (Adam-N) to translate the phrase ***and*** *I became an interpreter* or MEAN (Alice-E) to replace *he was in frail shape* ***and*** *so he needed a guide*. Their ASL target texts, therefore, were not isomorphic with the spoken English text and evidenced an absence of the sign AND for the English *and*.

Comparing the experts to the novices, there was a similar total number of signs and total number of unique signs used by either cohort. In a similar fashion, both produced a comparable number of pronouns in their ASL target texts (mean of 63.5% of the number found in the English source text). It should also be recognized that the interpreter with the highest number of pronouns was a novice and ranked as one of the least ASL-fluent by the Deaf raters. Perhaps with practice in interpreting or with ASL, this number of overt pronouns will decrease. In all target text samples, the particle *to* was dropped when the interpreters translated infinitive verbs in English to verbs in ASL, and phrasal verbs that included *get* were uniformly reduced to one verb in ASL, which was suggested in the literature (Bellugi & Fischer, 1972).

Like native Deaf signers (Pyers, 2003), some interpreters in this study used the ASL sign FEEL to represent *think* or *a strong belief.* Again, this was quite likely not a feature of ASL taught to those who took ASL classes. There was also no difference in the number of times the experts or novices replaced the English word *think* with the ASL sign FEEL. The sign HAVE was typically used to indicate possession, but was also used as a copula verb. Again, it is doubtful this was something the participants learned in their ASL classes. In a review of the literature on the English language literacy abilities of Deaf students, White (2002) noted that Deaf children were confused by the verbs *be* and *have*. It also supports the observation of Humphries et al. (1980) that the ASL sign HAVE carried at least two meanings: possession and existence.

There was no difference in the frequency of focus particles found in the interpreters' target texts. The dialect of this group while interpreting included the use of focus particles such as ONLY-ONE, ONLY-ME, GO-TO-ONLY, SAME-AS, THAT'S-ALL, and NONE/NOTHING. Also as a group, there was no significant difference in the number of cleft constructions used, and these included the sign DO-DO or pseudo-clefts (WH constructions). In a similar fashion, no difference was found in the frequency of modal verbs. The most popular were CAN/POSSIBLE, CAN'T and MUST/SHOULD. However no participant used FEEL, OBVIOUS, DOUBT or FORBID in their ASL target texts.

According to the observations of the Deaf informants in this study, the social dialect of this group lacked an acronym for Deaf Support Services (DSS) and several used the signs A PLUS instead of "A" then "T" to represent the English *A+*. Seven interpreters used the sign DEAD instead of GONE/MISSING to indicate the passing of an individual. Also according to the Deaf raters, the group uniformly needed to ensure they identified the ethnicity of characters in a story, to increase their use of facial affect, and to enhance their use of nonmanual modifiers.

Returning to the earlier discussion of an ASL dialect, the language used by these individuals while interpreting seems to fit the characteristics of a hearing dialect of ASL. As suggested in the literature, this dialect took its phonology and vocabulary from the standard version of ASL used by Deaf people (Fasold, 2006; Romaine, 2001; Valli & Lucas, 1995) as verified by the Deaf raters. However, the three Deaf raters held their standard version of ASL in prestige (Romaine, 2001) and resisted adopting some of the signs of the interpreters' dialect such as DEAD for *dead* or A PLUS for *A+*. In a similar vein, and during the interviews, all of the interpreters expressed a desire to use the standard version of ASL, an indication they held it in high regard.

According to the Deaf informants, the nonmanual grammar and affect of the standard version of ASL was more elaborate than what they saw of the dialect, perhaps a difference in phonological production or accent (Romaine, 2001; Valli & Lucas, 1995). At the same time, there was some stability or consistency in the dialect used by both the novice and expert signers in this study, as was evidenced by the many similarities in their target texts irrespective of their years of language study and interpretation practice. The interpreters' dialect while interpreting was also intelligible to both the Deaf raters and hearing signers. Further, as a characteristic of a dialect (Romaine, 2001), the novice hearing participants in this study learned the standard version in a formal academic setting. Finally, there is an extensive body of literature concerning the use of ASL by the Deaf community (standard version) such as ASL dictionaries and research into native signers, as suggested in the literature (Romaine, 2001). There is, however, a growing body of investigations into the use of ASL by Anglophone signers.

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