

LSci51/ Psych56L

Fall 2020

Review Questions: Special Populations

(1) Terms/concepts to know: ASL, iconicity, simultaneous articulation, deaf-of-deaf, deaf-of-hearing, manual tradition, oral tradition, total communication, cochlear implants, ASD, pragmatics, Williams Syndrome, Developmental Arrest hypothesis, Down Syndrome

(2) What kinds of visual cues do blind children lack for learning language? Does this seem to impact their phonological development? What about their lexical development and their syntactic development? (Hint: Which of these seems to rely more on visual cues?)

(3) What does it mean for signs to be iconic?

(4) Are signed language learners (like children learning ASL as a native language) more attuned to any social cues to meaning, compared with spoken language learners? (Hint: Think about cues like the parent's eye gaze, and what information that highlights for the child.)

(5) Are signs in ASL atomic units, or are they broken up into features the way that some parts of spoken languages are? What is one major difference between spoken and signed languages when it comes to features?

(6) Do ASL speakers have categorical perception? How do you know?

(7) Do both signed languages and spoken languages have instances of simultaneous articulation?

(8) Why might it be surprising that deaf children learning sign language take a while to understand what the signs for "you" and "I" refer to? Does their performance on these signs support the idea that learning a signed language is the same as learning a spoken language? Why or why not?

(9) Why are deaf children trained in the oral tradition at a disadvantage with respect to achieving native-level skill in *any* language when compared to deaf children trained in the manual tradition? (Hint: Think about the nature of the input available to deaf children learning a spoken language. How might this relate to a critical/sensitive period of language development?)

(10) Can cochlear implants help answer the question of critical/sensitive periods for language development? (Hint: Think about children who receive cochlear implants earlier vs. later in development. Are they like second language learners?)

(11) Do cochlear implants work the same way for everyone? (Hint: Think about the auditory signal people with cochlear implants hear. Is there any variability?) Is it a good idea for children with cochlear implants to still be exposed to sign language? Why or why not? (Hint: Think about what happens if the auditory signal isn't very good.)

(12) Is there any evidence that certain types of auditory input can benefit children with cochlear implants who are learning spoken languages? (Hint: Think about the impact of singing on speech perception.)

- (13) Which aspects of language seem to be most impaired in children with ASD? (Hint: Think about which aspects social deficits impact the most.)
- (14) What predictions would the “form is easy, meaning is hard” hypothesis make about children with ASD? Do these seem to be borne out? (Hint: How do ASD children do with morphology and syntax? Do these correspond to form or meaning?)
- (15) How does lexical development in ASD children compare to lexical development in typically-developing children? (Hint: Do ASD children have a noun bias in their early vocabularies? What about their lexical diversity? How is their cross-situational learning ability? What terms seem to be missing in their vocabularies? What terms may be overused compared to typically-developing children?)
- (16) How does lexical organization in ASD children compare to lexical organization in typically developing children? (Hint: Do ASD children have a shape bias? Do they form categories as easily that allow them to make meaning generalizations?)
- (17) How does the Developmental Arrest Hypothesis explain Williams Syndrome individuals’ ability to acquire some kinds linguistic (and spatial) knowledge but not other kinds? (Hint: Think about when different kinds of knowledge are learned by typically developing children.)
- (18) Suppose you discover that full mastery of a certain linguistic structure is acquired by typically developing children around age 8. Would you expect Williams Syndrome adults to have full mastery of this linguistic structure, based on the Developmental Arrest Hypothesis? What if typically developing children acquired the linguistic structure by age 4 instead?
- (19) Does Williams Syndrome, and the linguistic development of children who have it, clearly support the dissociability of language and general intelligence? Why or why not?
- (20) What is one major difference between Williams Syndrome and Down Syndrome individuals when it comes to language abilities?
- (21) What is one major difference between Williams Syndrome and Down Syndrome individuals when it comes to visuospatial abilities?