

SEX IS DEFINITELY A PROBLEM:

INTERPRETERS' KNOWLEDGE OF SIGNS FOR SEXUAL BEHAVIOR

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The focus of this paper is a semantically related class of signs in American Sign Language (ASL).¹ This may serve also as a focusing point for linguistic and sociolinguistic studies being made of sign languages and of deaf communities. Signs in ASL relating to sexual behavior have especially important implications for descriptive and theoretical sociolinguistic and anthropological studies and for applied research in the areas of language and education, language and medicine, and language and the law. For example, signs for sexual behavior appear to serve, as will be discussed below, as one method of maintaining the "ethnic" boundaries between hearing and deaf communities. Within the deaf community, these signs also serve to separate age groups within communities, and regional (Southern/Northern) and ethno-social (Black Southern/White Southern) communities of the deaf.

The paper attempts generally to outline some of the more obvious implications of the knowledge of these signs for the areas of research already indicated and specifically to concentrate on a number of the problems that these signs may impose

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on sign language interpreters and so on deaf persons in courts of law.

Implications for sociolinguistic research. Signs for sexual behavior are loaded with interesting regional and socioethnic variations, a few of which are discussed below. In New York City the sign SHOES also means 'male-homosexual'. The sign generally current in ASL as STUCK (with an extended meaning of 'pregnant'), in New York City also means specifically 'pregnant through rape'. The sign MALE-MASTURBATION, used in such diverse places as California and Ohio, is often mistaken for the sign SODA-POP in other regions. (Capitals are used to "name" ASL signs without the necessity for describing their formation; the word capitalized is usually close to the English gloss bilingual signers associate with the sign; but in standard linguistic practice, more exact translations are presented here within single quotation marks.)

Black Southern signs (Woodward 1976a) cause even more confusion, because they are less generally known by non-Black signers in the U.S. The Black Southern sign PREGNANT is identical with the general ASL sign MOTHER. Black Southern MOTHER is formationally like Black Southern PREGNANT, except that MOTHER uses a wiggling movement of the fingers and PREGNANT does not. Black Southern LESBIAN-INTERCOURSE is identical with the White Northern child sign HETEROSEXUAL-INTERCOURSE.

Interrelationship between background social variables are also made clear through such variations in ASL usage as those discussed in earlier studies. The hypothesis suggested by Woodward and Erting (1975), that southern signers tend to use older forms of signs more often than do northern signers and that Blacks in the south tend to use historically older forms more often than Whites, was initially guided by the analysis of such items as the Black Southern sign PREGNANT. When this sign was shown to a number of White Southern informants, only one recognized it. He reported that White signers used to use the sign but now do not. This hypothesis of Woodward and Erting has since been tested and supported (Woodward 1976a, Woodward & De Santis 1975).

Implications for anthropological research. Language use is an extremely important method of maintaining "ethnic" boundaries in the deaf community — i.e. the distinction Deaf, the ethnically marked group, and Hearing, the majority (Markowicz & Woodward 1975). Certain characteristics of ASL usage identify a person as deaf and are reserved for use with other core members of the deaf community (cf Battison 1976). Because of diglossic pressure, there is an immediate shift from such usage to pidgin-like English signing (Woodward 1973, Woodward & Markowicz 1975) when a hearing person with some knowledge of signing enters a conversation.

Signs for sexual behavior are not well known by the average hearing signer, apparently not even by many of the most experienced hearing signers. There is no current general sign manual that provides information about sexual signs, and it was only in 1975 (cf Woodward 1976b) that there was an attempt to incorporate sexual signs into any part of interpreter training programs. One reason for the lack of information in sign manuals and dictionaries (usually prepared by hearing persons) may be the authoritarianism that Vernon (1972) finds so prevalent in all parts of deaf education. This authoritarianism has often been manifested in self-proclaimed missionary zeal to save deaf people (cf Woodward 1975). Another less obvious, but perhaps more compelling, reason for the lack of knowledge of sexual signs on the part of hearing persons may be that deaf groups are using sexual signs as a means of preserving the boundaries of the core community. Because these signs represent an area of social intimacy, they may be reserved for use only with core members of the community — those who will probably marry other members.

The pattern of marriage within the deaf community has been and still is highly endogamous. Fay (1898) reported an 85% rate of endogamous marriages, and Rainer et al. (1963) recorded 95% endogamous marriages of women who were born deaf, as against 91% of endogamous marriages of women who became deaf at an early age. It seems then, that a hearing person, who will almost certainly not marry a deaf person, is often prevented from successfully penetrating community boundaries into close or intimate relationships with core members. Even hearing persons who have deaf parents and have acquired an excellent competence in ASL are apparently excluded from a knowledge of sexual signs. For the hearing child of deaf parents, rites of passage implying full membership

in the deaf community appear to be extremely infrequent. This does not imply of course that the child is not loved; it merely implies that the child is not "REAL-DEAF".

If the hypothesis suggested here is true, and the data presented below on interpreters' evaluations of their own competence in signs for sexual behavior are accurate, then there are important implications for anthropological studies of such factors as rites of passage, social identification and structure, familial and institutional influence on enculturation, and values and beliefs in the deaf community. Information about these things would be highly useful, because the deaf community is unique in at least this respect: No more than ten percent of its members are enculturated within the nuclear family (Meadow 1972).

Implications for education, medicine, and law. As one might expect from the foregoing discussion, signs for sexual behavior are important, and ignorance of them can cause problems in language and education, medicine, and law. In the absence of theoretical information about these signs and practical manuals describing their formation and use, there are no good materials on sex education for deaf children nor sources where the adult deaf signer limited in access to English can obtain information about contraception. This lack cannot but affect social, psychiatric, and marriage counseling situations. Several counselors of the deaf I have talked with have not known of any data on counselors' knowledge of sexual signs, but they felt that this knowledge would be generally low, except perhaps for hearing counselors who have deaf parents. Another piece of anecdotal information: A New York City psychiatrist stated that she had recently spoken to another psychiatrist who had some experience in counseling with deaf clients. The latter stated that it was very difficult to discuss sex related topics with deaf clients because they don't have signs for sexual behavior (Carol Padden, personal communication).

To consider what deaf signers have instead of what others say they don't have, I have collected to the time of writing more than 100 signs for over 65 aspects of sex and sexual behavior (Woodward 1976c), but this must be only a subset of the whole class of such signs — e.g. Robert Collins (personal communication) has recently collected a number of lectal variations of these signs in various parts of Pennsylvania that radically differ from any of the signs discussed in this paper.

While exact data is lacking on knowledge of sexual signs in education and medicine, there is now some data on signs for sexual behavior and the law. In 1975 I was asked to present what appears to have been the first formal workshop on sexual signs to (hearing) legal interpreters for the deaf at the Center for Administrative Justice, Wayne State University, Detroit. I have talked with five of these legal interpreters since that time. All indicated that they had used the signs that they had acquired in the workshop, and one said that these signs were especially useful when he was interpreting in a recent rape case. Still more recently, I was able to gather empirical data from interpreters at the 1976 National Registry of Interpreters for the Deaf (NRID) Convention, in St. Petersburg, Florida. The analysis of the data from this source follows.

Data. During a workshop in signs for sexual behavior that I presented at the NRID convention, 71 signs were introduced and discussed. Interpreters were free to attend the workshop or not, and attendance at the workshop did not require the participants to respond in the study reported here. All responses were totally voluntary and anonymous. One hundred and eight participants responded.

The 71 signs presented were divided into six subgroups: 10 signs for body parts, 10 signs for sexual excitement, 21 signs for heterosexual activities, 7 signs for homosexual activities, 11 signs for other sexual activities (e.g. bestiality), and 12 signs for individuals (e.g. lesbian). The whole list of signs is shown in Table 3 below. Most of the subgroups included a small number of regional, social, and/or ethnic variants to determine how well interpreters might do when faced with clients of diverse backgrounds. Such factors as referential meaning and the stylistic, regional, social, and ethnic appropriateness of each sign were discussed. All participants were then asked if they had known the sign before the presentation. They had merely to write on a check-sheet the number of the sign (1-71) and "yes" or "no". An informant who knew another, equivalent sign was asked to write down "yes" also.

One problem in this method of obtaining data is that the respondents may be biased in answering. For example, they may record more "yes" answers than are actually true. However, the scores were very low so that the data are probably not skewed toward claiming more than actual knowledge.

Out of 108 responses, 80.2% of the respondents checked as their opinion that all interpreters "should definitely" know signs for sexual behavior; 17.9% indicated that all interpreters "should" know these signs; and only two respondents checked the response that interpreters "need not" know these signs. In addition, if respondents claim to know less than they actually know, there probably is no way to test their knowledge accurately; in that case the situation presented here becomes even more serious, since if interpreters will not even admit anonymously to knowing certain signs, it is extremely doubtful that they will ever use them.

It is very difficult to know how representative the 108 member sample is of the whole number of interpreters: Although the NRID does keep some information on its 2,268 members, most is not codified in easily retrievable form. The informants in this study varied according to sex, race, age, parentage, age of sign acquisition, region, and level of certification. Of the 108, 24 were male and 84 female. The NRID does not know the proportion of female to male interpreters, but believes that the number of females is considerably larger than that of males. There were in this study 105 Whites, 2 Blacks, and 1 Native American. Again, there are no available NRID statistics; however, I have met only three Black interpreters (two at this NRID meeting) in six years of research and teaching. Forty-five Black deaf informants I have worked with in Georgia could not name one Black hearing signer that they could use for interpreting purposes.

The mean age of the respondents was 33.3 years. Seventy (64.8%) of the respondents had hearing parents, and thirty-eight (35.2%) had deaf parents. The mean age of acquisition of signing was 16 years. Thirty-nine of the informants were from the South, 20 from the Middle Atlantic states, 17 from the Midwest, and 4 from New England. There are no available statistics for comparison from NRID.

Of the respondents, 62% were certified, as compared to 39.7% of the total NRID membership, in April 1976. Provisional certification was 4.6% compared with 0.9% in the NRID. In the group of respondents, 17.6% had various intermediate levels of certification, as compared with 22% of the total NRID membership. Finally, 39.8% of the respondents held the highest certification (CSC), as compared with 17.2% of the total NRID group. The sample here is thus more heavily weighted for highly certified people and less heavily weighted for those uncertified than is the total NRID membership. Thus we might expect better knowledge than from a more representative sampling of the NRID.

Several background variables were found to correlate. A test for Pearson correlation coefficients showed that parentage correlated with both age of sign acquisition (-0.82 , $p > .001$) and certification (0.53 , $p > .001$). As expected, it was very likely that one who had deaf parents acquired signs at a very early age. It is only somewhat likely, however, that a person with deaf parents will have higher certification than one with hearing parents. Age of sign language acquisition had a fairly strong correlation with certification — in fact more than with parentage (-0.61 , $p > .001$). An interpreter who acquired signs at an early age was more likely to have higher certification.

Analysis of data. Table 1 shows a summary of the scores on the six subsets of the signs. Mean scores were very low and particularly low for knowledge of signs referring to homosexual² and other activity. This is as expected, as homosexual acts and others are particularly tabooed behavior in the dominant hearing society. Whether this is true of deaf society is not known. The mean percentage of 32% known for total score also indicates a very low level of knowledge in the general area of signs for sexual behavior.

Standard deviations were very similar for all six parts of the test, and they are high, indicating a wide variation in the knowledge of the respondents. This is interesting news to one interested in language variation, for it indicates that a very large number of informants would be required for an accurate assessment of competence in this area of vocabulary.

The two right columns in Table 1 supply a more striking assessment of reported competence. More than one out of five of the respondents report no competence in signs for sexual excitement — signs that could be particularly important in rape cases. One out of four reported no competence in signs for other sexual activity, and more than half of the responding interpreters claimed knowing no signs for homosexual behavior — yet signs for both areas have relevance in some courtroom cases.

² These are signs used by heterosexuals of homosexual activity; the signs used by homosexuals themselves may be very different. It is most probable that interpreters would know fewer of the latter.

TABLE 1: SUMMARY OF RESPONSES

Test Section	Number of signs	Mean (%) known	Standard Deviation	% Reporting no knowledge	% Reporting knowing half or fewer signs
Body Parts	10	44	26	10	65
Excitement	10	33	29	23	73
Heterosexual	21	34	22	10	73
Homosexual	7	15	21	55	92
Other	11	24	22	25	85
Individuals	12	34	21	12	86
TOTAL	71	32	22	5	79

The last column in Table 1 shows that the great majority of responses indicate knowledge of fewer than half of the signs. Again knowledge of signs for homosexual activity is lowest. However, the other parts of the test show knowledge not much better. Low scores on all parts of course results in a low total; the mean percentage of signs known in all is only 32%. Most striking aspect of this low level of knowledge in this semantic area of signing is that this sample of interpreters contains a higher proportion of highly certified interpreters and a lower proportion of uncertified interpreters than is shown in the total National Registry of Interpreters for the Deaf membership.

Correlation of scores with background variables. Table 2 (overleaf) illustrates intercorrelations between background variables and reported recognition of signs for sexual behavior. Pearson product coefficients and levels of significance are recorded in Table 2. There was no correlation of sex, age, and race with any of the six parts nor with the total score. The non-correlation in race is explainable by the small number (2) of Black respondents. It had been expected that sex and age might be correlated with knowledge of these signs; however, this was not the case, although there were some very low correlations of sex with individual item responses (discussed below).

The respondents' home region ("State" in Table 2) had very low correlation with total scores and part scores.

Excluding the signs for homosexual behavior, which had extremely low scores, there were fairly good, and in some cases good, correlations of parentage, age of sign acquisition, and certification with part and total scores. In general, certification seems to be slightly better correlated with knowledge of signs for sexual behavior than are age of sign acquisition (early) and deaf parentage. Age of acquisition of sign language seems to be a slightly better indicator of competence in these signs than does parentage. If the interpreter was more highly certified, acquired signs early, and had deaf parents, the score was significantly better than if the interpreter had none of these characteristics.

Quite possibly the best indicator of knowledge would be the degree of interaction between the interpreter and core members of the deaf community. This is an area that still needs to be investigated.

TABLE 2: CORRELATIONS OF RESPONSES WITH 7 BACKGROUND VARIABLES

Test Section	Sex	Age	Race	State	Parentage	Age of acquisition	Certification
Body Parts	none	none	none	none	.47'	-.57'	.51'
Excitement	none	none	none	.21*	.40'	-.45'	.51'
Heterosexual	none	none	none	.19*	.40'	-.45'	.51'
Homosexual	none	none	none	.28#	.23#	-.23#	.28#
Other	none	none	none	none	.31'	-.39'	.50'
Individuals	none	none	none	.26#	.47'	-.56'	.63'
TOTALS	none	none	none	.22*	.44'	-.51'	.57'

* $p > .05$ # $p > .01$ $p > .001$

Item by item analysis. Table 3 shows the whole set of signs rank-ordered by reported knowledge. Almost 50% of the signs were reported unknown by three-fourths of the responding interpreters. Half of the respondents reported 80% of the signs as unknown to them. Only 4 of the 71 signs were reported as known by as many as three-fourths of the respondents. Again these individual item scores point up the general lack of knowledge of these signs.

There are a few other interesting generalizations that can be made from the data on individual items. Whenever a Black Southern sign variant appears in the list, it is always reported as known less well than any other variant. After Black Southern variants, White Southern variants are known less well than any other regional variants. This trend continues with other specifically regional variants, which in turn are known less well than so called standard (i.e. more like educated Gallaudet signers') signs. This situation is particularly unfortunate, because deaf people who know the 'standard' educated signs have less need for interpreters to know signs for sexual behavior; these deaf persons generally understand and might prefer the English word fingerspelled to the sign. Uneducated deaf persons, especially those who are Black Southerners, will be less likely to understand the fingerspelled English word or 'standard' sign that some interpreters know; they are also more likely, because of their poor competence in White Hearing English, to be mistreated in legal situations whether it be arrest or trial proceedings.

There were also some very low correlations of individual items and the variable of sex. The signs SEXUAL-LOVER and PREGNANT (Black Southern) were known only by women. Females also scored slightly better on TESTES (.21 $p > .015$). Males scored slightly better on the following signs: No. 46 (.24 $p > .007$), 10 (.21 $p > .013$), and 42 (1st), with the same correlational coefficient as the preceding sign. Thus while scores on the whole test show no difference depending on the sex of the interpreter, a few item scores showed extremely small (and perhaps unimportant) correlations.

TABLE 3: RANK OF INDIVIDUAL ITEMS

Rank	Respondents Knew (%)	Sign	Classification in Gross Group
1	2.8		VAGINA
2	3.7		GAY MALE
3	5.8		PREGNANT
4	6.5		MALE BESTIALITY
5	7.4		MALE ORGASM
5	7.4		SEXUAL LOVER
7	8.3		LESBIAN INTERCOURSE
8	8.6		MALE SELF MASTURBATION
9	9.3		GAY MALE INTERCOURSE
10	12.0		GAY MALE MUTUAL MASTURBATION
11	12.3		ORAL SEX ON FEMALE (informal)
12	13.1		RAPE
13	13.9		LESBIAN MUTUAL MASTURBATION
13	13.9		MALE SELF MASTURBATION
15	14.3		FORNICATION
16	14.8		VAGINA
16	14.8		LESBIAN MUTUAL ORAL SEX
16	14.8		FEMALE BESTIALITY
19	15.7		GROUP SEX
20	16.8		MANY MEN USING A WOMAN
21	17.6		INTERCOURSE
22	17.8		GAY MALE
23	18.1		INTERCOURSE
24	19.4		SEXUALLY EXCITED
25	20.4		ORAL SEX ON MALE
25	20.4		MUTUAL ORAL SEX
25	20.4		GAY MALE
	21.3		GAY MALE MUTUAL ORAL SEX
	23.1		FEMALE SELF CLITORAL MASTURBATION
30	24.1		CLITORAL MASTURBATION OF FEMALE
30	24.1		RAPE
32	24.3		PROMISCUOUS WOMAN
33	24.8		SEMEN
34	25.0		PENIS (WELL-HUNG)
35	26.9		FEMALE LUBRICATION
36	27.4		SEXUAL BREAST SUCKING
37	27.6		ORAL SEX ON FEMALE (formal)
38	27.8		LESBIAN INTERCOURSE
39	28.3		ANAL INTERCOURSE
39	28.3		MATE SWAPPING
41	29.2		MALE LUBRICATION
42	31.5		VAGINAL MASTURBATION OF FEMALE
42	31.5		FEMALE SELF VAGINAL MASTURBATION
44	32.4		ORGASM (usually female)
45	33.0		ORAL SEX ON MALE
46	33.3		ORAL SEX ON FEMALE (mid formal)
47	34.3		NIPPLE
48	35.5		PROMISCUOUS PERSON
49	37.0		MALE ORGASM
50	41.7		NIPPLE ERECTION
51	41.9		INTERCOURSE (BALL)
52	44.4		TESTES
53	45.4		MASTURBATION OF MALE
54	47.6		ADULTERY
55	48.1		MUTUAL ORAL SEX
56	48.6		ERECTION OF PENIS
57	50.0		MUTUAL ORAL SEX
58	50.9		PENIS
59	52.8		ANUS
60	55.6		PENIS
60	55.6		RAPE
62	56.5		GAY MALE (QUEER)
63	58.3		MALE SELF MASTURBATION
64	59.3		SEXUAL PENETRATION
65	63.9		GAY MALE
66	65.7		ERECTION OF PENIS
67	66.7		VAGINA
68	76.9		LESBIAN
69	77.8		BREAST
70	82.1		INTERCOURSE (FUCK)
70	82.1		PREGNANT
			body part (Black Southern)
			individual (regional)
			individual (Black Southern)
			other
			excitement
			individual
			homosexual (Black Southern)
			other (white Georgia)
			homosexual
			homosexual
			heterosexual
			other (North Carolina)
			homosexual
			other (California, Ohio)
			heterosexual
			body part (Southern)
			homosexual
			other
			other
			individual
			heterosexual (black Southern)
			individual
			heterosexual
			excitement
			heterosexual (California)
			heterosexual
			individual (New York)
			homosexual
			other
			heterosexual
			other (New York)
			individual
			excitement
			body part
			excitement
			heterosexual
			heterosexual
			homosexual
			heterosexual
			homosexual
			heterosexual
			excitement
			heterosexual
			other
			heterosexual
			excitement
			heterosexual
			body part
			heterosexual
			heterosexual
			excitement
			heterosexual
			body part
			body part
			body part
			other
			individual
			other
			heterosexual
			individual
			excitement
			body part
			individual
			body part
			heterosexual
			individual

Summary and implications. This paper has pointed out the importance for research of knowledge, particularly on the part of interpreters, of signs for sexual behavior. These signs give important insights into language variation within the deaf community and may be useful in explaining how the deaf community maintains its "ethnic" boundaries.

Data on hearing interpreters' knowledge of these signs were also presented. The data have important implications for language and the law for deaf persons. Hearing interpreters reported very low competence in all aspects of sexual signs, especially those aspects that are often judged deviant and therefore illegal in the majority society. Background variables of state of residence, parentage, age of sign acquisition, and certification by interpreters' association had fair to good correlations with reported knowledge of groups of sexual signs. There was also some extremely slight correlation of sex of the interpreter with knowledge of a few of the particular signs.

The research presented in this paper is still in early exploratory stages. Many interesting possibilities for theoretical and descriptive research still present themselves; e.g. why parentage seems to play a less important role than actual age of sign language acquisition in the interpreters' knowledge of signs. The study also suggests a number of applications, such as the need for the immediate creation of training materials for interpreters, counselors, and educators of the deaf.

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