

Can computational models of reading aloud account for how individuals who are deaf and hard of hearing read?

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Abstract

Can computational models of reading aloud account for how individuals who are d/Deaf and hard of hearing read?

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Purpose: This paper proposes modifications to two current computational models of reading aloud - the Dual Route Cascaded (DRC) Model and the Connectionist Dual Process (CDP++) Model, that are specific to individuals who are d/Deaf and hard-of-hearing (d/Deaf/HoH).

Methods: A brief summary of the of the DRC and the CDP++ models are first provided. Differences in how individuals who are d/Deaf/HoH read based on past literature are then reviewed in the context of the two models. Finally, adaptations to the existing models are proposed and new d/Deaf/HoH-specific versions of both models are discussed.

Results: Several different strategies of reading instruction for individuals who are d/Deaf/HoH are identified from the proposed model modifications. These involve decreasing emphasis on auditory phonological processing instruction, adding multi-sensory phonological processing instruction, and increasing semantic knowledge instruction.

Conclusions: Current computational models based on normal hearing data do not accurately account for how individuals who are d/Deaf/HoH read. Although the proposed modifications to the computational models should be tested, they hold potential to guide new reading instruction strategies that would help individuals who are d/Deaf/HoH achieve literacy levels comparable to their normal hearing peers.

Keywords: Dual-route Theory, Deaf, hard-of-hearing, computational models, reading

1 Introduction

2 How children who are deaf and hard-of-hearing (d/Deaf/HoH)¹ learn to read and what
3 intervention approaches would help them achieve literacy levels comparable to their normal
4 hearing peers remains an important clinical question (Lederberg et al., 2013; Moeller et al.,
5 2007). Children who are deaf have been shown to have lower overall literacy skills than their
6 normal hearing peers (Harris et al., 2017). One study administered the Stanford Achievement
7 Test to 4808 children from the ages of 8 to 18 who had a hearing difference that varied from
8 mild to profound. The Stanford Achievement Test breaks up readers into 4 categories: below
9 basic, basic, proficient, and advanced. This study found that the majority of these d/Deaf/HoH
10 consistently scored “below basic” in their reading level across grades (Traxler, 2000). The use of
11 the Stanford Achievement Test as a valid measurement of the reading skill level of children who
12 are d/Deaf/HoH has been more recently validated by Qi and Mitchell (2012) (Qi & Mitchell,
13 2012). This is of concern because not only have higher levels of literacy been associated with
14 better overall educational outcomes, language abilities, and math skills, individuals with better
15 literacy skills have been shown to have higher income and quality of life outcomes (C. J.
16 Johnson et al., 2010; Kelly & Gaustad, 2007; Lederberg et al., 2013). Individuals who are
17 d/Deaf/HoH face a large amount of discrimination throughout their lives. Because literacy has
18 ties to so many quality of life outcomes, increasing literacy outcomes for individuals who are
19 d/Deaf/HoH could greatly reduce the disparity between individuals who are typically hearing

¹ In this paper, d/Deaf is used to refer to individuals with profound unaided hearing loss who may or may not identify with being culturally Deaf, while HoH is used to describe individuals with mild to moderate hearing loss early in life i.e., not age-induced. We acknowledge that the experiences of these three groups are significantly different and do not presume that hearing loss is an intrinsic deficit.

20 and those who are d/Deaf/HoH. Despite the large body of research that has demonstrated
21 reading challenges in children who are d/Deaf/HoH and the implementation of different
22 approaches of teaching reading, children who are d/Deaf/HoH have not achieved literacy levels
23 comparable to their normal hearing peers (Harris & Terlektsi, 2011; Lederberg et al., 2013;
24 Marschark et al., 2015; Pimperton et al., 2016; Wauters et al., 2006).

25 Computational models of reading aloud are computer programs that specify the main
26 stages of the reading process and implement the computations that are necessary to transform
27 the visual word input into the spoken word read aloud. Once a model is established it can be
28 used to simulate real reading performance regarding how accurate an individual is at reading a
29 given word as well as how long it takes to read the word. The use of computational models to
30 describe the complex behavior of how an individual reads aloud is a powerful approach which
31 allows investigators to collect data on human reading performance and test their models of the
32 reading process. Critically, being able to test a model means that if a model's output does not
33 match human reading performance, then the model can be revised. Once a model is relatively
34 consistent with human data, model simulations provides a method of studying impaired
35 reading such as observed in individuals with dyslexia or individuals who are d/Deaf/HoH (Ziegler
36 et al., 2014, 2020). One such study even developed personalized computational models for
37 children with dyslexia and then based intervention strategies off of predictions from the
38 individual's model (Ziegler et al., 2020). The inherent flaw of these models is that they cannot
39 fully capture the complexities of human cognition and thus are always an over-simplification of
40 how humans read. Moreover, even if the output of the model completely matches human data,
41 it does not necessarily mean that the model is identical to the human processes. Nevertheless,

42 utilizing this approach for the d/Deaf/HoH population could hold promise for designing
43 effective reading interventions for individuals who are d/Deaf/HoH.

44 This paper reviews reading performance data from individuals who are d/Deaf/HoH in
45 the context of two computational models of reading aloud. By comparing data from individuals
46 who are d/Deaf/HoH to these established models of reading, we aim to postulate how
47 adaptations of these models could more accurately reflect how individuals who are d/Deaf/HoH
48 read. We first examine the Dual-Route Cascaded (DRC) model in the context of d/Deaf/HoH
49 data and identify aspects of the d/Deaf/HoH data that cannot be accounted for within this
50 model. Although the DRC model is an older model, it is better able to match human data of
51 reading aloud than newer models. However, one of its greatest limitations is that the DRC
52 model requires a set of human-programmed rules, which limits how well it can be trained. We
53 then introduce a second computational model, the Connectionist Dual-Process (CDP++) model,
54 which introduces learning to solve the limitation of the DRC model. In the CDP++ model, new
55 rules are generated with each dataset that determine what pronunciations are selected for in
56 the model. This paper then suggests modifications to both the DRC and CDP++ model that
57 would better account for data from individuals who are d/Deaf/HoH. Finally, implications of
58 these modifications and their clinical relevance are discussed.

59 **The Dual-Route Theory and Computational Models of Reading**

60 The two computational models of reading aloud that are examined in this paper, the
61 DRC and the CDP++ model, are both based on the Dual-Route Theory of reading aloud. In fact,
62 the CDP++ model was designed to overcome the shortcomings of the DRC model but, as of yet,
63 is unable to match the DRC in terms of performance with human data (Pritchard et al., 2012;

64 Robidoux & Pritchard, 2014). The accuracy of these two models have been determined by
65 validating model pronunciation output against a large set of human reading data to determine
66 whether the output of the models match the pronunciation of humans reading aloud (Coltheart
67 & Rastle, 1994; Mousikou et al., 2017).

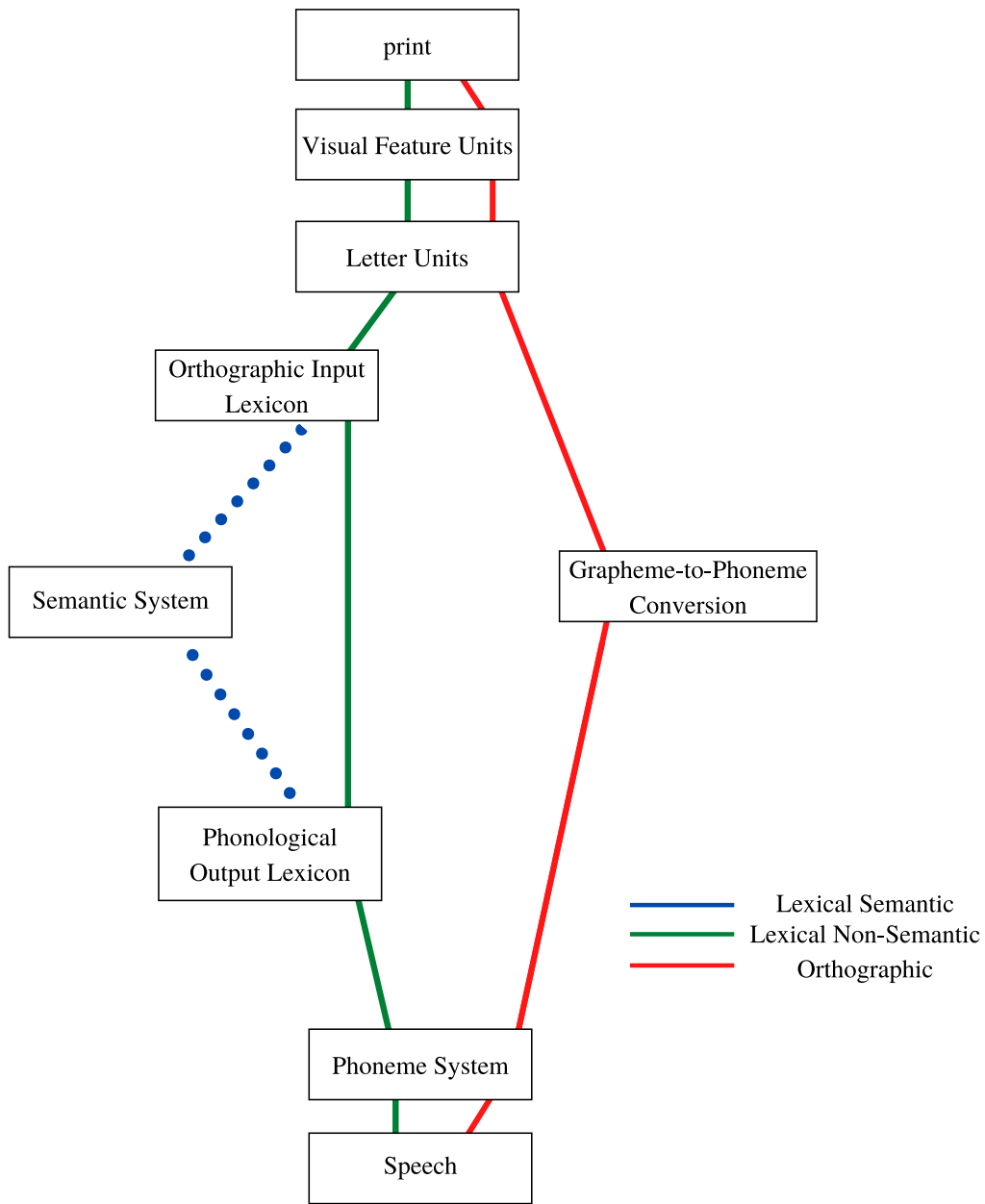
68 The input into the two models, or starting point of word reading, is always the printed
69 word. The encoded print is then broken into visual features and then into the letters that make
70 up the word, and subsequently to phonemes. Phonemes are the individual units of sound that
71 comprise a word which distinguish one word from another. The output of the models always
72 goes from the final stage of a phonemic representation of the word to the produced speech, or
73 the word read aloud.

74 The Dual-Route Theory posits that there are two main pathways involved in reading
75 aloud, often referred to as lexical and orthographic pathways. Lexical means relating to the
76 words or vocabulary of a language whereas orthographic refers to the letters and spelling. The
77 orthographic pathway can be thought of as how a beginning reader such as a kindergartner
78 would read. For example, if the word “CAT” is the word being read aloud, the early reader
79 would rely on sounding out individual graphemes (letters) and pronouncing them in order (e.g.,
80 /k/ /a/ /t/). This method of reading via the orthographic pathway takes more time and is not
81 accurate for words that do not have a set letter-to-sound relationship. For example, the words
82 “wave” and “have” have the same coda (ending “ave”) but are pronounced in two different
83 ways that cannot be predicted from how they are spelled. Thus, skilled readers rely more
84 heavily on the lexical pathway to read these words.

85 The lexical pathway, on the other hand, is how literate individuals most often read.
86 Instead of sounding out individual phonemes, groups of letters are recognized and pronounced
87 based on prior knowledge. This occurs with more experienced readers who have read a specific
88 word enough times to develop a representation of it that can be accessed e.g., the reader has
89 encountered the word “cat” enough that instead of sounding out each individual letter, the
90 reader recognizes the words as a whole. This is a more efficient and accurate way to read in the
91 case of words like “wave” and “have”, which require past experience to be pronounced
92 correctly. The lexical pathway is also thought to contain an input for semantic knowledge, word
93 meaning, which can provide additional assistance in selecting for the correct word to read
94 aloud. Semantic information is particularly critical for heteronyms such as “lead,” meaning
95 heavy metal, and “lead,” meaning to guide; these words are pronounced differently but are
96 spelled exactly the same. For heteronyms, there is no visual indicator of the different
97 pronunciations and thus, a skilled reader would rely on semantic knowledge to guide their
98 selection of what word to pronounce.

99 While the two pathways are separate and may serve different purposes, according to
100 the Dual Route Theory, both pathways are activated simultaneously. The way that the correct
101 pronunciation is selected is through comparison of activation levels; thus, the word that
102 receives the highest level of activation via either route is selected and subsequently
103 pronounced. Sometimes the speed of the lexical route sacrifices the accuracy of the nonlexical
104 route, which can be seen often in beginning readers. When reading a word such as “became”
105 they will recognize the first few letters “bec” and could activate the word “because” due to its
106 higher frequency in their mental lexicon.

107 The DRC Model



109 *Figure 1:* Schematic diagram of the DRC model. Dashed blue lines - The Lexical Semantic
110 pathway is not implemented in the current iteration of the DRC model, but is a critical pathway
111 in the Dual-Route Theory of Reading

112 The DRC is a computational model (Fig. 1) that implements the Dual-Route Theory (DRT)
113 of reading aloud. The DRC has two primary pathways - lexical and orthographic. Both pathways
114 begin with an individual seeing visual input and analyzing it for features (Visual Feature Units)
115 and then coding units as letters (Letter Units) (Coltheart et al., 2001). The lexical pathway of the
116 DRC activates word pronunciations based upon recognizing either the whole word or phonemes
117 within the word. The orthographic pathway, on the other hand, relies on sounding out words
118 letter by letter then converting to phonemes according to a set of lexical “rules” that are pre-
119 programmed in the model (Perry et al., 2007).

120 An important point to note, is that according to the Dual-Route Theory of reading there
121 is in fact, a third pathway because the lexical pathway is divided into two: the lexical semantic
122 pathway includes contribution of the semantic system (Fig. 1, dashed blue line) while the lexical
123 non-semantic pathway does not (Fig. 1, green line). The influence of the semantic system is
124 important in differentiating words with the same spelling but different meanings and
125 pronunciations; it is through semantic information that the appropriate pronunciation is
126 activated. The DRC computational model deviates from the Dual-Route Theory because the
127 lexical semantic pathway is not implemented in the model, leaving only the lexical non-
128 semantic pathway (Fig. 1, green line). The lexical semantic pathway plays an important role in
129 the accurate description of how individuals who are d/Deaf/HoH read and is thus, included in
130 Fig. 1.

131 In the Dual-Route Theory, the lexical non-semantic pathway and lexical semantic
132 pathway are equally weighted, meaning that they share equal importance. Each pathway
133 represents a different approach to reading. When a reader sees a word, they can recognize the
134 word as a whole, and access the representation through the meaning of the word. This would
135 be activation of the lexical semantic pathway because the word form activates meaning, which
136 selects the pronunciation (Fig. 1, blue pathway). An example of this would be a reader seeing
137 the word “cat” and then activating the representation of a four-legged fluffy animal, which then
138 activates the pronunciation /kat/. The lexical non-semantic pathway is an alternate approach
139 which would be a reader seeing the letters of the word “cat”, and then activating the
140 phonological representation of the letters, which then activates the pronunciation. Using this
141 pathway, the pronunciation is activated by the knowledge that those letters make the sound
142 /kat/ and the semantic representation of cat is not involved.

143

144 **D/Deaf/HoH Reading Differences in the Context of the DRC Model**

145 Past research suggests that there are a number of ways that individuals who are
146 d/Deaf/HoH read differently than normal hearing individuals. The five differences that are
147 focused on in this paper are that d/Deaf/HoH readers are more likely to: 1) Rely on word
148 meaning (semantic information), 2) sound out words, 3) use visemes (multi-sensory
149 information), 4) encounter difficulty with low-frequency (uncommon) words, and 5) have more
150 difficulty reading words in complex sentences. In the next section, this paper will review each of
151 these differences and then propose modifications to the DRC that would account for them.

152

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156 *Table 1: A description of the differences between readers who are d/Deaf/HoH and*

157 normal hearing readers.

Reading Skill	D/Deaf/HoH Readers	normal hearing Readers
Semantic Information	Individuals who are d/Deaf/HoH rely more upon the meaning of words to read rather than phonological knowledge. This is perhaps due to a less robust phonological system	normal hearing individuals rely more upon phonological knowledge to read. They have a fully developed phonological system and so are able to activate words quickly through it.
Sounding Out Words	Individuals who are d/Deaf/HoH rely most heavily on sounding out words over other routes of activation.	Due to the loss of efficiency and speed, normal hearing readers usually only rely on sounding out words only when encountering a novel word.
Visemes (Multi-Sensory Input)	Individuals who are d/Deaf/HoH use other senses to increase their phonological knowledge. Visemes are used as a supplement to auditory phonological knowledge.	normal hearing individuals rely on auditory phonological cues.
Reading Uncommon Words	Individuals who are d/Deaf/HoH show decreased speed and accuracy when reading low-frequency words and words that follow irregular pronunciation rules.	normal hearing individuals maintain their speed and accuracy when reading low-frequency words and words that follow irregular pronunciation rules.
Complex Syntax	Individuals who are d/Deaf/HoH demonstrate more difficulty reading a word when it is written in a complex sentence.	normal hearing individuals show no noticeable effects due to syntactic complexity.

158

159 *Semantic Information*

160 Individuals who are d/Deaf/HoH rely more upon the meaning of words to read rather
161 than phonological knowledge. Peleg et al. (2020) asked highly proficient readers who were deaf
162 to decide whether a word was real or not. Each word was either a homonym word (a word that
163 is spelled the same but has multiple meanings), an unambiguous word (a word with one
164 meaning and pronunciation), or a homograph (a word with one spelling but multiple
165 pronunciations). Individuals who were deaf made the decision more slowly than hearing
166 individuals when the word was a homonym, indicating that semantic processing was significant
167 and slowed down their response time (Peleg et al., 2020).

168 This shows that they were relying on semantic information, which is represented by the
169 lexical semantic pathway in the DRC. However, normal hearing individuals made the decision
170 significantly slower when the word was a homograph, showing that they were relying on
171 phonological information (the lexical non-semantic pathway).

172 In terms of model modifications, this difference can be accounted for by applying
173 greater weight to the lexical-semantic pathway than the lexical non-semantic pathway. This re-
174 weighting would result in stronger and thus, faster activation of word pronunciations via
175 semantic processing than the other two pathways. An important point to note is that
176 individuals who are d/Deaf/HoH do indeed have access to a phonological system, but that
177 access is likely reduced. This is demonstrated by the fact that individuals who are d/Deaf/HoH
178 are able to judge whether words rhyme, indicating that their phonological systems are active
179 (Sterne & Goswami, 2000). Moreover, using rhyme to teach reading has been shown to be an
180 effective strategy for d/Deaf/HoH children (Gietz et al., 2020).

181 *Sounding Out Words*

182 Readers who are d/Deaf/HoH show an increased reliance on sounding out words (Hirsh-
183 Pasek & Freyd, 1983). This has also been demonstrated in past neuroimaging studies, with
184 individuals who are d/Deaf/HoH showing increased neural activation in the regions of the brain
185 associated with sounding out words in comparison to normal hearing readers (Aparicio et al.,
186 2007). One modification to the DRC model that can account for this difference is by re-
187 weighting the orthographic pathway to have higher priority over the two lexical pathways when
188 modelling how individuals who are d/Deaf/HoH read.

189 *Visemes*

190 Readers who are d/Deaf/HoH use visemes as a supplement to auditory phonemes.
191 Visemes are a visual representation of a speech sound, or phoneme, which can be useful for lip
192 reading. A specific example of a viseme in English would be the image of a person's lips closed
193 and slightly pursed to represent the sound /p/. One way to think of visemes is phonological
194 processing through a different sensory modality (vision). Thierfelder et al. used an error
195 disruption paradigm with eye-tracking to examine orthographic vs. viseme activation in readers
196 who were d/Deaf/HoH. When reading, a person's eye focuses on a specific word, this is called
197 the "foveal area." They are also using their peripheral vision, the "parafoveal area" to
198 subconsciously read future words. Thierfelder asked normal hearing subjects and subjects who
199 were d/Deaf/HoH to read sentences and judge whether they made sense or not, however all of
200 these sentences contained an incorrect word. These all had a relationship to the correct word
201 in the testing condition, they were either: a homophone (word that is pronounced the same but
202 spelled differently), orthographically related, or homovisemic (words that would look the same

203 using visemes e.g. mom/bomb). They then used eye gaze to track what words readers were
204 reading and therefore where their foveal/parafoveal areas were. When the errored word
205 reached the foveal area, it was changed to the correct word. If readers fixated on the
206 substituted word for a different time amount than the control condition, the prime was judged
207 to have affected the word processing. Readers who were d/Deaf/HoH were found to have a
208 similar effect from homophonic and homovisemic errors. This demonstrates that individuals
209 who are d/Deaf/HoH might use visemes as a part of their phonological processing. (Thierfelder
210 et al., 2020). A modification to the DRC model to account for this would be to input visemes
211 (multi-sensory information) into the lexical non-semantic pathway. In fact, one such study has
212 demonstrated efficacy of this approach by implementing a set of German visemes into the
213 existing DRC model. They found that the revised model more accurately matched reading data
214 from individuals who were d/Deaf/HoH (Elliott et al., 2012). This shows that modifying the DRC
215 model to include viseme processing in the lexical non-semantic pathway would make the model
216 more consistent with human data.

217 *Read Uncommon/Irregular Words Differently*

218 Readers who are d/Deaf/HoH theoretically use different lexical “rules” that guide
219 pronunciation in their orthographic pathway than normal hearing readers. Individuals who are
220 d/Deaf/HoH show decreased speed and accuracy when reading low-frequency words and
221 words that follow irregular pronunciation rules. People who are d/Deaf/HoH receive degraded
222 language input heard through hearing aids or cochlear implants (Moeller et al., 2007). While
223 these devices restore the perception of sound to some degree, there is still a common deficit in
224 hearing high-frequency sounds such as /s/ or individuals who have higher-pitched voices such

225 as women or children (Stelmachowicz et al., 2004). Different reading speed and accuracy in
226 individuals who are d/Deaf/HoH could be due to this diminished language input. Amenta et al.
227 (2020) found that deaf individuals who use a cochlear implant (CI) and were implanted before 3
228 years of age took a longer time to read aloud low-frequency words and words with a high
229 proportion of consonants than normal hearing individuals (Amenta et al., 2020). This is
230 interpreted to mean that these words are processed differently in individuals who are
231 d/Deaf/HoH versus normal hearing individuals. Past research has found that individuals with
232 moderate hearing loss acquire morphemes (an individual unit of language that carries meaning,
233 such as /s/ indicating possession or “ing” showing present progressive action) and show
234 different correct morpheme production at different times than normal hearing individuals
235 (McGuckian & Henry, 2007). A review paper found various studies that also supported this
236 morphological difference (Moeller et al., 2007). This is significant because it suggests that
237 individuals who are d/Deaf/HoH use different morphological rules than normal hearing
238 individuals. Overall, these processing differences suggest that different language input in
239 individuals who are d/Deaf/HoH creates different rules in the orthographic pathway. The
240 current DRC model’s orthographic pathway is programmed with a static set of rules that
241 describe how it should pronounce words based upon grapheme combinations. These rules are
242 currently the same for all readers, regardless of hearing ability.

243 The programming in of a set of lexical rules is inherently a weakness of the DRC model,
244 described as an “absence of learning,” because it does not generate its own lexical rules from a
245 set of data like the CDP++ model. Instead it is programmed in with lexical rules, introducing an
246 area of human bias as experimenters pick what rules to add. Additionally, the DRC model does

247 not utilize a learning algorithm and so is unable to model selecting for multiple regular
248 pronunciations. For example, the phonological group “ave” can be pronounced in multiple ways
249 e.g. “wave” as opposed to “have,” but the current DRC model, the most common regular
250 pronunciation is always selected. This is referred to as “all-or-none” processing, because there
251 is no room for multiple correct pronunciations. These weaknesses are addressed in the CDP++
252 model through the addition of statistical learning both in the orthographic and lexical
253 pathways.

254 *Syntactic complexity related to language access and overall language skills*

255 Difficulty reading complex syntax has been demonstrated to be an underlying deficit of
256 individuals who are d/Deaf/HoH (Guo & Spencer, 2017; Stelmachowicz et al., 2001). Individuals
257 who are deaf demonstrate more difficulty understanding the meaning of a sentence as the
258 syntactic complexity of a sentence increases than seen in normal hearing individuals (Quigley et
259 al., 1974). Individuals who are d/Deaf/HoH also take longer to read sentences containing more
260 complex syntax than their normal hearing peers (Traxler et al., 2014). These results suggest that
261 the sentence structure that contains a word affects how that word is activated. For example,
262 the word “dog” when reading a simple sentence, “I walked the dog.” is activated differently
263 than when reading a more complex sentence, “If he goes to the store then I will walk the dog.”
264 Individuals who are d/Deaf/HoH would take longer to activate “dog” in the second sentence
265 because it has more complex syntax. The current DRC model is unable to account for syntactic
266 differences because it only models single words. In fact, the maximum input length is a 8
267 letters. One modification to the DRC that could account for syntax, would be to model the

268 reading of multiple words. The CDP++ model discussed in the next section, implements this
269 modification.

270 *Connections between Pathways*

271 Higher literacy skills in individuals who are d/Deaf/HoH are associated with stronger
272 neural connections between lexical-semantic and orthographic routes of processing (Gutierrez-
273 Sigut et al., 2019). Gutierrez-Sigut et al. (2019) asked readers who were deaf to judge whether
274 a stimuli was a word or not. However, before the stimulus was presented, they presented a
275 masked prime that was either matched-case (ALTAR-ALTAR) or mismatched case (altar-ALTAR).
276 They then measured how long it took the readers to judge the word. The matched-case stimuli
277 served as a baseline measurement of response time, while the mismatched case was meant to
278 measure the influence of lexical semantic activation on orthographic activation. Theoretically, a
279 reader who has stronger connections between the lexical semantic and orthographic pathways
280 will take less time to judge the mismatched case because meaning of the prime (lexical
281 semantic knowledge) activates the orthographic representation. They found that more highly-
282 skilled readers took less time to judge the mismatched case word than less skilled readers
283 (Gutierrez-Sigut et al., 2019). This suggests that more highly skilled deaf readers have stronger
284 connections between their lexical semantic and orthographic pathways. This effect has also
285 been found in normal hearing and developing readers using the same masked prime paradigm
286 (Jacobs et al., 1995; Perea et al., 2015). As seen in fig. 1, the current DRC model does not
287 include pathways for cross-activation of lexical/orthographic routes, as would be predicted by
288 this data. One modification to the DRC that could account for this data would be to add

289 connections between the orthographic and lexical pathways that would allow for cross-
290 activation.

291 **DRC Model Changes summary**

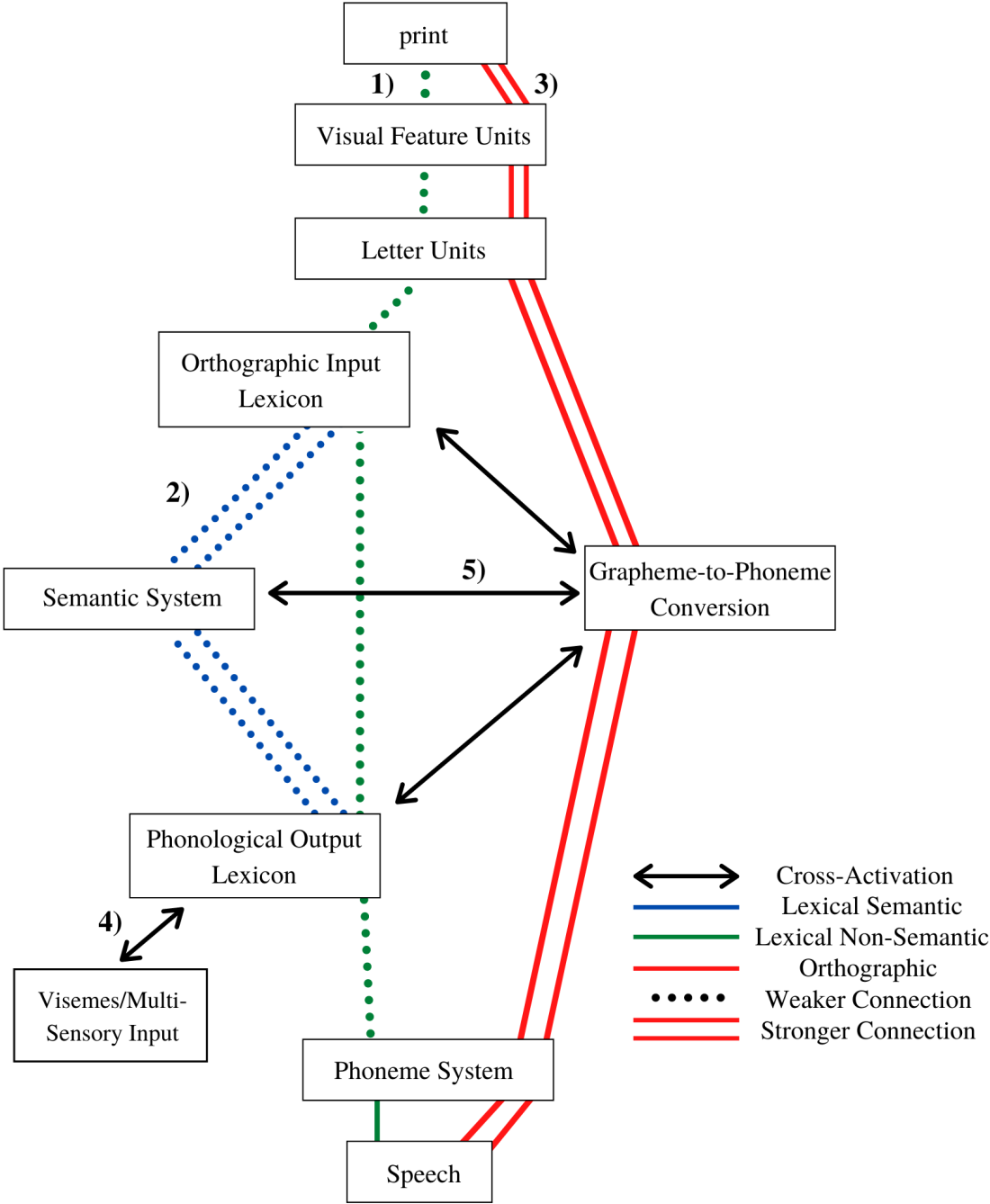
292 Based on the differences between how individuals who are d/Deaf/HoH and normal
293 hearing individuals read, several modifications are proposed to generate a d/Deaf/HoH specific
294 DRC model. First, the DRC model needs to add semantic processing. Second, differential
295 weighting of the three pathways would occur to more accurately reflect how d/Deaf/HoH
296 access word pronunciations. The highest weighting would be applied to the orthographic (red)
297 pathway, which can be thought of as sounding words out. The second highest weighting would
298 be applied to the lexical semantic (blue) pathway, which can be thought of as whole word
299 reading via word meaning. Finally, the lowest weight would be assigned to the lexical non-
300 semantic (green) pathway, which can be thought of accessing pronunciations via phonemes and
301 the phonological system.

302 Third, visemes and the representation of multi-modal information needs to be included
303 in the modeling of the lexical pathway. This will account for the fact that phonological
304 knowledge is accessed by visual information as well as auditory information in readers who are
305 d/Deaf/HoH.

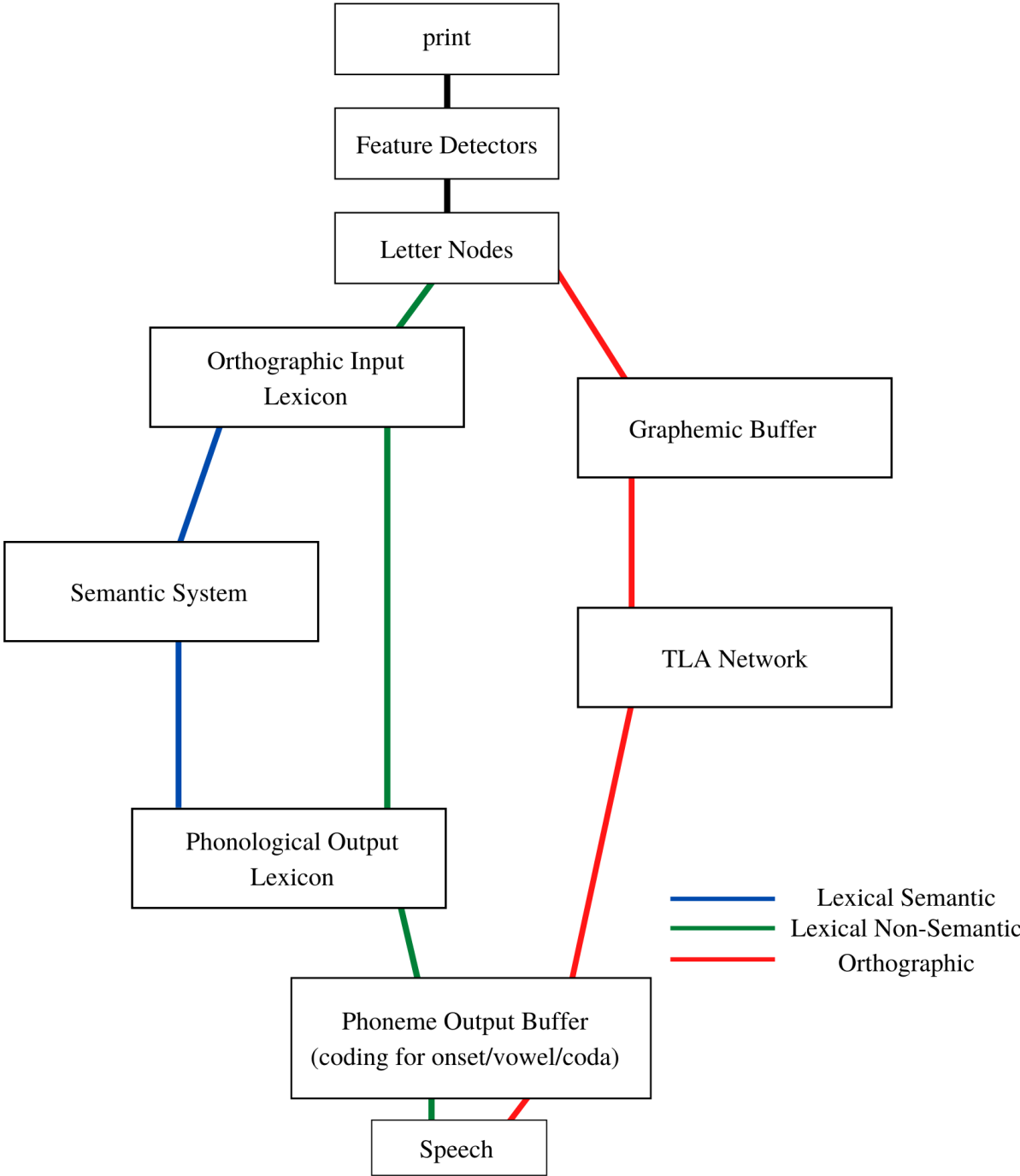
306 Fourth, the d/Deaf/HoH model's orthographic pathway should be programmed with
307 lexical rules that are specific to individuals who are d/Deaf/HoH. These could include reduced
308 ability to segment and analyze morphological units (Gaustad et al., 2002) and decreased
309 knowledge of transitive and intransitive verbs-especially lower frequency verbs (Berent et al.,
310 2013).

311 Finally, both the d/Deaf/HoH specific model and the normal hearing model should be
312 altered to include cross-activation routes between the lexical and orthographic pathways.
313 These will account for the fact that there is cross-activation between these two routes when
314 reading aloud.

315 Both the proposed d/Deaf/HoH DRC model and the existing DRC model have several key
316 weaknesses that the CDP++ model was designed to overcome. These are the fact that the DRC
317 requires pre-programmed lexical rules in its orthographic pathway and cannot model
318 challenges with reading complex syntax seen in d/Deaf/HoH readers. The CDP++ model
319 addresses these issues by introducing statistical learning of lexical rules and by increasing input
320 capacity into the model. The next section will discuss the CDP++ model, the established
321 differences in reading aloud in individuals who are d/Deaf/HoH from the context of the CDP++
322 framework.



323
 324 *Figure 2: The DRC model for individuals who are d/Deaf/HoH. Proposed changes are highlighted*
 325 *by numbers.*



326

327 Figure 3: The CDP++ model.

328 Connectionist Dual Process ++

329 The Connectionist Dual Process model (CDP++) (schematic diagram in Fig. 3) is another
330 computational model that is based on the principles of the DRC model, but is designed to
331 improve upon shortcomings such as the “absence of learning” and “all-or-none processing”
332 demonstrated in the orthographic route of the DRC (Perry et al., 2007). Because it was designed
333 as an improved version of the DRC, the CDP++ model has similar routes to the DRC model; a
334 lexical route (with a semantic processing component) and an orthographic route.

335 Both the orthographic and the lexical route begin exactly the same way as the DRC
336 model, except that the CDP++ has 27 slots for letters as opposed to the DRC’s 8. This allows for
337 modeling of multiple words. Once a word is input, the visual features are analyzed in the
338 feature detector, then letters are activated based on those visual features.

339 The lexical route of the CDP++ is almost identical to the DRC model except for the
340 addition of statistical learning. This is because the lexical route of the DRC simulates human
341 data well but relies on rules that are hand-programmed in by researchers. The CDP++
342 overcomes this issue by using statistical learning from a dataset so that the items in the
343 orthographic lexicon and phonological lexicon were “learned” in a way that resembles how
344 normal hearing children learn language. Once the entries are “learned,” the lexical pathway
345 runs identically to the DRC until the phonemes are selected in the Phoneme Output Buffer,
346 which will be discussed later.

347 The orthographic route of the CDP++ model is quite different from the DRC model. After
348 the letters and features are analyzed, the letters are converted into graphemes, which are units
349 of letters that produce one sound e.g. “t” “tch” or “ng”. These graphemes are then input into a

350 processing center, the TLA network, that activates phonemes according to a set of statistically
351 learned rules. The highest activated phonemes then are sent to the Phoneme Output Buffer,
352 where they are compared with the activated phonemes from the lexical route and then the
353 phonemes with the highest activation are selected and pronounced.

354 The Phoneme Output Buffer step is also a change from the DRC route. In this step in the
355 CDP++ model, all of the phonemes are coded as either onset if they before a vowel, vowel if
356 they are a vowel, and coda if they come after a vowel at the end of the word. Then the highest
357 activated phonemes are pronounced.

358 **Changes from the DRC Model to the CDP++ Model**

359 The changes from the DRC model are meant to make the CDP++ model more
360 representative of the human process of reading aloud. The key differences that are relevant to
361 this paper are: 1) the addition of statistical learning for generation of rules in the orthographic
362 and phonological lexicons, as well as the orthographic route, 2) The increase from an 8 letter
363 maximum input to a 27 letter maximum input, and 3) the coding of all phonemes before
364 pronunciation as either onset/vowel/coda.

365 *Statistical Learning*

366 The addition of statistically learned rules from a dataset to the CDP++ model means that
367 the dataset can be personalized to the d/Deaf/HoH population. Because the dataset can be
368 changed, a dataset that more accurately fits the d/Deaf/HoH population could be run and then
369 the generated rules would be more representative of what individuals who are d/Deaf/HoH
370 use. Because the CDP++ model uses statistical learning in the lexical route in the orthographic
371 and phonemic lexicons as well as in the orthographic route, these rules are now able to be

372 generated as specific to individuals who are d/Deaf/HoH. normal hearing individuals and
373 individuals who are d/Deaf/HoH have been demonstrated to use different lexical rules (Amenta
374 et al., 2020). Therefore, changing the lexical rules in the model to better fit what is used by
375 individuals who are d/Deaf/HoH would improve the model.

376 A limitation to this, however, is that language input throughout the d/Deaf/HoH
377 population is very heterogeneous. There is a wide spectrum of access from someone who is
378 profoundly deaf and does not use amplification to someone who has a mild hearing loss and
379 who uses hearing aids. This means that it would be hard to create a general dataset to
380 represent the entire population. However, a study from Ziegler (2020) used individual data
381 from people who have dyslexia in order to generate personalized computational models, which
382 could be an option for individuals who are d/Deaf/HoH (Ziegler et al., 2020).

383 *Increase of Input Length*

384 The CDP++ model can model an input of up to 27 letters, which means that syntactical
385 effects can be modeled. As previously stated, individuals who are d/Deaf/HoH process words
386 differently when they are contained in a more complex syntax (Quigley et al., 1974; Traxler et
387 al., 2014) The DRC model is unable to model the syntactical effects because it only allows input
388 of up to 8 letters. However, because the CDP++ allows for up to 27 letters, multiple words are
389 able to be input. The CDP++ model has been found to be able to predict minor across-word
390 effects. Study participants read aloud lists of words that were either grouped by difficulty (one
391 list of easy words then one list of hard words) or randomly intermixed. There was a change in
392 the amount of time that it took the individuals to read the words aloud, and the CDP++ model
393 was able to able to predict some of this variance (Cortese et al., 2017). This across-word effect

394 is relatively simple and small in this study, but it shows that the CDP++ model has the potential
395 to model syntactical effects seen in the d/Deaf/HoH population.

396 *Onset/Vowel/Coda Encoding*

397 The automatic phonological coding of phonemes as onset/vowel/coda within the CDP++
398 does not fit with human data from deaf individuals. Overall, individuals who are d/Deaf/HoH
399 demonstrate a lower level of phonological awareness/processing that does not fit with a model
400 in which every pronunciation is coded based upon phonological characteristics. While it has
401 been demonstrated that automatic phonological processing occurs in hearing readers, a study
402 using event-related potentials found that deaf readers did not automatically activate
403 phonological processing, as would be predicted by the CDP++ model (Gutierrez-Sigut et al.,
404 2017). Another study found that while hearing readers strongly rely upon orthographic-
405 phonological codes, deaf readers rely more strongly upon orthographic-semantic codes (Peleg
406 et al., 2020). Furthermore, a study found that phonological coding was not spontaneously
407 activated in deaf readers when a language with a transparent orthography (a language wherein
408 one letter consistently refers to one single phoneme) was used (Díaz, 2017). A review paper
409 found that while phonological processing is usually a weakness in individuals who are
410 d/Deaf/HoH, lower phonological processing abilities were not necessarily correlated with lower
411 reading ability (Moeller et al., 2007). Another study found that across multiple studies of
412 phonological processing abilities and reading, phonological processing was not the determining
413 factor of reading ability (Mayberry et al., 2011). These study findings support the conclusion
414 that deaf readers do not use phonological knowledge as much as the CDP++ model would
415 predict, because based upon the current model, reading any word would automatically activate

416 the phonological system because it would have to be encoded for onset/vowel/coda before
417 being pronounced.

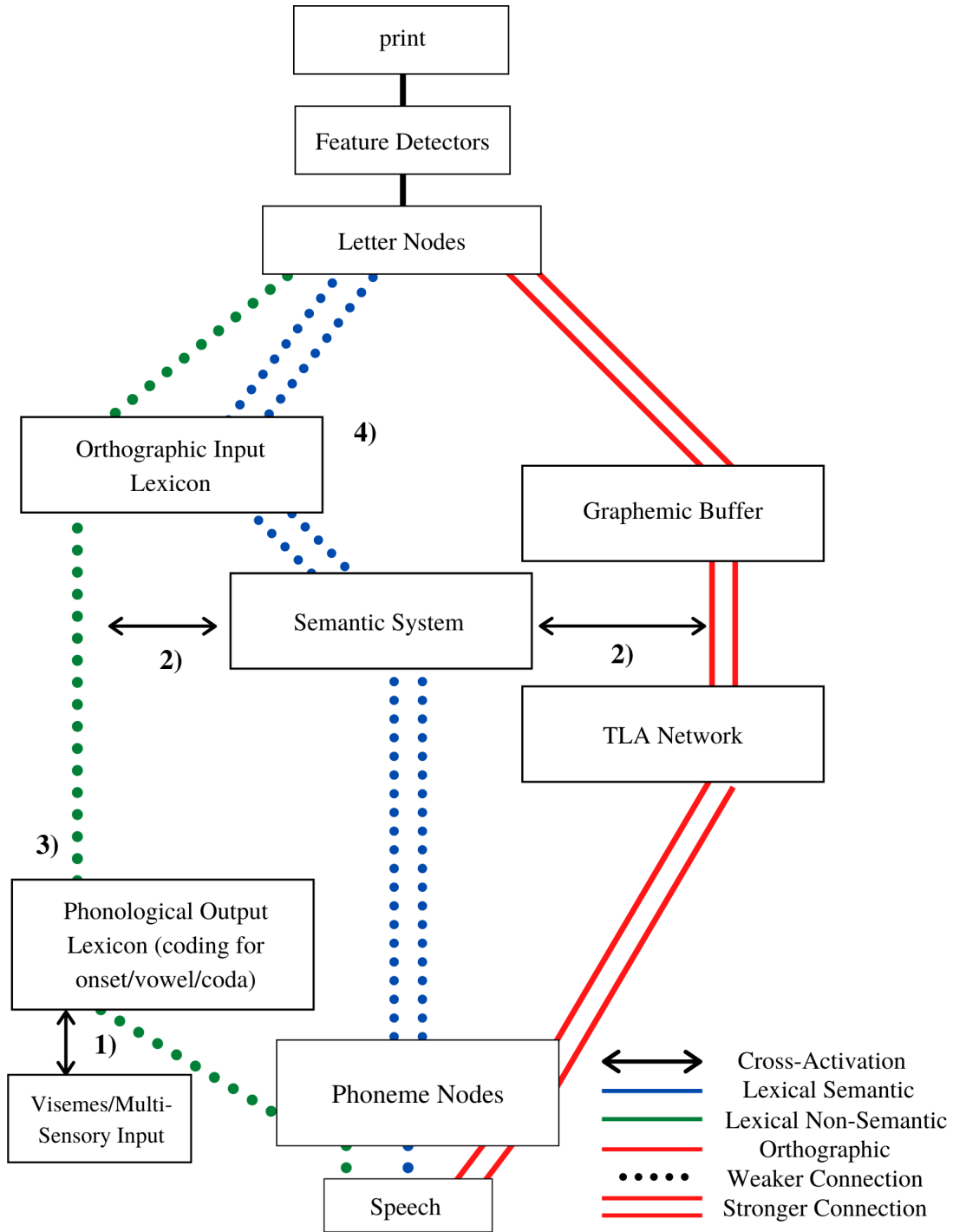
418 *CDP++ Model Changes Summary*

419 Because the CDP++ model is based on the DRC model, several changes that were
420 suggested for the DRC model are also recommended to make a CDP++ model that is specific to
421 individuals who are d/Deaf/HoH. These changes are the addition of multi-sensory input such as
422 visemes (see change in Fig 4, number 1), adding pathways for cross-activation between routes
423 (see change in Fig 4, number 2), as well as re-weighting the pathways to prioritize the
424 orthographic, then semantic, then lexical pathway.

425 There are several other changes that are specific to the CDP++ model. The first of these
426 would be to remove phonological tagging of onset/vowel/coda from the orthographic route
427 and from the semantic route and limit it to the lexical route.(see change in Fig 4, number 3)
428 Because the CDP++ model ties the semantic and lexical route together, this requires removing
429 the semantic processor from the lexical route and creating a purely semantic route see change
430 in Fig 4, number 4). However, this better fits with the data that semantic/orthographic
431 connections are stronger than semantic/phonological connections in individuals who are
432 d/Deaf/HoH (Cripps et al., 2005). This is because in the d/Deaf/HoH CDP++ model, the lexical
433 network does not have to be activated in order to activate semantics due to the fact that
434 semantic knowledge has its own pathway. This change also fits with data that the phonological
435 system does not need to be activated in individuals who are d/Deaf/HoH in order for them to
436 be a skilled reader (Gutierrez-Sigut et al., 2019). Since the orthographic and semantic routes
437 now do not require phonological coding, there are ways for individuals who are d/Deaf/HoH to

438 read without phonological knowledge. Adding these changes creates a CDP++ model that better
439 fits with the existing d/Deaf/HoH data and has the potential to be used in future research or
440 even intervention.

441



442

443 *Figure 4: The CDP++ model for individuals who are d/Deaf/HoH. Changes from the existing*

444 *model are highlighted by numbers.*

445

446 **Comparison of DRC and CDP++/Future Research**

447 Future research on the d/Deaf/HoH specific models should include testing them to see if
448 they match human data in order to determine how viable they are. This paper has suggested
449 theoretical changes, but the next step should be validating them by seeing how closely they are
450 able to match data from individuals who are d/Deaf/HoH.

451 Both models have their strengths but while the DRC model currently more accurately
452 fits human data, the CDP++ has a higher potential to account for differences in d/Deaf/HoH
453 readers due to its ability to learn. The ability to input a set of data and have the model derive
454 lexical rules eliminates an area of human bias and allows for a more adaptable model. Thus, the
455 CDP++ model is able to be adapted for different amounts of hearing loss or even completely
456 different reading impairments depending upon the data that is input.

457 An important limitation to note however, is that neither model is able to accurately test
458 how semantic information is encoded. The d/Deaf/HoH models both include a theoretical route
459 of semantic processing but because of the lack of clarity on how semantic information is
460 encoded within the brain, neither one has a computational formula to model semantic
461 processing. This is a significant limitation because semantic knowledge is a fundamental step in
462 the process of reading. This is demonstrated by the fact that having a larger vocabulary is
463 correlated with greater reading skill and vice versa (Davis, 1944; C. Johnson & Goswami, 2010).

464 Overall, the two models have different strengths when explaining how deaf and HoH
465 individuals read. The DRC model has the advantage of better fitting normal hearing human
466 reading data. However, the CDP++ model has the advantage of having stronger theoretical

467 underpinnings and the potential to better account for the spectrum of language input that
468 individuals who are d/Deaf/HoH receive. This paper will now discuss additional theories that
469 may contribute to understanding the process of how individuals who are d/Deaf/HoH read
470 aloud.

471 **Additional Theories**

472 There are other theories that are not computational models but have demonstrated
473 strong effects upon the ability of deaf individuals to read. They are included in this paper as
474 they have strong potential for influencing clinical interventions. The first of these is the
475 orthographic depth theory, which states that how transparent a language's orthography is will
476 affect the method of how the language is read (Seidenberg, 1992). This theory has
477 demonstrated validity within a transparent language such as Spanish, in which readers did not
478 activate the same levels of phonological coding as seen in an English, a relatively opaque
479 language (Díaz, 2017). This has clinical implications because it demonstrates that phonological
480 knowledge is not necessarily needed to be a skilled reader. Many clinical reading interventions
481 for individuals who are d/Deaf/HoH focus on facilitating phonological connections, but this
482 research suggests that methods that focus on other avenues could be effective.

483 Another theory to consider is the early language access theory, which states that
484 regardless of other interventions or method of access, children with hearing loss do the best
485 when they have full access to a complete language-be it spoken or signed (Kushalnagar et al.,
486 2010). This theory is well-validated with human data and is also supported by the concept of
487 neural pruning, that there is a window of time for neurons to make rapid and widespread
488 connections before neurons that are not being used are re-purposed for other brain areas. This

489 theory is seen within children who receive their cochlear implant after 3 years of age versus
490 those who receive their cochlear implant before the age of 3. The strongest predictor of how
491 good these cochlear implant users will be is the age of implantation (Dijk et al., 1999; Moeller,
492 2000a). This language ability is important, because how well a child uses spoken language is
493 directly correlated with how well they learn to read (Moeller, 2000). The clinical implication
494 here is that early access to a full language, whether it be through early
495 amplification/implantation or the use of a complete sign language is key to developing neural
496 language connections that will be important when learning to read.

497 **Clinical Implications**

498 *Rich language input*

499 The CDP++ model emphasizes the importance of receiving a full and complete language
500 input, due to the fact that this early input creates rules for not only understanding spoken
501 language but also for reading. Strategies such as universal hearing screenings to promote early
502 identification and early implantation and/or hearing aid fitting or ASL usage within the home
503 are all intervention strategies that will increase a child's access to language and help them
504 develop their lexical rules. Both proposed models support the idea that phonological awareness
505 strategies are not necessarily the most effective, due to the fact that that the phonological
506 system does not need to be inherently activated. Instead, strategies could focus on
507 strengthening semantic representations of words through more holistic learning methods such
508 as sensory integration or explicit vocabulary instruction in order to foster a broader semantic
509 network. These methods bypass the phonological barrier by strengthening other routes such as
510 the semantic or orthographic in order to foster more fluent reading.

511 *Enhancing semantic representation*

512 Some teaching strategies exist that focus on enhancing semantic representation, such as
513 the *Foundations for Literacy* curriculum, which is effective in teaching reading to d/Deaf/HoH
514 children. This curriculum is not only focused on phonological knowledge, but has half of its
515 focus dedicated to increasing semantic representations of words (Lederberg et al., 2014). This
516 approach was found to increase the outcomes of d/Deaf/HoH children when used consistently
517 for an entire school year (Lederberg et al., 2014). Semantic approaches are largely under-
518 utilized when teaching reading to deaf individuals. However, individuals who are d/Deaf/HoH
519 have full access to their semantic network, while by definition they have impaired access to
520 phonological knowledge due to a lack of access to auditory information. Since languages with
521 transparent orthographies demonstrate that phonological knowledge is not necessary to
522 become a skilled reader, focusing on strengthening the semantic route instead the impaired
523 phonological route should be a consideration for clinicians and/or teachers of the deaf.

524 In fact, one study found that bottom-up strategies could actually hinder d/Deaf/HoH
525 reading development (Strassman, 1997). Activities such as developing phonological knowledge
526 and not emphasizing reading for its intended purpose of gaining meaningful knowledge may
527 give d/Deaf/HoH children the idea that reading is an activity strictly for the school setting and
528 academic purposes. Additionally, there is evidence that once a child has learned language,
529 better phonological knowledge does not inherently predict a better reader (Lazard & Giraud,
530 2017).

531 *Strengthening bottom-up processing*

532 The approaches that exist for enhancing phonological processing are numerous and
533 show variable success. Factors that influence success beyond facilitating phonological
534 processing, is that interventions are initiated at an early age, have multi-sensory inputs, and
535 instruction is delivered consistently (Runnion & Gray, 2019). There are a few approaches that
536 involve visual phonics, but none so far that directly target visemes, which is how the mouth
537 looks when producing sounds (Trezek et al., 2007). A teaching approach that targets visemes
538 would be supported by viseme data and could add value to phonological approaches.

539 **Conclusion**

540 Individuals who are d/Deaf/HoH do not achieve equitable literacy outcomes as their
541 hearing peers. Literacy is closely tied to various quality-of-life outcomes, and so addressing
542 literacy is a powerful way to target the overall discrimination that individuals who are
543 d/Deaf/HoH face. Computational modelling is a useful clinical tool, as has been demonstrated
544 through research areas such as dyslexia, where it has made valuable contributions to clinical
545 knowledge. Using these models as a way to advance therapies for individuals who are
546 d/Deaf/HoH is a promising field and should be strongly and thoughtfully considered by both
547 researchers and clinicians. Novel teaching approaches such as semantic-based instruction or
548 experience-based reading strategies, hold potential to improve reading outcomes in children
549 who are d/Deaf/HoH.

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