

Bilingualism and Learning Difficulties: Separating Fact From Fiction

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The term “learning difficulty” is a confusing one. The definition varies from country to country, and depends on whether the author comes from a medical, social or educational background. In recent years, there has been increased research interest in bilingualism and language development in children with two types of learning difficulties: cognitive impairment and specific language impairment. There is now ample research evidence that a bilingual learning environment does *not* disadvantage the language acquisition of children with either of these diagnoses. In both cases, parents should be concerned if they are advised by professionals to expose these children to only one language.

Children with Cognitive Impairment

Children with cognitive impairment have a significant intellectual impairment with deficits in social functioning or activities of daily living. Up until the 1970s it was assumed that cognitive impairment was inevitably associated with language delays and disorders. Children with severe cognitive impairment were assumed to have poor language skills across the board. One implication of this assumption was that if learning one language was a challenge, then learning two would be just too difficult. Now, there is strong evidence suggesting that language and cognitive abilities can show different levels of attainment, regardless of whether a child is monolingual or multilingual. Verification comes from case studies of remarkable people who have learned more than one language.

One example of an individual with cognitive impairment but spared language ability is Christopher. This young man, first assessed by O'Connor and Hermelin in 1991, presented remarkable linguistic skills. Although he had a moderate intellectual impairment (IQ67) and could not live independently, Christopher demonstrated the ability to translate into English from German, French and Spanish. In all four languages his vocabulary was above average and his

understanding of sentence grammar was adequate. In 1995, Smith and Tsimpli's book presented detailed descriptions of Christopher's linguistic and cognitive abilities. The following summary is drawn from their work.

Christopher was born in 1962. His delayed development and intellectual impairment were thought to be due to brain damage at birth. Christopher attended special schools, eventually being transferred to a school for physically handicapped children because of motor difficulties. His main interests at home and at school were foreign languages. Assessment of Christopher's ability in English led to the conclusion that it was 'perfect', even though his performance on assessments of non-verbal intelligence tests were well below average. He did, however, experience difficulty understanding jokes or metaphor (e.g. 'no man is an island'), perhaps indicating that some aspects of language comprehension were limited by his cognitive abilities.

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Christopher had varying degrees of knowledge (from elementary to fluent production and comprehension of spoken and/or written forms) of 16 languages: Danish, Dutch, Finnish, French, German, Modern Greek, Hindi, Italian, Norwegian, Polish, Portuguese, Russian, Spanish, Swedish, Turkish and Welsh. These languages represent a wide range of the world's language families and include languages with different word orders (subject-object-verb; subject-verb-object) and different scripts (Cyrillic, Greek, Devanagari). Smith and Tsimpli (1995) found that Christopher's knowledge of his second languages' vocabularies was better than his knowledge of their syntax. Nevertheless, his ability to communicate in any of the languages studied was exceptional and better than that of most people without learning difficulties.

Children with Down Syndrome

While people with Down Syndrome (DS) do not differ from other cognitively impaired populations (matched for chronological age and IQ) on most intellectual assessments, it is often claimed that their linguistic abilities are more impaired. Children with DS have particular difficulty acquiring expressive language and their speech is often unintelligible.

A recent study by Kay-Raining Bird and her colleagues compared the language abilities of bilingual children with DS with matched monolingual children with DS, monolingual and bilingual non-DS children. Children spoke a range of different language pairs. Each child was assessed in both languages using standardised tests and non-standardised measures of language. No difference was found between the monolingual and bilingual children with DS. They did not differ on any task of English language proficiency. However, children with DS performed less well than the typically developing controls, showing the language profile associated with DS. The authors concluded that bilingual children with DS were developing useful second language skills.

Case studies also verify this pattern. An Italian woman with DS, who had been exposed to English, French and Italian as a child, spoke Italian remarkably well, and could engage in conversations in both her second languages: French and English (Vallar & Papagno, 1993). Another example was reported by Woll and Grove (1996). Ten year old twins with DS, born to deaf parents, acquired both spoken English and British Sign Language (BSL), learning to communicate well in both

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Translation and the Bilingual Child

It was with great pleasure that I read Cristina Banfi's article on why bilingual children translate [BFN 25:1]. I have a few German/English examples:

To Be Inclusive/To Play

Alan, the son of an English friend of mine, who is English, translated the lyrics of an old English song:

"It's raining it's pouring" – "Es regnet, es tröpfelt". Literally it actually means: *"It's raining, it's dripping"* (tröpfeln is a colloquial word which children use a lot). Somehow, this text seemed to fit into the tune better for Alan. The literal translation which would be *"Es regnet, es gießt"*.

Translating Names

Pauline was the first teacher who taught my children English. Although my daughter Andrea was competent in German and English, she was always particular about the pronunciation of her name. People had to pronounce *"Andrea"* with a good German accent, and say the *"r"* like in German (the guttural way). However, some English speakers, including Pauline, found that hard:

Andrea: *"Sie kann ihre deutschen "r"s so schlecht aussprechen. So jetzt üben wir das mal: Sag „Andrea“"* (Meaning *"She has such difficulty pronouncing her German „r"s. Well, let's practice. Say "Andrea"")*.

Pauline: *"Andrea"* (Rolling her *"r"* like in Spanish or Italian, but not guttural like German).

Andrea: *"Das war schon etwas besser, aber noch nicht ganz so wie es muss."* (Meaning: *"That was a little bit better, but still not quite the way it should be"*).

To Play

Steffi was only 1 ½ years old, but she enjoyed talking and did so in both languages. My mum remembers when she was running after a bird, talking to herself **"Birdie, Vogel, birdie, Vogel, birdie, Vogel..."** My mum first thought, Steffi was confused. However, I think she was enjoying herself, and playing with the sound of the words.

To Get Their Way/To Show Off/To Avoid Disapproval

Well, finally, the oldest example comes from me, myself, in my late teens.

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languages, although their ability in either language was not equal to that of monolingual non-DS children in either language.

Children with Specific Language Impairment

Some children have specific language impairment (SLI). This means they fail to develop normal language functions in the absence of any obvious cognitive or sensory impairment. These students' significant learning needs are generally supported through ongoing speech-language therapy as well as educational placement in school language units.

A large, wide-ranging, study of children attending language units in the UK found that 11% of the sample had been exposed to languages other than English at home (Crutchley, Botting & Conti-Ramsden, 1997). Children learning a range of language pairs were included.

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These children had a different profile of language abilities from monolingual children with SLI. This is because it can be difficult to separate bilingual students whose language development is different due to their bilingualism (when compared to monolingual children in either language), from SLI students whose language development is disordered.

In 1999, Alison Crutchley cautioned that differentiating bilingual language difference from language disorder continued to be a clinical problem. This has resulted in both over and under referral of bilingual children to speech-language therapy. Under-referral of bilingual students to speech language therapy and special education services is a particular problem in the early years of schooling. Crutchley suggested that young bilingual children require more severe language difficulties than monolingual children to be identified as having SLI and referred to a language unit.

Another study found that teachers working with Southeast Asian children rarely refer children for special education services until fifth or sixth grade because of perceived difficulty determining whether learning problems are due to learning English at school or SLI (Hwa-Froelich & Matsuo, 2005).

Although bilingualism complicates a diagnosis of SLI, there is no evidence that it affects the ability of these children to reach their potential. A recent review by Johannes Paradis of French-English bilingual children with SLI concluded that 'children affected with a language learning disability can be raised bilingual without serious detriment to their grammatical development. Professional practices such as advising parents to give up speaking one of the two languages to a child with SLI do not find empirical support'. Confirmation has also come from SLI research with children who speak other language pairs. For example, Swedish-Arabic bilingual children with SLI had equal grammatical abilities in their two languages while typically developing bilinguals were usually more advanced in one language than the other. This suggests that development in one language was supportive of development in the other.

Conclusion

Every bilingual child with learning difficulties is unique and there can be no one 'rule' that applies to all children. Nevertheless, parents will provide the best language models for children to learn from when they speak in their own mother tongue. For parents to stop speaking that mother tongue is not likely to result in a positive outcome. Further, there is no evidence that learning difficulties are a reason for limiting children to one language. Rather, families and professionals might wish to facilitate bilingualism to avoid children being isolated from important family interactions. Like all parents, those of children with learning difficulties want to help their children be effective communicators. Given the evidence that children with learning difficulties can learn more than one language, families can feel comfortable with their wish to raise their children bilingually and be reassured that they are not disadvantaging their child.

We would recommend the following resources for parents, SLTs and teachers.

Baker, C., 2007, *A Parents' and Teachers' Guide to Bilingualism* (Clevedon: Multilingual Matters)

Foundation for People with Learning Disabilities: www.learningdisabilities.org.uk