

## SPEECH DISORDERS AND BILINGUALISM IN EARLY CHILDHOOD

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There is, obviously, a distinction between the development of speech and language, that is to say their acquisition in early childhood, and formal learning of languages. Assertions that it is either harmful or beneficial for children to acquire two languages concurrently are mostly merely an expression of opinion, not based on scientific investigation. When they are the result of research the sample usually has been a very small one, with variation both in procedures and criteria, depending on the special interests of the investigators.

Research with a large number of subjects is needed, with neurophysiological, phonetic and linguistic, psychological and sociological data correlated. Comparative studies of children from bilingual environments should be made, namely those:

- 1) whose parents are of different nationalities.
- 2) being brought up in a country where both parents are foreigners, and who were in different age groups at the time of the family's immigration.
- 3) growing up in a country with more than one official language.

Probably only small samples of the first two groups will be available at any one centre, thus it would be well to launch a co-ordinated project at several centres.

Allegations that bilingualism is the cause of retarded or deviate speech development must be treated with great reserve. Clinical experience has shown that, when parents, teachers or medical advisers and so on ascribed such defects to the fact that the child had been confronted with more than one language, the primary cause proved to be one which was likely to have led to this kind of abnormality even if the child had only been required to acquire one language.

The following cases illustrate this:

Case (1) A boy of three and a half years of age had no intelligible speech. Hearing was normal; I.Q. 115. His six year old brother had acquired English and German adequately, without difficulty. The disorder was due to slow maturation of the language areas in the cerebral cortex.

The bilingual household made things doubly hard, but there would have been retarded language development even if he had come from a monolingual home.

Case (2) A boy who began to stammer, when at six years of age he had to learn a second language because his parents had to take up residence in a foreign country for professional reasons. The posting was distasteful to them and the atmosphere in the home was strained.

The second language became a symbol of stress and conflict, thus it may have contributed to stammer, but stress was the primary cause.

Case (3) A girl of six, whose father thought that his wife being Welsh speaking accounted for the child's speech defect. Circumstances had forced the mother to become the bread-winner, while the father minded the house. Was it not rather the inversion of mother/father rôle in this home and not the fact that the parents spoke different languages that had an ill effect? In addition there were signs of the girl having slightly impaired hearing.

Case (4) A boy with a partial hearing loss. His mother believed that his speech deviations were due to his German grandmother confusing him.

Many examples could be cited of children of low intelligence. Here language development is bound to be limited. To deal with more than one is beyond their mental capacity.

Penfield<sup>1</sup> writes: "The mechanism that is developed in the brain is the same whether one, two or more languages are learned ... there is a curiously effective automatic switch which allows each individual to turn from one language to another ... it would seem to be best for the learner that his environment should not vary too much."

Observation of children in my circle of acquaintances has shown that an intelligent child, in a happy home, enjoying normal health, can acquire two languages concurrently during the first six years of life without ill effects. It is noteworthy that these children had a predilection for speaking one language to certain individuals, and the second to other people. They were unresponsive when you addressed them in the language they associated with others and not with you.

This seems to be a form of self-protection.

If there were any grounds for believing that moving a child to a new language environment is harmful, the rapid oblivescence of languages by young children is probably an antidote.

Our subject matter is bilingualism, but a passing reference to children acquiring more than two languages concurrently is relevant. Some young children have been known to deal with three languages successfully; this seems to be the limit. A solitary example is known to the author of a child in whose home five languages were spoken, who was causing his family some concern because he was late in starting to talk. It transpired that he understood all five languages, although he spoke none of them. He was evidently subjected to a great variety of stimuli, illustrating Penfield's dictum about the language environment varying too much.

To sum up: Clinical evidence points to bilingualism being a complicating factor, but not the prime cause of disorders of speech and language. Further research into the pros and cons of bilingualism in early childhood, on a larger scale than heretofore, is desirable.

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<sup>1</sup> W. Penfield and L. Roberts, *Speech and Brain Mechanism* (Oxford University Press, 1959), p. 253.