

To Be or Not to Be Bilingual: Autistic Children from Multilingual Families¹

Tamar Kremer-Sadlik
University of California, Los Angeles

1. Introduction

Typically, parents of high functioning autistic (HFA) children report that, unlike normal children, their children display very little language and sometimes no language at all as they reach three and even four years of age (Sigman & Capps, 1997; parents' interviews 1998). In many cases the lack of language provokes parents to seek professional assessment. After eliminating hearing problems as the cause for language impairment, many parents bring their children to a developmental clinic for a diagnosis. Upon diagnosis of autism parents send their children to speech therapy and with time and effort the children improve their language skills.

Parents whose native language is other than English indicated² that they were advised upon diagnosis of autism in their child to speak only one language to their child, namely English regardless of the parents' English proficiency. Parents understood that English should be the language of choice to ensure the child's exposure to the same language inside and outside the home. This way, clinicians attempted to ensure that the child was exposed to "simplified" linguistic input in order to facilitate language learning and use. For these professionals simplified input meant exposure to one language only, English.

The following two excerpts taken from interviews with mothers of HFA children exhibit the change in language use those families made.

(1)³

- | | |
|-------------|---|
| Interviewer | When did you stop speaking Armenian to him? |
| Mother | As soon as I um knew about- um almost four years we started.
We turned the languages at home from Armenian to English. |
| Interviewer | So -so what made you do that at four? |
| Mother | Um because I did not want to confuse the kid. |
| Interviewer | It was your idea? |
| Mother | It was the doctor told me that that it might be better. |

(2)

- | | |
|--------|--|
| Mother | He was like age four. In order to help him move forward a little faster to make her- to make him speech can catching up as same age kids I- she [the clinician] suggested we need to use English more often. |
|--------|--|

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² Interviews were conducted with immigrants who live in the Los Angeles area.

³ For the transcription conventions used in all examples, consult appendix A.

This paper addresses the issue of multilingualism and language choice for language delayed high functioning children with autism (HFA). It explores two aspects: whether there is support for the claim that exposure to multiple languages can further hinder language acquisition in language impaired/delayed children; and the ramifications of the clinicians' recommendation to use English only for HFA children and their families.

2. Is there support for clinicians' recommendation?

There is a dearth of studies tying language impairment and bilingualism to support or rationalize the clinicians' recommendation to stop speaking the home language to HFA children. However, theories in bilingualism and cognitive development, such as the threshold and cognitive development interdependence hypotheses (Cummins 1979), warn that when first language (L1) skills are impaired or underdeveloped, limits are set in turn on second language (L2) development, that is, that a child who is language delayed in his L1 is unlikely to succeed in his L2. Further, it cautions that low levels of L1 and L2 increase the child's risk of enduring negative cognitive effects. Such possible consequences can be very serious and may be the basis of the clinicians' recommendation that multilingual family members speak only one language to their language delayed high functioning autistic children.

Yet, a few studies that have examined bilingualism and language disability have shown that such dire consequences are not inevitable. Bruck (1982), for example, has examined Canadian children who are language impaired and experience low levels of L1 competence, but who are educated in a bilingual environment. The children's L1, English, is the language of the majority culture, but they attend French immersion programs. The study compared language test scores of four groups of subjects: French immersion children with language impairment; English stream children with language impairment; French immersion children with normal language abilities; English stream children with normal language abilities. All subjects were administered linguistic (syntactic, psycholinguistic, grammatical structures), cognitive (verbal and performance IQ tests), academic (math, language), and second language (written, oral) tests. The French immersion language-impaired children who were educated in L2 demonstrated similar cognitive, academic and English (L1) skills to those language-impaired children who were educated in their first language. Moreover, the French (L2) aural skills of the language-impaired French immersion children were similar to that of the normal immersion children, suggesting that the language-impaired children have grade level understanding of French. Bruck (1982) concluded that "that the [language-impaired] children acquired proficiency in French at no cost to first language development, academic progress, or cognitive skills" (p.57).

In another study, Crutcheley et al. (1997) tested bilingual and monolingual children with Specific Language Impairment (SLI) on various language tests. They found that bilingual children with Semantic Pragmatic difficulties (SPD) score the same or better on language tests than monolingual SPD children. This study is particularly interesting because, as will be shown later, HFA children typically suffer from linguistic pragmatic deficits. The studies of Crutcheley et al (1997) and Bruck (1982) offer the possibility that under certain circumstances bilingualism does not further impede language learning among children with language disability.

Furthermore, it is important to consider the clinicians' recommendation to speak one language only to HFA children in light of the fact that over 50% of the world population speaks more than one language and that in many places bilingualism is not only the norm but also a necessity. One such place is India. The Indian constitution lists 18 official languages. Speech pathologists and other therapists are expected to learn to speak the major languages of the areas in which they are working, and assessment and intervention is conducted in the client's language (Chengappa, 2001). In an interviews with one clinician working at a special school for children with autism, "Open Door", in New Delhi she reported that the school has two official languages: English and Hindi. Furthermore, it is assessed that about 50% of children attending the school come from homes with a third language, e.g Bengali, Gujarati. Instruction in the school is in both English and Hindi. Interestingly, in spite of the exposure to multilingualism, these children, depending on the severity of their disorder, learn to speak. The Indian example reinforces the notion that bilingualism does not necessarily to impede

language learning among language-disabled children. Moreover, the Indian approach increases the awareness that multilingualism is not a life style choice, but a normal circumstance that many people are born into. A policy suggesting to eliminate the exposure of HFA children to the home language may result in some consequences which need to be explored and assessed.

3. Potential ramifications when children do not speak the home language

The perspective taken in this paper emphasizes the importance of communication with family members. It is significantly influenced by the language socialization paradigm, which states that “The process of language acquisition and the process of socialization are integrated” (Ochs & Schieffelin, 1984). This paradigm maintains that the acquisition of rules governing language is in part the acquisition of meanings and functions of these forms in social situations. That is, the knowledge of linguistic forms is embedded in socio-cultural knowledge. And on the other hand, the understandings of the social organization of everyday life, ideologies, moral values, beliefs, identities, norms and expectations of a certain cultural community are largely acquired through language. In short, a child is not only socialized to use language, but is also socialized through language. In this view, the family environment is the primary site in which a child learns to be an empathetic, social, and communicatively competent member of society. This suggests that a child needs to understand and speak the language that is used in the home. It also insinuates that when a child does not understand the home language, it could negatively affect the child's socialization process.

Studies that have looked at language use in immigrant families and their normal children suggest that eliminating communication in the home language could result in communication breakdown. Filmore (1989) has shown that when children's command of the home language erodes to the point when the child does not understand what his or her parents say, communication becomes strained and limited. Conversely, adolescents who communicate with their parents in the home language reported the highest levels of cohesion in discussions in comparison with adolescents who speak to their parents in different languages (Tseng & Fuligni, 2000).

Research has also suggested that when children do not speak the home language this negatively impacts parent/child relationships. For example, Tseng & Fuligni,(2000) report that adolescents who talked to their parents in English rather than in the mother tongue felt more emotionally distant, and were less likely to engage in conversation with their parents. Wharton et al. (2000) who studied communication between immigrant parents and their autistic children noticed that parents were more affective and engaging with their children when they used their native language.

The studies described above highlight the negative outcome that can result from parents not using their mother tongue with their children. Next, attention is turned to the particular case of high functioning autistic children and their families. First, a brief summary of the autism disorder is offered.

4. Autism

Autism is a neurologically based developmental disorder that lasts throughout life. Research has regularly pointed to three impaired areas of functioning: 1) language, in particular, deficits in language use and pragmatic (Frith, 1989; Jordan, 1993; Tager-Flusberg, 1988, 2001); 2) sociability, especially difficulties in the recognition of others' intentions, beliefs, thoughts, knowledge states and feelings, often referred to as impaired theory of mind (Baron-Cohen 1993; Baron-Cohen et al. 1985, 1997, 1999; Kleinman et al, 2001), and struggles in creating and sustaining personal relationships and friendships (Bauminger & Kasari, 2000) and 3) imagination; lack of pretend play (Kasari et al., 2001; Ungerer & Sigman, 1981), and problems 'decoupling' of an object from its function to pretend it is something else (Leslie, 1987) , or a word from its literal meaning to understand non-literal meanings (Happé, 1994).

Autism is characterized by a spectrum of severity, ranging from the mute and profoundly retarded to highly gifted and intelligent individuals (Sigman & Capps, 1997). Only 25% of individuals afflicted with the disorder have intellectual abilities in the normal to gifted range. They are often called "High Functioning". While studies have indicated that individuals with HFA have more impaired social,

linguistic and imaginative abilities than individuals with Asperger Syndrome (Eisenmajer et al., 1996; Ozonoff et al. 2001; Volkmar & Klin, 2001), researchers agree that the differences between the two groups are not sufficiently substantial (Szatmari et al, 1989; Ozonoff et al. 2001), and often view Asperger Syndrome as a mild form of HFA (Attwood, 1998).

The literature tells us that children, who are diagnosed as high functioning autistics, almost always acquire, though with delay, normal phonological, lexical, and grammatical structures. But they suffer life long difficulties with various pragmatic aspects of language (Baron-Cohen, 1989; Jordan, 1993; Sigman & Capps, 1997; Tager-Flusberg, 2001). In conversation, autistic children often do not take their listener into account, and thus fail to provide relevant information for their interlocutors (Curcio & Paccia, 1987; Geller, 1998). They have difficulties understanding the context in which certain things are being said, and have difficulties responding open-ended questions (Capps et al., 1998; Happé, 1994; Hewitt, 1998). They have great difficulty interpreting what is implicit, such as others' intentions, interests, and motivation (Baron-Cohen, 1996; Geller, 1998; Happé, 1993; Jolliffe & Baron-Cohen, 1999). Even though they may recognize various emotions in others, they may not understand the appropriateness of certain remarks and may not predict the effect their own words can have on others' feelings (Bauminger & Kasari, 2000; Capps et al., 1992, 1994; Kasari et al. 1993).

5. Parents as trainers

To overcome their socio-pragmatic setbacks, HFA children often need to use intellectual, logical reasoning to interpret and understand social functioning. Autism experts (Attwood,1998; Harris & Boyle, 1985; Howlin et al., 1981) propose that parents function as informal trainers teaching their children to attend to and recognize socio-cultural beliefs, norms, and expectations, as well as to be tuned to interlocutors' affective stances and other cues revealing their intentions, motivations, beliefs, desires, and knowledge.

Parent can teach their children explicitly through role play and behavior modeling. For example, to communicate effectively, parents are taught to model for their child different conversational scripts, such as what one would say to a stranger, or to a close friend, and possible topics that could be discussed. Modeling of social situations allows parents and children to recognize and examine components of social situations, and then practice ways of participation in these interactions. Later, as the affected child finds himself in a real-life situation, he can use the knowledge acquired in practice sessions and successfully converse with others (Attwood, 1998). In bilingual families, would modeling communicative interaction in English be as effective as modeling interactions in the parents' mother tongue? Could the nuances of everyday experiences, beliefs, identities, cultural expectations and norms be transmitted as successfully when parents use their L2?

Parents also teach their HFA children implicitly through exposing them to on-going interaction (Kremer-Sadlik, 2001, in press). Modeling occurs all the time, as the child is exposed to interactions among his parents, between family members, and as they speak to friends, to strangers, or talk on the phone (Ochs & Taylor, 1996; Ochs et al. 1992). For HFA children the use of overhearing can be a useful tool to passively practice various aspects of social interaction and perhaps to help overcome some of their disabilities. Hence, if the language used in the home to perform various types of interaction is different from the majority culture language, it is extremely important that the autistic child understands the home language.

One might suggest that those HFA children, who may receive less "training" from their parents due to their low English proficiency and infrequent usage, could compensate for it by learning from peers. Could peers train HFA children in language use? A study conducted by Baron-Cohen & Staunton (1994) suggests that for HFA children parents may be more influential than peers. The authors designed a study that looked at a group of autistic children whose mother's accent was rated as non-English. Typically, normal children whose parents' native language is other than that of the dominant culture develop an accent that is closer to their peers rather than to their parents. The study examined whether autistic children would also develop an accent that is closer to that of their peers. Two control groups were selected: a group of normal children who were siblings of the autistic children from bilingual homes to control for any effect of parental accent on normal children. The second control group was a group of autistic children from homes whose parents had English accents

to control for autistic phonological abnormalities that may affect the acquisition of accent. The prediction was that the normal siblings would have the accent of their peers, while the autistic children, due to their diminished interactions with peers, would have an accent more similar to that of their parents.

The study revealed that the autistic children's accent sounded like their mother's, suggesting that they were less influenced by peers. Their normal siblings, in contrast, displayed accents similar to those of their peer group. This study emphasizes the great influence that a parent's language use may have on an autistic child. This study provides additional support for the argument that parents' language practices are particularly influential in the case of autistic children. The rest of the paper examines the effects of parents' choice to eliminate the home language in the interaction with their HFA children.

6. What happens when a HFA child is made monolingual in a bilingual home?

This paper is part of a larger ethnographic, discourse analysis study of HFA children communicative skills at school and home⁴. The data shown here consists of parental interviews and video recordings of home interaction of four children who came from homes in which the native language was other than English. All four sets of parents were recommended to stop speaking their mother tongue to their HFA children. And to varying degrees, they all adopted English in their home to avoid "confusing" their children. Parents took the clinicians' recommendation very seriously, believing that using the mother tongue with their HFA children would confuse the children and would hinder their language development, as the following interview reveals:

(3)

- | | |
|-------------|---|
| Interviewer | When did you stop speaking Armenian to him? |
| Mother | As soon as I um knew about um almost four years we started- we turned the languages at home from Armenian to English. |
| Interviewer | So -so what made you do that at four? |
| Mother | Um because I did not want to confuse the kid. |
| Interviewer | It was your idea? |
| Mother | It was the doctor told me that that it might be better. |

Some families fully adopted the recommendation and eliminated the mother tongue completely in their interaction with their HFA children. For example, John's parents immigrated to the US from China. Upon John's diagnosis as HFA, and following their therapist's recommendation, they stopped speaking Mandarin to him, but continued using the home language when speaking among themselves and to his older brother, Jay. Here what John's mother had to say:

(4)

- | | |
|-------------|--|
| Interviewer | So if all four of you are sitting at the table you may speak Mandarin and then if you want to talk to him you will switch to English? |
| Mother | Right, right |
| Interviewer | And so do you think he understands when you speak? |
| Mother | No. He doesn't pick up any Chinese that time. He doesn't pay attention. And even later on the age, and he still if- if we talk Chinese he'll shut up. He'll, he'll not talking at all. He'll not interact. |

⁴ This study, led by Elinor Ochs, was funded by the Spencer Foundation. The primary data set includes: interviews with parents of HFA children; video recordings of the children during spontaneous daily activities with teachers and peers at school and with family members at home; and the administration of numerous psychological measures and tests to the HFA children. For this paper, additional interviews focusing on language use and bilingualism were conducted with parents who spoke other languages at home.

The mother's testimony reveals that John is often excluded from participating actively or passively in family interaction. The following segment further exposes the difficulties that the Father, whose English proficiency is low, experiences as he tries to communicate with John in English. This excerpt is taken from a video recording at John's home during dinnertime. The family, the two parents, John and his older brother, are watching an avalanche on the news while eating dinner. John proposes that the avalanche was purposefully caused by a bomb. Both parents reject John's proposal. Thus, John asks for an alternative explanation. Father tries to provide a reason for the avalanche, but stops when he cannot find the word 'gravity' in English. He asks in Chinese for Jay's help. Father continues to explain, but his idea is not made clear as the language is choppy. Eventually, Jay interrupts the father and goes on to explain in Chinese that John was correct. During this exchange in Chinese, John watches TV unaware of his brother's defense. The parents then turn to John to acknowledge in English that he was correct.

(5)⁵

- John ((looking at father)) How did they, um, make it go down?
 Father You know, it's heavy so, that-
Jay, chung li chiao se ma?
 (Jay, How do you say gravity in English?)
 Jay Gravity.
 Father Gravity! OK? They pour down. Something look like this.
 You s- ((makes gestures)) [you stand off this one a:nd ((fading voice))
 Jay [That's not how they do it.
 John ((Turn his look away from father and looks at the TV))
 Jay That's not how they do it.
 Mother He said.
 Father Hu?
 Jay *Ta sou de duei.*
 (He said it right.)
 Father *Sha me duei*
 (What's right?)
 Jack *Ta sou de duei. Ta mien na bien tai dou dong shih le. Ta men bou tsi tse*
za, zen gou chi de shih hou, suai le, dou shih.
 (He said it right. They have too much stuff there.
 If they don't blow it up, when people go across
 there, stuff might=)
 Mother Oh, so- so they did bomb it, huh?
 Jack Uh-hh
 Mother OK
 Father ((looking at John)) So you got it, huh?

When John's mother was asked how she thought he felt about the situation in which family members spoke Chinese among themselves and English to him and she replied:

(6)

- Mother Sometimes later, when he grow older, he can talk lot more English, he told us. He said um "I don't like Chinese I'm American. Ah, why you don't- why you don't talk English". And if -you know sometimes we're -we're in the car we all speak Chinese

⁵ English translation of talk in Chinese is provided in parentheses.

Interviewer Right.

Mother And he will inter -he will interrupt us and say “what are you taking about? Why are talking Chinese?” He told us those things.

John shows discontent and confusion with his family's use of Chinese. Moreover, he does not identify himself as a member of the Chinese community, which the rest of his family clearly belongs to, as has been apparent through their affiliation with a Chinese church and other Chinese community activities.

John's lack of understanding of Mandarin results in his diminished opportunity to interact with family members when they speak the home language. But when they do speak English to him, their low proficiency in the language impedes the exchange of ideas and the prolongation of interaction. Lastly, because John does not share the family 's Chinese language he disassociates himself from the ethnic community to which his family belongs.

John's family contrasts to another family who did not want to stop using their mother tongue so upon diagnosis of autism and the recommendation to speak English to their HFA boy, Jason, they began using both English and Chinese in addressing him. This is what the mother said:

(7)

Mother Learning two totally different languages at the same time and understand them properly and use them properly at the same time, she [the clinician] mentioned about that would be extremely difficult with the kids who have speech problem.

Interviewer So how did you feel about it?

Mother Um I did agree with her to a certain point, but in the meantime we didn't - we really didn't want to drop our native language. So, we continue keep our native language going. But I do emphasize on English too at the same time.

Interviewer How did you do it?

Mother Uh I speak English, my father speak Chinese to him.
So he will be able to identify Chinese and English,
So at age seven I started taking him to [Chinese] Church

This mother disclosed that as Jason's Language skills improved she and her husband returned to speaking mostly Chinese to him. Dinner recordings in this family reveal that both Chinese and English are used in the household. The parents speak Chinese to Jason about 80% of the time and Jason responds in both Chinese and English. He even codeswitches. In the next segment, taken from a video recording of dinnertime interaction, Mother is asking Jason in Chinese whether a friend from school talked to Jason and Jason responds in a mixture of English and Chinese.

(8)

Mother *Joshua Murray jin tian you mei you ge ni jian hua*
(Did Joshua Murray talk to you today?)

Jason Mm?

Mother *Joshua Murray, zai shue shao you mei you gen ni jian hua?*
(Joshua Murray, did he talk to you at school today?)

Jason He talked to me but
mei you yi yi de hua.

→ (It was nothing worth mentioning.)

Mother *Mei you yi yi de hua?*
(Nothing worth mentioning?)

Jason's case, while it should not be generalized, provide an example of a high functioning autistic child who became bilingual because his parents did not follow the clinicians' recommendation.

7. Conclusion

Growing up in a multilingual environment may be difficult for high functioning autistic children who are language delayed. However, the recommendation that the HFA child become a monolingual English speaker could also produce unfavorable results. Giving up the family's language is a great price to pay. One mother told me that she stopped going to church with her children because her son was unable to understand the Armenian priest's sermons. But most families disclosed that they only stopped using the mother tongue when addressing the affected child. Dinnertime observations revealed that the HFA child did not take part in family conversations, parents did not address the autistic child often, and parents rarely used English.

There is no sufficient support for the claim that multilingualism further harms language acquisition of language impaired/delayed children. Due to the socio-pragmatic deficit inherent to autism, it is very important for HFA children to speak the home language. Since autistic children, unlike normal children who learn the rules of speech acts and social functioning instinctually, need to be exposed to a variety of social situations to learn the rules governing them, one should not limit their access to conversations, and especially, to those that involve the autistic child's parents. Parents of autistic children are their primary source for language input, imitation, and practice, whether the children actively engage in activities with the parents, or simply overhear parents' social interactions.

To be or not to be bilingual is NOT the question. These HFA children are brought up in a multilingual, multicultural society and in order to help them, in spite of their disorder, to become members of their community they have to be given the opportunity to learn both their mother tongue and English.

Appendix A

The following are the transcription conventions used in all examples:

<i>italic</i>	Chinese speech
<u>under</u>	Emphasis
:	Elongated speech
[Overlapping speech
-	Cut-off or self-interruption
(())	Non-verbal transcription
.	Falling intonation
?	Rising intonation

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