



A Letter to Editor:

Is Bilingualism a boon or bane for children with Communication Disorders?

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With the recent advent in globalization and population explosion, a vast majority of the world population is now bilingual. More than half of the world's population is estimated to be bilingual (Grosjean, 2010). In India, according to the 2011 census, 26% of the population is bilingual. This often precepts the question if bilingualism has disadvantages as compared to monolingualism. In this regard, there exists substantial evidence that propagates the advantages that bilingualism provides as well, with the greatest difference seen in executive functioning (Bialystok 2009, 2017; Bialystok, Craig & Luk, 2012; Hilchey & Klein 2011; Kroll & Bialystok 2013; Leikin & Tovli, 2014; Paap, Johnson & Sawi, 2015; Valian 2015). Similarly, bilingual advantage is seen in cognitive flexibility (Adi-Japha, Berberich-Artzi & Libnawi, 2010), creative thinking (Lee & Kim 2010, 2011) and phonetic perception (Antoniou, Liang, Ettlenger & Wong, 2015) too.

However, there seems to be contradicting evidence. Many studies reveal that monolinguals seem to possess larger receptive vocabularies as compared to their bilingual counterparts (Bialystok, Luk, Peets & Yang, 2010), and that bilinguals are slower in picture naming tasks (Bialystok, Craig & Luk, 2008; Costa & Santesteban, 2004; Gollan, Montoya, Fennema-Notestine & Morris, 2005; Hernandez, Martinez & Kohnert, 2000). Bilinguals also show deficits in semantic fluency tasks when compared to monolinguals (Bialystok, Craig & Luk, 2008; Luo, Luk & Bialystok, 2010; Gollan & Ferreira, 2009)

Discussions regarding the effect of bilingualism in children with communication disorders too, are often rife with contraindications and provides mixed findings. For instance, a study by Blom & Boerma (2017), reveals that bilingualism may affect vocabulary knowledge in children with language impairment. However, a recent study (Barak, Degani & Novogrodsky, 2022) shows that bilingualism does not impede language learning even in children who have developmental language disorders. The age of acquisition of the second language also is assumed to make difference.

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Howell (2009) suggests that early bilingualism (before the age of 5 years) is a risk factor for stuttering and its persistence into teenage years. However, Gahl (2023) suggests that the presence of associated factors is more likely to increase the risk by citing children with stuttering in specific. Children with Specific language Impairment who are sequential bilinguals have poorer scores in Second language (L2) than their monolingual peers (Paradis, Crago, & Genesee, 2006; Paradis, Crago, Genesee, & Rice, 2003). However, in a study done by Blom & Paradis (2013), simultaneous bilinguals with SLI perform the same as Monolinguals with SLI. This finding was further supported by many authors (Paradis, Schneider, & Duncan, 2013; Rezzonico et al., 2015). In regard to children with Autism Spectrum Disorder, bilingual (exposed to Chinese and English before the age of 3 years simultaneously) and monolingual children between the age of 43 to 73 and 45 to 98 months did not differ much in their language or communication ability (Petersen, Marinova-Todd, & Mirenda, 2011; Reetzke, Zou, Sheng & Katsos, 2015). Bilingual children with Down Syndrome performed much poorer than controls in expressive vocabulary (Feltmate & Kay-Raining Bird, 2008). In a study that compared monolingual and bilingual children with DS, no differences were found in terms of language, cognition, or adaptive functioning (Edgin, Kumar, Spano, & Nadel, 2011)

Majority of the presenting evidence suggests that the mixed effect of bilingualism, while we believe that, bilingualism may not hinder the rehabilitation of children with communication disorder to a great extent. Nonetheless, it would still be advisable to focus on intensive exposure to one language during the rehabilitation phase. This intensive focus would help in resolving the delays caused by code-mixing. As the child shows improvement in their language skills, the speech-language pathologist could introduce exposure to the L2, thus making sure that the child is well aware of the minority language (and in most clinical cases, the native language) as well which would alleviate parental discomfort (often associated with deprivation of their native language). Furthermore, baselines for bilingual children who avail services should be done in the languages they are exposed to and should not be limited to the Speech Language Pathologist's knowledge of language. Being bilingual would be an advantage to every child in the current world where knowledge of languages is necessary for smoother communication and advances in professional as well as social and personal life. Thus, advising against bilingualism would be ill-considered especially when its benefits far outweigh its supposed drawbacks.

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