## 5: Language and Speech Therapy in a Bilingual Context

Language and speech therapists (also called speech pathologists) work with people of all ages, from small children to old people. They work with infants who are born with physical disabilities, such as a cleft palate or deafness, or handicaps such as Down's Syndrome. They help older children who have been found to have problems acquiring, comprehending or producing speech. This might form part of a general learning disability or reflect a more specific language-related problem. Their work includes children with speech problems such as stuttering, or children who have acquired disabilities (e.g. brain damage) following an accident or serious illness. Language and speech therapists also work with adults with language and speech disabilities, as a result of strokes, head injuries, Parkinson's Disease, alcohol abuse and other causes. A speech therapist's job often includes not just speech, but many aspects of language, including reading and writing among certain adults.

A bilingual situation provides an extra dimension to the work of the language and speech therapists, since a proportion of their work must be carried out through different languages, and sometimes they must use both languages concurrently in their work.

One policy among language and speech therapists is to work with individuals in their first or preferred language. For children with language and speech difficulties, this will be the language their parents speak to them. For adults, this will be their first language or their present language of habitual use. This can present some interesting dimensions to the work. Many older adults, for instance, have spoken a minority language all their lives, and it is their dominant language and the language they use mainly in the home and community. Yet they have received most of their education through the medium of a majority language and have been accustomed to read and write mainly in that language.

Thus a language and speech therapist working with a stroke victim, for instance, may work with that person on speech and aural comprehension in their minority language, and yet may have to work on reading and writing skills in the majority language. The separation of languages can be so firm in the person's mind that the speech therapist may have to 'cue' the person orally in the minority language for that person to produce a written sentence in the majority language.

There have been many documented cases of bilingual or multilingual stroke victims in countries such as Switzerland who seemingly 'lose' one or more of their languages after a stroke, either temporarily or permanently, while retaining another or other languages. The language (or languages) retained is not necessarily the language learnt first by the patient. These are usually individuals who speak one language as a mother tongue and have learnt one or more other languages at a later age.

According to the Gwynedd (North Wales) Language and Speech Therapy team, this does not appear to happen with bilingual Welsh-English speakers, possibly because they have come into contact with English at a very early age. Most Welsh speakers in Gwynedd speak the language as their first language or mother tongue and for many of them, Welsh is still the language they use mainly, and is their dominant and preferred language. However, the majority of them have been exposed to English from early childhood, through education and the mass media. Possibly because both languages have taken root at a very early age, they do not appear to lose one at the expense of the other. However, there is often a mingling of languages following a stroke. A person may search for a word or phrase in one language and it may spring to mind in the other language. One language and speech therapist tells an interesting story of a stroke patient whose written English was progressing very well, except that he used Welsh orthography!

These kinds of experiences underline the importance of bilingual language and speech therapists. Both languages may need to be used in a single session. The reality of the bilingual situation may mean that different languages are used for different purposes and in different domains. This must be reflected in the help given by the language and speech therapists.

In the course of their work, language and speech therapists teams often come across many misconceptions about bilingualism. One of these is that learning two languages can prove an unacceptable burden for a child who is slow to acquire a first language. In fact, there is almost no truth in this belief.

When working with young children, many language and speech therapists work with the children in their first lan-