Ability Effects

Is it the case that less able children will experience bilingual cognitive advantages, or would such children be better off as monolinguals? Rueda’s (1983) research suggests a ‘cognitive advantages’ link may be found in less able children. Using children of well below average IQ (51–69 IQ points), Rueda compared bilinguals and monolinguals on three tests: a Meaning and Reference Task which examines the stability and meaning of words (the death of a ‘flump’, an imaginary animal), the Arbitrariness of Language Task (could we call a ‘cat’ a ‘dog’?), and the Non-Physical Nature of Words Task (does the word ‘bird’ have feathers?). On each task, the bilinguals tended to score significantly higher. Although Rueda found no difference on a Piagetian conservation test, this research indicates that the cognitive advantages linked to bilingualism may not be specific to higher ability children.

If children have below average ability, there is evidence to suggest that they can still acquire two languages within their unknown limits. While well meaning friends, teachers and speech therapists sometimes suggest that only one language should be developed, Canadian research indicates cognitive advantages in bilingualism for these less able students. Just as their development occurs at a slower pace in mathematics, literacy and science, so also with the development of two languages. The size of vocabulary and accuracy of grammar may lag behind the average bilingual child. Nevertheless, such children, acquiring two languages early, will usually be able to communicate in both, often as well as they would in one alone.

Further Reading


THEME 3: LANGUAGE DELAY AND LANGUAGE DISORDER

Language Delay

Language delay illustrates the erroneous link between bilingualism and developmental problems. Language delay occurs when a child is very late in learning to talk or lags well behind peers in language development. Estimates of language delay in young children vary from 5% to 20% of the child population. Such varying estimates reflect the range in delays from brief and hardly noticeable to more severe.

Language delay may have a variety of causes: partial hearing, deafness, autism, severe subnormality, cerebral palsy, cleft palate and other physical problems or psychological disturbance. In approximately half to two-thirds of all cases, the precise reason remains unknown. Medically normal children with no hearing loss, normal IQ and memory, who are not socially deprived or emotionally disturbed, may be delayed in starting to speak, slow in development or may have problems expressing themselves. In such cases, specialist professional help is needed, from speech therapists, clinical and educational psychologists, counselors and/or doctors.