

CHILD LANGUAGE ACQUISITION

Problems Illusory and Elusive

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The process of raising a child can be a harrowing experience. We parents tend to worry at every turn, and much to the time we're not even sure if there is a problem. Such uncertainty often arises when assessing children's linguistic development. Is the child linguistically on track? Is the problem you think you detect transitory or really serious? What should you be doing to help?

In this paper, I will talk about how parents can spot difficulties, compensate and nurture as needed, or, where appropriate, seek professional guidance. I will also look at illusory problems that children outgrow or that were never really problems at all.

BIRTH ISSUES

Prematurity

Nearly 10% of babies born in the United States today are premature (defined as more than three weeks early). Parents naturally wonder, What special care would the baby need? Will the child grow up physically and cognitively intact? How long will it take to catch up with children born at term? Especially concerning the last question, neither neonatologists, nursing staff, or pediatricians have little information to offer.

A sizable number of premature babies are born to healthy middle-class mothers

who ate carefully, swore off alcohol and tobacco, and exercised properly. Obviously, premature children with other complications might be expected to have language problems (for example, see Tolkin-Eppel, 1984). But what about “normal” (i. e., low risk) preemies ?

The literature on this group is sparse. Holmqvist, Regefalk, and Svenningsen (1987) report that at 9 months of age, the premature babies in their study linguistically lagged behind a full-term control groups. (NOTE : In studies comparing premature children with full-term infants, it is standard practice to “correct” for prematurity by calculating age from when the baby was due, not when the baby was born.) At age 9 months, while 80% of the control group spoke between one and three words, fewer than 10% of the premature children had any recognizable words. As 4-year-olds, the differences had begun to even out, although the premature children born at younger than 33 weeks of gestation still had shorter syntactic combinations. Moreover, by age 4, nearly twice as many premature children had been diagnosed as having speech disorders.

What explains this initial language delay ? In some cases, inadequate control over the vocal apparatus is at least partly responsible. The production of speech sounds is a complex neural activity, even for wholly normal babies a single sound may take up to 35 or more muscles to articulate.

Moving from physiological to social explanations, to what extent does language delay in premature children result from parental presuppositions and social responses ? In a study of social interaction between mothers and their 3 - and 5 - month-babies, Lester, Hoffman, and Brazelton (1985) discovered differential mothering patterns depending upon whether the child has been born at term or was premature. The researchers were interested in how mother and infant responded to each other : Who took the lead in the interaction ? Did the mother follow up on behaviors the child initiated, or did she initiate a new action instead ? Results

clearly showed that while the term infants dominated the interaction by age 3 months (and more so at 5 months), the pre-term babies showed no such dominance at either age. Noting that mothers of pre-term infants often remark upon how difficult it is to understand and anticipate their baby's behavior, the authors conclude that the premature infant's difficulty in establishing early communicative interaction may contribute to eventual language delay.

A curious question, of course, is how much of that poor early interaction results from neurological immaturity in processing environmental input, and how much is actually caused by the parents themselves. We know that adults react differently to infants that are identified as girls or boys, regardless of the baby's actual sex. Does the label "premature" also engender special behaviors or attitudes? Stern and Hildebrandt (1984) discovered that when shown videotapes of 9-month-old infants, their subjects (including college undergraduates and mothers of 3- to 18-month-old infants) judged the children who had been labeled "premature" as being smaller, less attentive, slower, less smart, more sleepy, and more passive than infants who had been labeled "full term."

The implications of Stern and Hildebrandt's findings are profound. Parents with premature babies are likely to perceive their children as physically, socially, cognitively, and behaviorally immature, whether or not such is actually the case. Many parents are less likely to vocalize to children who themselves do not vocalize much. Yet, the linguistic prognosis for premature children is deeply tied to the amount of interaction that parents initiate. It is, therefore, exceedingly important that parents of children born prematurely overcompensate for understandable tendencies to draw back linguistically and socially.

Multiple Births

Most adults understand about the time demands that twins (or triplets) place

upon parents. What does the literature say about the linguistic prognosis for children who typically must compete for linguistic attention ?

A long line of twin studies has reported that twins lag behind singletons in language development. These differences are often pronounced up through at least age 3 or 4. Twins generally vocalize less as infants, are later in using first words, have poorer articulation, and are slower to develop syntactically. By age 5 or 6, most of these differences have disappeared, although some studies indicate that twins, especially boys, are more likely to encounter reading problems in school.

Most researchers agree that the cause of delay is overwhelmingly the truncated linguistic interaction with each twin, not a biological problem. Parents are advised to work consciously at spending individual time with each twin (as opposed to addressing the two collectively) and not to worry unduly. Past experience proves that twins do, indeed, catch up.

Birth Order

Twins are the extreme example of siblings born within a few hours of each other. The same constraints on parental attention apply: Parents cannot linguistically interact as much with two or more young children as they can with a single child. It is hardly surprising, then, that data on language acquisition rates among younger born children closely resemble those of twins. All other factors being equal, younger siblings are slower to develop linguistically than first-borns. As in the case of twins, there is no cause for alarm. Many of us are living proof that younger children acquire quite sophisticated linguistic abilities and are none the worse for having developed their language a few months later than their older brothers or sisters.

THE BILINGUAL QUESTION

The most common question I am asked by my seminar students is whether they should raise their future children bilingually. To me, this question has an odd ring because the people asking it are themselves bilingual. Nonetheless, my answer stems from three considerations: linguistic, educational, and pragmatic. Linguistically, learning two languages as a child is hardly exceptional. Millions of people do it naturally and well. As long as both languages are adequately and consistently modeled in the home and/or in the community, any healthy child can grow up bilingually. (See Harding & Riley, 1986, for an overview of the issues in raising a bilingual child.)

Educationally, bilingualism has two concrete advantages. Besides the obvious fact that bilingual individuals can function in two languages (and generally in two cultures), there is evidence that the demands of handling more than one language system may favorably affect some dimensions of cognitive functioning (see Diaz, 1983).

And finally, we need to include practical considerations. A family of uneducated immigrants at the far end of the social spectrum might understandably encourage their children's acquisition of the community language at the expense of the family's mother tongue. A doctoral student from China might not hesitate to raise her son bilingually while she studies in Japan.

Often the child's personal attitudes or peer group pressures help settle the issue. Children may simply rebel against using a language not spoken by their peers. Yet, a determined parent can often prevail against unfavorable odds. Numerous studies recount how young people resented their parents during childhood for making them speak a "second" language. Often they feel enormous social pressure to drop their "foreign" heritage. However, when these people become adults, they are more

often than not grateful for the opportunity to live bilingually and biculturally.

GROWING PAINS

It is only natural that interested parents keep a close eye on their developing child's language and express concern if something seems amiss. Even being a professional linguist does not alleviate concern over potential problems. David Crystal, an authority on both language acquisition and language disorders, describes his personal uneasiness when his toddler son went through a period of stuttering (Crystal, 1986). Crystal's professional sense told him the stuttering would pass, but meanwhile he worried as much as any other parent.

Slow to Talk

Parents' most common concern is that their children are slow in beginning to talk. On average, children utter their first words somewhere around age 12 months, have a spoken vocabulary of about 50 words by age 18 months, and begin to combine words by age 2. The "normal" variation around these averages is enormous: many children speak a first recognizable word by 9 months while other perfectly healthy children do not do so until nearly 18 months. The same diversity exists for syntax. Whereas some children combine words by their first birthday, others (who will soon become linguistically indistinguishable from the earlier kids) are pushing age 3 before uttering novel two-word utterances.

Parental anxiety has two sources. On the one hand, parents want to be sure nothing is actually wrong with their children. On the other hand, children with only minimal vocabulary and syntax render meaningful communication extremely difficult. Admittedly, infants of 5 or 6 months also have very little productive language, but they have limited needs as well. A change of diaper, offer of food, or human company solves most problems. With toddlers, the number of intended

meanings can be immense, as can the problems deriving from lack of parental understanding.

Why are some children slower to speak than others? We do not really know. Relatively benign causes of delay include slower neurological development, shy temperament, or presence of other siblings. More serious possibilities are hearing disorders or elusive problems such as childhood aphasia.

When should parents begin to worry? If you have not heard a first intelligible word by age 2 or signs of syntactic combinations by age 3, consultations with professionals (hearing specialists, speech therapists) are definitely in order. Before then, the biggest linguistic boost parents can give children is to keep talking and listening, providing as rich a language environment as possible.

I Can't Understand You

If children who are slow linguistic starters prove frustrating for parents, children with unintelligible speech can be exasperating. Besides struggling to decipher a child's meaning, parents are concerned that failure on their part to comprehend will lead the child to stop trying to use language to communicate.

In reading most of the literature on normal language acquisition, one might conclude that unintelligible pronunciation is a rare problem in young children. That illusion comes from the fact that, until relatively recently, language acquisition specialists intentionally chose as their subjects children whose language they could understand. One could hardly blame them. It turns out, though, that clear articulators often approach language learning from a different angle than children with articulation problems. While clear articulators tend to work on one word at a time, many children with initial articulation difficulties are actually attempting entire phrases or sentences, and only gradually do they render comprehensible the pieces of the whole. Suggestions? Have patience, work hard at deciphering the code,

and, when in doubt, try circumlocution. Asking a struggling child for clarification is sometimes appropriate, but oftentimes it leads a child to withdraw in frustration.

Stuttering

A third parental nightmare is stuttering. Most of us have known people who stutter, and we are pained to imagine our children going through life unable to begin sentences without tremendous physical effort and psychological stress.

While some children never outgrow stuttering, most do. As we noted earlier, a transitory period of stuttering is common among children (especially boys) somewhere around age 2 or 3. What causes this stuttering? It is hard to know for certain, though early stuttering may come about because of an overload on the cognitive system. Many children begin to stutter as their syntactic abilities grow. Another cause of stuttering is stress: an illness or death in the family, divorce, or the arrival of a new sibling.

Stuttering can also be brought on by well-intentioned or good-humored conversation. A speech therapist tells the story of innocently correcting her 3-year-old's grammar several times, and the girl's sliding into months of stuttering. A relative recounts how a cousin used to tease his babysitter by mocking the unfortunate girl's stuttering. The mocking led to a habit, and to this day, the cousin (now an adult) still stutters.

The best strategy for parents of preschoolers who are episodic stutterers is to do nothing: Do not react to the stuttering, do not comment upon it. Simply continue to model good, clear language. If stress seems to be the cause, provide extra loving and understanding until the trauma passes. More serious, persistent cases of stuttering should be referred to speech therapists. For the stuttering itself is only half of a growing child's problem. The other, and equally worrisome, half is the teasing the child is likely to endure from playmates.

INTANGIBLES : APHASIA, DELAY, AND DISABILITY

The most infuriating language problems are those that seem to have no name. An otherwise happy, healthy, intelligent child does not appear to be making satisfactory linguistic progress ; a 3-year-old with a 10-word vocabulary or a 4-year-old who puts only two words together. Something is obviously wrong, but what ?

Therapists label such children *developmental* (or *childhood*) *aphasics*, *language-disabled*, or *specific-language-impaired* (see Lahey, 1988). In all probability, these problems have a neurological explanation. Whatever the cause, speech therapy, and lots of patience, are in order. Often children seem to “outgrow” their delay problems. Much as you may not know whether your headache would have disappeared without the aspirin, it is hard to ascertain if therapy for these children “worked,” or if the children simply matured.

CLASSIC PROBLEMS : SENSORY, NEUROLOGICAL, COGNITIVE, AND PSYCHOLOGICAL

The last class of problems is comprised of the ones with names, diagnoses, and prognoses. They include language difficulties caused by sensory deficits (especially deafness), neurological problems (particularly cerebral palsy), cognitive deficits (i. e., mental retardation), and psychological disorders (notably autism). All of these difficulties require sound professional help.

The good news is that the possibilities for normal language development, at least in the cases of deafness and cerebral palsy, are impressive. A tremendous amount of hard work, from both parent and child, is entailed, but the efforts can pay off. The prognosis for language development among children who are retarded or autistic is less good, although experiments with alternative language systems (including versions of American Sign Language) have shown some promise.

The sensory deficit of blindness poses a particularly interesting linguistic challenge. The auditory and vocal apparatus are intact, but the visual medium through which we form so many of our real-world experiences is missing. As many of us know, blind people can and do develop spoken language skills comparable to those of their sighted counterparts. Studies have documented how that process takes place. But, as in the case of deaf children or children with cerebral palsy, the struggle toward normalcy is aided by constant linguistic modeling from parents, teachers, or therapists.

One final sensory difficulty is minor hearing loss or recurrent ear infections. Parents are far more likely to encounter these than deafness or blindness, retardation or autism. Auditory amplification for children with mild hearing losses can enable children to develop language normally. Careful attention to possible ear infections may help prevent hearing loss in the first place.

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