

Article

Issues in Bilingualism and Heritage Language Maintenance: Perspectives of Minority-Language Mothers of Children With Autism Spectrum Disorders

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Purpose: The author investigated the language practices of 10 bilingual, Chinese/English-speaking, immigrant mothers with their children with autism spectrum disorders. The aim was to understand (a) the nature of the language practices, (b) their constraints, and (c) their impact.

Method: The author employed in-depth phenomenological interviews with thematic and narrative analyses to yield themes.

Results: Interviewees reported that they adopted language practices perceived to be advantageous to intervention access and wellness. They valued Chinese language but did not pursue its use if it was believed to hinder the children's overall development of English acquisition. All of the mothers believed that bilingualism made learning more challenging. Many believed that it caused confusion or exacerbated disabilities. These deficit views of bilingualism were commonly reinforced by professionals. All of the mothers were motivated to help

their children learn English but had no assistance to do so. Practices were sustainable only when they were aligned with families' preferred communication patterns.

Conclusions: There is an urgent need for practitioners to be better informed about issues related to intergenerational language practices in minority-language families. Language use between parents and children is a complex matter that is unique to each family. Parents need to be supported to make language use decisions that are self-enhancing and congruent with their families' needs.

Key Words: bilingualism, autism spectrum disorders, heritage language maintenance, family, cultural and linguistic diversity

Many minority-language¹ parents of children with autism spectrum disorders (ASD) are fearful of speaking their heritage languages to their children because they worry that speaking more than one language would confuse the children or exacerbate their impairments. For example, in a case study presented by Wharton, Levine, Miller, Breslau, and Greenspan (2000), a Spanish-speaking mother of a child with autism stated, "I would love to speak Spanish to him, but . . . I am afraid of what it might do to him. . . . He already has such a confusing world, . . . I'm afraid

to add to the confusion" (pp. 143–144). The boy's mother continued to feel uneasy about speaking Spanish with her child despite seeing that he was very responsive when she did so. She said, "I want some proof that this is the right thing to do" (p. 144).

As families seeking ASD services become increasingly diverse, more and more parents are likely to share this mother's desire for clarity about bilingualism and its effects on children with ASD. Speech-language pathologists (SLPs) and other educational/health professionals play a crucial role in addressing their concerns and offering support. Unfortunately, there is a dearth of research to guide professional practice in this area. In fact, very little research on ASD has been conducted outside of the monolingual, English-speaking, White, middle-class populations (Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004). Nevertheless, parents routinely receive advice from professionals about how they should speak with their children. In many cases, they hear a clear message: Speak English only.

Wharton et al. (2000) documented three cases in which parents whose primary languages were not English were advised by educational and health professionals to speak to their children with ASD only in English. Similar reports were given by Kremer-Sadlik (2004), who presented case

¹The term *minority language* does not refer only to numerical representation but also to socioeconomic, cultural, and political status relative to a societally dominant language (Ramaga, 1992).

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studies of four sets of parents who received advice from professionals to stop speaking their native languages with their children with high-functioning autism. Wharton et al. reported that across the three families they studied, the parents were more effective in communicating with their children when using their native languages. In addition, affective displays were observed to be heightened when the parents played with their children using their native languages compared to English. Similar reports were given by Kremer-Sadlik (2004), who observed that some children with ASD had difficulties participating in family conversations that were conducted in the parents' native languages. Furthermore, the parents' limited proficiency in English interrupted the exchange of ideas and shortened interactions.

Advising parents to speak only English with their children contradicts the position of the American Speech-Language-Hearing Association (ASHA, 2004, 2005, 2011), which urges practitioners to show deference to families' cultural and linguistic preferences. Leaders in the field who are experts in issues of bilingualism have also criticized the practice of advising parents to stop speaking their heritage languages and pointed out that the advice is unsupported by research. Heritage languages are conduits for many key functions in the life of a minority family, including facilitating cultural identity, transmitting family values, fostering intimacy, promoting attachment, and more. In the absence of evidence that bilingualism is detrimental to children's development, and in light of its many benefits, advising parents to stop speaking their home languages is highly problematic.

Kohnert, Yim, Nett, Kan, and Duran (2005) argued that SLPs should systematically support the development of the primary language(s) spoken in the home of a child with language impairment, especially in the initial stages of intervention. Gutierrez-Clellen (1999) made a comparable argument that interventions of language-minority children should be provided in their home language(s) while they are in the process of learning English. Similarly, Genesee, Paradis, and Crago (2004) argued that it is inappropriate to advise that children with a language impairment should learn only one language; instead, the circumstances of each child should be assessed to see whether dual language use is suitable. These practice guidelines are consistent with those from other professional fields (including education, psychology, and applied linguistics), which also support helping families maintain their linguistic and cultural traditions (Artiles & Ortiz, 2002; Bialystok, 2001; Tabors, 1997).

Despite these efforts, there remains a considerable gap between practices recommended by specialists and the practices commonly engaged in by practitioners. Hakuta (1986) proposed that the research-to-practice gap in the area of bilingual development is not so much a failure of communication but a failure of congruency. He argued that it was necessary to discard the metaphor of *bridging* research and practice as if they were two separate activities. Instead, he likened the activities of both the researchers and the practitioners to bonsai making. The outcomes observed by each party are contingent upon, and vary according to, the environmental circumstances involved, the processes undertaken, and the attentional preferences demonstrated. Whereas the experimental researchers' environments tend to be tightly

controlled, the practitioners operate in environments that are open to complexity. The promotion of heritage language maintenance and childhood bilingual development would require not only experimental studies but also an understanding of the obstacles and concerns faced by actual parents as they make decisions about language use with their children. Think of it as the difference between growing bonsai in a greenhouse versus outdoors. The indoor gardener might have a great deal of insight to offer the outdoor gardener and vice versa, but each would know the bonsai only in part.

This study offers a look at the complex climate outside the greenhouse and explore what factors affect parents' choices for language use with their children with ASD. It employs a phenomenological interview methodology to explore the perspectives of a group of 10 bilingual (Chinese/English-speaking) immigrant mothers of children with ASD regarding their language use experiences with their children. Specifically, the study examined what the mothers perceived to be (a) the nature of their heritage language and bilingual practices with their children with ASD, (b) the factors constraining and/or facilitating those practices, and (c) the impact of those practices on their families and the children. The purpose of the study was to explore the influences for and the effects of the language choices made by the mothers in relationship to their children with ASD.

The following section provides a review of the literature in two areas of research that provide a context for understanding the current study and its findings. The first area focuses on the current findings about bilingualism and its impact on the development of children with ASD and other communicative disabilities. The second area relates to issues affecting heritage language maintenance in minority language families in the United States.

Bilingualism and Communication Development in Children With ASD

To date, only a handful of studies have compared the performance of bilingual and monolingual children with ASD. Hambly and Fombonne (2012) compared the social and language abilities of 75 young children with ASD who were categorized into three groups: monolingually exposed, bilingually exposed before 12 months of age, and bilingually exposed after 12 months of age. The abilities that were assessed across the three groups included social responsiveness, initiating of pointing, response to pointing, attention to voice, total conceptual vocabulary, words in dominant and second languages, age of first words, and age of first phrases. They found that bilingually exposed children with ASD did not show additional delays in these areas compared to monolingually exposed subjects. They also did not find a significant difference in these skills between bilingual children who grew up in simultaneous versus sequential bilingual environments. Approximately 60% of the bilingually exposed children were observed to be acquiring vocabulary in two languages. The authors concluded that given these findings, caregivers should not be discouraged from continuing to speak to their children bilingually nor introducing a second language.

Petersen, Marinova-Todd, and Mirenda (2012) compared the language abilities of 14 monolingual, English-speaking

children with ASD with those of 14 age-matched bilingual English/Chinese-speaking children with ASD between the ages of 43 and 73 months. They compared the two groups' vocabulary skills and general language skills using bilingual versions of the Peabody Picture Vocabulary Test—III (PPVT—III), the MacArthur-Bates Communicative Development Inventories (CDI), and the Preschool Language Scale, Third Edition. They found that bilingual children had larger total production vocabularies and no significant differences in the size of their conceptual vocabulary or English vocabulary compared to the monolingual subjects. They also found the two groups to be equivalent in their overall language scores. They concluded that the findings suggested that children with ASD have the potential to be bilingual without experiencing disadvantages in their language development.

The findings of the two studies above were consistent with a more recent study by Ohashi et al. (2012), which compared the communication abilities of a group of bilingually exposed young children with ASD (ages 24–52 months) with a group of monolingually exposed children with ASD who were matched by age and nonverbal IQ scores. The children were compared by the severity of their autism-related impairments in communication, the age of their first words, the age of their first phrases, their receptive language scores, their expressive language scores, and their functional communication scores. The researchers found no statistically significant differences between the two groups of children on any of the measures used.

These findings from studies of bilingual children with ASD echo those from studies of bilingual children with other communicative disorders. Bilingual children with specific language impairment (SLI) present the same pattern and extent of deficits as their monolingual counterparts (Gutiérrez-Clellen, Simon-Cerejido, & Wagner, 2008; Håkansson, Salameh, & Nettelbladt, 2003; Paradis, Crago, Genesee, & Rice, 2003; Thordardottir, Weismer, & Smith, 1997). Similarly, researchers who have studied bilingual children with Down syndrome have shown their performance on standardized language tests, vocabulary inventories, and language samples to be comparable to monolingual children with Down syndrome (Kay-Raining Bird et al., 2005). These findings are in line with what has been established for typically developing children, namely that monolinguals and bilinguals are similar in the rate, sequence, and quality of their linguistic and cognitive development (Hamers & Blanc, 2000; Petitto & Holowka, 2002). Bilinguals have even been found to demonstrate advantages in certain areas of metacognitive and metalinguistic functioning (Bialystok, 2001; Bialystok & Craik, 2010).

It has also been shown that children with language impairments can use skills developed in one language to facilitate the learning of skills in another language. Seung, Siddiqi, and Elder (2006) found that a Korean/English-speaking preschooler with ASD benefited from bilingual speech-language therapy by making steady progress toward communication goals over 24 months while also gradually acquiring English. Similarly, Perozzi and Chavez Sanchez (1992) found that a group of bilingual, native Spanish-speaking first graders with language delays acquired new English vocabulary for prepositions and pronouns twice as quickly when those words were first taught in Spanish rather than only in English.

Thordardottir, Weismer, and Smith (1997) obtained comparable results in their single-subject study of a bilingual English/Icelandic-speaking child with SLI. The child acquired more English vocabulary in response to a bilingual therapy approach than a monolingual one. This phenomenon of learning occurring cross-linguistically is consistent with what has been found for children who are typically developing (Hua, 2008). Cummins (1979) posited the *interdependence hypothesis* to explain this pattern, proposing that proficiencies developed in one language can transfer to the other.

Issues of Heritage Language Use in Minority Language Families

Issues surrounding minority-language parents' decisions about language use with their children are complicated even for parents whose children are developing neurotypically. Living across language boundaries is rarely a neutral affair. Language broadens one's worldview and deepens cultural connections; at the same time, it can be a focal point for perceived differences indexing nationality, ethnicity, and other contested social categories (Zentella, 1997). To make sense of the experiences of the parents in this study, it is helpful first to understand some of the issues affecting minority-language parents at large when it comes to heritage language use with their children.

Studies in the field of heritage language maintenance show that minority-language parents in the United States overwhelmingly wish for their children to become proficient in both their heritage languages and English. Heritage language skills were associated with the capacity to communicate effectively with family members, to claim cultural membership, and to express intimacy. Other benefits perceived by parents included career advantages, ethnolinguistic pride, cultural awareness, and the promotion of a positive self-image (for a review, see Fishman, 2001, 2006). Although minority-language parents strongly wished for heritage language maintenance, they also expressed significant reservations about it. Some parents worried that learning the heritage language prior to or concurrently with English would interfere with the acquisition of English (King & Fogle, 2006; Lao, 2004; Sakamoto, 2006; Schecter & Bayley, 1997). Another common concern parents had about bilingualism was that of *semilingualism*, which refers to the belief that when children learn too many languages, they might fail to develop any of the languages adequately. In short, bilingualism is often viewed as a desirable but risky endeavor. Parents frequently suspend or abandon attempts to raise bilingual children when they perceive the cost to outweigh the benefits. These findings suggest that no matter how much parents wished for heritage language maintenance, they did not pursue it if they believed it would hinder their children's development of English or achievement of success in the larger English-speaking society.

Parents are not alone in their wariness of bilingualism. Even researchers in the early days of bilingual development research found their bilingual subjects to perform worse than monolingual English-speaking children in terms of IQ, verbal abilities, and academic achievement (for a review, see

Romaine, 1995). One researcher, for example, claimed that the sum of a bilingual's language ability in the two languages could never be better than that of a monolingual (Macnamara, 1966). The shift from a negative to a positive view of bilingualism within the research community came as researchers began to acknowledge that bilingual development was tied to complex sociopolitical variables. Peal and Lambert (1962) conducted the first large-scale study matching bilingual and monolingual subjects on key social variables (such as socioeconomic status, levels of acculturation, and the social prestige of home languages). They found that the discrepancies between the two groups were eliminated when those variables were taken into consideration. In short, the variables that most adversely affect bilingual children are those related to their learning environment rather than bilingualism. These findings highlight the hazards of interpreting the performances of bilingual children without giving attention to the contexts and social-political dynamics in which the languages and their speakers are embedded.

It is also important to know that the context has a significant impact on heritage language maintenance outcomes. A heritage language is not likely to thrive over many generations except in societies where the language has prestige and where bi/multilingualism is both expected and actively promoted. In the United States, children in minority-language families almost without fail make significant and rapid strides in their acquisition of English, but nearly all show a decline in their heritage language proficiency over time (Li, 1999; Wong-Fillmore, 1991, 2000; Worthy & Rodriguez-Galindo, 2006). Minority communities in the United States are overwhelmingly subjected to a progressive process described by Fishman (2006) as language "attrition-shift-endangerment-loss-death" (p. 79). The typical trajectory within families is the complete loss of heritage language proficiency among members by the third generation (Sharma, 2006). Many parents—even those who are strongly committed to bilingualism—are unaware of how challenging it was to keep heritage language usage alive across generations. In their study of Latino parents, for example, Worthy and Rodriguez-Galindo (2006) found that although all 16 of the parents they interviewed spoke only Spanish to their children, more than half reported that their children were becoming less fluent in Spanish or losing the capacity to speak it altogether.

These language loss trends may seem odd given the remarkable linguistic diversity that exists in the United States. Currently, more than 300 languages are spoken across the nation, with nearly one in five residents over the age of 5 years speaking a language other than or in addition to English (U.S. Census Bureau, 2000). Yet, both the number of languages spoken and the number of people speaking them have more to do with continuous immigration flow and not with sustained linguistic vitality over generational time (Portes & Hao, 1998; Wong-Fillmore, 1991, 2000). Some key conditions have been identified as contributors to these language loss trends. The very subordinated status of minority languages is a major factor. When there are clear economic, social, and political advantages to learning English but no comparable advantages to the acquisition of the heritage language, the heritage language usually undergoes decline (Fishman, 1964, 2006).

The studies above show that decisions about heritage language use among minority-language parents are a complex matter, involving deliberations about traditions, beliefs, aspirations, and practical concerns. Parents often have to weigh one priority against another to arrive at what they feel is best for their children and families. Although speech-language professionals often advise minority-language parents about their language use with their children with ASD and other communicative disorders, there are currently no studies in which researchers have investigated issues surrounding these decisions or their outcomes. The current study addressed this gap by investigating the following research questions:

1. According to the mothers, what is the nature of their heritage language and bilingual practices with their children with ASD?
2. What do the mothers perceive to be the factors constraining and/or facilitating their language practices with their children with ASD?
3. What do the mothers perceive to be the impact of their language practices on their children with ASD and on their family?

Method

Phenomenological Interview

The method of in-depth phenomenological interviewing was chosen for this study because it allowed for an understanding of how the participants assigned meanings to their own experiences (Gubrium & Holstein, 2002; Seidman, 1998). The interviews were guided by general themes, but did not rely on a protocol with predetermined questions. The rationale for this approach was that it allowed the interviewees to have greater control over the topics. An interview guide was created that provided open-ended preliminary questions (see the Appendix). Priority was given to following the participants' lead, exploring the issues they raised, and developing follow-up questions around those topics. The phenomenological interview approach is an emic one, in which the interviewer's basic work is to listen actively and to move the interview forward by building on what a participant has already shared (Seidman, 1998). Three 60- to 90-min interviews were conducted with each participant. Several strategies were used to help the participants feel comfortable with the interview process. They chose the times and locations of the interviews. They were encouraged to speak whatever language(s) they preferred and to code-switch when they wished. The interviewer tried to match their language selections as much as possible. Last, they could also choose to be interviewed alone or with other family members. Three of the mothers—Xien, Yeh-Ling, and Janet—were interviewed with their spouses. All other participants were interviewed independently.

Participants

The subjects of this study were parents who met the following criteria: (a) had at least one child who had received a documented diagnosis of ASD, (b) spoke Mandarin Chinese

as their primary language, (c) routinely communicated in English without an interpreter, and (d) immigrated to the United States after receiving primary schooling in their countries of origin. The reason for focusing on this group of parents was that they were most likely to live and socialize in bilingual environments and thus were more likely to make intentional choices about language use.

Despite my targeting a community of several hundred parents of diverse backgrounds through bilingual print, electronic, and in-person recruitment efforts, the parents who responded were limited to those who were already acquainted with me or referred by acquaintances. It is likely that both the intimate nature of the research topic and the need for prolonged face-to-face interactions contributed to the participants' preference to work with someone with whom they had a prior relationship. It is also possible that there is a cultural basis for such a preference. Specifically, recruitment for this study may have been dependent on *guanxi*, an indigenous Chinese cultural construct referring to a reciprocal relationship between two people that grants one the privilege of asking for something to be done by the other. The importance of *guanxi* in conducting business within Chinese cultural contexts has been widely acknowledged (Smart, 1993). Although it was never overtly stated by any of the participants, this dynamic might have played an important role in the recruitment process.

This study was part of a larger one involving 15 parents from 10 families, including five fathers and 10 mothers. The current study focused on only the interview data from the mothers. All of the participants were members of two-parent households. Five of the households had more than one child. To collect demographic data, each participant was asked to answer a background questionnaire. All of the participants were California residents, except for one parent who lived in Massachusetts. The countries of origin were Mainland China for five of the mothers, Taiwan for four mothers, and Hong Kong for one mother. As a group, the parents were highly educated. Three parents had bachelor's degrees; six had master's degrees, and one had a doctoral degree. The participants also reported relatively high total annual household incomes, spanning the \$20,000–\$50,000 range to more

than \$200,000, with the average income in the \$80,000–\$100,000 range. Most of the participants lived in suburbs with high concentrations of residents from East Asia. All of the participants reported that Chinese was their strongest language. All except one participant, May, preferred using Chinese when speaking with their spouses and other adults in the family. All of the participants who were employed reported that English was the primary language used at their work.

Each of the participants had at least one child diagnosed with ASD. All of the children with ASD were between the ages of 3 and 8 years and had been diagnosed with ASD for at least 2 years. Six of the children were diagnosed with autistic disorder and four were diagnosed with pervasive development disorder—not otherwise specified (PDD-NOS). All of the children with ASD had some verbal abilities, ranging from communicating at the single-word level to having frequent conversations. The pseudonyms for the participants and their children with ASD, the children's ages, the language use patterns between mother and child, and the language use patterns between the mother and the rest of the family are displayed in Table 1.

Data Analysis: Thematic and Narrative Analyses

The interviews were audio recorded and transcribed verbatim in their entirety. The transcripts were examined for prominent, recurrent themes across and within participants using two complementary methods: thematic analysis and narrative analysis. The two approaches allowed for the examination of the data from different vantage points. It also served to triangulate the data. The thematic analysis was conducted with the goal of processing the data inductively rather than deductively (Seidman, 1998). This method was consistent with the exploratory nature of this study. Throughout the process, emerging themes and subthemes were examined for *internal homogeneity* and *external heterogeneity* (Braun & Clarke, 2006). Respectively, these terms refer to the coherence of data within themes and the distinctiveness of data between themes. In the final stage of analysis, the entire data set was reviewed again to examine whether the candidate themes adequately captured the meanings evident in the data

TABLE 1. Participants, characteristics of children with ASD, and family language use patterns.

Mother	Child and child's age	Mother-child language use	Language use with other members of the household
Cheryl	Aaron (7)	Mostly Chinese	Chinese with spouse and 6-month-old infant
Xien	Henry (4)	English/Chinese	Chinese with spouse
Yeh-Ling	Jacob (3)	Mostly Chinese	Chinese with spouse and parents-in-law
Zhenyan	Peter (6)	English/Chinese	Chinese with spouse, English/Chinese if Peter and his sister (8) are present
Shuan	Harry (5)	English	Chinese with spouse, English if Harry is present
May	Sean (8)	English	English
Phoebe	Allen (8)	Mostly English	English/Chinese with spouse and Allen's siblings (14 and 12) even if Allen is present
Janet	Jessica (8)	Mostly English	Chinese with spouse, mostly English when Jessica and her brother (6) are present
Ruby	Kenneth (8)	Mostly English	Chinese with spouse, parents, parents-in-law, English when Kenneth is present
Julie	Shane (7)	English/Chinese	Chinese with spouse, but English/Chinese when Shane and his siblings (9 and 5) are present

Note. Child's age is given in years, in parentheses.

as a whole. This led to the further reduction to four main thematic categories.

In addition to a thematic analysis, the transcripts for each participant were also explored for their narrative logic. According to Ochs and Capps (2001), telling a personal narrative is a sense-making endeavor involving the construction and presentation of events in ways that can reveal how the tellers make connections between events, how they feel about those events, and whether they have embedded expectations. As such, the narrative process is more than a recounting of facts, but an interpretation of life experiences. Narrative profiles were created for all 10 subjects. A *narrative profile* refers to a narrative composite constructed from excerpts of original utterances of an interviewee. Profiles were built from excerpts that were put together to express coherent temporal progressions of events (e.g., beginning-middle-end or conflict-resolution; Seidman, 1998). By conducting both a thematic and a narrative analysis, it was possible to isolate and highlight issues that impacted multiple participants while still keeping track of the experiences of particular subjects.

Validity

Several strategies were used to increase the validity of the study, including (a) triangulation of data, (b) feedback from other researchers and research assistants, and (c) member checks. Triangulation involved the use of multiple sources of data to check one stream of information and interpretation against others. Having three data collection points for each subject allowed for the assessment of the stability of subject reporting over time. This was particularly important given the assumption within a phenomenological paradigm that the interview activity itself is a nonneutral event and may in fact change subjects' perceptions of life events through the very act of talking about them. Another strategy to minimize threats to validity was the solicitation of feedback from graduate research assistants who gave independent comments on the patterns they saw emerging from the data at different stages. The initial coding agreement among the members of the research team was approximately 70%. In the final stage, agreement reached over 90%. The multiple-interview format allowed for built-in member checks, or informant feedback on the accuracy and validity of the researcher's ongoing analytic attempts. Parts of the written analysis were presented to parents for their feedback after the completion of their interviews.

One criterion for determining whether an interview study has a sufficient number of subjects and enough data is information *saturation*, which is the point at which the researcher begins to hear repeating and similar reports regarding the research topic. It could not be said that saturation was reached across participants due to the relatively small number of subjects in this study; however, there was strong evidence that saturation was observed for individual participants because all participants began to share repeated and similar information about their language practices by the end of the third interview. Although similarities and differences will be highlighted across cases, this study does not make claims of revealing communal outlooks or characteristics that can be generalized to an aggregate.

Findings

Although the particular circumstances were wide ranging, four major factors were identified as impacting all of the mothers in some way. These included: (a) the perceived advantages of Chinese compared to English for the children's overall wellness and life success, (b) the perceived importance of Chinese compared to English for accessing intervention, (c) the mothers' beliefs about the effects of bilingualism on learning and development, and (d) the practical constraints for language use that the mothers experienced in daily life.

Theme 1: Language Priorities

The first theme common to the parents' responses was that all of them were invested in helping their children learn whatever language(s) they believed the children had to know in order to meet societal demands. With the exception of one parent, all of the participants in the study identified English as the most important language for their children to learn. The children needed to have proficiency in English in order to attend school, participate in the community, and integrate into society. For example, Shuan said:

I am mindful now to only speak English with him . . . because the school he is going to now is an English-speaking environment, as well as the other settings he needs to be in. I think it's better to let him build a good foundation in English first.²

Some of the parents wanted their children to learn English not only because the environment required it of them, but also because they felt English was a prestigious language and one with wide-reaching influence. For example, Julie said:

If [Shane] could only learn one language, I would rather he learn English. I think English is easier and its influence is wider. There are so many parts of the world that use English. Speaking English, he can go anywhere in the whole wide world, he wouldn't necessarily need to stay in the United States. He can go to many different countries and do anything he would like. . . . That's why we decided to stay [in the United States], because we wanted him to learn English.

The only mother who considered Chinese to be of equal importance to English was Cheryl, who was also the only parent whose family was considering moving back to their country of origin. In short, all of the parents prioritized the language that was dominant in the society in which they intended to reside. For the families who were planning on staying in the United States for the foreseeable future, that language was English.

All of the participants valued Chinese highly even though they were diverse in their opinions about the degree to which their children needed to learn it. The most frequently cited reason participants thought Chinese would be an asset was

²Statements originally made in Chinese and translated to English are italicized. Statements originally made in English are not italicized.

that it would improve parent–child communication. For example, Julie said:

I'm actually quite worried that they will forget Chinese, then our channels of communication would not be so open. . . . Right now, we have a lot of opportunities to communicate face-to-face, but that's not going to be the case once they leave home, when they have their own families. If at that time, they are not able to communicate with me, then the distance will feel very wide between us.

Similarly, Janet said:

Mainly, we feel that Chinese is an important language too. For us, the parents, it's the mother tongue. Victor and I speak to each other at home and I think Jessica should understand what we're saying. Also, as we age and they grow up, our English is probably not going to keep pace with theirs; then we would have difficulties communicating, I think.

Yeh-Ling also associated the use of Chinese with displays of intimacy and respect. She said:

When we communicate with [Jacob] in Chinese, it feels more familiar. . . . When a child's parents talk to him in Chinese and he turns around and answers them in English, I feel—it's awkward. It feels a little rude, you know? It would feel like a snub.

Even the participants who were focused on speaking English to their children said that it would be ideal if their children could learn Chinese at some point. For example, Phoebe talked about transmitting her family's values through the Chinese kinship referential system. She said:

Well, I can picture that he will probably still be primarily speaking English. But we're hoping he can at least speak some Chinese and understand the culture—what our values are, what we think is acceptable and not acceptable. We emphasize having respect for people who are older. We prefer them not to call them by name but to say "shu-shu" [paternal-side uncle who is younger than one's father], "ah-yi" [maternal aunt], and "jie-jie" [older sister].

Another mother, Shuan, said that it would be great for her son Harry to speak Chinese in the future, but it was an ideal she felt was out of reach for the time being. She said, "I cannot dream too much. . . . Whatever level Harry can, you know, pick up in Chinese is fine. . . . [He] gets the chance to get exposed, and hopefully that can help him in the future." Other reasons that were expressed by participants regarding why Chinese would be a benefit were to preserve cultural identity, to instill pride, and to help the children gain an advantage on the global job market. Whether or not the parents held any expectations for their children to actually acquire Chinese, all conveyed that they would feel some degree of loss if the children never learned it.

Theme 2: English as the Language of Intervention

When the parents talked about the ultimate language-learning outcomes for their children with ASD, they emphasized *wellness* as the goal for their children rather than the

acquisition of any particular language(s). The preference for English, for example, was not an end in itself but a contributor to their children's success in school and in life. Whether the children learned Chinese or English did not matter as long as the language(s) led to them having a good life. This was defined as "being able to live independently," "being able to marry and have a family," "being accepted," "being healthy," "being happy," "contributing to society," and "finding their place in the world." All of the parents spoke about their children getting a diagnosis of ASD as a life-changing event and one that triggered them to reassess their priorities for their children. For example, after his diagnosis, Kenneth's mother, Ruby, switched from speaking English and two different Chinese dialects (Mandarin and Cantonese) to speaking only English with him:

Before the diagnosis, we always spoke Chinese. . . . I was hoping that he would know both Chinese and English. After the diagnosis, things changed a lot. . . . I was anxious because Kenneth was so late in talking. My logic was simple, being good in one language was better than being bad at three languages . . . so I changed to speaking English.

A clear priority for all of the parents in the study was to address the perceived life barriers that they associated with the autistic condition. If the heritage language was perceived to be an obstacle to that goal, then it was minimized or dropped.

Early intervention and special education services were valued highly by all of the parents, even if the parents differed in the degrees to which they relied on those services. Four of the parents reported that access to services was a major, if not the primary reason that their families chose to remain in the United States. For example, Julie and her husband had originally intended to live in the United States only temporarily, but they changed their plans in order to keep Shane in the special education system in the United States. Julie said, "I told my husband, we're probably not going to make it back to Taiwan because the system there is not as good."

The biggest challenge identified by the mothers was that very few interventions were available in Chinese. Each of the mothers in this study reported that all or nearly all of their children's service providers spoke only English. For example, Yeh-Ling said, "I think the most ideal is if his teachers can speak and understand Chinese, that they can be bilingual, and at the same time also trained in special education. There are no programs like this." Because of this, many of the mothers worried that their children were at a disadvantage. At least four of the parents felt that their children were losing out on valuable intervention resources due to limited English proficiency. For example, Jin said, "It took me a lot of time to get Henry into a really good therapy group, but it was an English-speaking group. His English level creates limitations for him . . . A lot of these therapies are all in English." The mothers' perception that very few resources exist in their home language is consistent with the national data. Fewer than 5% of ASHA-certified SLPs speak a language in addition to English (ASHA, 2010). At the same time, almost all SLPs have worked with at least one client from a home where a language other than English was spoken (Kritikos, 2003).

The lack of services available in Chinese was the reason many of the parents began speaking English with their children. The parents were willing to do this if they believed it would help their children learn English. Yet, although all of the parents were highly motivated to help their children learn English, they often received no information or poor advice on the most effective way to go about it. For example, Janet said:

When Jessica was in preschool, her teacher told us it was best to communicate with her at home just in English because they were teaching in English at school. If we spoke English too, she could catch up better. We did not know if this was a good strategy or not, but we figured we could give it a try because there was no choice, you know?

In total, six mothers took the approach of speaking with their children in English as much as they could in the attempt to speed up their English acquisition.

The more parents were dependent on professionals to deliver intervention services, the more urgently they wanted their children to acquire English. Conversely, when parents felt they had a good understanding of ASD and felt empowered to support their own children's learning and development, they became more comfortable with speaking Chinese. For example, Zhenyan stated that as she realized that her son Peter's communication challenges had more to do with difficulties with social understanding than with the learning of any particular language, she felt more comfortable using Chinese to address those challenges. She said:

Both Chinese and English are second languages to him. That's how I feel. He doesn't have that natural ability to pick up any language. It's his autistic impairment. Language is just a tool. I feel once his thinking process changes, then he will make a breakthrough in his language, it would be the same for Chinese and English. It would be the same thing. . . . I think most of his progress came from our work at home. One example is teaching him sequencing. The way I teach him is in daily life. When we were cooking, I told him you wash the vegetables first, then cut them . . . you know, and other steps. I taught him this over three nights while we were cooking, and he learned it. The [applied behavioral analysis] teachers trained him for 6 months and he only learned two steps.

In this way, the parents' views of their children's language needs were tied to their sense of self-efficacy when it came to supporting their children's development. Four of the mothers reported feeling increasingly comfortable with speaking to their children in Chinese as they gained more knowledge about ASD and learned strategies that could be implemented across languages.

Most of the parents, however, said that they did not know how to support their children's intervention. As many as five of the mothers reported that they found it difficult to gain the information they needed because they had very few opportunities to communicate with their children's teachers and therapists. Many of them felt that the information they received from professionals was not enough. For example, Yeh-Ling said, "*The teacher hardly ever talks about any*

details, just 'ok, pretty good.'" Similarly, Shuan said, "*In the last week or two, I asked the teacher every day, 'How is Harry doing?' His response every day was, 'He is doing ok.' Until one day, I told him, 'Please tell me more.'*" Zhenyan said about her child's teachers, "*They don't have much time to give you. I think the communication between school and parents is pretty lacking.*" Likewise, Cheryl said:

Sometimes I talk with the [special education para-education professional] and ask about how Aaron's doing. They always say, "Great. Very good." Actually, that's not the information I want to hear. I want them to help us figure out where we can give him more help or what to pay attention to at home. I want to know what my child does at school for half a day.

Because of this, many of the parents stated that it was difficult for them to learn about the kinds of skills their children were expected to learn. Five of the parents reported feeling at a loss about how to help their children with the skills they needed in the classroom.

Theme 3: Beliefs About the Effects of Bilingualism on Learning and Development

The language usage patterns that the mothers adopted with their children were very much informed by their beliefs about the effects of bilingualism on learning and development. All of the mothers in the study expressed some level of reservation about the effects of bilingualism on their children. Even the parents who spoke to their children bilingually expressed that all things being equal, they believed a monolingual environment would be better. For example, Zhenyan said:

If he were in a purely Chinese environment, a monolingual one, I think his language development . . . like his comprehension skills . . . would for sure develop faster. Language for children like him—he, it's like he's learning two foreign languages at the same time. I'm not saying he can't do it, but it would lessen the challenge.

The parents who strongly believed that bilingualism might confuse or further delay their child were the most adamant about speaking as much English as possible. For example, Janet said, "*Once the first language is good, then add the second language. Otherwise, you might end up with the child not being able to communicate in either language. Then that would be a problem.*" Similarly, Xien said:

Bilingualism is still a confusing thing for Henry. Even though he is now able to tell the difference between English and Chinese, he still spends only half his time learning each language. If you learn language by practicing one continuously, then he's missing half the opportunities. So, I think since he already has difficulties, he should be in a monolingual environment. It would be better.

In essence, none of the mothers perceived raising their children in a bilingual context to be ideal, but they varied in the degree to which they felt it was a hindrance. All of the parents who decided to speak Chinese with their children did so in spite of these misgivings.

The specific concerns expressed by the parents about bilingualism were consistent with common deficit notions about bilingualism. Four of the parents believed that introducing two languages before their children were ready would lead to semilingualism. Five of the parents believed that code-switching would cause confusion. For example, Jin said, “*In the last 6 months, I’ve tried to speak to Henry as much as possible in English. I would try to speak just in English because people told me not to switch back and forth.*” Three of the parents worried that the exposure to accented English would cause their children to acquire fragmented language. For example, at one time, Ruby wished for Kenneth to be exposed only to “*very pure, authentic English,*” which she found impossible to achieve because Kenneth was surrounded by family members who were nonnative speakers of English. Four of the parents thought that learning two languages was no different from learning one, but that it would require twice the time.

The parents’ beliefs about language development and bilingualism did not emerge in a vacuum. All of the parents in the study said they received advice from professionals—including physicians, SLPs, teachers, and psychologists—about their language use with their children with ASD. Furthermore, all of them indicated that their beliefs were shaped in some way by these recommendations. Most of the parents received advice from multiple professionals. Three of the mothers reported that they heard conflicting advice.

The most frequently heard advice reported by this group of parents after their children’s diagnosis was that they should start speaking English with the children as soon as possible. Nine of the parents reported this. Some of the professionals recommended speaking English exclusively, whereas others advised speaking English in addition to Chinese. All of the parents who were advised to speak bilingually were also told to clearly separate the use of the two languages with their children. Yeh-Ling said she was given this advice by a SLP:

She said that English was going to be of utmost importance to him because all of the language therapy and ABA sessions were going to be in English. . . . [She] recommended that we designate a certain room in the house to speak English. But I don’t think that’s very practical. It doesn’t feel natural to us. What Ke-Jie does is when he reads bedtime stories to Jacob, he sometimes reads in English.

Eight of the parents had been advised to stop speaking bilingually altogether. All except one professional recommended using English as the target language. For example, Julie said:

The family doctor, speech therapist, and teacher from the school district, they all told me not to speak Chinese with [Shane] anymore. His family doctor said that because Shane had a language delay, he recommended that I speak only one language with him to keep him from being confused.

Similarly, Xien said that an SLP advised them to focus on just speaking English until Henry became fluent in it and then reintroduce Chinese:

We’re not planning on going back to China and in a year Henry will be starting kindergarten where they’ll all be speaking English. What she’s saying is that he already has a

language delay. If we keep speaking Chinese, you know, if we keep Chinese as his primary language, and at the same time, he has to pick up English, a child like him, who has PDD, he is not going to make it. He can’t learn.

Remarkably, only two parents in the study said they were told positive things about bilingualism and actively encouraged to foster heritage language learning in their children. Zhengyan was one of the parents who was encouraged to speak Chinese with her child. She said:

When Peter was in preschool, his lead teacher, who had more than 20 years of experience, and the speech therapist, they did give me some advice. The speech therapist said to me, “I wish I could speak Chinese. If I could, I would definitely speak Chinese with him.” She said that. The two of them thought that it was important to be bilingual. They recommended that I speak both languages with him, but they said for me to use the native one first, you know, use my mother tongue.

The second parent, Ruby said she had recently attended a workshop where she heard an autism expert say that it was good to speak the heritage language with one’s child. She said that until then, she had always been advised not to speak Chinese with Kenneth. She reported:

He said we know now that speaking the mother tongue, like Chinese or Spanish, is very important. Children should be encouraged to learn their mother tongues and their culture. After I heard him say that, I thought it made a lot of sense.

These reports suggest that although a minority of the parents in this study received reassurance and encouragement from professionals to continuing speaking their heritage languages to their children, most were being actively dissuaded from doing so.

The parents did not always follow the professionals’ recommendations, but in every case, the recommendations had an impact. All of the parents attributed their own beliefs wholly or partially to what they had been told by professionals. When a professional’s advice was consistent with the beliefs and practices of the family, the parents felt positive about it and found the recommendations easy to follow. For example, May said she felt validated by her doctor’s advice to speak only English with Sean; it matched her own beliefs. Also, since her spouse was a monolingual English speaker and English was the primary language between them, it was easy for her to speak only English with her child. Conversely, when a professional’s recommendation was poorly matched with the needs of the family, it caused distress for parents. For example, when Julie was advised to speak only English with Shane, she attempted to do so briefly but quickly discontinued because she felt it kept her from communicating effectively with her child. She reflected on that time:

They all asked us to speak English with our child. The problem was my English was not very good. How can they expect me to speak English with him? I failed at it. Then I thought if I could not help him in English, then I will do it in Chinese. That is how I felt. I also felt really inadequate.

I couldn't help my son because my English was not good enough. So I felt bad.

Years later, Julie said she felt relatively confident that she made the right decision to keep speaking Chinese, but that she still experienced occasional self-doubt. These reports suggest that what professionals say to parents can be quite influential and long lasting.

Theme 4: Practical Constraints

Even though the parents could, in principle, choose from many different ways of speaking to their children, their actual language practices at any given time were limited by a range of practical constraints. These factors were in play even though all of the parents in the study could be described as having strong English proficiency. All of them reported being able to communicate with their children's teachers and educational planning team members without interpreters. All of them studied English prior to arriving in the United States and many passed rigorous tests of English proficiency. All of the parents who were employed outside the home worked in primarily English-speaking settings. Seven parents in the study had completed graduate studies in the United States. A casual observer might expect these parents to have no trouble choosing freely between English and Chinese. In talking with these parents, however, it became clear that "high or low proficiency" were not adequate measures by which to describe their performances in English. The issue of proficiency was much more complex.

Whether or not parents felt comfortable speaking English depended on whom they were talking with, what they were talking about, which settings they were in, what references were being made, and what activities were involved. The primary difference between the participants' relationships with Chinese and their relationships with English was *versatility*. According to all of the parents, speaking Chinese was rarely difficult for them except in specialized contexts where they needed to use English jargon, such as when making academic presentations. Alternatively, their ease with English fluctuated greatly according to context. On the whole, the participants' use of English was much more constrained than their use of Chinese. For example, Janet said:

We don't have a lot of non-Chinese friends. Usually we just speak English with the kids and their teachers. Actually, I still don't feel like I can express myself very fluently. Most conversations at work are okay, but if we go on break and people start talking about things that are more cultural, you don't know what they're talking about because you've never experienced it.

Many of the participants felt the same way. They were very comfortable speaking English in professional situations but not for casual social encounters or for daily domestic life.

These feelings of constraint around English are consistent with what has been found in second-language learning research. It is not unusual for fluency to be highly context bound for second-language speakers (Lightbrown & Spada, 2006). It is also consistent with research on professional talk.

Professional talk differs from casual conversations in many ways (Eggins & Slade, 2004). It tends to be topically bounded, relatively predictable, transaction-oriented, and built on shared experiences. In contrast, *casual conversations* are more unpredictable, nontransactional, and topically diffused. These features can make casual conversations more difficult for second-language speakers.

Except for May (whose husband was a monolingual English-speaker), all of the participants spoke with their spouses and most of their friends in Chinese. Speaking Chinese was easier for them and allowed them to converse more deeply about a wider range of things. Some parents felt Chinese was integral to their interactions with family members. For example, Yeh-Ling said, "I have discussed with Ke-Jie several times whether we should speak English at home. It is not possible; it is really too awkward to speak English at home." To this, Ke-Jie responded, "It does not come out. You cannot do it." Ten parents characterized speaking English with their spouses as awkward, unnatural, or effortful. For example, Shuan and her husband had been trying to speak only in English but found it to be a challenge. She said:

First, speaking English is not as easy as speaking Chinese. It's—it's not your first language. Um, and you have to think about using—you know, the time you spend thinking before you speak out is longer than Chinese. I think for both—both of us. It's not as easy as speaking in Chinese, you know. After work, you are tired, you want to relax, (laugh), why should I speak in English? It's not—not going to be easy, I think.

This is not to say intimate relationships could not be built around a second language. For example, May's husband was a monolingual English speaker and the two of them had always communicated with each other in English. The challenge of speaking a second language to family members does not appear to stem from the language itself, but has to do with the degree to which it has been embedded in shared histories and habitualized through daily use.

The context-dependent nature of parents' ability to communicate in English had a notable impact on their language practices with their children. Although all of the participants in the study were quite capable of using English effectively in many contexts, they were not necessarily comfortable using English with their children. Four of the parents in this study stated that they felt particularly awkward speaking English with family members at home. For example, even though Xien was a marketing manager who was used to public speaking and making presentations in English, she felt there were gaps in her English knowledge when it came to communicating with family. She said:

The first few years I was in the United States, I didn't know what the word was for "itchy." Later I learned it. You know, this is one example. It is mundane, but we don't know these terms when we're talking with our son. These are day-to-day things.

Even parents who appeared to be highly proficient in English experienced significant difficulties when trying to speak English with their children. Three out of the five mothers who

spoke Chinese with their children at the time of the study reported having tried at some point to speak only English; however, all of them stopped because they felt as if they simply could not do it. Although the mothers could theoretically choose to speak English or Chinese with their children as they wished, their actual language choices are not unfettered. What speakers are able to communicate at any given time is rooted in the language knowledge and skills that accumulate over a lifetime.

The parents' choices for language use were also influenced by their children's language proficiencies. Xien said that after Henry was diagnosed with ASD, she tried to speak only English with him. She reported giving up after only one day because it was not only effortful for her, but also confusing to Henry, who could not understand what she was trying to say. It is interesting to note that switching from Chinese to English was actually easier for parents whose children had more severe communicative impairments and limited verbal skills. For example, Shuan said, "*Talking to Harry, you know, the language involved is not very diverse. It's not long sentences. It's not complex. It's easy. So we can handle that.*" Shuan's experience matched Ruby's, who also said it was easy to speak only English with Kenneth when his language skills were less developed:

He was still little then, so everything was very simple. It wasn't very deep. Actually, he didn't speak English then, so it was like I was talking to a robot. It was easy. I could say whatever I wanted. If he didn't react, it was no big deal. I thought at the time that it was easier to speak just one language. I didn't have to think about whether I was in the house or out of the house and which language to use.

There is a parallel between the conversational demands of these interactions and those of professional talk described earlier. Specifically, both are relatively predictable and bounded, built on common experiences and activities, and reliant on a shared vocabulary.

As the communication needs of the mothers and their children changed, their language practices changed with them. Ruby reported that the conversational demands with Kenneth have grown. As he developed and began to communicate about more complex things, communicating solely in English with him became more difficult for her. She said:

Chinese, it has become important. It has become a necessary tool for communication between him and me. There are a lot of things I want to say to him . . . it's not easy to communicate using this simple vocabulary.

Some of the parents also changed how they spoke with their children as the language preferences within their families gradually changed. This was true for Julie, who said that her children's Chinese fluency decreased over time as the English fluency of everyone in the family increased. As a result, the whole family spoke more English. She said that when she had something important to say now and wanted to make sure that her children understood her, she said it in English.

These examples illustrate the multidimensional and contextualized nature of bilingualism. Even though all of the parents could be considered comfortably bilingual, they were

not at liberty to simply adopt any manner of speaking they wished at any time. More than half of the parents reported that the language practices they had established with their children were not what they set out to do, but were what naturally unfolded. How and what the parents were able to communicate through English and/or Chinese varied depending the communicative situations at hand. Their levels of comfort with the use of English with their children were contingent upon whether or not they had the accumulated dispositions and skills for using English in everyday family interactions. The practices also had to be fitted to the children's communicative preferences and skills, with the dispositions of both parties subject to changes over time.

Discussion

Although the focus of this study was on a very specific group of parents—Chinese-speaking, bilingual, immigrant mothers whose children were diagnosed with ASD—the findings revealed a universal theme: that of parents doing what they can to help their children achieve wellness and success. Many of the issues raised about language use were also thematically consistent with what has been found with other minority-language parents. These included the high value placed on both the heritage language and English, the concerns about one language interfering with another, the fear that bilingualism would cause confusion, and the challenge of preventing heritage language erosion. These findings suggest that this group of mothers would benefit from the same supports that are helpful to minority-language parents at large: namely, support for their efforts at heritage language maintenance, assurances that bilingualism would not harm their children's development, and support for the mastery of English and academic literacy.

Unfortunately, most of the participants in this study did not receive these supports. Instead, their fears about bilingualism were often intensified by additional concerns related to ASD. Special education and related intervention services were perceived by all the mothers to be crucial for their children's developmental progress, social integration, and long-term prognosis. This is consistent with what has been found for other parents of children with ASD, who often invest a tremendous amount of mental, emotional, and financial energy to manage their children's treatment (Woodgate, Ateah, & Secco, 2008). In this context, bilingualism was viewed as a potential risk that could hinder their children's access to intervention or even undo progress that had been achieved. Because of these fears, some of the parents felt as if they had "no choice" but to speak English with their children. In many ways, intervention provision was conflated with English instruction. English symbolized an important linguistic capital with which they and their children could leverage treatment, whereas Chinese was not seen to be as valuable for this purpose.

All of the mothers prioritized their children's mastery of English, but none of them received much information or assistance regarding how to facilitate this achievement. Most of the mothers simply committed to speaking English as much as possible but were not guided to implement other strategies, such as partnering with teachers and therapists to

bridge learning between home and school, solidifying the first language as a foundation for English, or supporting the children to progress along a gradual developmental trajectory (Arias & Morillo-Campbell, 2008; Artiles & Ortiz, 2002; Drury, 2007; Tabors, 1997). Many of the parents tried to switch completely to speaking English with their children, an effort that was unsustainable for all except for one family that was already primarily using English at home. The mothers who felt confident about their abilities to support their children's learning at home were much more comfortable about speaking with their children in Chinese. When the parents felt efficacious about their abilities to help their children, they were also less dependent on English-speaking professionals and English-specific interventions. The findings highlight the urgent need to increase the number of bilingual and multilingual practitioners and the number of programs with the capacity to serve families in their home languages. In ASHA's (2004) guidelines for working with culturally and linguistically diverse clients, it is emphasized that even clinicians without proficiency in a client's language should have the skills and knowledge to provide appropriate indirect services that address the clients' needs in their primary languages.

The findings also highlight a serious need for practitioners to become better educated about issues related to bilingualism, heritage language maintenance, and second-language learning. Professionals—including therapists, educators, and healthcare providers—have been found to be the most common source of information for parents of children with disabilities (Pain, 1999). That seemed to be the case for the participants in this study. Many of the professionals they encountered, however, appeared to be misinformed about bilingualism and its relationship to the development and learning of children with ASD. Their advice to parents often perpetuated deficit views of bilingualism, including notions that learning two languages would cause semilingualism and delay, that code-switching caused confusion, or that the use of home languages interfered with the learning of English. These ideas created powerful barriers to heritage language maintenance and gravely undermined the abilities of families for cultural transmission and socialization.

Finally, the study illustrated that the language use patterns between the mothers and their children with ASD were embedded in complex environments that changed over time. No single variable dictated how each mother communicated with her child, but together they constituted exceptional demands to which each mother had to adapt. Each mother had to weigh for herself the array of constraints versus affordances of different language options to arrive at a way of communicating with her child that suited their family. These decision-making processes sometimes triggered intense emotions. Mothers who could not reconcile competing demands felt conflicted about their practices. For example, mothers who could not square their beliefs that bilingualism was detrimental to their children with their limited ability to communicate with their children in English expressed feelings of guilt and inadequacy. Although most the mothers tried different patterns of language use with their children in response to various recommendations, the practices that they were able to carry out with ease were always those that

aligned with their families' preferred and natural communication patterns.

The findings showed that language use between a parent and child is a complex and deeply personal matter. Language not only mediates a child's participation in the most intimate moments of family life but also allows the child to join the world at large. When the language of the family differs from the language outside of it, tensions arise regarding whether the child can navigate both. For many parents of children with ASD, the fear is that boundary crossing would silence their children altogether. The mothers in the current study show that the antidote to this fear is not to be given advice, but to be understood, informed, and encouraged so that they may arrive at ways of speaking with their children that are self-enhancing and congruent to their life situations.

Study Limitations

There are several limitations to be acknowledged in this study. First, the participants represented a highly educated and affluent group of parents whose experiences may be different from many other minority-language parents. Second, some of the mothers were interviewed alone, whereas others were in the presence of family members. It is unclear whether these differences might have had an impact on the information participants were willing to share. Third, information about professional practices was obtained solely from the parents' reports, which may not have represented actual practices. The goal of this study was to explore how the parents understood their interactions with professionals and the influence of those perceptions rather than the professional practices themselves. Lastly, this study did not include observations of actual language practices between the participants and their children. It focused only on reported practices, which may or may not have accurately represented the participants' day-to-day communication with their children. Interview data capture only the information that participants chose to represent at any given time. This could be a significant limitation because everyday behaviors and activities do not always rise to the level of conscious reflection.

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Appendix

Parent Interview Guide

Guide for Interview 1: Focused Life History

- How did you decide to immigrate to the United States?
- Are there significant differences between your life in _____ and the United States?
- What was your experience learning English?
- How did you feel about communicating in English when you first arrived in the United States?
- Did you have any experience with autism prior to your child's diagnosis?
- How did your child become diagnosed with ASD?
- How has your child's diagnosis affected your life?
- What have teachers or other professionals told you about your child's learning of English or Chinese?
- Have teachers or other professionals recommended you speak to your child in English or Chinese?
- Did you have any specific plans for your child's language learning?

Guide for Interview 2: The Details of Current Experience

- What is a typical day for your child?
- What services is your child receiving now?
- Are your child's current services what you wish for them to be?
- How do you feel about your relationship with your child's school and school team?
- How do you feel about your child's current development in communication?
- What languages do you use in a typical day?
- What languages does your child use in a typical day?
- What roles do you and other family members play in your child's language learning?
- What roles do teachers and professional play?
- Does your school have programs for parents of ELL students?
- Do you feel your child's school offers supports to foreign-born parents?
- How do you feel about communicating in English now?
- What is a priority for you right now regarding your child?

Guide for Interview 3: Reflection

- Does it matter to you what language(s) your child speaks in the future?
- What do you feel would be the benefit of speaking that/those language(s)?
- What advice do you have for your child's teachers or therapists for how to work with your child to promote his or her communication?
- Do you have any advice for teachers and therapists for how to work with immigrant families?
- Do you have any advice for other parents in your situation?
- What do you think would be the ideal education program for your child?
- What do you think would be the ideal language situation for your child?
- What do you think would be the ideal educational outcome for your child?

Note. Adapted from Man, E. Y.-F. (2006). First language use and language behavior of Chinese students in Toronto, Canada. In K. Kondo-Brown (Ed.), *Heritage language development: Focus on East Asian immigrants* (pp. 209–241). Amsterdam, the Netherlands: John Benjamins.

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