

Promover el Bilingüismo: American Children Should Learn Spanish, and so Should American Child Psychiatrists

Claudio O. Toppelberg, M.D.

Q: If a person who speaks two languages is bilingual, what is someone called who speaks only one language?

A: An American

The central purpose of this *Translation* is to articulate the evidence from a range of scholarly disciplines for the importance of promoting bilingualism, particularly Spanish-English bilingualism, among American children. A parallel—but related—aim of this piece is to argue for the clinical and public health importance of promoting Spanish proficiency (and, hence, Spanish-English bilingualism) among American child and adolescent psychiatrists. This, I argue, is imperative to properly serve the mental health needs of Hispanic children and their families.

The immigrant population has grown enormously over the previous three decades, and the past decade witnessed the largest wave of child immigration in U.S. history.¹ In 2010, one of five children was from an immigrant family, and these figures will increase, according to some estimates, to one of three children by 2020.¹ Most children of immigrant parents are Hispanic and vice versa, and of these children, most are U.S.-born American citizens. (Other immigrant groups are of course important, including 16% of children of immigrants who are Asian.¹) Today, one of every four children younger than 8 years and one of every five children younger than 18 years are Hispanic. Because of the powerful immigration wave and rapid growth of Hispanic families,¹ the

U.S. child population will become, for the first time, a “majority minority” (i.e., most children will come from minority groups) by 2023, and the Hispanic fraction of the total population will reach 25% by 2050 (Figure 1).

AMERICAN CHILDREN

Hispanic Dual-Language Children and the Growing Presence of the Spanish Language

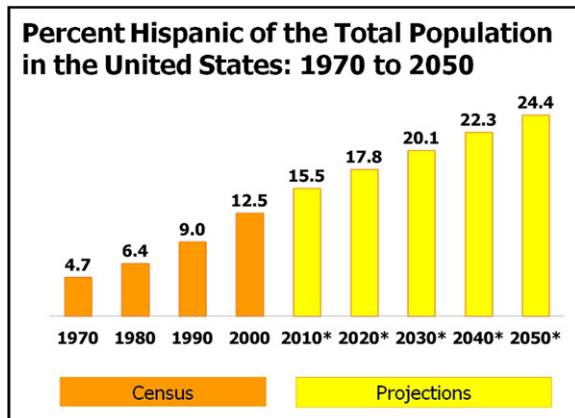
Hispanic children are diverse: there is racial and national, educational, and socioeconomic diversity among them. Yet, the Spanish language is their common thread. Most Hispanic children from immigrant families grow up with two languages, Spanish at home and English at school. They are “dual-language” children. Their range of ability in each language varies widely, depending on individual language-acquisition capacity and the linguistic environments of home and school.¹

Some have argued that American children should prioritize learning Spanish over Chinese or any other second language. This is the main claim of a *New York Times* op-ed article written by Nicholas Kristof.² An international journalist and expert on China who won the Pulitzer Prize twice (once with his Chinese-American wife, Sheryl WuDunn), Mr. Kristof argues against the current American trend to have children learn Chinese, which in his view has “replaced violin lessons as the latest in competitive parenting.” Instead, he strongly advocates for “the paramount importance for our children of learning Spanish.” Spanish is an essential language for Americans, according to Mr. Kristof, because of the increasing number of Hispanics and the ever-growing economic integration between the United States and Latin America. Although



An interview with the author is available by podcast at www.jaacap.org.

FIGURE 1 U.S. Census Bureau data. Note: Percentages are higher (21% in 2010) and the acceleration greater for the child population (≤ 18 years old) because, on average, Hispanics become parents at a younger age and have more children than the overall U.S. population. Source: U.S. Census Bureau, 1970, 1980, 1990, and 2000 Decennial Censuses; Population Projections, July 1, 2010 to July 1, 2050. *Projected population as of July 1, 2010.



Spanish may be the non-English language to prioritize for most children—one exception being children of other minority language backgrounds such as Chinese—a central assumption is the growing consensus that American children should become bilingual for the economic and practical benefits Kristof articulates and others discussed below.

Cognitive and Psychological Benefits Linked to Child and Adolescent Bilingualism

Developmental, child language, and education researchers consider children's dual-language ability a treasure to be nourished until it fully blossoms. Contrary to negative American views of bilingualism until the 1970s, the associations of a wide range of cognitive, cultural, and possibly psychological benefits with proficient bilingualism are well documented.¹ Although causal links have not been definitely established, converging evidence from a wide range of observational and experimental studies suggests that being bilingual has an effect on cognitive processing. It is believed that the process of acquiring two languages and the effort of simultaneously managing both may train bilingual individuals to develop specific skills that extend into other areas of thinking and language.³ Some of these find-

ings may be relevant to our field, because these skills appear to provide bilinguals insight into the abstract principles of language (i.e., metalinguistic awareness) and into other people's minds and their own learning processes (i.e., metacognitive awareness). These may also foster an enhanced capacity for executive control, to manage and deploy attention appropriately, develop abstract and symbolic representations, and solve problems.³ Possibly related to these benefits, an emerging body of evidence documents the associations, in dual-language children, of (1) good language ability in both languages ("proficient bilingualism") with important aspects of psychosocial well-being⁴ and, (2) conversely, poor language ability in at least one of the languages with psychopathology.¹ (Of note, the latter instance seems to occur regardless of whether abilities in the other language are low. This means that the association with psychopathology cannot be explained solely on the basis of language disorder, which in dual-language children would result in low abilities in both languages.¹) Also of interest, research suggests that most children with language disorders can be healthily exposed to and learn two languages. In individual cases, nonetheless, learning a second language may overwhelm the child, who may struggle or be in distress. In these cases, recommending the discontinuation of exposure to one of the languages may be a serious decision that should not be made lightly. Such a decision may have lasting consequences and thus should ideally involve a speech/language pathologist experienced with dual-language children, assessment of both languages, consultation with parents and teachers with consideration to the family's background and plans for the future, and an informed decision by the parents.¹

Ethical Concerns of Policies that Lead to Loss of the Spanish Language

Maintaining the home language of minority children such as Hispanics depends, to a great extent, on the linguistic environment provided by the school.¹ Despite the documented benefits associated with bilingualism and that learning Spanish in school does not slow (and may in fact accelerate) the learning of English and content areas, U.S. educational policies have not supported home languages and dual-language ability.¹ This has resulted in the situation reflected in the old joke in the epigraph of this column.

Educational policies that foster language loss raise serious ethical concerns.¹ In the context of the stated need for American children to *learn* Spanish (or other non-English languages), ethical concerns arise because these policies deprive Hispanic children of important and necessary skills. The chance of learning Spanish and becoming proficient in two languages means, in an increasingly globalized economy and diverse society, important job- and life-related skills and the ability to connect with the protective resources offered by family and culture.¹

Why would we as a society not support the Spanish language ability of generally underprivileged children when we clearly see the benefits of these same abilities for middle- or upper-class well-educated children?

AMERICAN CHILD PSYCHIATRISTS

Hispanic youth as a group are at a higher risk for depression, suicidality (ideation and attempts), exposure to violence, academic underachievement, and dropping out of high school than their non-Hispanic peers.¹ Yet when it comes to mental health services, Hispanic (and African-American) children have the highest rates of unmet need. Hispanic mentally ill children who receive no services constitute approximately 3% of the U.S. child population—roughly equivalent to half of all American children who suffer from attention-deficit/hyperactivity disorder. Mental health disparities are well documented in prevention, diagnostic assessment, and access to mental health services, including psychotherapy and psychopharmacologic services;⁵ there is also a dearth of mental health and developmental research on Hispanic youth.¹ Hispanic children face a double burden: they are at high risk and they are underserved.

Thus, there is a societal and public health imperative for child and adolescent psychiatrists and other clinicians to be prepared to serve

Hispanic children. Clinicians' Spanish language skills can significantly lower linguistic barriers to access to care and improve quality of care among Hispanic children and their families and are more effective than interpreter services. They can also facilitate clinicians' increased cultural competence and a better understanding of the complexities and implications of developing and functioning in two languages and cultures. A practitioner who speaks Spanish, even without full native fluency, can make children and their immigrant parents feel welcome, by willing to visit them in their own "territory." Feeling welcome is a crucial pre-condition for establishing any treatment alliance.

If child and adolescent psychiatry does not make a commitment to treating Hispanic youth, 2023 will arrive with a "majority minority" child population and a new version of the old joke:

Q: If a person who speaks two languages is bilingual, what is someone called who speaks only one language?

A: An American Child Psychiatrist

And that would be neither a good nor welcome new joke. ☺

Accepted July 12, 2011.

Dr. Toppelberg is with the Judge Baker Children's Center, Children's Hospital Boston, and Harvard Medical School. He is director of the Child Language and Developmental Psychiatry Research Laboratory.

The author expresses his deep appreciation to his mentors, Stuart Hauser, M.D., Ph.D. (deceased), of the Judge Baker Children's Center and Harvard Medical School, and Catherine Snow, Ph.D., of the Harvard University Graduate School of Education, for their support and encouragement over many years of work together. Thanks also to Brian Collins, Ph.D., of Hunter College, and Marisa Hollinshead of Harvard University and Judge Baker Children's Center for their input on prior versions of this article.

Disclosure: Dr. Toppelberg has received research support from the Norwegian Institute of Public Health, the Norwegian Research Council, and the National Institute of Mental Health. He served on an advisory board for Shire in 2010.

Correspondence to Claudio O. Toppelberg, M.D., 53 Parker Hill Avenue, Boston, MA 02120-3225; e-mail: topi@hms.harvard.edu

REFERENCES

1. Toppelberg CO, Collins B. Language, culture, and adaptation in immigrant children. *Child Adolesc Psychiatr Clin North Am.* 2010;19:697-717.
2. Kristof ND. Primero hay que aprender español. *Ranhou zai xue zhongwen. The New York Times.* December 30, 2010:A29
3. Adesope O, Lavin T, Thompson T, Ungerleider C. A systematic review and meta-analysis of the cognitive correlates of bilingualism. *Rev Educ Res.* 2010;80:207.
4. Collins BA, Toppelberg CO, Suárez-Orozco C, O'Connor E, Nieto-Castañon A. Cross-sectional associations of Spanish and English competence and wellbeing in Latino children of immigrants in kindergarten. *Int J Sociol Lang.* 2011;208:5-23.
5. Alegria M, Vallas M, Pumariega A. Racial and ethnic disparities in pediatric mental health. *Child Adolesc Psychiatr Clin North Am.* 2010;19:759-774.