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Bilingualism for the Emergence of Language Situation and Language Condition

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Annotation: *According to Hymes (1972), language socialization is the process through which a child or other beginner (of any age) develops communicative competence, enabling him or her to engage in meaningful interactions with others and otherwise take part in the social life of a particular society. The majority of the time, interactions with peers and relationships with older people are how language socialization takes place.[1:31].*

Keywords: *foreign language, medical judgment, preventative healthcare, bilingualism, scope insensitivity, risk perception.*

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Introduction

Every day, multilinguals around the world make important healthcare decisions while using a foreign language. The present study examined how the use of a native vs. non-native language shapes evaluations and decisions about preventative care. Bilinguals were randomly assigned to evaluate a series of medical scenarios in either their native or non-native language. Each scenario described potential adverse effects of a medical condition and a preventative treatment, as well as the population risk of disease- or treatment-related complications. Participants judged the perceived negativity and likelihood of experiencing adverse effects and indicated how willing they would be to accept the preventative treatment. We found that bilinguals using a foreign language perceived disease symptoms and treatment side effects to be less negative than those using their native tongue. Foreign language users were also more likely to account for the objective risks associated with medical conditions and treatments when making decisions about preventative care. We conclude that the use of a native vs. foreign language changes how people evaluate the consequences of accepting and declining preventative treatment, with potential implications for millions of providers and patients who routinely make medical choices in their non-native tongue.[2:21]

Approximately 30% of all doctors are foreign-born, along with millions of nurses, technicians, and other healthcare professionals. Almost 20% of Americans claim to speak a language other than English at home, with estimates in larger cities approaching 50%. It is evident that significant decisions, including those regarding our physical health, are frequently made while speaking a foreign language when one considers the millions of multilingual people who spend their lives in a

language other than their native tongue. The effectiveness of interpreters and communication techniques to linguistic discrimination and attitudes of patients and clinicians with foreign accents have all attracted great research in how language affects health outcomes [3:44]. How assessing health-related information in a foreign language affects the clinical decision-making process is one issue that has gotten comparatively less attention, though. A growing body of research indicates that learning a second language might systematically affect bilinguals' preferences and judgements in a variety of areas, including moral judgment, financial decision-making, environmental preservation, and consumer choice. Here, we examine whether language has an impact on medical situations by comparing how people use native vs non-native languages while making decisions about preventative healthcare. According to decision theory, people make choices based on the expected utility of the available alternatives, which is the result of how likely or unlikely an event is thought to be in combination with how good or bad an outcome is considered to be (i.e., the subjective value or utility) (i.e., the expected probability) [4:79]. In light of this paradigm, a person determining whether to accept preventative therapy should take into account the seriousness of the consequences of developing a certain sickness as well as the likelihood of doing so if no preventative measures are taken.

The decision to accept preventative care might therefore be made by comparing these estimates against the perceived severity and likelihood of any potential treatment consequences. The best choice may not always be made, even when the costs and advantages of several choices are taken into account. We seldom possess complete knowledge of the stakes and probabilities connected with various outcomes, and both subjective worth and projected risk can be skewed by emotional responses and cognitive biases. People's preferences and actions might vary greatly depending on their emotions, which can also have an impact on how much predicted utility is taken into consideration when making decisions. We outline how emotional factors might influence medical decisions and judgments in the sections that follow. We are releasing a call for articles for a Special Issue of Languages on language impairment and bilingualism. The junction of two domains is extremely important for a number of reasons, despite the fact that both topics have been studied for decades in isolation. Given that 7% of all children between the ages of 5 and 6 have specific language impairment, it is reasonable to anticipate that multilingual populations will likewise experience this incidence. Investigation into the relationship between SLI and bilingualism is not only theoretically significant, but will also have an impact on educational and therapeutic choices given that roughly 30% of school-aged children in various parts of the world speak a language different than the language spoken at home. The idea that bilingualism may make SLI worse was one of the first queries made by theoretical linguists as well as educational and therapeutic professionals. Another early finding is that children with SLI and bilinguals frequently experience the same language difficulties phenomena (see the numerous studies on the acquisition of accusative pronoun clitics in French), and research is ongoing to differentiate these phenomena qualitatively or statistically. This overlap in phenomena also makes language assessment and diagnosis in bilingual populations very difficult, so that new assessment tools have been developed specifically for this purpose and are being explored by many research groups[5:65]. Best practice for diagnosis in bilinguals requires assessing both languages, which is often not practical. There is great interest in understanding the environmental conditions that affect cognitive ability and the mechanisms behind their influence as a complement to more biologically-based approaches to intelligence and performance. Two experiences that have been extensively investigated in this regard are bilingualism and socioeconomic status (SES), both of which have been shown to correlate with measures of cognitive performance and language ability throughout development. Robust effects of SES have been found across cognitive skills, including language, memory, and intelligence showing a relation between higher SES and better outcomes. In contrast, the effects of bilingualism on cognitive functioning vary in their direction, with positive outcomes for cognitive

measures but negative outcomes for verbal measures [6:98]. However, it is possible that these experiences interact and their effect depends on a specific level of the other. Thus, it may be that bilingualism only leads to cognitive advantages for certain levels of SES, such as middle-class children, or that SES only compromises ability for certain levels of language experience, such as monolingual children. Empirically studying this question is complicated by the fact that SES and bilingualism themselves are often correlated, making it difficult isolate the effect of each on performance. However, precisely because these two experiences frequently intersect it is particularly important to distinguish between the influence of each, both practically in terms of children's development and theoretically in terms of the possible mechanism underlying each. The purpose of the present study is to examine the effects of SES and bilingualism independently to determine the role each plays on cognitive and language outcomes, the extent to which their influence on development is similar or not, and whether their combined effects are interactive or independent. The results for metalinguistic awareness are different: bilinguals typically show more advanced metalinguistic development than monolingual children in tasks examining the understanding of arbitrariness of linguistic labels or requiring selective attention to information from form or meaning . These paradigms require EF to direct attention to the relevant feature (usually form) and ignore salient distracting information (usually meaning), implicating EF into language processing. Evidence that bilingual children outperformed their monolingual peers on metalinguistic tasks that required EF led to the hypothesis that there might be a general EF advantage from bilingualism in nonverbal processing as well. Numerous studies have now supported this idea. Beginning again with infants, Kovács and Mehler (2009) compared 7-month-old infants being raised in homes that were monolingual or bilingual on an A-not-B type task in which they had to learn a new response to obtain the reward. Infants from bilingual homes were significantly more successful in learning the new response than were those exposed to only one language, suggesting that the basis for EF differences is established in the first few months of life. Research with preschool and early school-aged children has shown better performance by bilinguals on a Simon task , flanker task, Stroop task, and the dimensional change card sort. In all these cases, children must respond to a perceptual display that includes both target information indicating the correct response and a misleading cue leading to the incorrect response. For example, the flanker task requires that children indicate the direction that a central arrow is pointing, but on the more difficult incongruent trials, the flanking arrows are pointing in the opposite direction and must be ignored.[9:87]

Conclusion

To summarize, both SES and bilingualism have been shown to influence language and cognitive functioning in children, but because they have been studied in isolation, it is not known what the relation between them might be. There are three main possibilities. The first is that each of these experiences affects children's development independently of the other. In this case, tasks that recruit EF will be solved better by bilingual children than monolingual children regardless of SES and by middle SES children than lower SES children regardless of bilingualism.

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