Misconceptions About Bilingualism in Japan and Their Effects on Professionals' Advice to Parents Regarding Bilingual Children's Development

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With the number of children living in bilingual households in Japan increasing, it is important to assess the guidance given to them and their caretakers to assure that they are given current, evidence-based advice. In October of 2017, a questionnaire survey was conducted with 181 parents raising, or who have raised, children bilingually in Japan. This questionnaire sought to determine if these families were given misinformation regarding bilingualism by professionals involved in early child development such as doctors, caregivers, teachers, counselors, school administration, and speech therapists. By determining if certain professionals are likely to give advice based on misconceptions regarding bilingualism, it is hoped that the training and education of these professionals may be improved as necessary in order to better serve the growing demographic of potentially bilingual children.

日本でバイリンガル家庭に居住する子供の数は増えている。最新のエビデンスに基づくアドバイスがバイリンガル児とその養育者に与えられることを保証するためには、現在彼らに与えられているガイダンスを調査することが重要である。日本でバイリンガル児を育てている、あるいは育てたことのある養育者 181 名を対象にアンケートを行った。アンケートでは、医師、介護者、教師、カウンセラー、学校管理者、言語聴覚士などの幼児発達に関わる専門家が、バイリンガルに関する誤った情報を伝えたかについて調べた。誤解が存在する分野を特定することで、増えつつある潜在的バイリンガル児に適切なサービスを提供するための専門家の教育とトレーニングが改善されることが期待される。

Parents trust the advice given to them by various professionals to help them make decisions regarding many aspects of their children's upbringing. As such, educators, caretakers, physicians, speech therapists, school counselors, and nurses at city-sponsored health checks are in a particularly influential position to guide parents of young children. Parents depend upon these professionals to ensure developmental milestones are being met in a timely manner, to provide research-based advice when there is a problem, and to guide them through the educational and developmental progress of their child. Among the issues that may worry parents about the development of their children is their linguistic development. While globally approximately half of all children grow up in potentially bilingual environments (Grosjean, 2010), many of the tools and guidelines

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which these professionals use to gauge development assume monolingual development (Hoff & Core, 2013). In communities where monolingualism is prevalent, such as Japan, this is a concern for but a relatively small percentage of the population. However, as the number of international marriages in Japan has increased, so has the number of children born into potentially bilingual environments (Yamamoto, 2002). As a result, professionals involved in the education and development of young children are also encountering more children from these potentially bilingual environments and must evaluate their progress in order to give advice to their parents.

Aside from the well-known benefits of bilingualism, such as being able to speak to people in more than one language and the opportunities it provides the speaker in areas such as connecting with one's heritage, studying, and employment, bilingualism has many other benefits. Multiple studies have suggested a relationship between bilingualism and greater metalinguistic skills (Bialystok, Craik, Binns, Ossher, & Freedman, 2014) and flexibility in language use (Ben-Zeev, 1977; Ianco-Worrall, 1972) than is found in monolinguals. As a result, bilinguals have an advantage in understanding linguistic structure and using language in creative ways. The benefits of bilingualism include not only linguistic advantages, but cognitive advantages as well. Chistoffels, de Haan, Steenbergen, van den Wildenber, and Colzato (2015) found mental flexibility in bilingually educated subjects was stronger than that in their control group, resulting in a greater ease in switching between tasks and an increased ability to focus on the task at hand. This benefits bilinguals when they adapt and adjust to new tasks not only in language, but in other areas of work and study. Research has also suggested health benefits related to bilingualism, including delaying the onset of Alzheimer's disease (Albán-González & Ortega-Campoverde, 2014).

Despite the advantages of bilingualism, there are also concerns and misunderstandings regarding bilingualism that may be worrisome to those involved with the upbringing of a bilingual child. Genesee (2009) states that these concerns are "founded on four myths: (1) the myth of the monolingual brain; (2) the myth of time-on-task; (3) the myth of bilingualism and language impairment; and (4) the myth of minority language children" (pp. 4-5). In general, these myths posit that a child's linguistic power, and thus ability to be successful later in life, may be hindered by the addition of a second language at a young age, leaving them lagging behind their peers.

The myth of the monolingual brain suggests that infants will process all linguistic input as one language and that, as a result, exposure to more than one language at a young age will create delays and confusion in the linguistic development of the child (Genesee, 2009). However, multiple studies show that children raised bilingually reach similar milestones and follow similar patterns of language development as their monolingual

peers (e.g., Genesee, 2003; Kovács & Mehler, 2009; Maneva and Genesee, 2002), observe grammatical constraints of the language in use even when code switching (e.g., Genesee, Nicoladis, & Paradis, 1995; Sauve & Genesee, 2000), and do not show a significant language delay compared to monolingual peers (King & Fogle, 2006). These studies are but a few of those indicating that "bilingual acquisition is as natural as monolingual acquisition and that it is not an additional burden for children in comparison to the challenges that children learning one language face" (Genesee, 2009, p. 4).

The myth of time on task is one not only found in regard to linguistic development, but in various other contexts as well. It is assumed the more one practices, whether it be sports, language, or art, the more skilled one will become. Thus, the myth of time on task in regard to linguistic development manifests itself as a worry that time spent on learning the minority language will lead to deficits in the majority language, leaving such children lagging behind their peers (Genesee, 2009). However, studies have found that the factors involved in learning a language are much more complicated than simply the amount of time spent on it. Research on immersion programs for young learners, for example, has shown that, while a gap may initially exist between linguistic ability in the majority and minority languages among those who are in bilingual programs and those who are not, this gap does not affect normal long-term development of the majority language (Genesee, 2004). The closing of the gap is likely due to the fact that children continue to have sufficient exposure to the majority language in their communities, including school, and that bilingual children are able to use skills they have learned in one language to support learning in another (Cummins, 1979). Therefore, it is suggested that speaking the minority language at home should not be seen as a threat to learning the majority language, particularly if the student's language of instruction at school is the majority language (Hammer, Davison, Lawrence, & Miccio, 2009).

In line with the myth of bilingualism and language impairment, parents and professionals may, in the course of treatment of a language delay, suggest eliminating one of the child's languages as a way to ease their burden and solve or reduce the underlying problem (Baker & Wright, 2017). However, studies have shown no indication of children with language impairments who are raised bilingually exhibiting any more difficulties than their monolingual peers (Ardila & Ramos, 2007; Gutierrez-Clellen, Wagner, & Simón-Cereijido, 2008; Paradis, Crago, Genesee, & Rice, 2003), suggesting that learning a second language does not create an additional burden for the child. Therefore, research suggests that the myth of bilingualism and language impairment lacks supporting evidence.

Finally, the myth of minority language children is founded on the same kind of worry as the myths of the monolingual brain and of time on task, which is that the child

will fall behind their monolingual peers, forever struggling to catch up as a result of the distractions and burdens of a second language (Genesee, 2009). As stated previously, studies have shown these myths to be unfounded. Initial gaps in a child's language development, compared to that of a monolingual child, may cause concern for those caring for the child, but through sufficient exposure to the majority language at school and in the community, studies have shown that the bilingual child's majority language development will not lag behind that of their monolingual peers (Cummins, 1979; Genesee, 2004). In fact, the bilingual child can use skills learnt in the minority language in order to support the learning of skills in the majority language (Genesee, 2009). Rather than a detriment to their linguistic development, these studies indicate that bilingualism can be a valuable resource for children and help them to succeed.

While current research dispels these myths, professionals without adequate training, experience, and educational background concerning bilingualism may inadvertently give parents advice that is detrimental to the bilingual development of their children. Bilingualism is not guaranteed, even in families resulting from intercultural marriage in which a speaker of the minority language is likely to be readily available to the child. Pearson, Fernandez, Lewedag, and Oller (1997) found that six out of 25 children in potentially bilingual environments did not become bilingual, a result congruent with the results of a study of 18,000 families conducted by de Houwer (2003). Particularly for the minority language, linguistic support at home is crucial. The quantity and quality of linguistic input are major factors contributing to successful development of bilingualism (De Houwer, 2009; Dixon, Wu, & Daraghmeh, 2012; Gathercole & Thomas, 2009; Place & Hoff, 2011) and studies have shown that providing increased, consistent exposure to the minority language at home is indispensable in helping children develop linguistic skills in the minority language (Genesee, 2009). Effort by the caretakers of the children is needed in order to curate a linguistically nurturing environment. This effort is not always easy or natural. Minority language learners benefit from such support as speaking with other native speakers of the minority language, developing literacy skills, having tutors, and receiving linguistically-rich media and experiences (Dixon et al., 2012), all of which require considerable financial and time investment on the part of the parents. Parents who have become discouraged or demotivated in their attempts to foster bilingualism, for example by receiving mistaken advice from professionals, may not continue to exert this effort, to the detriment of their child's bilingual development.

In line with the current research on bilingualism, Hoff and Core (2015) recommend that parents of potentially bilingual children not be discouraged from speaking their native language to their children so as to create a supportive environment to develop skills in the minority language. Should misinformation be provided by

professionals, it may lead parents to lessen or cease efforts to foster an enriching environment for developing linguistic skills in the minority language. As such, the current research sought to determine if inaccurate advice based on the aforementioned myths of bilingualism was being given to parents of potentially bilingual children in Japan and, if so, to determine the context and source of such advice.

Method

Participants

The participants were 181 parents of 333 children, who at the time of the study, were between the ages of 0 and 20. In order to obtain as wide a range of responses as possible, a questionnaire was made available on the internet for participants to access via a link shared in various internet forums for foreign residents in Japan, during the month of October, 2017. The questionnaire was intended for parents who were currently raising children in a bilingual environment in Japan or who had raised their children in a bilingual environment in Japan until at least junior high school age. Of the 181 participants, 166 used English as the minority language. Of those 166, 24 used additional languages such as French (n = 8), Spanish (n = 5), Chinese (n = 2), Korean (n = 2), Russian (n = 1), German (n = 1), Czech (n = 1), Bulgarian (n = 1), Thai (n = 1), Italian (n = 1), Burmese (n = 1), Swahili (n = 1), and Indonesian (n = 1). Fourteen participants reported using only foreign languages other than English. These languages were: French (n = 4), German (n = 3), Portuguese (n = 2), Spanish (n = 1), Chinese (n = 1), Hungarian (n = 1), and Turkish (n = 1). As this study aimed to evaluate the advice given to families and how that advice affected them, it was decided to initially distribute the questionnaire to families, rather than professionals, in order to identify professional groups for further examination.

Data Collection

An original questionnaire (Appendix A) was developed in order to determine parents' overall impression of the attitudes of doctors, city health check nurses and staff, daycare and kindergarten teachers, elementary school teachers, school administration, school counselors, the Board of Education, and speech therapists toward the parents' efforts in fostering development of bilingualism in their children, using a Likert scale. As the study focused on the input of professionals in early childhood, the questionnaire inquired about advice given from elementary and daycare/kindergarten teachers and not from junior high school or high school teachers. Following the questions regarding their general impression of these professionals' attitudes, the questionnaire asked if parents had received specific advice regarding their child. These types of advice were: it is important to learn Japanese first, and only then introduce other languages; children will

be confused by multiple languages; only Japanese should be spoken at home; children will mix up their languages; speaking the minority language is not necessary; the child's behavioral problems are due to the minority language; the child's academic struggles are due to the minority language; and the child's speech development issues are due to the minority language. Each of these types of advice was based upon the four myths of bilingualism outlined by Genesee (2009). In addition, the questionnaire asked for parents' overall impression of attitudes regarding their child's bilingualism and ended with an optional section for additional comments.

Results

Table 1 shows the results regarding perceived attitudes of different groups of professionals involved with the development and education of the respondents' children. This data was compiled from the responses to Section 2 of the questionnaire (Appendix A).

Table 1

Perceived Attitudes of Various Professionals Regarding Teaching the Minority Language

Item	Response	n	%
Doctors	highly discouraged	2	1.2%
	discouraged	9	5.5%
	did not discourage or encourage	123	74.5%
	encouraged	18	10.9%
	highly encouraged	13	7.9%
	non-applicable/no contact with professional	16	--
Health check staff/nurses	highly discouraged	5	3.2%
	discouraged	18	11.4%
	did not discourage or encourage	118	74.7%
	encouraged	10	6.3%
	highly encouraged	7	4.4%
	non-applicable/no contact with professional	23	--
Daycare/ kindergarten teachers	highly discouraged	2	1.2%
	discouraged	11	6.5%
	did not discourage or encourage	72	42.9%
	encouraged	50	29.8%
	highly encouraged	33	19.6%
	non-applicable/no contact with professional	13	--
Elementary school teachers	highly discouraged	2	1.7%
	discouraged	9	7.7%
	did not discourage or encourage	57	48.7%
	encouraged	34	29.1%
	highly encouraged	15	12.8%

	non-applicable/no contact with professional	64	--
School administration	highly discouraged	1	0.9%
	discouraged	8	7.0%
	did not discourage or encourage	58	50.9%
	encouraged	24	21.1%
	highly encouraged	13	11.4%
	non-applicable/no contact with professional	67	--
School counselors	highly discouraged	1	2.0%
	discouraged	3	6.0%
	did not discourage or encourage	32	64.0%
	encouraged	9	18.0%
	highly encouraged	5	10.0%
	non-applicable/no contact with professional	131	--
Board of Education	highly discouraged	1	2.0%
	discouraged	3	6.0%
	did not discourage or encourage	35	70.0%
	encouraged	7	14.0%
	highly encouraged	2	4.0%
	non-applicable/no contact with professional	131	--
Speech therapists	highly discouraged	4	12.5%
	discouraged	3	9.4%
	did not discourage or encourage	18	56.3%
	encouraged	4	12.5%
	highly encouraged	3	9.4%
	non-applicable/no contact with professional	149	--

Note: percentages calculated based on total "yes" and "no" responses, excluding "non-applicable" responses.

The data in Table 1 indicate an overall neutral attitude towards bilingualism with a response of "did not discourage or encourage" for doctors at 74.5% (n = 123); health check staff and nurses at 74.7% (n = 118); daycare and kindergarten teachers at 42.9% (n = 72); elementary school teachers at 48.7% (n = 57); school administration at 50.9% (n = 58); school counselors at 64.0% (n = 32); the Board of Education at 70.0% (n = 35) and speech therapists at 56.3% (n = 18).

Examining the ratio of "highly discouraged" and "discouraged" responses against "encouraged" and "highly encouraged" responses, the data favor positive responses with: doctors at 6.7% (n = 11) discouraging to 18.8% (n = 31) encouraging; daycare and kindergarten teachers at 7.7% (n = 13) discouraging to 49.4% (n = 83) encouraging' elementary school teachers 9.4% (n = 11) discouraging to 41.9% (n = 49) encouraging; school administration 7.9% (n = 9) discouraging to 32.5% (n = 37) encouraging; school counselors 8.0% (n = 4) discouraging to 28.0% (n = 14)

encouraging; and the Board of Education 8.0% (n = 4) discouraging to 18.0% (n = 9) encouraging. Speech therapists were an even split with 21.9% (n = 7) for both discouraging and encouraging and health check staff and nurses were the only group that had a higher rate of discouragement at 14.6% (n = 23) discouraging to 10.7% (n = 17) encouraging.

Table 2 shows the results regarding specific inaccurate advice based upon the bilingual myths outlined by Genesee (2009). These same responses are shown with responses broken down by profession in Appendix B. This data was compiled from the responses to Section 3 of the questionnaire (Appendix A).

Table 2

Specific Advice

Item	Yes	No	Non-applicable
Have you been told that it is important to learn Japanese first, and only then introduce other languages?	33 (18.2%)	148 (81.8%)	0
Have you been told your child(ren) will be confused by multiple languages?	38 (21.0%)	143 (79%)	0
Have you been advised to only speak Japanese at home?	23 (12.7%)	158 (87.3%)	0
Have you been warned that your child(ren) will mix up their languages?	29 (16.0%)	152 (84.0%)	0
Have you been warned that your children will never learn Japanese properly?	18 (9.9%)	163 (90.1%)	0
Has the necessity of speaking the minority (non-Japanese) language been called into question?	22 (12.2%)	159 (87.8%)	0
Have you been told learning the minority (non-Japanese) language is not important?	13 (7.2%)	168 (92.8%)	0
Have you been told that your child(ren)'s behavioral problems are due to speaking the minority (non-Japanese) language?	15 (22.4%)	52 (77.6%)	114
Have you been told that your child(ren)'s academic struggles are due to speaking the minority (non-Japanese) language?	22 (30.1%)	51 (70.0%)	108
Have you been told that your child(ren)'s speech development issues are due to speaking the minority (non-Japanese) language?	15 (25.0%)	45 (75.0%)	121

Note: percentages calculated based on total "yes" and "no" responses, excluding "non-applicable" responses.

The results in Table 2 indicate that the bilingualism myths outlined by Genesee are indeed present, but not to a great extent. Each item was reported at a rate between 7.2% and 30.1% for an average of 17.7%. Examining the data by professional group (see Appendix B) reveals a more detailed look at where each of the ideas holds strongest. Overall, each of the professional groups was reported to have given misinformation by less than ten percent of the respondents. In addition, of the ten types of advice, only four had any individual professional group reported at 10% or higher: confusion by multiple languages, blame for behavioral problems, blame for academic struggles, and blame for speech development issues. Eleven per cent (n = 20) of respondents reported that health check staff or nurses had advised them that their children would be confused by multiple languages. Blame for behavioral, academic, and speech development issues were all reported as having been mentioned by daycare or kindergarten teachers and elementary school teachers.

Of the 67 respondents to the question regarding bilingualism as a source of behavioral problems, 22.4% (n = 15) indicated that blame had been placed upon speaking the minority language (Table 2). Ten point four per cent (n = 7) reported receiving this advice from daycare or kindergarten teachers (Appencix B) and 14.9% (n = 10) reported this advice as coming from elementary school teachers. Of the 73 respondents to the question regarding bilingualism as a source of academic struggles, 30.1% (n = 22) indicated that blame had been placed upon speaking the minority language. Eleven point one per cent (n = 8) reported the advice as coming from daycare or kindergarten teachers and 24.7% (n = 18) indicated the advice had come from elementary school teachers. Of the 60 respondents to the question regarding speech development issues, 25.0% (n = 15) indicated that blame had been placed upon speaking the minority language. Ten per cent (n = 6) reported the advice as coming from daycare and kindergarten teachers, elementary school teachers, and doctors as well.

Table 3 shows the results regarding overall perception of attitudes toward the participants' efforts in teaching their children the minority languages. This data was compiled from the responses to Section 4 of the questionnaire (Appendix A).

Table 3

Overall Perception Regarding Attitudes Toward Teaching the Minority Language

Response	n	%
very negative	0	0.0%
negative	12	6.6%
neutral	51	28.2%
positive	75	41.4%
very positive	43	23.8%

The results represented in Table 3 indicate a generally positive environment regarding teaching the minority language with 65.2% (n = 118) of respondents indicating they perceived positive or very positive attitudes. This is congruent with studies by Yamamoto which found that bilingualism, particularly Japanese-English bilingualism, is generally viewed favorably by a majority of people in Japan (Yamamoto, 2001, 2002).

Discussion

The data in Table 1 suggest that, in general, parents do not routinely receive commentary or advice regarding bilingualism from the professionals they were asked about. It is possible that many of these professionals do not comment on bilingualism as it may be outside of what they consider the scope of their profession, and they may therefore feel the need to comment only if a parent specifically inquires about it or there are other problems with which they feel bilingualism may be correlated. They also may not have training in the needs and milestones of potentially bilingual children. Additionally, of a population of roughly 127.1 million (World Bank, 2018), foreign residents of Japan only account for approximately 2.23 million (Murai, 2016), less than 2%, which may limit the exposure these professionals have had to potentially bilingual children. Additional research into the education, training, and experience of these professionals in regard to bilingual speakers is needed in order to identify areas which may be improved upon.

Speech therapists and health check staff and nurses were reported to have higher rates of discouraging comments than the other professionals. Parents who participate in the regular health checks for their children may find this discouragement or misinformation being delivered at the 18-month checkup, in which language ability is checked (Japan Healthcare Info, n.d.). While the other professionals do not have a duty to comment specifically on language development, the 18-month checkup is likely to elicit commentary on the vocabulary development of bilinguals based upon criteria for monolingual Japanese children. As bilingual children, particularly in early childhood, are not as likely as their monolingual peers to do well on tests of vocabulary in a single language (Doyle, Champagne, & Segalowitz, 1978), health check staff and nurses are likely to raise concerns with parents regarding a perceived lag in linguistic development. This may prompt the staff and nurses to advise parents to increase Japanese language use at home or even stop teaching the minority language in order for the child to catch up to their peers. However, as Hammer et al, (2009) found in a study of English-Spanish bilinguals, parents' switching to the majority language at the expense of the minority language causes skills in the minority language to weaken without significant gains in the majority language. Genesee also stresses that advice to reduce the use of the minority

language is not warranted as there is no current evidence to support restriction to one language and that "discontinues [sic], abrupt changes, and/or irregular exposure [to the minority language] should probably be avoided" (Genesee, 2009, p. 15).

That 21.9% of respondents reported discouraging advice from speech therapists is concerning. As a speech therapist's specialty is in language and language development, parents are likely to trust that advice from such professionals is well-informed and will produce effective results. In addition, inappropriate concerns regarding bilingualism's role in academic or linguistic development may obscure signs of legitimate conditions and impede accurate diagnosis and therapy. There is also a misconception that children with learning difficulties are put at risk of even more difficulties and impairments by attempting to learn two or more languages as opposed to one (Genesee, 2009). In the Comments section of the questionnaire, a few parents shared their negative experiences with speech therapists:

> "My son's speech therapist told me my son would never be able to learn a second language and will struggle grasping both languages because of his Asperger's syndrome."

> "I was told by a speech therapist that some children are unable to learn more than one language and this was why my son experienced a speech delay."

> "One of my twins has severe developmental delays. We were recently told by a speech therapist that he will never learn Japanese properly unless we stop speaking English at home."

The questionnaire results and comments from individual respondents suggest that further research into how bilingual children are assessed regarding speech delays and problems is needed.

The data in Appendix B suggest a few areas in which families may encounter specific misinformation regarding their children's development. Eleven per cent (n = 20) of respondents reported that health check staff or nurses had advised them that their children would be confused by multiple languages. As stated previously, this may occur during the 18-month checkup when language issues are often checked for, perhaps due to nurses and staff observing code switching. Code switching is a process which may be interpreted as a deficit or indication of not mastering either language (Baker & Wright, 2017). For example, a child who speaks Japanese and English may say, "The *semi* are really noisy today!" In such cases, the child may not know the word "cicada" in English, so they

substitute the unknown word with a word they know in Japanese. However, this does not indicate confusion between the two languages, but a form of communication as a child's vocabulary in each language grows. Children as young as three and a half have been observed asking for translations of their words from one language into another, demonstrating metalinguistic awareness and a desire for self-correction (Köppe & Meisel, 1995). Code switching is also observed in adult bilinguals (Toribio, 2011), though it takes on different forms and is employed for a variety of reasons other than a gap in vocabulary, such as to add subtle meaning to utterances, to adhere to norms of specific situations and/or audiences, to quote others, and as a stylistic aspect of their language use (Gumperz, 1982). When code switching, speakers must be aware of the context, grammatical rules, and acceptability of their language use and adjust their communication style accordingly (Myer-Scotton, 1995). Therefore, rather than its being due to a lack of mastery of a language, adult speakers utilize code switching as a linguistic choice in order to express themselves in a specific way.

The final three items in Table 2 suggest that families are likely to have bilingualism called into question when their children have behavioral, academic, or speech problems. Speaking the minority language was reported as being blamed for these problems by 22.4%, 30.1%, and 25.0% of respondents to this section, respectively. In the Comments section of the questionnaire, families with children who had such problems explained specific difficulties relating to the issue of bilingualism having prevented or impeded diagnosis and treatment of their children:

> "My son was finally diagnosed with ADHD at 12 years old. I had expressed concerns for more than ten years to anyone who would listen. It was always blamed on his bilingualism (doctors, city health check staff, preschool teachers), my "foreign" parenting (elementary school teacher), and on one memorable occasion, his "American" personality (elementary school teacher)."

> "Our first-grade teacher was convinced that his anxiety was all due to not properly understanding Japanese and completely ignored the diagnosis of autism spectrum disorder that we had gotten a few months before starting school."

> "After some behavioral problems, we were referred to counselors connected to the public health system. My son was misdiagnosed as having stress from growing up with two cultures and languages… He was eventually diagnosed as having Asperger's syndrome and none of his issues related to language."

Due to the nature of these questions, most of the respondents to the overall questionnaire selected "non-applicable" for their responses, but the data does indicate that this is an area worth looking into more extensively to see the role bilingualism plays in diagnosing and addressing academic, behavioral, and speech development issues.

Finally, the data in Table 3 suggest that, when participants reported receiving inaccurate or misleading advice regarding bilingualism, it seems unlikely that the motivation behind such advice was malicious or due to negative prejudices against bilingualism, but rather a lack of education, experience, and/or training in bilingualism on the part of the professional. Additionally, in the Comments section of the questionnaire, many respondents indicated that those in their community would express envy regarding their children's bilingualism. Others indicated that it was widely assumed that children of non-Japanese parents would be bilingual. However, it must be noted that a majority of the respondents indicated that their minority language was English. As English is currently considered a language of value in Japan (Yamamoto, 2002), these families may experience much different attitudes than speakers of other languages and therefore further research is needed on speakers of other minority languages in Japan.

Conclusion

Overall, the data suggest that most of the myths regarding the negative effects of bilingualism are held by a relatively small number of the professionals focused on in this study. In fact, many of the respondents report having a positive experience raising their children bilingually in Japan. While receiving inaccurate advice based upon these myths is not unheard of, it does not appear to be a common problem for most families. However, this study was conducted in English and therefore may not be reflective of the bilingual community in Japan as a whole. While families with speakers of languages other than English participated in the questionnaire, their participation in this study is not representative to an extent sufficient to draw conclusions regarding their experiences with professionals in comparison with those of English speakers. Languages other than English, such as Portuguese, Tagalog, Chinese, and other languages are not as respected in Japan as English in regard to bilingualism (Yamamoto, 2002), so further research is needed in order to specifically evaluate the experiences of these families who use languages that do not enjoy the same status as English.

Speech therapists and health check staff and nurses were two groups identified as having comparatively higher incidences of discouragement of bilingualism than the other groups of professionals at 21.9% and 14.6%, respectively. As stated earlier, this may simply be due to a higher likelihood of opportunity for specific commentary on bilingualism than the other professions have, a hypothesis which can be checked with

further research. However, with a growing population of potentially bilingual children, it may be beneficial to reach out to all these professionals through seminars or educational materials to better prepare them for encounters with such children and their families.

While overall misinformation and negative attitudes towards bilingualism were reported at a low rate, blaming bilingualism for behavioral, academic, and language development issues was identified as a potential problem. However, due to the design of this study, only a small percentage of respondents indicated having children with such issues. Therefore, the data may not show an adequate picture of the experiences of these kinds of children and their families. Further research specifically focused on children being raised bilingually with such issues and how their bilingualism is treated is needed.

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Appendix A
Questionnaire

Research Survey on Professionals' Advice to Parents Regarding Bilingualism of Young Children in Japan

Section 1

1 – What are the nationalities of the parents or guardians of the children?

2 – Which parent or guardian is the primary caregiver of the child(ren)? (i.e. - more likely to be involved with doctor's visits, PTA, talking to educators, etc.)

3 – What languages are regularly spoken at home?

4 – In the family, who speaks which language(s)?

5 – Which language would you say generally takes precedence or is favored at home?

6 – How old is(are) your child(ren)?

7 - What is your location in Japan? (Please provide prefecture and city. If you have moved, please provide the prefecture and city where you lived for the majority of your child(ren)'s life until they were junior high school age.)

Section 2

Values: 1 – highly discouraged, 2 – discouraged, 3 – did not encourage or discourage, 4 – encouraged, 5 – highly encouraged, N/A - no contact with these professionals

1	In regards to our efforts in teaching our child(ren) the minority language(s), I feel our doctors _____ us.	1	2	3	4	5	N/A
2	In regards to our efforts in teaching our child(ren) the minority language(s), I feel the nurses/staff at the city health checks _____ us.	1	2	3	4	5	N/A
3	In regards to our efforts in teaching our child(ren) the minority language(s), I feel our daycare/kindergarten teachers _____ us.	1	2	3	4	5	N/A
4	In regards to our efforts in teaching our child(ren) the minority language(s), I feel our elementary school teachers _____ us.	1	2	3	4	5	N/A
5	In regards to our efforts in teaching our child(ren) the minority language(s), I feel the administration at the school (such as the principal and vice principal) _____ us.	1	2	3	4	5	N/A
6	In regards to our efforts in teaching our child(ren) the minority language(s), I feel the school counselors _____ us.	1	2	3	4	5	N/A
7	In regards to our efforts in teaching our child(ren) the minority language(s), I feel those at the Board of Education _____ us.	1	2	3	4	5	N/A

8	In regards to our efforts in teaching our child(ren) the minority language(s), I feel that speech therapists _____ us.	1	2	3	4	5	N/A

Section 3

1 – Have you been told that it is important to learn Japanese first, and only then introduce other languages by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

2 – Have you been told your child(ren) will be confused by multiple languages by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

3 – Have you been advised to only speak Japanese at home by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

4 – Have you been warned that your child(ren) will mix up their languages by...

- ❑ doctors?

- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

5 – Have you been warned that your children will never learn Japanese properly by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

6 – Has the necessity of speaking the minority (non-Japanese) language been called into question by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

7 – Have you been told learning the minority (non-Japanese) language is not important by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?

- ❑ speech therapists?
- ❑ none of the above

8 – Have you been told that your child(ren)'s behavioral problems are due to speaking the minority (non-Japanese) language by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above
- ❑ non-applicable

9 – Have you been told that your child(ren)'s academic struggles are due to speaking the minority (non-Japanese) language by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above
- ❑ non-applicable

10 – Have you been told that your child(ren)'s speech development issues are due to speaking the minority (non-Japanese) language by...

- ❑ doctors?
- ❑ health check staff?
- ❑ daycare or elementary school teachers?
- ❑ elementary school teachers?
- ❑ school counselors?
- ❑ Board of Education?
- ❑ speech therapists?
- ❑ none of the above

❑ non-applicable

Section 4 – Additional Questions

1 – Overall, I feel the attitude toward teaching my child(ren) the minority (non-Japanese) language has been:

❑ very negative
❑ negative
❑ neutral
❑ positive
❑ very positive

2 - (Optional) If you have specific incidences of discouragement or encouragement you would like to share, please use this box. Please specify who said it to you (teacher, doctor, etc.) and how it affected you and/or your child(ren).

3 - (Optional) If you would be willing to be contacted at a later date for an interview or further, related studies, please enter your email address here.

Thank you for your time.

Appendix B
Section 3 Results by Professional Group

Have you been told that it is important to learn Japanese first, and only then introduce other languages? (181 respondents)		
Response	**n**	**%**
By doctors?	10	5.5%
By health check staff or nurses?	15	8.3%
By daycare or kindergarten teachers?	14	7.7%
By elementary school teachers?	7	3.9%
By school administration?	2	1.1%
By school counselors?	0	0.0%
By the Board of Education?	2	1.1%
By speech therapists?	6	3.3%

Have you been told that your child(ren) will be confused by multiple languages? (181 respondents)		
Response	**n**	**%**
By doctors?	10	5.5%
By health check staff or nurses?	20	11.0%
By daycare or kindergarten teachers?	14	7.7%
By elementary school teachers?	8	4.4%
By school administration?	4	2.2%
By school counselors?	2	1.1%
By the Board of Education?	1	0.6%
By speech therapists?	6	3.3%

Have you been advised to only speak Japanese at home? (181 respondents)		
Response	**n**	**%**
By doctors?	6	3.3%
By health check staff or nurses?	10	5.5%
By daycare or kindergarten teachers?	10	5.5%
By elementary school teachers?	6	3.3%
By school administration?	0	0.0%
By school counselors?	2	1.1%
By the Board of Education?	2	1.1%
By speech therapists?	5	2.8%

Have you been warned that your child(ren) will mix up their languages? (181 respondents)		
Response	**n**	**%**
By doctors?	8	4.4%
By health check staff or nurses?	13	7.2%
By daycare or kindergarten teachers?	12	6.3%
By elementary school teachers?	7	3.9%
By school administration?	0	0.0%
By school counselors?	1	0.6%
By the Board of Education?	1	0.6%
By speech therapists?	2	1.1%

Have you been warned that your child(ren) will never learn Japanese properly? (181 respondents)		
Response	**n**	**%**
By doctors?	6	3.3%
By health check staff or nurses?	10	5.5%

By daycare or kindergarten teachers?	7	3.9%
By elementary school teachers?	6	3.3%
By school administration?	1	0.6%
By school counselors?	0	0.0%
By the Board of Education?	1	0.6%
By speech therapists?	5	2.8%

Has the necessity of speaking the minority language been called into question? (181 respondents)

Response	**n**	**%**
By doctors?	7	3.9%
By health check staff or nurses?	8	4.4%
By daycare or kindergarten teachers?	8	4.4%
By elementary school teachers?	8	4.4%
By school administration?	3	1.7%
By school counselors?	1	0.6%
By the Board of Education?	1	0.6%
By speech therapists?	3	1.7%

Have you been told learning the minority language is not important? (181 respondents)

Response	**n**	**%**
By doctors?	5	2.8%
By health check staff or nurses?	9	5.0%
By daycare or kindergarten teachers?	4	2.2%
By elementary school teachers?	4	2.2%
By school administration?	2	1.1%
By school counselors?	0	0.0%
By the Board of Education?	0	0.0%
By speech therapists?	2	1.1%

Have you been told that your child(ren)'s behavioral problems are due to speaking the minority language? (67 respondents)

Response	**n**	**%**
By doctors?	5	7.5%
By health check staff or nurses?	4	6.0%
By daycare or kindergarten teachers?	7	10.4%
By elementary school teachers?	10	14.9%
By school administration?	3	4.5%
By school counselors?	3	4.5%
By the Board of Education?	2	3.0%
By speech therapists?	2	3.0%

Have you been told that your child(ren)'s academic struggles are due to speaking the minority language? (73 respondents)

Response	**Nn**	**%**
By doctors?	5	6.8%
By health check staff or nurses?	5	6.8%
By daycare or kindergarten teachers?	8	11.0%
By elementary school teachers?	18	24.7%
By school administration?	3	3.8%
By school counselors?	2	2.7%
By the Board of Education?	2	2.7%
By speech therapists?	1	1.4%

Have you been told that your child(ren)'s speech development issues are due to speaking the minority language? (60 respondents)		
Response	**n**	**%**
By doctors?	6	10.0%
By health check staff or nurses?	5	8.3%
By daycare or kindergarten teachers?	6	10.0%
By elementary school teachers?	6	10.0%
By school administration?	4	6.7%
By school counselors?	1	1.7%
By the Board of Education?	1	1.7%
By speech therapists?	3	1.7%