Analyses of Narratives From Spanish-Speaking Bilingual Children

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Narration forms the basis of our social, literacy, cognitive, and discourse functioning (McCabe, 1996). Personal narratives, which consist of descriptions of past events, are critical for effective school performance. They are used in discussions and classroom participation.

Clinicians need to be aware of narrative styles that reflect cultural differences so that they are able to distinguish language differences from language disorders. For example, Michaels (1991) described the communicative mismatch between an African American child and her European North American teacher. The child used a narrative style that some African American speakers use; the teacher was unfamiliar with this style. The teacher was concerned that the child’s narrative was “rambling,” and the child was frustrated because the teacher did not understand what she was saying. This cultural mismatch led to negative feelings by both speaker and listener and could have negative consequences for the child in school.

The purpose of this article is to provide clinicians with the information they need to distinguish features of typical second-language learning from symptoms of impaired language development in the narratives of Spanish-speaking bilingual children. Background information will be presented in order to describe a framework for assessing the narrative abilities of bilingual children. Features of narratives spoken by Spanish-speaking bilingual individuals will be presented. The narratives of Spanish-speaking bilingual children with and without language impairments also will be contrasted. And, assessment and intervention guidelines will be provided.

GENERAL CONSIDERATIONS WHEN EVALUATING BILINGUAL SPANISH-SPEAKING CHILDREN

The Spanish-speaking community reflects a variety of cultures and subcultures, originating from Central and South America, Puerto Rico, Cuba, Mexico, Texas, Arizona, New Mexico, and California. Variations among and within these cultures are evident (Silva & McCabe, 1996). Unfortunately, there is insufficient research to identify possible distinguishing or common traits among the narratives of the different cultures of Spanish-speaking bilingual children. Variations exist among and within different Spanish-speaking communities (Silva & McCabe, 1996). In this paper, the focus is on
the narratives produced by children from southeastern Texas, whose first language is Spanish.

As of 1992, Mexican Americans account for 62.6% of the Hispanic population, by far the largest subset of this population in the United States (U.S. Bureau of the Census, 1992). Many of these individuals learned English informally as a second language. Therefore, the characteristics of their narratives may be different from those of speakers from different Spanish-speaking cultural backgrounds, even in the United States.

Language mixing is prevalent among bilingual and/or multilingual speakers (Long, 1994). Some bilingual individuals have learned two languages through simultaneous acquisition prior to the age of 3 years; each language may be preferred in different contexts (Grosjean, 1982). More common is successive acquisition, where children learn one language (L1) at home and a second language (L2) in school and/or with peers after the age of 3 (Owens, 1996). The acquisition of more than one language is a dynamic process, with each language influencing the other (Cummins, 1984). For example, English forms may be interspersed with Spanish, or Spanish words may be used when English is spoken. The degree of proficiency in each language changes as children mature. Children with typical language development usually use more of L2 as they progress in school (Gutiérrez-Clellen, 1996). Levels of proficiency affect narration as well as syntax, phonology, and vocabulary (Gutiérrez-Clellen, Restrepo, Bedore, Peña, & Anderson, 2000).

**FORM AND FEATURES OF SPANISH NARRATIVES**

Vasquéz (1989) described the communication patterns of four Mexican American families. Story retelling, the main communication event in the home, was used for entertainment. A variety of patterns was evident, including stories from folklore, and family events and descriptions of past experiences. Parents maintained conversation, rather than teaching or correcting their children’s utterances.

Food preparation in Mexican American families is used frequently for story telling (Silva & McCabe, 1996). There is a high value placed on the enjoyment of talking and participating in discourse rather than on relaying specific information or describing a series of events (Silva & McCabe, 1996). Conversation-focused stories may be prevalent in some Spanish-speaking households (Melzi, 1997). In this style, mothers keep the conversation flowing; they are not concerned with identifying the sequence of past events.

Several characteristics are evident in the narratives of Spanish-speaking bilingual children. Caution must be exercised in overgeneralizing these data because of cultural and linguistic variations across Spanish-speaking groups. Actions and event sequencing may be de-emphasized, in particular with Spanish-speaking children from Central America or the Caribbean (Rodino, Gimbert, Peréz, Craddock-Willis, & McCabe, 1991). The de-emphasis of event sequencing reflects a preference for using a style that focuses on other narrative features, such as description, location, and the evaluation of experiences (Silva & McCabe, 1996).

The narratives of some Spanish speakers often include mention and descriptions of family members (Rodino et al., 1991). Reference to family members provides cohesion within a narrative in order to specify time and place (Rodino et al., 1991; Ucelli, 1997). Reference to family members is also used to orient the narrator and listener (Rodino et al., 1991).

Another feature of the narratives of some Spanish speakers is the frequent use of the progressive form and the present verb tense (Sebastian & Slobin, 1994; Wong Fillmore, 1976). The frequent use of the progressive and the present tense forms may be related to the form of the Spanish language (Sebastian & Slobin, 1994). In the Spanish language, actions that are completed or in progress can be produced as progressive forms (Sebastian & Slobin, 1994). The differences in the formulation of verb tenses in Spanish and the preferences for the present tense and the progressive form may result in the de-emphasis of event sequencing in narration by Spanish-speaking bilingual individuals (Silva & McCabe, 1996).

### EXAMPLES OF TYPICAL AND IMPAIRED NARRATION

In the past 3 years, the authors have collected narrative samples from bilingual Spanish-speaking children from Mexican American communities in Texas. Samples have been collected from children with normal language development and from children with impaired language development. The children with impaired development were diagnosed as impaired by bilingual speech-language pathologists after they were tested with language measures that were normed on Spanish-speaking children (e.g., the Woodcock Language Proficiency Battery: Spanish Form [Woodcock, 1981] and the Expressive One-Word Picture Vocabulary Test [Gardner, 1983]). All of the children who were diagnosed as having a language impairment received remedial language services. Personal narratives were elicited in both English and Spanish using the Conversational Map Procedure (McCabe & Rollins, 1994). The narratives presented in this manuscript are those that were elicited in English. Narratives in Spanish and English are similar in form regardless of the language that was used (Bliss, McCabe, & Mahecha, 2001).

### Narratives From Children With Typical Language Development

Spanish-speaking children with typical language development produce informative and coherent narratives (Silva & McCabe, 1996). Although action and event sequencing may not be highlighted, descriptive and evaluative statements are present. Members of the community easily understand the narrative. Frequent references to family members may be used as a means of orienting a listener to time or space. An example of a narrative with minimal action from a
child with typical language development in both Spanish and English is:

**Narrative 1**: Sam, 10 years old

Adult: Have you ever been in a car accident?
Sam: Um…there was a van, a truck, and a car that had crashed and there was a red car that was crushed and the truck uh it had a flat tire that fell and it had some broken window.

Although little action was described, the listener understands that events occurred. The speaker uses mostly description and evaluation (e.g., red, flat, broken). Although this type of narrative, characterized by infrequent actions, has been described previously for Central American and Caribbean children (Rodino et al., 1991), the samples that have been collected from the Mexican American children typically do not show a reduced number of events (Bliss et al., 2001). The following sample was elicited from a child with typical language development.

**Narrative 2**: Leonardo, 8 years, 9 months old

Adult: Have you ever had snakebite?
Leonardo: No but my cousin did.
Adult: Your cousin?
Leonardo: In Mexico….It…’cause he was playing on the grass and then there was a snake right there, hid inside. He just saw something black like walking around. He didn’t know. He just kept on running and then the snake bite him on the leg.

Adult: And then what happened?
Leonardo: They had to take him to a hospital. Then they put him, something I don’t remember, and then he came back home and then he couldn’t go outside anymore ‘cause he think he might get bitten by the same snake. That’s why he can’t go outside anymore. Then they finally let him go outside and when he went outside, he saw the same snake and he saw it and he saw the same snake. He grab a stick and he hit it with it. He just hit it with the stick. He grab a stick and he hit it with it. He just hit with the stick ‘cause he got mad. But the snake just kept on running and then he grabbed something like a knife and killed it.

In this sample, actions and event sequencing are evident. These features are common in the narratives of most Spanish-speaking bilingual children (Bliss et al., 2001). Differences between Narratives 1 and 2 indicate the heterogeneity of narrative styles used among speakers within the same community.

**Narratives From Children With Impaired Language Development**

Reduced narration will be evident most commonly from children with language impairments, characterized by limited numbers of utterances or even an inability to produce a narrative (Miranda, McCabe, & Bliss, 1998). In the following sample, a child with a language impairment can barely construct a narrative.

**Narrative 3**: Tisha, 9 years old

Adult: Have you ever spilled anything?
Tisha: I spilled water.
Adult: What happened?
Tisha: I cleaned it up.
Adult: Tell me more.
Tisha: That’s all.
Adult: Anything else?
Tisha: No.

Tisha is only able to provide two narrative statements. A longer and more descriptive recount would be expected from a 9-year-old child (Peterson & McCabe, 1983). Many school-aged children with language impairments are capable of producing brief narratives (Bliss et al., 2001). However, there is variability in the narratives of children with language disorders. Tisha’s narrative can be contrasted to the one below, which was produced by Jackie, who also was diagnosed as having a language impairment.

**Narrative 4**: Jackie, 10 years old

Adult: Have you ever spilled anything?
Jackie: 1) OK, first I was hummm, first I got a uh I got a bowl of oh mmm and I got to put it on the table with some milk and some cereal and then I was eating. 2) Then my brother was drop it 3) and my mom didn’t hit me. 4) She just get mad at me. 5) fall down ‘cause bigger, bigger, bigger than my brother. 6) I mean so so you have to clean. 7) Today my sister, she she was…8) We buy something at McDonalds and some drinks, some drinks for our to clean ourselves. 9) We had to clean it. 10) That’s it. what she said, “You have to go to bed right now.” 11) In the morning, my brother, he was drinking some orange 12) so get uh some coke. 13) It was all filled up, 14) got the mop and clean it and and tired of doing everything, 15) so she send us to sleep, 16) drink our bottle then we get water 17) and then we time out in the wall and 18) “Don’t come out in thirty minutes.” 19) That’s what she said. 20) We all drop some coke that all my sister mmm 21) she she she got water and 22) she was trying to bring it in the room 23) and when she put it on top of the thing 24) she she she was going to the restroom. 25) Then my little brother, he climbed up at the chair and dropped it on the rug 26) and my mom got mad of him, Jose, 27) because because she put it on top of the thing 28) and she shouldn’t have put it in the kitchen 29) so she she got put time out. 30) She put Javi, my brother, down, so he could go to sleep.
This narrative has many actions and descriptions. English-speaking monolingual clinicians may be puzzled because Jackie’s narrative describes more than one spilling episode. However, this feature reveals that Jackie is using a conversation-focused narrative structure. This style should not be considered to represent an impairment of narrative ability. Jackie does not always use agents (e.g., 5, 14, and the beginning section of 16). The absence of agents is a feature of Spanish. Some speakers may transfer this Spanish syntactic feature into their English-language use. Even though Jackie’s narrative may be difficult for some clinicians to follow, it exhibits strengths. Jackie is able to relate a lively and generally meaningful narrative, with a variety of events and people.

The narrative below, on the other hand, is characterized by many disfluencies.

**Narrative 5:** David, 6 years old

Adult: Have you ever been to the hospital?

David: I was um…There was um a doctor because there was some, uh, somebody in trouble. They were in trouble.

Adult: They were in trouble?

David: Somebody.

Adult: Somebody? Tell me more.

David: Um…Danielle, she go to hospital…and there was um…there and and the hospital in trouble…um…um…the man…and there was some…The hospital because…There was um……this hospital…and the and the girl was sleepy and the bed with his dad.

David’s narrative is characterized by pauses, fillers, word and phrasal repetitions, and abandoned utterances. Disfluencies are evident to a lesser degree in the narratives of children with normal language development. David’s disfluencies make his narrative difficult to understand. Disfluencies may be associated with L2 learning: A speaker may hesitate to find the appropriate words to use in the second language (Gutiérrez-Clellen, 1996). In contrast, disfluencies may be related to a word retrieval deficit. A bilingual speech-language pathologist needs to determine the cause of disfluencies produced by a bilingual child.

**ASSESSMENT GUIDELINES**

The guidelines presented in this section have been derived from the literature (Cummins, 1984; Damico, 1990; Gutiérrez-Clellen, 1996; Gutiérrez-Clellen, Restepro, Bedore, Peña, & Anderson, 2000; Kayser, 1989; Langdon, 1992) and from bilingual speech-language pathologists.

- Clinicians should try to identify the narrative styles that are used in the home (Gutiérrez-Clellen, 1996). Narratives that are shared in the home may not be in the same form as the narratives that are used or expected in a school (Heath, 1986; Gutiérrez-Clellen, 1995). Children may be unfamiliar with the formal narrative styles expected in academic settings. They may be used to a more informal style that was learned at home. Ethnographic approaches are useful to identify narrative styles that are familiar to a child. Families should collaborate with clinicians to identify the types of narrative discourse that are used and valued by the parents and community (Damico, Smith, & Augustine, 1996; Westby, 1990).

- Clinicians should elicit narratives in different contexts (e.g., in a classroom vs. speaking casually with peers) with various tasks (self-generated vs. elicited narratives), different cues or prompts (e.g., retelling vs. spontaneous narratives), and different themes and plots (Gutiérrez-Clellen, 1995; Westby, 1994). Language sampling in culturally relevant contexts and observations across different communicative situations is critical in assessment (Damico, 1990; Kovarsky, 1992).

- Clinicians should not rely on English narrative features as criteria for judging the quality of narratives produced in Spanish. For example, action and event sequencing (found in the narratives produced by English speakers) may be reduced in the narratives produced by Spanish-speaking bilingual children with typical language development (Rodino et al., 1991). Sam’s narrative (#1) provides an example of a child who produced few actions. Actions were implied and understood in this narrative. It would be erroneous to conclude that Sam could not sequence events on the basis of the fact that he did not do so in this narrative. Another feature of narration that is expected in the narratives of monolingual English speakers is an adherence to topic maintenance. Clinicians need to accept variations in topic maintenance with Spanish-speaking bilingual individuals (Silva & McCabe, 1996).

- Clinicians should assess narration separately from standardized test performance. A narrative produced by a child who failed two tests of language development (one in English and one in Spanish) is presented below.

**Narrative 6:** Brian, 10 years old

Adult: Have you ever been to the hospital?

Brian: My friend has. He has a broken arm.

Adult: Tell me about it.

Brian: Some other kid, he was fighting with him. Then he dropped his arm and he sat on it and he broke it.

Adult: He broke it?

Brian: And they had to put a cast on him and he was crying until he went to the hospital.

Adult: What else happened?

Brian: Um then they told his mom and that kid got in trouble. He’s grounded forever uh until they take the cast off him. Then he could start playing with his friends but he can’t go to his house and his dad doesn’t want him there.

Brian produced a well-organized and coherent narrative. He sequenced events and provided a
consequence to his story, which framed the narrative. His standardized test scores did not reflect his narrative discourse abilities. As can be seen in this example, language scores on standardized tests are not indicative of narrative skills. Limited attention span or distractibility may interfere with test performance. Some tests in Spanish are English translations and do not have normative data from the targeted Spanish-speaking populations. Results from these tests may not be valid (Gutiérrez-Clellen et al., 2000). Clinicians need to evaluate both test data and narrative performance.

- Clinicians should not identify an impairment of narrative skills on the basis of nonspecific vocabulary. Bilingual children are mastering two languages. As they learn to speak, they may code switch from their less proficient language (L2) to their more proficient language (L1) (Mahecha, 1993). It is difficult to differentiate between word-finding problems and lack of proficiency due to the normal bilingual acquisition process. Only bilingual clinicians, knowledgeable of these processes, are qualified to do so.

- Clinicians should consider dynamic assessment as an alternative assessment approach that may reduce cultural bias (Peña, 1996). A child’s range of language abilities and potential to learn new linguistic or narrative forms is compared to static test-taking behaviors (Peña, 1996). Procedures for implementing dynamic assessment are described elsewhere (Gutiérrez-Clellen, Peña, & Quinn, 1995).

**INTERVENTION GUIDELINES**

The following guidelines are not restricted to the languages of Spanish and English. They represent general guidelines that are applicable to bilingual children who have been diagnosed with a language disorder.

- Clinicians need to respect a child’s culture. Silva and McCabe (1996), based on the writings of Delpit (1986, 1988), wrote, “We have to tell children from non-European backgrounds that their language and culture are unique and wonderful but they also have to learn how to master another set of rules” (p. 131). Families, as well as the prominent features of a child’s culture (e.g., food, holidays, etc.), should be included in an intervention program (Kayser, 1995). Also, relevant literature, stories, and folklore that are rooted in the child’s culture should be used (Silva & McCabe, 1996). Examples from Mexican Spanish communities are Pablo Remembers: The Fiesta Day of the Dead (Ancona, 1993), Voices from the Fields (Atkin, 1993), and Family Pictures: Cuadros de Familia (Garza, 1990). Narrative styles of school and home can be contrasted.

-Clinicians need to consider the type of narratives that should receive the main focus in an intervention program. First and foremost, the child’s community or home style should not be eradicated. Instead, additional narrative styles can be introduced in the following order:
  - Family vignettes may be a starting point in intervention. In this type of narrative, a child describes family activities and experiences, such as preparing food, going to a festival, or usual events. Inclusion of stories with family members improves verbal performance (Ruiz, 1989).
  - Conversation-focused stories, common to many Spanish-speaking cultures, also should be included in intervention (Melzi, 1997; Pérez, 1998). They involve a shifting of focus from one past event to another past event. Emphasis is placed on maintaining a conversation with the child rather than on probing for specific information about a particular past experience (Melzi, 1997). Stories about family members, adventures, aspirations, religious figures, and myths are important aspects of family discourse (Silva & McCabe, 1996).
  - Narratives that are expected in the schools also should be included to assist the child in classroom discourse activities (Gutiérrez-Clellen, 1995). Clinicians should focus on narrative features that a child typically does not include, such as descriptions and evaluation. These features enhance a story, create a bond with the listener, and typically are featured in school discourse. The elements of actions and sequences should be emphasized in order to expand and clarify a narrative.

- Clinicians can enhance the child’s production of narratives by using contingent queries. With this procedure, clarifying questions are asked in order to enable the child to expand the narrative when there is a breakdown in communication. The child is encouraged to provide additional information to the listener when a contingent query is asked.

- Clinicians can use parents as an excellent source of modeling narrative discourse. Clinicians need to understand that because of their limited time with a child, they must help parents understand that talking to their children about past experiences is important in order to develop reading and writing skills. Parents’ conversations with children about past experiences predict literacy achievement (Peterson, Jesso, & McCabe, 1999). Parents can be taught to elicit narratives from their children by asking leading questions, listening to their discourse, and commenting on their child’s utterances (Peterson, Jesso, & McCabe, 1999). The use of clarification requests and expansions may facilitate children’s narrative production rather than the use of direct corrections. Children should have ample opportunities to modify their productions (McCabe & Peterson, 1991). Contact with families and follow-up conversations help to maintain the use of narratives in the home. The use of parents in an intervention program is more successful than school-based intervention programs alone because parents
spend more time with their children and because narrative discourse enhances parent-child relationships.

**SUMMARY**

Clinicians can use the guidelines presented in this paper to distinguish between different and disordered narration for bilingual Spanish-speaking children. Clinicians must keep in mind that heterogeneity occurs among children of any culture, as well as with a task and context (Gutiérrez-Clellen, 1996). Narrative discourse needs to be distinguished from performance on a standardized test. A hierarchy of narrative tasks will enable a child with a language disorder to improve narrative abilities. Finally, parents may be a rich source of narrative modeling and enhancement (Peterson, Jesso, & McCabe, 1999).

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