Language Study For Nurses: To Speak, Stammer Or Remain Silent

By Ernst R Wendland

A living language, whether your own or a foreign tongue, is learned in stages. It is also learned in a certain way: by listening and practicing, not by reading and writing. You cannot simply memorize a dictionary or a grammar and say, "Ndithu/Masimpe, I've learned the language:" Because if that's all you've done, you will certainly fail to pass the chief criterion, which is, the ability to generate coherent and well-formed sentences spontaneously: With a knowledge of the dictionary and the grammar you may be able to translate exercises from a textbook, perhaps even compose a few sentences on your own, but if that's as far as your knowledge goes, you will remain silent when addressed; you will remain silent when you have something to say. Other important reasons for remaining silent are -an unwillingness to put the necessary effort into the task and/or not really feeling the need to speak the language, i.e. lack of motivation.

Most people do not like to keep quiet during a conversation. They get frustrated because they can't speak (if they don't know the language); they get suspicious because they cannot understand. So too you, if you are in a position where you are surrounded by people speaking a foreign language for a large portion of your day - you will want to know what's going on; you will want to communicate with them. How much more so if the subject of discussion is a matter of life or death! Now just as a foreign language is learned in stages, so also there are degrees of competence in the use of that language. That's where the "stammering," comes in. The person who has never learned to hem and haw, to stutter and stumble, to utter all sorts of odd sounds, to fracture the grammar - all in order to piece together a few seemingly infantile sentences - has not learned to speak a foreign language. When you're a child it's funny; when you're an adult, it's not so funny anymore, least of all to yourself! And yet this is a process that must be experienced, no matter how painful to one's self-esteem (call it another one of those foreign service "initiations"!), if one is serious about breaking the "speech barrier."

However, nobody wants to remain at the stammering stage of learning a second language (though this is definitely better than remaining silent!) - mumbling the sounds, fumbling the words, and jumbling the sentences. Normally, s/he would like to speak it with at least some measure of fluency; s/he would like to communicate effectively in at least certain areas of everyday experience. That is what we shall consider together in this paper. I will focus my treatment of this subject on the WELS nurse in Central Africa. I will first discuss the various possible ***goals*** of the nurse with respect to language learning. This leads to a survey of the ***resources*** that are available to assist in this study. And finally, I will present several ***options*** which will relate different goals to the resources available for learning a Bantu language.

I. Goals

This is undoubtedly the most important area of consideration, for unless a student's goals are clearly defined, an appropriate course of study cannot be arranged. And here is where I know the least about the situation as it pertains to the nurses of our medical mission. It is not my business to establish such goals and priorities. That is for you to do in consultation with the supervisory staff here in the field and the Executive Committee back in the States. Perhaps, after our discussions on this matter, we will have some concrete proposals to offer. The following questions are intended to help us clarify our thinking and to bring us to some satisfactory conclusions which can then be presented to those in charge of the medical mission programme.

First of all, we must specify ***what*** should be the minimum level of proficiency that we would like expatriate nurses to have. Should this be the ability to:

A. know the names of common objects, events and conditions (i.e. illnesses) encountered at the dispensary;

B. converse minimally with patients on the basic problems which they have come to the dispensary for;

C. converse in detail with patients on matters pertaining to their illness and life history (including a simple witness about sin and salvation through Christ); or

D. teach patients about sickness and health and converse freely on any topic (i.e. complete fluency in the language).

It is necessary to first determine the level of language ability desired because this is directly related to the time that is needed to accomplish the task. As a rough estimate, I would say that you triple the time required as you move up the ladder of competence, i.e. (A) one month (B) three months (C) nine months (D) 27 months (or one tour!) By "time" I mean the period of work put in on an "intensive" course of study, which is at least five hours a day for five days a week.

This matter of time brings up another question - **when**? When is this program of study to be accomplished? Should it be part of one's "orientation period" or is the individual expected to find the time while on the job to reach the desired level of achievement? If the latter, then you will, of course, considerably multiply the time required to accomplish your goal. Furthermore, a decision for "part time" study will most likely also put levels (C) and (D) beyond the capacity of the average individual to attain. A diligent student, working from one to two hours per day, could probably reach level (C) about the time she is ready to pack her bags to return home.

A third important question relating to goals is **who** - who will be expected to reach what level of proficiency? Do you wish to set standards in the first place? Is there a danger that such a policy might "scare away" potential applicants to the medical mission (i.e. "I'm willing to offer my professional services, but it will have to be in English!") If a certain minimum level is specified, say level (B), as an ideal to strive for, should this be an optional thing for the new nurse either to accept or reject when she arrives - or after giving it a try? She certainly wouldn't have to worry about the danger of being shipped back to the States should she fail to make any progress in the language - or even if she would refuse to make an attempt. Who then, would be responsible for prodding a procrastinator on, or for dealing with a recalcitrant individual - 1) the Language Coordinator 2) the missionary serving on the local medical council 3) the mission superintendent 4) the sister-in-charge 5) all of the preceding? Personally, I think that (2) would be the person to "crack the whip" - if anybody.

That leads to the final topic question of this section: **why**? Why should a nurse go to all the effort of learning a language if she will be leaving the field again after 2 ½ years? Could this time, which is only too short to begin with, be more profitably spent actually doing the work for which she is called? Is it not too much to ask of one who is sent to perform a specialized technical service for a set period of time (that is, she is expected to fill, a full-time job within a month or so of arriving in a completely new environment)? These are valid concerns, and they must be answered, for if they are not, adequate motivation cannot be aroused. And without motivation, one will never learn a foreign language. Again, I am not the one to answer these questions. I can only state my opinion that knowledge of a Bantu language will help the nurse to become: 1) more competent in carrying out her profession; 2) a more integrated member of the community; and 3) more effective a in her Christian witness. On the other; hand, it may be argued: 1) the presence of national staff makes the ability to talk about sickness, medicine and health in the local language more or less superfluous; 2) after 2 ½ years the nurse will be gone anyway, so why even bother about becoming more a part of the community; and 3) the missionaries are there to provide spiritual care. Perhaps we can sum it all up by phrasing the issues like this: communication via the language of the people will make one's ministry more effective and possibly also more rewarding – ***but*** for short-term service (relatively speaking), is it really worth all the time, toil and trouble?

II. Resources

There are a variety of resources available to the nurse who wants to learn a Bantu language, specifically Chewa or Tonga (Ila, Sala, Lenje, etc.) This variety can confront the language learner with obstacles as well as

assistance for the task in which she is engaged. The diversity of materials make it possible to design a program to suit just about any individual need. On the other hand, if the individual need and aptitude, interests and weaknesses, have not been properly ascertained, then the very wealth of resources can be a barrier to progress in learning the language. This is because the student either does not know what material to choose – and thus floats from this method to that without seeing anything through to completion; or she is put into a rigid programme which is not suited to her particular situation, be this intellectual or emotional. (The emotions, by the way, are an important factor in determining success or failure in language learning. If you are not "keyed" psychologically to get at the studies, to keep at them, and to place language study above certain other priorities in your daily schedule, then you will not make much progress.)

What can a nurse do while she is still in the States waiting for her papers, etc. to be processed? In the case of missionaries, I have been suggesting that they try to take a semester of African Studies courses, including Swahili as an introduction to a Bantu language, at a university such as Wisconsin at Madison. This would no doubt be impossible for the average nurse since if she does have time to do some specialized study before coming to the field, it would be most logical for this to be in the area of her profession and related to her work in Central Africa, i.e. courses in midwifery, tropical medicine, etc. If the individual (and I stress "individual" because our interests and abilities are not all the same) really wants to do some specifically language-oriented work, then there are two possibilities: 1) begin to work through an actual course in the language where tapes to wide pronunciation are provided, e.g. the Peace Corps Nyanja Basic Course; or 2) do as much reading in. language-related topics as possible to provide an orientation to the culture of which the .language is but a part, e.g. Smith and Dale's excellent study of the Ila people. Books of a general (e.g. history, religion, politics, etc.).as well as a specific nature would be helpful because, in my opinion, it is easier to learn the language if you first know something about the people who speak it. I would not recommend attempting to memorize vocables and phrases from a language textbook in the absence of tapes (produced by .mother-tongue speakers) to direct one's pronunciation. What you learn wrongly is better not learned at all, for you will only have to un-learn it again on the field.

Upon her arrival in Zambia or Malawi, as the case may be, the nurse will have a number of resources available to help her with language study. Let's start off with language learning texts: Most useful for the person studying in isolation are the carefully designed pedagogical grammars which are programmed for the student to learn via sequences of drills and pronunciation exercises which have been tape recorded, i.e. the Peace Corps course for Nyanja/Chewa and O'Brien's Tonga course. Of the two, the Nyanja course tapes are of much better quality. Several traditional grammars have also been published, e.g. Nyanja: Price's *Elements of Nyanja* and *Chichewa Intensive Course*; Tonga: Hopgood's *A Practical Introduction to Tonga* and Collins' *Tonga Grammar*. In addition to these, there are a number of privately-printed language learning texts which can be obtained, such as the Brethren in Christ Tonga course and Father Kelly's *Tonga Without Tears*. (I believe that similar texts of limited distribution can also be found in Malawi.)

Other literature on and in these languages does exist. Most important for the language learner are the large dictionaries: Scott-Hetherwick (Nyanja) and Torrend (Tonga). Smaller dictionaries and wordlists are also obtainable (when in stock:), e.g. Price (Nyanja) and Collins (Tonga). Of special mention here is the Nischke phrase-book which lists expressions which are commonly heard around the Mwembezhi Dispensary. Quite a large body of reading material in Nyanja has been printed, for example, short novelettes, "how-to" booklets, newspapers and other periodicals, and school readers (of these, the latter especially can be put to good use by the student). A much lesser amount of such material can be found in Tonga, though there is sufficient quantity to satisfy the language learner. We should not forget the various publications put out by our Lutheran Press, in particular, the Sunday School lessons and instructional booklets. The advantage of this material is that corresponding English texts are also available to clarify the meaning of difficult portions of the Nyanja or Tonga. The importance of readers, etc. is not so much that one reads them, but that their content can serve as a basis for discussions in the language with one's assistant.

Formal courses are occasionally offered in both Chewa and Tonga. The CCAP language-learning director based in Lilongwe, Anne-Marie de Klerk, has indicated that it would be possible for our staff to attend

their (Chewa) courses provided we informed her enough in advance. These courses are short (two weeks), but very intensive, and most "graduates" I have spoken to recommend them quite highly. The next elementary level course (there is also an advanced level) will be offered this September. The Tonga language learning programme, run by Fr. Wafer of Kizito (near Monze), is of longer duration (three months), but not as intensive. However, it supplements the language study with some excellent lectures on Tonga culture (customs, religion, hymnody, etc.) This course is usually divided into two six-week periods, and it is possible to attend only the initial one. The next Tonga course has been tentatively scheduled for November, but it will be postponed to next year if there are not enough students interested. The Brethren in Christ used to offer a very intensive one week Tonga course in Choma consisting of five levels of instruction, This programme was discontinued several years ago, but its organizers informed me (at that time) that they were willing to do private teaching of mission personnel for short periods if the students could make all the necessary arrangements (e.g. travel to Choma area, find accommodation, provide own meals, etc.)

If the nurse is not able to attend a formal course of instruction, then she will have to organize a personal study programme at home. I have written up some general guidelines on how this can be done, i.e. "Notes on Learning a Foreign Language from an Informant", and since each of you should have received a copy, I won't go through any of that here (unless you have some questions about it). First of all, I will consult with the nurse in order to arrange a specific course of self-study that will meet her particular needs (and schedule). .This is where problems have undoubtedly arisen in the past, probably for one or more of these reasons:

1) I was not specific enough in outlining what should be done;
2) I (or a designated missionary) did not keep close enough tabs on what the student was doing - or not doing;
3) the nurse was not prepared for this type of situation where she herself would have to supply most of the motivation, the scheduling, and the organization of her language training programme.

If there have been failures here, then I must assume a large share of the responsibility. The problem is that I do not see much hope for improvement under the present work load and expense restrictions (i.e. for periodic trips to Malawi). I will always be willing to set aside time - however long - to discuss any aspect of a nurse's self study programme. But the initiative in this will have to come from her. She will have to come and tell me, "Say, I'm having a problem with such and so;" or "Where do I go from here;" or "Hey, I'm lost!" I will not be able to personally tutor a nurse in the language, nor can I monitor her progress on a regular basis, but any time she would request a session to talk over her language learning work, I will be happy to arrange it.

In certain cases it may be possible to work things out so that a nearby missionary (i.e. Lilongwe/Mwembezhi) who has learned the language could teach (with the assistance of an "informant") or at least supervise a nurse's period of language study. This would be a distinct advantage in that he would be familiar with local dialect variations spoken in the vicinity of the dispensary (or mobile clinic stations) and having gone through the experience himself, would no doubt have many helpful tips to offer. However, I cannot volunteer the services of anyone else. The availability of missionary tutoring will probably vary according to the current circumstances. In any case, the nurse should feel free to go to those missionaries who have learned the language and ask for advice whenever this is needed.

Several other resources and aids to language learning are discussed in my "Notes..." referred to above. I will mention just one more, namely, the environment. This is a vital asset to the nurse who wants to learn the language of the people whom she is serving. For a good many hours nearly every day she will be surrounded by men, women and children chattering away in a foreign tongue. Strange sounds and intonations will be bombarding her continually while she is on the job.. When the new nurse begins her work then, she will have a crucial decision to make (and it ***is*** voluntary). She can either "tune out" all the apparent gibberish (the mind is very adept at performing this little operation), or she can make this an essential first step in learning what people are talking about. Language learning begins with listening - listening for particular sounds, listening for words, listening for different aspects of the grammar, listening to the flow of the larger discourse. Focus on the

particular points you are studying in your private lessons. Use the context of conversation to make a good guess as to what the speakers are saying. Then make that important second step: begin to use yourself some of the things that you have been listening for and to. Start with the simple utterances, then move on to some of the tongue-twisters. Mimic, or parrot, phrases at first, then try to speak more creatively. After an initial period of embarrassment, the people will respond enthusiastically. Remember, they will be coming to you in an endless stream. You'll have a captive audience. They will have to listen to you - especially when they see that needle in your hand!

So then, the resources are there. What remains is to organize things so as to make the best use of them.

III. Options

The following is a summary of the various options in procedure which might be considered when setting up a language learning programme for a new nurse. These are arranged according to the four levels of competence which were proposed earlier. These suggestions are simply my opinion as to what it would take to reach a particular stage of proficiency in the language. It will take some period of testing to determine whether I am over- or underestimating the language learning ability of our nurses. I also realize that there may be certain practical concerns (e.g. staff shortage) which would make it difficult, if not impossible, to follow the plans as outlined.

A. Memorization of basic "medical" (and related) terminology and other useful expressions.

No change in the present way of doing things. The nurse picks up these common expressions as she has the time and ambition. The Nischke wordlist.(and its equivalent in Chewa) would be the place to begin.

B. Ability to carry on a simple conversation if the subject matter is controlled (i.e. dispensary/medical related)

(Z) Six weeks (½) of Kizito Tonga course; alternatively, the same amount of time in intensive self study (use *Tonga Without Tears*) with a competent language helper (L.H.); thereafter, at least one L.H. session per week in addition to personal study (*)

(M) Elementary CCAP Chewa course (two weeks) plus one month intensive self study with L.H.; alternatively, six weeks of the latter (use *Chichewa Intensive Course*); thereafter (*)

C. Ability to participate in a conversation dealing with the chief topics of African life and culture with acceptable (not necessarily idiomatic) usage

(Z) full three months Kizito course or same time in intensive self study (use Hopgood or Collins grammar); thereafter, one year of at least three L.H. sessions per week (or equivalent, i.e. finding people to "make conversation" with) (**)

(M) Elementary plus advanced levels of CCAP course along with intensive self study (*Chichewa Intensive Course*) for a total of not less than three months: thereafter (**)

D. Ability to converse on virtually any subject with relative fluency

(Z) Full Kizito course plus nine month of intensive self study (use O'Brien taped course and Collins or Hopgood); thereafter, two years of regular work with L.H. at least three times a week (or equivalent in spontaneous conversational practice) (***)

(M) Elementary plus advanced CCAP course along with intensive self study (Peace Corps course and Chichewa Intensive Course) for a period of not less than a year; thereafter (***)

Note that programmes (B) through (D) require that the nurse have a specific period of time to devote entirely to language learning set aside soon after her arrival on the field. A decision would have to be made as to whether this time should be considered as part of a normal 2 ½ year tour, or whether the 2 ½ years should be increased accordingly. (C) and especially level (D), although unrealistic in terms of the current situation (i.e. nurses coming to the field for one 2 ½ year tour) have been added for comparative purposes to give a rough indication of what would be required in study time to achieve these levels of competence. Level (B) is probably the target to shoot for under the present circumstances. But is even this goal worth the price that will have to be paid to accomplish it? So the question which titles this paper remains: do you want to speak, stammer or remain silent? Only you can answer that.

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Lusaka, Zambia
July, 1980

Some Questions For Discussion

1. At what level of competence are you (or are the criteria too imprecise to tell)?
2. How long did it take you to reach this degree of proficiency?
3. Do you feel that your competence has been increasing with time? If not, why not?
4. What method of language learning have you found to be most useful?
5. What have been your greatest frustrations/obstacles in trying to learn a Bantu language?
6. Do you think that these frustrations/obstacles could have been avoided? If so, how?
7. Did you do any advance preparation for language study while in the States? If so, what did you do and how much did it help?
8. What level of proficiency do you think that nurses working in our medical mission ought to have? What are your reasons?
9. Should this be an obligatory (general policy) or an optional matter? Why do you think so?
10. If extra time for intensive language study is necessary, in your opinion, where should this time come from?
11. For those of you who are serving without the knowledge of the local language, do you feel that this has hindered your work? If so, in what ways?
12. (to missionaries) Would it be possible for you to serve as a language learning tutor or supervisor for a nurse? Explain.