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Forum: English Language Learners and Health Literacy

(*Part 2 of 3*)

Response to Santos' "Reflections on 'Good' Language Learners, 'Good' Patients, and Language"

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In her reflection piece, Santos invites a "much-needed dialogue about the way we think about 'good' language learners, 'good' patients, and language." Dialogue about what makes for "good" language learners can be found in the literature dating back more than 50 years. But combining dialogue on this topic with a discussion of what makes for "good" patients among health care providers is more recent. In responding to her invitation, I have had a chance to reflect on my own experiences relevant to this dialogue which should also give the reader some context for my comments.

I spent more than four decades in the language teaching profession, starting as a Peace Corps volunteer in 1970 and retiring from university teaching in 2011 where I focused my efforts on ESL teacher education and adult education. A good number of my students were adult ESL teachers, so my interest was in identifying those characteristics of adult learners which made for more effective instruction. But early in this period of my professional life, while working on my doctoral degree in adult education, I directed a health education project for a community-based organization which trained health educators to work with low-income populations in northeast Georgia. Quite coincidentally, my lead health educator was also a former Peace Corps Volunteer/ESL teacher. So, we often shared stories of common interest and related our Peace Corps volunteer experiences to the work of health education in low-income communities in rural Georgia. It was at this same time that northeast Georgia began to welcome refugees from southeast Asia, particularly Vietnam, following the end of the Vietnam War in 1975. I became involved with their resettlement by offering English language classes coordinated by a state-funded education service region with offices on the University of Georgia campus.

My training to teach English in the Peace Corps was rooted in audio-lingual methodology which was popular in the 60s, but my sudden exposure to working with refugees came at a time when competency-based instruction was becoming popular in adult literacy education, and workplace, or content-based instruction was becoming more relevant in English language education. In other words, during this early part of my career, adult ESL moved from an emphasis on language learning as an end, to language learning as a means for life skills development. So, the issue that Santos addresses, what makes for good language learners as explored by Rubin (1975), was a fairly novel idea in those early years, but became a core concept since then. The characteristics of good language learners that Rubin identified were very similar to those characteristics of good reading identified concurrently by psycholinguists in the field of reading (Smith, 1971). And even from the beginning of this period, how language is used in various contexts became a topic of great debate among English language educators who were working with immigrant populations. It certainly forced me to make significant changes in my approach to language teacher preparation as I studied more about what makes for good language learners. The key to this change was how we look at language, not as an end in itself, but as a means to more effective communication within various contexts of life skills development, whether that be in the workplace, in the community in general, or at the doctor's office in particular. The fact that Santos is inviting a dialogue on this topic in 2025 would indicate that we are still having this debate. Perhaps that focus needs to shift to how we prepare those professionals providing health care to immigrant populations.

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Part of the impetus over these last 50 years for the significant shifts in how we view language and language learning has been the significant changes in the demography of this country, especially among adult English language learners. And health care is a great example of how these changes in demography have impacted the discussion of English language teaching in North America. Thus, Santos' invitation to dialogue on these various topics has never been more relevant.

Santos' discussion of characteristics of the "good language learner: reminded me of those emerging conversations as the field of teaching English to speakers of other languages was developing an identity of its own. A quick glance at the dates of those early publications would confirm that these conversations were happening in those rich years of the 1970s when so much research activity was focused on second language learning, and not so much on language itself. Early research by Rubin (1975) and Krashen (1981) helped language teacher educators shift our focus to context-based language learning. Creative approaches to language teaching included Total Physical Response and competency-based approaches which shifted the focus of instruction from grammar, the hallmark of audio-lingual methodology popular in the 50s and 60s, to actual use of language in the 70s and beyond. In short, the teaching of language was shifting to meaning-based approaches, and away from the rote memorization and pattern practice popular in audio-lingual methods.

Santos goes on to draw from the work of Bonny Norton, a Canadian researcher who has written extensively on the subject of language and identity, including a focus on the concept of "investment" by the language learner and the fact that motivation does not predict successful language learning. Anyone who has worked with adult ESL learners, especially those who are recent immigrants to the United States, realize that though motivation to learn English may be high, the fact is that the adult learner has multiple roles which inhibit effective language learning. Relevant to Santos' discussion, recent immigrants cannot necessarily wait until they have mastered the language before they need medical care. Health care providers have increasingly recognized this dilemma by providing language interpretation services upon request. But individual practitioners, such as primary care physicians, may not have access to these services, thus leading to the asymmetrical power relationships that occur in everyday encounters between patient and provider. These examples of asymmetrical power relationships are not limited to bilingual populations. As Santos points out, doctors, especially primary care providers, have become increasingly stressed by patient loads and restrictions of insurance to limit interactions to 18 minutes. And without proper training, those health care providers will not recognize the limitations of their interactions by patients who aren't confident to advocate for themselves.

This discussion of motivation to learn to use language in a health care setting has been made more concrete for me by the personal example of a young Honduran woman, a single mother of a severely handicapped child, who made the arduous trip overland from Honduras to our Southern border carrying her then 2-year-old child in hopes of finding the medical care that would help to improve her child's life circumstances. I have been part of a local community which has reached out to help her find the resources she needs, including health, legal, and educational. In spite of living in the States for 3 years now, and navigating the health care and legal systems with the help of these local volunteers, her growth in English language ability has been minimal. Although her motivation to learn English may be high, her primary focus is on her daughter and the overwhelming challenges she faces. In this regard she has proven herself to be an effective advocate for her daughter's care.

How will health care providers respond to increasing language diversity within our immigrant population? Medical schools cannot be expected to train the next generation of doctors to be bilingual. But they could recruit more bilingual applicants to their programs. This could also include more internships in community health clinics that serve immigrant populations. And medical training programs (for doctors and nurses) could include more cultural sensitivity training. I know this is happening to some degree. I provided workshops to a large nursing training program in the Chicago area on cross-cultural sensitivity, so I know there is an awareness of these issues. Given the technical language in the health professions, and the challenges of language learning in the immigrant communities, I agree with Santos' characterization of adult literacy classrooms as places of transformation. But to make the adult literacy classroom a place of transformation is to understand the nature of communication. It means that adult ESL instructors need to be more aware of

the language structures and vocabulary that would be relevant to help learners interface with health providers. It also means that health care providers need to be more aware of the two-way nature of this communication. A key component of understanding the nature of communication, as Santos rightfully points out, is to also examine those notions of what makes for a "good" language learner and a "good" patient.

Santos concludes her remarks by referencing several participatory/problem-posing curricular resources that were published more than 20 years ago. The question remains how have teacher education programs incorporated these materials in preparing teachers who work with adult English learner populations, and to what degree can such instructional approaches be part of the critical health literacy research agendas that partner teacher education with health care provider preparation, important questions for sure. Overcoming the challenges of depending on a largely part-time volunteer population to staff adult ESL programs will be critical in moving us forward to a better understanding of what it means to be a good language learner, and a good patient.

References

Krashen, S. D. (1981). *Second language acquisition and second language learning*. Pergamon.

Rubin, J. (1975). What the "good language learner" can teach us. *TESOL Quarterly*, 41-51.

Smith, F. (1971). *Understanding reading*. Holt, Rinehart, and Winston.