A Brief Overview of Language Education Problems Related to Linguistic and Cultural Diversity in South Africa

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Abstract. Bilingualism and/or multilingualism is a global phenomenon today. It has social, educational, economical and political implications for every society. South Africa is thus no exception, as its population is multilingual and multicultural. The diversity of this rainbow nation however brings with it certain challenges and responsibilities. As a microcosm of society, all professionals within the educational sphere also have to constantly face the challenges that this diversity brings. They have to constantly find creative ways to accurately identify and where necessary remediate the problems that may be a product of this multilingual and multicultural context. The threshold theory provides an avenue that can be used in this regard.

The threshold theory was originally developed and used to explore the conditions under which bilingualism promotes or negatively impacts on cognitive growth (Skutnabb-Kangas & Toukarna, 1977; Cummins, 1976 in Baker, 1989). A diagrammatic representation is used to demonstrate how the level of the bilingual child will determine the child’s cognitive development and language proficiency.

Although the content of this theory is relevant for all professionals that work with bilingual children, this overview is made from the perspective of a speech-language pathologist (SLP). As a SLP, similarly to other professionals in the educational field, the challenge is the appropriate professional assessment and management of our diverse multilingual and multicultural clientele (Goldstein, 2004; Penn, 2000; Pillay, 1997). The threshold theory provides a useful framework for the understanding of the heterogeneous nature of this clientele and the implications of the diversity of this population.

This paper will thus use the threshold theory to paint a picture of the complexity of the clientele that the SLP is presented with and explore how this information can be effectively utilised for an accurate, ethical and holistic assessment and intervention of the bilingual child.

Introduction

Language as a tool of communication has been defined as a socially shared code or conventional system for representing concepts which are arbitrary symbols (Owens et al., 2007). The phrase ‘socially shared code’ strongly indicates a group identity or cultural identity, in other words, language is one of the main tools used by different groups in society to define and construct identities. With this role of language in mind, it becomes crucial for professionals in the language field to always draw on mother tongue socio-cultural meanings when working with bilingual populations in language assessment and intervention. Unfortunately, this role of language in evaluations and intervention is often compromised as the assessment of bilingual populations is fraught with challenges both locally, i.e. in South Africa, and globally. These challenges include insufficient human resources, material resources and culturally and linguistically relevant material. This deficiency of resources has implications for the nature and accuracy of assessment. The product of such an assessment is a report that is used as a basis for referral and access to resources. In South Africa access to resources is especially sensitive as there is a political history of the apartheid, a system where there was unequal or no allocation to resources based on one’s race, skin colour or ethnicity. It is thus important that professionals involved in language evaluation and intervention be aware and cautious not to or be perceived to perpetuate this injustice.

The motivation for this paper came from a newspaper article. In the article, titled “Multiple Voices are the oxygen of democracy” in the Sunday Times (a national Sunday newspaper), Mamphele Ramphele, a political activist and former vice-Chancellor of the University of Cape Town, echoes the sentiments of many people locally and internationally when she argues that South Africa’s linguistic and cultural diversity is a gift worth celebrating (2010). I perceive my work and this research as my personal contribution to the celebration of this diversity.
Diversity is derived from the Latin term ‘diversus’ meaning more than one of a different kind.

**Multilingual and multicultural diversity in the population of South Africa**

As a speech language pathologist I am acutely aware of the multilingual and multicultural nature of the population that the profession services. This diversity introduces many complexities that have implications for the nature and outcome of language assessments. This paper is particularly relevant as in South Africa there are many English as a second language speakers who are in schools where English is the medium of instruction.

There are eleven official languages, namely: English, Afrikaans, isiXhosa, isiZulu, isiSwati, isiNdebele, seSotho, seTswana, sePedi, xiVenda and XiTsonga. The majority of professionals in language education do work with bilinguals but do not speak and are not conversant with the socio-cultural meanings associated with these languages. The assessment tools that are used are also based on British and American norms. These tests have been criticized both locally and globally for being culturally biased, linguistically biased and disproportionately representative in normative samples (Taylor & Payne, 1983; Pillay, 1997; Bortz, 1997; Huer & Saenz, 2003). An English Western frame of reference that is used contributes to the questionable results that are derived from such an evaluation.

The starting point in finding a solution to these challenges is however the understanding and acknowledgement of this diversity. The threshold theory is merely a tool that has been used in this paper to highlight the heterogeneous nature of the bilingual and the implications of this heterogeneity for the language assessments of schoolchildren.

**What is the threshold theory?**

In Figure 1, two ladders signify the language competence or proficiency. The children stay high or low on the ladder depending on the number of steps they climb.

- If they remain at the lower level, they can have potential negative cognitive effects manifested in poor academic performance due to restricted linguistic skills.
- If they reach the first threshold, i.e. the middle level, this indicates age appropriate proficiency in one language.
- If they reach the second threshold, i.e. the top level, it shows that the child has age appropriate proficiency in both languages (potential cognitive benefits). Although the child at this level has been described as a balanced bilingual, the existence of the notion of balanced bilingual has been questioned (Grosjean, 1994). A balanced bilingual is defined as one who demonstrates equal native-like proficiency in two or more languages spoken (Grosjean, 1994, p.1656).

Originally the threshold theory was used to answer the question ‘under what conditions does bilingualism promote or negatively impact on cognitive growth?’ (Skutnabb-Kangas & Toukamaa, 1977; Cummins, 1976 in Baker, 1989). In this theory (as seen in Figure 1), two thresholds are proposed. Each threshold represents a level of linguistic competence that the children must attain to:

- Avoid negative repercussions of bilingualism;
- Experience positive impact of bilingualism.

![Figure 1. A diagram of the threshold theory](image)

Embedded within this statement is the assumption that bilingualism can have a positive or negative impact on the child. The theory further proposes that weather the child has these positive, negative or neither experiences depend on their language proficiency, i.e. it is either limited, proficient or partially bilingual. In the threshold theory the term language proficiency is used but many authors often use it interchangeably with language competence (Myers-Scotton, 2006; Gass & Selinker, 1994). Stern (1983, p.346, cited in Taylor, 1988) defines language proficiency/competence as

“mastery of the linguistic, cognitive, affective, sociocultural meanings expressed by language forms … and the capacity to creatively use the language in communication.”

In this paper Stern’s definition of language proficiency shall be used.

Similarly to any other model, this model is by no means perfect as it has its strengths and weaknesses. However, it provides a relevant framework which can be used as a basis for a discussion on the assessment of bilinguals.

**Bilingualism in the context of South Africa**

What is bilingualism? Although bilingualism is traditionally defined as the speaking of two languages (Miller, 1984; Hoffmann, 1991; Guitterez-Clellen, 1999), Myers-Scotton expands this definition. She describes bilingualism as ‘the speaking of two or more languages’ (2006, p.2) Even though the threshold theory uses bilingualism in the traditional sense, in this paper, Myers Scotton’s broader definition shall be used. The definition of the first language (L1) can potentially be very complex but for the purpose of this paper, it shall be defined as the mother tongue or indigenous language that a child first
acquires (Taylor, 1986). The second language (L2) shall refer to the language that the child learns subsequent to the development of the L1.

Who belongs to each of the levels in the South African context

The lower level

The children who belong to the lower level have the lack of language proficiency, irrespectively whether it is L1 or L2. In South Africa the majority of the population speaks one of the eleven official languages. Although English is one of the official languages, in practice it has become the official language (Mestherie, 2002; Alexander, 1997). The bilingual child in South Africa would thus be using one of the indigenous languages as a L1 and English as the L2 or third language e.g. isiZulu and English. There may be many reasons for this lack of proficiency and it may include cognitive factors.

The middle level

The child who belongs to the second tier/middle level would be proficient in L1 but not L2. Within the South African context the L1 of the majority of bilingual is an indigenous language and English is the L2 (Mestherie, 2002). Proficiency in L1 may indicate that they have both the basic interpersonal communication skills (BICS) and the cognitive or academic language proficiency (CALP). Lack of proficiency in L2 may be manifested as adequate/inadequate BICS and inadequate CALP. The insufficiently developed CALP usually manifests in poor academic/scholastic performance. The referral for an assessment is usually from the teacher at school. BICS and CALP are terms that have been coined by Cummins (cited in Baker, 1989) to differentiate between the formal and informal language skills used by a child and demanded differently in different contexts such as home and school. For example BICS would be more contextually based whereas CALP would be less context-bound.

The top level

At this level the child who is proficient in both L1 and L2 will be found. In South Africa this child will be proficient in their indigenous languages (one of the official 11 languages) and English.

The bilingual child that the South African clinician sees can be in any of the three tiers. Based on the above descriptions of each level, at which level does a SLP play a role and what is the nature of that role in assessment?

The role of a SLP

The role of a SLP has been defined as the assessment of speech and language disorder (Owens et al., 2007). The Health Professional Council of South Africa (HPCSA) describes the role of a SLP as helping to promote normal communication, identification, prevention, treatment and management of different speech or language disorders (HPCSA, 2005). ‘Disorder’ refers to the disturbance in the normal functioning, a language disorder refers to the impairment in the normal functioning of language. A language disorder can thus be described as a disturbance involving the linguistic aspects of oral communication including meaning, communicative intent and the linguistic code of the utterance. It can be expressive or receptive (Palmer & Yantis, 1990).

The lower level

In terms of the role of an SLP according to the HPCSA description provided above, the SLP would be seeing children that fall within the lower level, i.e. who have a language disorder. They have difficulty with language independent of the language they speak, i.e. they do not feel a language difference rather than a language disorder (Shipley and McAfee, 2003). In order to establish if the child truly lacks proficiency in all the languages s/he speaks, a thorough and accurate assessment has to analyse the linguistic skills of the child taking into account all aspects that contribute to the linguistic development of the bilingual.

Unfortunately this is often not the case as there are many impediments to the accurate, detailed assessment of the bilingual. These factors include the lack of human and material resources, limited or no culturally and linguistically relevant assessment tools, restricted guidelines on the nature of assessment and in SA many social, economic, historical and political factors (Moodley, 2000; Jordaan, 2008; Penn, 1998). These challenges may result in the child whose linguistic level is consistent with the features of the lower level being misdiagnosed or not diagnosed.

The middle level

If it has been accurately established that the child is proficient in the first language, taking into account the complexities in the evaluation described above, how does the SLP ensure that what is displayed by the child in the second language is the lack of proficiency or merely a language difference, i.e. how does the SLP confirm that the child belongs to the second level. If it is a language difference it may merely be reflecting that the child is undergoing the process of bilingualism and in the process of developing English as a L2. What may be observed as an error may be evidence of interlanguage (Gass & Selinker, 1994).

Interlanguage is the difference between the first language or mother tongue and the target language (TL) (Selinker, 1972). Archibald (O’Grady et al., 1996) reports that children with interlanguage may show two types of errors, namely transfer and developmental errors. While transfer errors are influenced by the mother-tongue, developmental errors are similar to those the native speaker of the L2 would make in the process of acquiring the language. Does the SLP have sufficient knowledge of the child’s mother-tongue and second language acquisition to identify the transfer errors correctly? How will the developmental errors be interpreted? Will they be analysed as a delay in the child’s language development as they mimic those found in a L1 speaker? Paradis (2005) shows that there are similarities between the patterns of errors found in a bilingual child and those in a child with a language disorder. In South Africa the TL is mostly English. The transfer errors and developmental errors will thus be found in how the bilingual child uses English. An example of a transfer error would be ‘the man, he go to town’, where the isiZulu concordial syntactic structure is superimposed.
into English. The subject concord is repeated in an alliterative nature throughout the sentence in isiZulu (Poulus & Msimang, 1998). An example of a developmental error would be ‘the lady goed home’ where there is the overgeneralisation of the past tense rule.

This child in the middle level faces certain challenges in the SA school. The medium of instruction at most SA schools is English. The middle level child’s difficulty with the language of instruction puts them at a great disadvantage in terms of scholastic performance. The phrase ‘difficulty with the language’ has to be used with great caution as it depends on firstly, how the assessment was conducted and thus if the results are accurate. Often due to many reasons discussed earlier, the assessment may only be conducted in the L2 and conclusions reached about the L2 skills or even more serious, about the global language skills of the child. Unfortunately such an evaluation gives very limited or no information as to whether the nature of intervention should be language stimulation (as the child is still in the process of developing the L2) or language therapy (as in the case when the child has got a language disorder). In anecdotal reports some of these children have even been managed as if they are part of the lower level, i.e. language disorder irrespective what language is spoken, based on a misdiagnosis. This scenario obviously raises many ethical and moral concerns.

Secondly, the result of the evaluation also depends on many other affective factors such as the expectations of the clinician or the teacher. The definition of the clinician or the teacher of what is considered proficiency in the English language may influence the assessment and reason for referral (Cloud, 1994). The knowledge of L2 development and sociolinguistics pertaining to bilinguals may influence the interpretation of the results by the clinician. A clinician who uses the Western standard English frame of reference without taking into account sociolinguistic issues such as dialect or the impact of interlanguage (Selinker, 1972) will reflect the SLP’s belief in their findings (Westby, 2009).

The top level
The children in the top level are or are perceived as proficient in L1 and L2. Due to some of the factors discussed above, some of them may be seeing a SLP. Could there be children that belong to the level but are mistakenly allocated in the middle level? Yes! If a thorough culturally and linguistically valid assessment is not conducted, the child who is bilingual or has a non-standard English dialect may be perceived as lacking proficiency in the second language.

The reverse can also be true, when the children may be perceived as belonging to the top level due to their fluency in English. Alexander (1997) warns that these children may have good interpersonal skills (BICS) in the L2 but poor academic (CALP) skills. Anecdotal evidence has also shown that many African language L1 speaking children pass through the cracks due to ‘speaking English so well’.

The hegemony of English and Western culture
In all three levels the language that is a common denominator is English. Similarly to many countries around the world, the hegemony of English is reflected in the interpretation of this model. The reasons for the dominance of English are varied and include historical, social, political and affective factors (Mestherie, 2003; Alexander, 1997). The former President de Klerk (2010) in a keynote address at the University of Stellenbosch warned against the elevation of English to the detriment of the recognition of Afrikaans and other indigenous languages that form part of the 11 official languages. Although it has often been argued that English is an international language and ‘the language of progress, should its development be to the detriment of culturally and linguistically valid and relevant language assessments?

Global and South African realities
Globally, the caseloads of most clinicians include bilinguals (Jordaan, 2008; Stow & Dodd, 2003; Roberts, 2000). SA is no exception in this regard (Roberts, 2000). In SA the bilingual or multilingual child is often assessed by a clinician who is from a different linguistic and cultural background and the formal assessment instruments used are mostly UK/US based (Weidemann et al., 2007; Penn, 2000; Bortz, 1997). It is clear from the picture that I have painted that there is much room for potential inaccuracy or misdiagnosis of the bilingual. There is thus a possibility of the categorisation of a bilingual child as belonging to the lower level.

Unfortunately an evaluation report emanating from such a set of circumstances is often used as a basis for the nature of intervention, referral and access to resources and/or institutions (Stow & Dodd, 2003). SA has a history that includes an oppressive system that allocated or denied resources to the South African population based on the colour of their skin or race. The content of such a report can thus be perceived as perpetuating, apartheid. Is it the intention to perpetuate this system? No, but can it be the result? Kavanagh and Kennedy (1992) describe this act as a cultural imposition based on ethnocentrism, which is the belief that one’s culture is superior to another’s. As SLPs are a product of their culture and experiences, this culture will influence the lens through which they assess and interpret the results of all their clients including the bilingual. It may not be their intention to be ethnocentric but as Kavanagh and Kennedy (1992, p.29) maintain, “many individuals who are not personally prejudicial or individually discriminatory, however, contribute to social distancing and discriminatory situations … by not realizing that their behaviours conflict with the values and norms of other groups of people … create social barriers or negate the worth of others.”

Pillay (1997) thus coins the term ‘disothering’ as a challenge to the SLPs to eliminate the ‘us’ and ‘them’ perception when engaging with diverse populations. Othering refers to the sideling of any aspect that may be perceived as falling outside the dominant or mainstream view and ‘to dis’ is a colloquial term to reject or look down upon.

Conclusion
The aim of this paper was not to create an impression of doom and gloom in the profession with regard to the assessment of bilinguals. The intention is to rather use the
threshold model to highlight the complexities surrounding the evaluation of the bilingual child. Awareness is the first step to seek solutions to address these challenges. Miller (1984) argues that a significant part of the solution comes from conducting a thorough culturally and linguistically relevant evaluation (Alant and Pakendorf, 1997; Saenz & Huer, 2003; Griffer and Perlis, 2007; Westby, 2009). The principles used by SLPs in the management of a multilingual or multicultural population should not differ from those of monolingual population as they are perceived as different. Battle (2005) argues that we are all different so each assessment should be viewed as unique.

References

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