American Journal of Educational Science
Vol. 4, No. 4, 2018, pp. 122-126
http://www.aiscience.org/journal/ajes
ISSN: 2381-7127 (Print); ISSN: 2381-7135 (Online)

Reflection in the Implementation of Intercultural Communication Skills in Speech and Language Pathology Classes in Morocco

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Abstract

The purpose of this article is to present a reflection on the impact of intercultural learning inputs in speech and language pathology (SLP). In recent years, the SLP Cohorts within Laureate Network have learned much by treating this perspective using the concept of online classes which is a powerful experiential learning method in comparison with the traditional classroom training. In the international context of academic training of SLP, it seems that such intercultural communication is a key element that prepares students to be able to work fluently across differing cultural contexts and consequently they become more likely to succeed in demanding contemporary workplaces. When working with multicultural and multilinguistic population and minorities regardless of country, speech and language pathologists (SLPs) should consider socio-linguistic and socio-cultural factors that may impact their clinical decision making. Dismissing these influences would not be equitable nor ethical. Definitions of intercultural communication will be discussed, along with SLPs competences in this manuscript with some examples derived from the Moroccan context of clinical practice using the concept of contrastive analysis. According to Crowley theoretical framework, it's recommended to distinguish a communication disorder from cultural difference as a part of the clinical competency. In many of these situations, a clinician's knowledge of the client's culture and language cannot be separated from a clinician's cultural competence. Therefore, test scores will not distinguish a language disorder from a cultural difference.

Keywords

Intercultural, Communication, Speech and Language Pathology, Morocco, Contrastive Analysis, Difference, Disorder

Received: August 4, 2018 / Accepted: August 20, 2018 / Published online: September 4, 2018

1. Introduction

Université Internationale de Casablanca (UIC) as a former member of Laureate's network defines its identity, programs and approach according to the needs of its students, and community. Laureate International Class courses are offered within a virtual classroom with students and faculty from different Laureate universities. In 2014, the program has been implemented in Chile, Costa Rica, Honduras, Mexico, Panama, and Peru. In 2017, it has been carried out in Morocco in the SLP program. From the Moroccan perspective, interculturality is the force that inspires Laureate International Class, seeking to promote global thinking through its academic offer.

Globally, SLPs working in societies where needs are intense, and services are rare find they must search for service-delivery models and goals different from those used at home.

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For those SLPs working in countries with limited facilities as Morocco, functionality of communication may become a major goal.

2. Concepts from Intercultural Communication in the Moroccan Context

Moroccan society is characterized by bilingualism and triglossia. Moroccan and Standard Arabic, Berber languages, and French are distributed according to geographic and sociological variables. Most scholars distinguish three main varieties of Berber, which are not mutually intelligible: Tarifit (Rif mountains and other parts of northern Morocco), Tamazight (Middle Atlas and the central and eastern part of the High Atlas), and Tashelhit (western part of the High Atlas, Sousse Valley and Anti Atlas). While the term Tashelhit represents a fairly homogeneous language, Tarifit is composed of highly distinct dialects. Most Berberophones also speak Moroccan Arabic, which is the language of communication between Arabophones and Berberophones and between speakers of different Berber languages. [1]

The Moroccan culture has many beliefs, attitudes and behaviors that are different from Western societies. There are cultural and religious factors that influence and shape people's attitudes and perceptions of physical handicaps and communication disorders in general. Despite its rapid socio-economic growth and geographic position near to Europe, there is very limited data available to assist with establishing and implementing SLP services for culturally and linguistically diverse populations in Morocco. Speech treatment facilities are currently available at public as well as private clinics and offices.

Each individual is a part of bio-psycho-socio-linguistic framework which codes culturally his behavior: his way of approaching people, of expressing himself, to understand his environment, to interpret things, or even his way of life. The cultural factor has been studied by many disciplines, particularly in the context of therapeutic management. Enhancing one's intercultural understanding can take the form of focusing on groups identified by their country race, or ethnicity [2]. Another approach is to seek to understand broad and often embedded elements of culture and communication such as space, time, or the nature of interactional exchange [3]. Culture interaction is a complex process, with its possibilities, contradictions and boundaries. S. Hall proposed a paradigm that can be used to compare and contrast cultures and to understand the nature of interactions occurring within a culture. He suggested that cultures vary along a continuum in the degree to which their communicative messages are contextualized. Much of the most important learning happens through social interaction. Furthermore, he defines intercultural communication as a form of communication that shares information across different cultures and social groups. One framework for approaching intercultural communication is with high-context and low-context cultures, which refer to the value cultures place on indirect and direct communication. Differences can be derived from the extent to which meaning is transmitted through actual words used or implied by the context. A high-context culture relies on implicit communication and nonverbal cues. In high-context communication, a message cannot be understood without background information [4]. African and Arab cultures are generally considered to be high-context cultures. A low-context culture, on the other hand, relies on explicit communication. In low-context communication, more of the information in a message is spelled out and defined. Western European culture are generally considered to be low-context cultures [5]. However, although there has been a rise in awareness about communication disorders in Morocco, it is possible that culturally specific, idiosyncratic, or out dated attitudes, knowledge and beliefs towards disabilities in general and towards speech impairments perhaps, may exist.

3. Developing Intercultural Competence in SLP

Developing intercultural competence is an ongoing process, involving self-awareness and "cultural humility" and may require an attitude shift in which SLPs recognize what they do not know about the relevant languages and cultures of the individuals, families, and communities they serve and seek to gain culture-specific knowledge and experience in these areas.

Characteristics of the culturally competent clinician include the ability to simultaneously appreciate cultural patterns and individual variation, engage in cultural self-scrutiny to assess cultural biases and improve self-awareness, utilize evidence-based practice to include client characteristics, clinician expertise, and empirical evidence in clinical decisions, understand the communication contexts and needs of clients and their families by considering communication disorders within a social context. In most instances, developing intercultural competence begins with self-assessment, including a review of the clinician's personal history, values, beliefs, and biases; an assessment of how these factors might influence perceptions of communication abilities and patterns; and an understanding of how personal perceptions

might influence interactions and service delivery to a variety of clients.

According to Sue competencies have involved three components: (a) Belief and attitudes. The counselors are aware of their own values and how they might interfere with their reactions to those with other values. (b) Knowledge. Counsellors and trainees have knowledge of their own cultural and racial background, understand the impact of racism and discrimination, and understand different communication patterns. In addition, they have knowledge about the values and background of the particular minority group they are working with and how socio-political forces may be impacting their client. (c) Skills. (Obtain educational and training experiences to work effectively with ethnic minorities. Can demonstrate appropriate counseling skills.) [6]

4. Understanding Intercultural Spectrum of Communication Differences vs Communication Disorders

According to Crowley theoretical framework, it's recommended to distinguish a communication disorder from cultural difference in the context of the clinical competency. In many of these situations, a clinician's knowledge of the client's culture and language cannot be separated from a clinician's cultural competence. Therefore, test scores will not distinguish a language disorder from a cultural difference. [7].

An example from contrastive analysis which aids the identification of true speech-language errors in cases where there is a mismatch between the linguistic communities of the clinician and the client. This approach may yield valid profiles that aid in distinguishing difference from disorder in children who speak a nonstandard dialect. It is not feasible for the speech-language pathologist to be a fluent user of every dialect and language that may be used by clients in an increasingly diverse caseload. Therefore, this diversity presents an interesting challenge to accurately and fairly identify speech-language disorders. Contrastive analysis is a method for separating expressive speech-language patterns that are consistent with a client's first dialect or language (D1/L1) from patterns that represent true errors. Contrastive analysis may be particularly useful in cases where a clinician who speaks Modern Standard Arabic (MSE) attempts to serve a client who speaks a nonstandard variety of Arabic in the form of dialect and colloquial language. When a clinician who speaks Moroccan Dialect encounters a client who shares the same language, a single, informal contrastive analysis takes place. The clinician simply notes patterns that are "in error" given his or her internalized model of the shared dialect [7, 8]. The clinician should complete more formal contrastive analysis when assessing nonstandard Moroccan Dialect speakers. For instance, a Moroccan speech language pathologist (SLP) speaking the Moroccan dialect would be unable to communicate with a speaker of the Amazigh dialect (without switching to Moroccan dialect); and a Moroccan SLP would face linguistic barriers in assessing other North-Africans or Middle-Eastern individuals using their own dialect. This complex sociolinguistic and socio-cultural situation has clear implications for SLP practice inside the Moroccan practice of SLP. The existing Moroccan Arabic language tests are available for SLPs to assess communication and language skills of an Arabic-speaking client, but it is excluded the Amazigh language assessment which is emerging and demanding as a new field of clinical research and practice.

This complex sociolinguistic situation may lead whether to overdiagnosis which occurs when clinicians interpret all nonstandard utterances as errors or underdiagnosis which occurs when clinicians compensate for this mistake by attributing all nonstandard productions to dialect instead of recognizing that within the dialect there is a standard of normalcy against which some persons will be judged as disordered. Contrastive analysis permits diagnosis on the basis of true errors within the dominant dialect or language (D1/L1) of the client [9]. In this way, both under- and over identifications of nonstandard speakers are minimized. In light of the lack of authentically developed Arabic language tests and the availability of English-based assessment resources, several attempts to adapt and/or standardize available aphasia tests have been undertaken [10]. An illustration of the suggested procedures for conducting intercultural communication is described below as a part of the clinical decision making in SLP. (Figure 1)

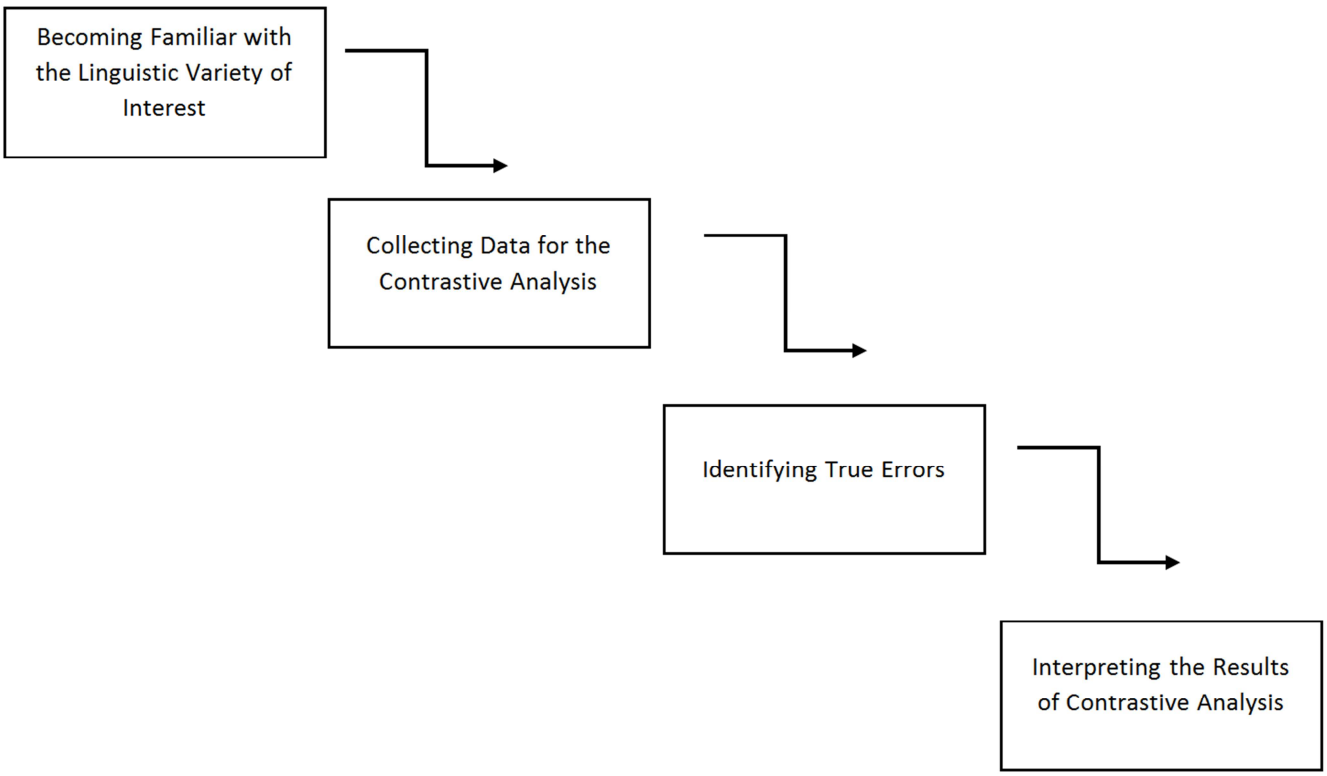

Figure 1. The stages of conducting intercultural communication procedure as a part of the clinical decision making in SLP using the contrastive analysis [7].

5. Conclusion

This article proposed some aspects of a conceptual framework for reflecting on the intercultural communication skills that are needed in establishing a specific management of the wide range of communication spectrum from cultural and linguistic difference to the linguistic impairment and communication disorder from a Moroccan perspective. Cultural competence does not come easy. It is not something that could be learnt once and be put aside. In fact, the development of cultural competence almost always comes with a kind of challenge; it comes from sensing that something is missing in our regular clinical practice with a particular case or more generally in the quality of our work. The implementation of such skills in the clinical practice of SLP is not to be taken lightly. This intercultural-based practice may guide SLPs students and clinicians toward understanding the extent and nature of cross-cultural practice, the depth and expression of their own ethnocentrism.

Acknowledgements

The authors would like to acknowledge the support of Claudia Labriny who was the principal coordinator at the UIC and assisted with the implementation of the project of Global Classes by facilitating the online classes with the other academic institutions inside Laureate International Network between 2016 and 2017.

Declaration of Interest

The authors declare that they have no competing interests

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