THERAPY THROUGH LIMITED LANGUAGE*

N. RATHNA+

The field of Speech and Hearing is growing up in India and it is becoming increasingly clean that the discipline has to grow its roots into this soil. It has to take its nourishment from the soil in which it is rooted and it has to adapt itself to meet the needs peculiar to this country. It is common knowledge that India provides many unique challenges and thus demands approaches which are not fully imported from other climates. We can ill afford to limit ourselves attempting research for international consumption ignoring the real challenges of our own nation. Tropicalisation and import substitution is the order of the day and this must hold true in professional activities.

Among such challenges demanding new ways of attack is the challenge of Languages or multiplicity of languages and the problems it creates for Speech and Hearing specialists working any where in this country. At All India Institute of Speech and Hearing, Mysore, we have been selecting our students from all over the country so that our profession will have in its ranks people who speak a variety of languages. We have been exposing our students to at least one new language with a hope that this will facilitate later language learning. We have been trying to have student therapists practice therapy in languages they are not well versed in. We have also tried interview and counselling therapy using interpreters. Speech and Hearing camps in Andhra, Kerala, Karnataka, and Tamil Nadu have helped us in our attempts to meet this challenge. They have also brought up the challenge of cases and escorts with whom we share no language. We have been forced to handle cases from other languages and thus we have been forced to devise ways of handling the not so rare situation of cases with no shared languages *with* the therapist. The reasons for this are many. The problems of job situations is such that no student can be certain of getting a job in the area of his choice. We have run into Kannada and Telugu students working in the Punjab, Malayalam students working in Lucknow with Hindi and Kannada students in Kerala with Malayalam. There is also considerable mobility of our experts and of lay people such that we have no idea of what language the next case or the list would speak and we can never be sure that we can handle that language.

The present paper is an attempt at helping therapists who have to deal with cases with whom they do not share a language. When we look at our client oriented *activities* we can broadly divide them into three functions, diagnosis,

• **This paper was presented at the** Xth **Annual Conference of ISHA, 1978** at **Mysore,**
t Director-in-Charge, All India Institute of Speech and Hearing, Mysore-570006.

Counselling, and continued therapy. It had earlier been indicated that diagnosis and counselling could be done through interpreters. This can be done quite effectively as our experiences in our clinic and camps have shown. However, the utility of interpreters is generally limited to diagnosis and counselling. Some types of therapy can also be done through an escort or directly with the case through interpreters because these can be done intensively and over a short stretch of time. We could use a colleague or a friend as the interpreter. However, it is unrealistic to expect the help of an interpreter for continued therapy over long periods of time, in some cases over many months, unless the escort can act as interpreter. How do we initiate therapy and continue therapy stimulating speech, evaluating it and modifying it when we cannot communicate with the case/the escort. We cannot turn the cases away nor can we wait till we learn the strange tongue. We have to manage to initiate therapy and keep it going for some time till we can learn the language. We must also remember that not all languages are easy to learn and not all people are good at learning languages. It is as an attempt to meet this situation that the following approach is recommended.

Inspired by the phrase books used by the tourists and the multi language medical diagnostic questionnaire developed in Europe, it is now proposed that a limited set of sentences can be effectively used to initiate and give therapy in any language. Our successful experience with many deaf cases is also one strong point of confidence.

It was felt that fifty sentences would be a fair limit because it is large enough to permit versatile handling of various therapy activities and small enough to permit frequent referrals to the phrase book. These sentences were arrived at from our analysis of our activities and experiences in camps and of therapy oriented activities of students, colleagues and self. It can be seen that there are only fifty sentences included now because these were considered adequate. The sentences have been revised by many colleagues and students who have all given valuable suggestions and made useful changes. The list has so far been tried out on recording with a voice case, articulation therapy with a hard of hearing child and in camps.

It is now proposed to try out this list on a variety of cases and through various languages. Then a phrase book for Indian Languages will be brought out.

With the help of this list it is believed that a therapist with no knowledge of the cases' language can initiate therapy. He can elicit speech samples from the escort, elicit the same from the case, compare the models and suggest modifications. The list of sentences also includes greetings and common instructions for popular therapy activities. The list can be used for articulation therapy, voice therapy, stuttering therapy, and some levels of language therapy. Vocabulary construction will *be/with* the help of the escort. Thus the limited language

proposed lief e can help a great many therapy activities especially if we follow strictly systematic functional analysis approaches.

This list will be limited in its utility with informal play therapy situations and in dealing with borderline cases such as those with misarticulations only in running speech. Comparing models in running speech to identify deviations is a difficult task especially when you do not know the language This list will not be useful in technique of therapy which demand continuous counselling and in psychotherapy oriented approaches.

However, it is believed that these sentences will prove effective. This is one of the ways of meeting the challenge of the languages. Greater validation efforts will add to testing the efficacy of the lists. The list of sentences is presented here to elicit more suggestions and to enthuse further attempts at solving the language problems of our country.

The country's unique demands have to be met by unique solutions and we are all team mates in such activity.

1. Hello
2. Come
3. Sit down
4. Say this
5. Try again
6. Louder
7. Good
8. Better
9. Yes
10. No
11. Open your mouth
12. Do this/or do like this
13. Lift your tongue
14. You try it
15. Higher
16. Lower
17. Take a deep breath
18. Now slowly breath out
19. Prolong your speech (every sound)
20. Wait
21. What do you say for this?
22. What is he/she/it doing?

23. Read this
24. Come tomorrow
25. Bye Bye
26. Do you hear it?
27. Change it
28. Show it
29. Take it
30. Give it to me
31. Write it
32. Colour it
33. Where is it?
34. How much? How many?
35. Not like that
36. Practice this at home
37. Hear this
38. See this/Feel this
39. How are you
40. What is your name?
41. Where do you stay?
42. Clear your throat
43. How do you like it?
44. Belch
45. Softer
46. Slower
47. Feel Relaxed
48. That's right!
49. What/How did you try at home? (and How long)
50. Why? Which?