UC Davis
UC Davis Previously Published Works

Title
Introduction to thematic issue: language policies
and health

Permalink

Journal

ISSN

Author
Ramanathan, Vaidehi

Publication Date
2010-02-01

DOI

Peer reviewed

Introduction to thematic issue: language policies and health

Vaidehi Ramanathan

Where do our disciplinary concepts come from? What are the processes by which they begin to garner particular associations and take root? In what ways do policies—understood most broadly in a variety of spaces in our world—enforce and thicken associations (and by extension inequities) and why is it important that we, applied linguists, seek contexts whereby our default understandings of concepts and their terms are challenged? These questions form the backdrop against which the present localized discussions of the terms 'language', 'policy' and 'health' are discussed and which frame this thematic issue of *Language Policy*.

The term 'language policy' has typically been thought of as 'rules' or 'mandates' about language use—its governance, maintenance, reproduction—at a variety of state, national and family levels (Schiffman 1996; Spolsky 2004; McCarty 2002, 2005; Wiley 2004; Wiley and Wright 2004; Ricento 2006; King and Fogle 2006), and as institutionalized mandates in contexts such as testing (Shohamy 2001, 2006; McNamara 2000; McNamara and Roever 2009). It has only been in recent years that local enactments of and around policies has begun to gain attention (c.f. Hornberger and Johnson 2007; King 2001; King et al. 2008; McCarty 2005; Ramanathan 2005). In the ESL context, Bhattacharya et al. (2007), for instance, write of the policy-practice nexus in English-language lessons in Delhi, Johannesburg, and London, while Diane Dudzik (2007) speaks of the effects of language policies around curricular reform in postcolonial Djibouti. Situated in Wales, Baker (2003) writes about transliteracy in the Welsh national curriculum, while Clarke (2007) describes policy issues around language teacher education in the United Arab Emirates. This shift in attention to the more grounded and lived realities of language policies is not as ordinary and commonplace as first it might appear, since it casts floodlights on engagements—on how humans, programs, institutions, states, nations negotiate

V. Ramanathan (✉)
Linguistics Department, University of California, Davis, Davis, CA, USA
e-mail: vaidehi.ramanathan@gmail.com

policies—a move that breaks down the singularity inherent in the term 'language policy.'[1]

This thematic issue of *Language Policy* situates itself partially against this background of grounded scholarship, while attempting to initiate another slight extension: It seeks to ask: what would happen if the two words of the phrase 'language policy' were addressed separately? What other horizons would float into our purview if we allowed ourselves to address the role of language in maintenance, reproduction or transformation of particular policies, especially around health? With its focus on ailments—understood broadly—this issue concerns itself with a range of interests around language and policies, including ways in which health policies in a variety of medical domains find distinct articulation through particular language use; how individuals draw on these policies to counter/resist them; and the importance of addressing local and lived realities of ailments and disabilities around the language and policies that simultaneously constrain us humans even as they afford ways of seeking contexts of transformations. The focus, then, is on language issues around medical and health policies, including ways in which language constructs these policies, and how together they shape our worlds and engagements.

Language policy as concept: seeking its multiplicities

Deleuze and Guattari view concepts as complex acts that assume the form of singularities in thought: the concept (as a specific philosophical creation) is always a singularity (Deleuze and Guattari 1994, p. 7), and all complex singularities have components in them that may in turn be considered concepts. As Patton (2000) points out, concepts are the intensive and variable unity of their components—a concept is 'the point of coincidence, condensation or accumulation of its own components (p. 20). One could say this of 'language policy,' a term we applied linguists have typically needed to use as a singularity, a concept that has accumulated a cluster of related meanings, most especially around mandates influencing language use, and particular complexities emerging from them. However, delinking 'language' and 'policy' from each other (to where they are not necessarily viewed as comprising a singularity) permits us to bring in concerns from the larger culture (such as health). It also shifts our attention away from the more typical "What do policies do?" to "What can we do with policies?, a shift that allows us to see how we can question, resist, and eventually change certain policies. Parmar (2007), for instance, speaks of how he as a Dalit principal of a Jesuit college in Ahmedabad, Gujarat, India works to change institutional policies to where Dalit high-school students educated in the vernacular have equal access to the English-medium college that he runs, especially in realms of admissions and placements. In the light of the present focus, such a shift implies that with enhanced awareness we can language health policies differently, that we can make the changes we wish to see happen. Such agentive positions (our assuming them and seeing fellow humans assume them) affords both a recognition and documentation of how rules in a host

---

[1] See Shohamy (2006) and McNamara and Roever (2009) for excellent discussions in the field of testing.

of societal realms assume the power they do because they get languaged and legitimized in particular ways (by key institutions, ideologies, and groups of people; c.f. Ramanathan and Morgan 2007) while also moving us to a space where the transformations we engage in get acknowledged. It permits us to ask: What distinct linguistic articulations emerge from particular health policies? How do people counter particular health policies in their everyday negotiations (through particular literacy events or in workshops training care-giving personnel) when ill-health and body breakdowns get languaged in particular ways? What kinds of language use and embodied experience don't get a hearing because of particular linguistic articulations of health policies? Nudging the phrase 'language policy' towards a space where its multiplicities around language, mandates and larger cultural concerns about health are more visible is what this issue is about. Open, indeterminate and forever needing contestation, a primary concern here is not just to call attention to how singularities in our field demarcate the lines of our knowledge-making and/or modes of inquiry, but to also underscore how our collectively assembled concepts, when probed, can permit newer laminations and meanings.[2]

Language, policies, health: maintaining 'normalcy'

Lennard Davis (1995) maintains that to understand the 'impaired'/'ailing' or 'disabled' body, one must return to the idea of the 'normal' body, since problems in issues around 'disabilities' have to do with the way "normalcy is constructed to create the "problem" of the disabled person (2006, p. 3). The cluster of words—'normal,' 'normalcy,' 'abnormal,' 'deviant,' 'able,' 'able-ism,' 'disabled,' 'disability'—emerged in the English language at a particular time, with the modern uses of 'normality' and 'normalcy' appearing in the mid 1800s, getting sedimented in all kinds of domains and acquiring legitimacy through the discourses of scientific rationalism. In relation to human bodies, the notion of a 'norm' emerges in a host of expectations, including having 10 fingers and 10 toes, to women having two breasts, and to having all of one's limbs and faculties.

Needless to say, these expectations—that comprise the 'norm'—are held in place by a whole range of body/health-related policies languaged in particular ways—including formal ones around health insurance that dictate who can and cannot be 'covered,' and those around funding for disabled access such as providing for wheelchair ramps, as well as a host of informal attitudes and assumptions about 'normally' functioning bodies (see Ramanathan 2009 for a detailed discussion about ailments, bodies and linguistically constructed notions of the 'ab[normal]).' And these do not just extend to obvious health-related conditions (c.f. O'Malley on maternity care in Ireland in this volume) or physically apparent disabilities, but to more invisible conditions as well, as in the case of impaired cognitive ability;

---

[2] Because concepts are always created in relation to particular problems and because different problems themselves may be interconnected, any given concept will be located in a series of virtual relations to other concepts. Certainly within Applied Linguistics, the concept "language policy" is typically understood in terms of policies affecting language use, a point that this special issue seeks to debate.

(c.f. Lenchuk and Swain; Davis and Pope in this volume) or 'invisible' ailments such as HIV/AIDS (c.f. Higgins; Norton and Mutonyi, this volume).

The linguistic terms by which such slottings occur beg uncovering. As disability scholarship reveals, scholars vacillate between terms of reference: 'people with disabilities', 'people with impairments', 'activity limitations' and the indecision there is about which terms to use consistently points partially to deep-seated discomfort with the limitations of English language in this realm (Davis 2006). As Devlin and Pothier (2006) point out, the terms 'handicapped' and 'disabled persons' were common, but seemed to convey the idea that the entire person was disabled because of a specific impairment. This, apparently, led to the adoption by the Canadian federal and provincial government of an explicit policy to use the term 'persons with disabilities' while strongly discouraging 'disabled persons'. The term 'disability' itself, though, is not without problems either. What constitutes disability? Does it mean obvious physical impairment? At what point are medical conditions part of this term? What about invisible chronic medical conditions such as epilepsy and diabetes? Or cognitive impairments relating to Alzheimer's disease or autism? The term is crucial and fraught since it partially determines how people identify themselves or wish to be identified.[3] But more importantly, what it points to are our assembled notions of 'normalcy,' which as the various readings in this issue show, are held in place by particular and constant reinforcement of health policies articulated through particular language use (Ramanathan 2009).

Policy and language issues around (ill)health are predicated on issues of equality and difference and it seems important to bring these into this discussion as well. A key issue here is not to theorize health-issues to where its relevance to the larger world of engagement is lost, but to raise awareness about how language and policies position and constrain patients' bodies, how patient's voices and experiences with their bodies run counter to those to held by the medical world, and how institutionalized discourses in the world of pharmacists, doctors, nurses and medical personnel legitimize dehumanizing orientations to bodies and ailments (see Collins and Slembrouck 2006; Slembrouck 2005). These are crucial issues to address since 'health' and 'normalcy' often get viewed in individualistic terms, with the ailing person and his/her family feel compelled to scale what seem like insurmountable bureaucracies. Having had to lobby with health insurance policies to get an insulin pump—a small computerized pancreas—for my partner with type-1 diabetes (something he couldn't do because his condition came under a (U.S.) health policy called 'pre-existing condition') meant endless phone calls, memos to doctors and policy agents, and verifications that this pump was integral to his survival, a process that was extremely time-consuming and exhausting (not to mention one which requires sophistication with English, medical genres, argumentative discourse, etc.). My point here is that viewing illness/disability in individualized ways runs the risk of framing it as personal bad luck, a risk that leans towards an orientation of charity and pity. Shifting focus and viewing disability in terms of societal views about

---

[3] I am aware that accepting all conditions 'deviating from the norm' carries an inescapable component of complicity, but the attempt is to critique it from within. Uncomfortable as I am with this term, I use it strategically to bring policies, language, bodies and health/'disability'-related issues to the center and to render 'normalcy' to the margins.

'normalcy,' on the other hand, opens up a Foucauldian space that inducts difference, equality and inclusion into the discussion, thus calling into question the system that constructs the individual as 'disabled.' Issues of how language constructs health policies which in turn construct our notions of 'normalcy' are, needless to say, crucial here, and demand direct engagement.

Overview of papers in this issue

Each of the papers in this issue wrestles with particular entanglements around 'language,' 'policies' and 'health,' with specific attention to how lived realities have direct implications for disabling health policies languaged in particular ways. Making a case for how the 'small stories' of Alise, a senior citizen in a long-term care facility (TLCF) counter its debilitating policies and language practices, Lenchuk and Swain focus on how paying attention to elderly/patient talk becomes a fruitful way to closely investigate how institutionalized policies languaged in particular ways, construct and position patients as 'incompetent.' Their analyses have critical implications for the training of caregivers, nurses, institutional personnel, and health care providers. Also in the space of long-term care facilities is the essay by Davis and Pope wherein they show how social engagements, talk, and interactions are not part of medical training of caregivers, despite increasing research pointing to the value of talk in retaining memory. As Davis and Pope point out, although some countries (such as the UK) have instituted policies about language use and interactions for elderly care, such awareness is not widespread. This is crucial because all too often caregivers engage in 'ghosting'—speaking over the person's head as if they were absent—an interactional phenomena that is linguistically dehumanizing and debilitating.

Bonny Norton and Harriet Mutonyi focus their paper on four, key AIDS-related articles that were discussed by 12th grade school adolescents, and underscore the value of languaging for African youth engagement in policy. Their close analysis and engagement with these language and policy discussions reveal crucial insights that have far-reaching implications for larger communal issues including those pertaining to gender, and the strategic appropriation of Western models of health care. Picking up themes of institutionalized mandates and grounded interactions of the previous two papers are the two essays by Higgins and O'Malley respectively. Higgins offers an insightful discussion of how local articulations about health and literacy vary from the top–down policies of the World Health Organization, which tends to impose universal 'health' standards across cultures, thereby not respecting local practices or cultural values. As she points out, local models about sexuality, reproductive behaviour, AIDS, and critical awareness emerge in and need to be understood in relation to local concerns about patriarchy, and religiously sanctioned views, and stigma against the disease. Likewise, based on situated explorations of interactions—in the very different context of pregnant women and midwives in a large maternity hospital in Ireland—O'Malley, in her brief report, speaks to local concerns about maternity care in the health policies of Ireland. She writes of ways in which attempts to resist policies are evident at micro levels of interactions, a

concern about which there needs to be more awareness so that weak maternity policies can be changed.

In kaleidoscopic fashion, each of these papers highlights of issues around language, policies, and health concerns in grounded ways. In very different respects, they contribute to raising awareness not just of the importance of addressing these concerns in the most local of terms, but of ways in which we applied linguists can expand our domains around language policy concerns to where we can also address 'language' and 'policy' issues separately so as to bring in crucial societal concerns such as health and ailments.

References

Baker, C. (2003). Biliteracy and transliteracy in Wales: Language planning and the welsh national curriculum. In N. Hornberger (Ed.), *Continua of biliteracy: An ecological framework for educational policy, research, and practice in multilingual settings* (pp. 71–90). Clevedon: Multilingual Matters.

Bhattacharya, R., Gupta, S., Jewitt, C., Newfield, D., Reed, Y., & Stein, P. (2007). The policy-practice nexus in English classrooms in Delhi, Johannesburg, and London: Teachers and the textual cycle. *TESOL Quarterly, 41*(3), 465–487.

Clarke, M. (2007). Language policy and language teacher-education in the United Arab Emirates. *TESOL Quarterly, 41*(3), 583–591.

Collins, J., & Slembrouck, S. (2006). 'You don't know what they translate' Language contact, institutional procedure, and literacy practices in neighborhood health centers in urban Flanders. *Journal of Linguistic Anthropology, 16*(2), 249–268.

Davis, L. (1995). *Enforcing normalcy: Disability, deafness, and the body*. London: Verso.

Davis, L. (Ed.). (2006). *The disability studies reader*. New York: Routledge.

Deleuze, G., & Guattari, F. (1994). *Difference and repetition* (P. Patton, Trans.). London: Athlone Press.

Devlin, R., & Pothier, D. (2006). Introduction: Toward a critical theory of Dis-citizenship. In R. Devlin & D. Pothier (Eds.), *Critical disability theory: Essays in philosophy, politics policy, and law* (pp. 1–22). Vancouver: UBC Press.

Dudzik, D. (2007). The great debate: Affecting English policies and curricular reform in multilingual, postcolonial Djibouti. *TESOL Quarterly, 41*(3), 591–600.

Hornberger, N., & Johnson, D. (2007). Slicing the onion ethnographically: Layers and spaces in multilingual language education policy and practice. *TESOL Quarterly, 41*(3), 509–532.

King, K. (2001). *Language revitalization processes and prospects*. Clevedon: Multilingual Matters.

King, K., & Fogle, L. (2006). Bilingual parenting as good parenting: Parents' perspectives on family language policy for additive bilingualism. *International Journal of Bilingual Education and Bilingualism, 9*(6), 695–712.

King, K., Schilling-Estes, N., Fogle, L., Lou, J., & Soukoup, B. (Eds.). (2008). *Sustaining linguistic diversity: Endangered and minority languages and language varieties*. Washington, DC: Georgetown University Press.

McCarty, T. (Ed.). (2002). *Rough rock and the struggle for self-determination in indigenous schooling*. New Jersey: Lawrence Erlbaum Associates.

McCarty, T. (Ed.). (2005). *Language, literacy and power in schooling*. New Jersey: Lawrence Erlbaum.

McNamara, T. (2000). *Language testing*. NY: Oxford University Press.

McNamara, T., & Roever, C. (2009). *Language testing: The social dimension*. Malden, MA: Blackwell.

Parmar, F. F. (2007). Transforming language policies to make more room: Reflections from a principal of a college in Ahmedabad, Gujarat, India. *TESOL Quarterly, 41*(3), 557–561.

Patton, P. (2000). *Deleuze and the political*. London: Routledge.

Ramanathan, V. (2005). *The English-Vernacular divide: Postcolonial language politics and practice*. Clevedon: Multilingual Matters.

Ramanathan, V. (2009). *Bodies and language: Health, ailments, disabilities*. Clevedon, UK: Multilingual Matters (in press).

Ramanathan, V., & Morgan, B. (2007). Introduction. Special issue of *TESOL Quarterly* on Language Policy, *41*(3), 447–463.

Ricento, T. (Ed.). (2006). *An introduction to language policy: Theory and method*. Malden, MA: Blackwell Publication.

Schiffman, H. (1996). *Linguistic culture and language policy*. London: Routledge.

Shohamy, E. (2001). *The power of tests: A critical perspective on the uses of language tests*. New York: Longman.

Shohamy, E. (2006). *Language policy: Hidden agendas, new approaches*. New York: Routledge.

Slembrouck, S. (2005). Discourse, critique, and ethnography: Class-coded coding in accounts of child protection. *Language Sciences, 27*(6), 619–650.

Spolsky, B. (2004). *Language policy*. Cambridge: Cambridge University Press.

Wiley, T. (2004). Language planning, language policy, and the English-Only Movement. In E. Finegan & J. Rickford (Eds.), *Language in the USA: Themes for the twenty-first century* (pp. 319–338). Cambridge: Cambridge University Press.

Wiley, T., & Wright, W. (2004). Against the undertow: Language minority education policy and politics in the "age of accountability". *Educational Policy, 18*(1), 142–168.

Author Biography

Vaidehi Ramanathan is a professor of applied sociolinguistics in the Linguistics department at the University of California, Davis. Her research interests span all areas of literacy development including language policies, vernacular and English development, teacher-education, issues of health and disabilities. Her publications include *Alzheimer's discourse: Some sociolinguistic dimensions* (Lawrence Erlbaum 1997), *The politics of TESOL development: writing, knowledge, critical pedagogy* (Routledge 2002), *The English-Vernacular divide: postcolonial language politics* (Multilingual Matters 2005), and *Bodies and language: ailments, health, disabilities* (in press, Multilingual Matters). She has also has co-edited (with Brian Morgan) a special issue of *TESOL Quarterly* on language policies.