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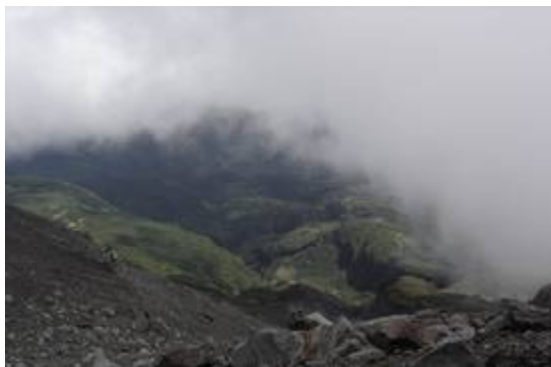
## Spanish lessons

*Speech-Language Pathologist and Audiologist Heather Graz reflects on how non-practising time in Chile has given her lessons in communication that couldn't be taught in a classroom.*

“Do you know where you're going to? ...



...Do you like the things that life is showing you?”\*



There is only so much preparation you can do when getting ready to relocate to the other side of the globe. The rest merely has to be experienced... For me, this is a journey of discovery, both of new insights and of familiar ones revisited from an experiential rather than a book knowledge perspective.

Chile is a country of extremes. Geographically it ranges from desert to ice fields along its 4000km length, whilst being only a few hours' drive in width. Cultural and lifestyle factors also represent amalgamations of old and new world influences, western and socialist business and social practices. With its own unique charm and frustrations, Chile and I are gradually becoming friends after an initial interaction that was characterised by a rather wordless and circumspect regard for each other.

I am a South African-born Speech-Language Therapist and Audiologist, with a background in work with adults and children with neurological deficits. I am, however, starting to feel like I have assumed global citizenship or, at worst, nomadic status after having spent almost equal periods of time in South Africa, the United Kingdom and Chile over the past eight months. The lessons faced on a daily basis in an adopted country have not been the easiest I have ever had to learn, but are certainly instructive both on personal and professional levels.

### **From a distance**

I decided to come to Chile in the full knowledge that I would not be in a position to practise as Speech-Language Therapist here. I saw this as an opportunity to engage in full-time doctoral studies - a feat that would not have been possible in South Africa, where my business left little time for anything as time-consuming as postgraduate studies. One of the benefits of having official status as a “dueña de casa” (“housewife”) in my adopted country is the opportunity to consider the working world from a distance, so potentially more objectively. As a result, the last few months have seen a rather exponential growth in skills that should prove useful when I resume clinical practice.

My capacity to empathise with people with communication impairments has expanded. I can now identify with patients tripping over pronunciation of speech sounds and syllable sequences. I know exactly what it feels like to know what I want to say but to be unable to put this into words. Conversely, I have experienced the feeling of drowning in a deluge of rapid and seemingly randomly strung-together speech. I am now quite familiar both with being on the receiving end of unintelligible speech and with that “tip-of-the-tongue” feeling where I just cannot find the word I need.

On arrival in Chile, I was presented with a “language barrier”. Spanish is by far the most widely spoken language in Chile, with English being limited largely to use by school children, and this possibly to a greater extent in more urban areas. We live in the more rural south of the country, with a reputation for rather less than intelligible pronunciation of the Spanish language. Until faced with having all tried-and-tested - and automatic - means of meaningful interaction with your environment removed overnight, your appreciation of the value of meaningful human interaction remains partial at best. As a professional with a fundamental interest in communication, this has been a profound but immeasurably valuable experience. Thankfully, a quiet-spoken Spanish teacher - who coincidentally happens to have a progressive neurological disease that affects verbal communication - came to my rescue. The irony of this situation did not escape me, and I am sure that it was not lost on him either.

### **Control**

My period of immersion in Spanish has directed my attention back to basic principles. I have been reminded that the ability to communicate is not first and foremost important only to make your needs and desires known. Being able to express yourself using speech or other means of communication - including, where necessary, to think laterally to rephrase original sentences in

a language that is not your own - does however come in handy on occasions such as shopping or ordering a cup of coffee. More importantly, though, being able to interact spontaneously allows *control* over your situation. This allows the opportunity to define your own goals, take appropriate steps towards achieving these goals and then to monitor your success in achieving these goals in a participative manner.

But the sense of empowerment associated with successful communication goes even further. The relief of “just being able to talk” in the form of informal conversation has to be experienced to be fully appreciated. For me, this has surpassed the relief associated with being able to make my needs known.

So much for the philosophical lessons learned about communication. My journey has also reiterated basic principles of clinical practice. I have learned first hand the extent to which your understanding of a language exceeds your ability to use this code. On more occasions than I can recall, my attempts to construct a grammatically correct sentence have been met with looks of confusion and puzzlement on the part of conversational partners. Along with this, I have been reminded that knowledge of strategies to repair conversational breakdowns should not be taken for granted and need to be explicitly addressed in clinical settings. Furthermore, the necessity for generating numerous, easily accessible and non-threatening opportunities for practice of skills being learned has been proven beyond question by regression of any Spanish skills that I had acquired prior to my intermittent jaunts to the Anglo-Saxon world.

Perhaps the most salient lessons I am learning relate back to the gritty character traits that are portrayed by so many of the people with neurologically-based communicative deficits I have worked with. I am learning that to maintain a sense of humour despite frequently occurring miscommunications is quite a feat. Fostering and maintaining a sense of anticipation that improvement remains a possibility also takes some doing, both while on the high after successful communication and in the inevitable low that is the antithesis of this. Engaging each opportunity to communicate in a spirit of adventure can require courage and perseverance. These lessons cannot be learned vicariously.

I came to Chile with the express purpose of being a student. Here's to the possibility of graduating with honours.

(\* Theme from *Mahogany* (Do you know where you're going to?), Diana Ross, 1976, Tamla Motown.)