

COLANG2014

Institute on Collaborative Language Research

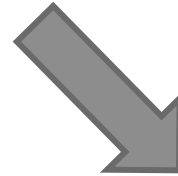
Personal Well-being in Minority Language Communities

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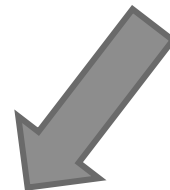
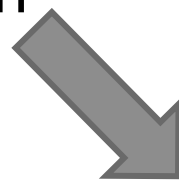
BACKGROUND

Recognition of the danger the world's languages face



* *language endangerment* becoming a research area of its own

* (re)blossoming of language description and linguistic documentation over the last two decades



LINGUISTIC FIELDWORK



BACKGROUND

How are linguistics students typically prepared for fieldwork?



FIELD METHODS COURSES



BACKGROUND

“While we generally do a very thorough job of teaching [our linguistics students] how to elicit and analyze data, we often forget to tell them that there is a personal and practical side to fieldwork that can very well derail their research if they are not prepared for it.” (Macauley, 2004:194)

Newman (2009 [1992]:114) argues that most field methods courses –as well as most of the literature on linguistic fieldwork– “are concerned with technical aspects of data collection and analysis [but] *the human dimensions of fieldwork* that affect the researcher are seldom taken up as a point of discussion”



TODAY'S THEMES

- **Fieldwork involves personal issues**
- **You will likely make better decisions if you think about these issues before you go**
- **“Better Decisions”**
 - At the time:
 - Hurt less to make
 - Keep you safer
 - make you happier
 - Long term:
 - Are more consistent with your own values
 - Are easier to talk about



THE THREE DOMAINS

- **The Culture Shock Cycle**
- **Health Care Needs**
- **Sexual Needs / Gender Identities**



THE CULTURE SHOCK CYCLE

(from Spike's 1983 Peace Corps Training)

- **The Honeymoon phase** (2-3 months)
- **Disillusionment** (3-9 months)
- **Rock Bottom** (9-12 months)
- **Finding balance** (12-18 months)
- **Reverse Culture Shock** upon return
(Repatriation stress — going “home”)



THE HONEYMOON PHASE

The thrill of discovery

- This is so cool!
- Everything is so different and interesting
- It's all just amazing!
- I'm learning so much!



THE HONEYMOON PHASE

Infrastructure

- We cook over a fire!
- We bathe in the river!
- We eat new and unusual foods!
- I can dress like a local!



THE HONEYMOON PHASE

Cultural norms (e.g., in Nepal)

- Women cover themselves ankle to wrist
 - Except nursing mothers bare their breasts openly!
- Everyone calls each other ‘brother’ and ‘sister’!
- Men sit together and hold hands here!
- People sit and talk, REALLY TALK to each other!



DISILLUSIONMENT

The symptoms

- I miss my _____!
- Why is it so hard to get anything done?
- I'm bored!
- I'm soooooo lonely!



DISILLUSIONMENT

Work

- I'm just glossing texts
 - few new discoveries
- So many days there's nobody to work with
- I see the same people every day
- There's nothing new to do here — we're so isolated!
- I'm bored



DISILLUSIONMENT

Infrastructure

- The food all tastes the same
 - day in and day out!
- I don't feel so good...
- It's too cold to bathe every day!
- Why do I have to wear _____?



DISILLUSIONMENT

Cultural norms

- I can't stand how people are so _____!
 - Women get treated like shit here!
 - Men are so two-faced in this culture!
- Nobody is listening to my ideas to improve things!
- I feel guilty at how much more _____ I have
- They don't understand me!



ROCK BOTTOM

Work

- I can't get my work done!
- I'm starting to really hate data collection
- Academic work is all pointless anyway
- Nobody else is doing this
- Maybe I'll just drink and play cards all day (again)



ROCK BOTTOM

Infrastructure

- I need some real food!
- I would kill for some chocolate
- I'm sick all the time
- I'm losing weight
- I don't have anyone to talk to
- It's just so hard to live here!



ROCK BOTTOM

Cultural norms

- I don't respect this culture AT ALL!
- They want me to conform and I won't!
- I don't have friends, just people who want to use me
- Nobody here understands me



FINDING BALANCE

They do things differently here

I accept the “foreigner break”

- I am not one of them

I decide how far to bend

- Which local norms do I adopt?
- Which ways do I stay more rigidly true to my own culture?



REVERSE CULTURE SHOCK

- Oh no! Home has changed so much!
- Or maybe... *I* have changed so much...
- What's “normal” anyway?



EXERCISE: STRATEGIES

Get in groups of 4

Brainstorm:

- What differences are likely?
- How will you cope?

Make a list to present to everyone



HOWELL'S (1990) SUGGESTIONS

Know thyself — what can you handle?

Provide outlets

- free your thoughts: journaling
- escape: novels, music, art

Beware of denial

- Monitor your mental health
- Involve friends?

Take breaks

- Go to the nearest city
- Connect with loved ones



OUR SUGGESTIONS

Escape from time to time

- Take days off
 - Lie around and read
 - Go hunting / sightseeing
- Exit the culture entirely
 - Go to the nearest city where you can “blend in”
 - Find some other expats to bond with

Get perspective: put yourself in a different future

- “This will make a great story someday!” (journal)
- “I’m in a tough part of the cycle”

Forgive yourself



HEALTH PREPAREDNESS



HEALTH PREPAREDNESS

- Western worldview about health
- Western assumptions about health care
- Visions of health in the community
- Local resources



WESTERN WORLDVIEW

Some common causes of disease

- bacteria
- viruses
- parasites
- toxins
- lifestyle



WESTERN WORLDVIEW

Preventing disease

- **Cleanliness** (reduces bacterial infections)
- **Vaccinations** (prevent one disease at a time)
- **Limit contact** (reduces viral transmission)
- **Sanitation** (reduces parasites)
- **Food handling** (reduces toxins)
- **Eat healthy, drink lots of water**



WESTERN WORLDVIEW

Some common responses to disease

- Diagnosis
- Medical intervention
 - drugs
 - bandages/stitches
 - splints/casts



WESTERN ASSUMPTIONS ABOUT HEALTH CARE

Health care requires specialized knowledge

- Go to the doctor
- Patients do as they are told
- technology solves most problems
 - surgery
 - drugs
 - emergency rooms



WESTERN ASSUMPTIONS ABOUT HEALTH CARE

First-aid training

- Stabilize until experts arrive
- Presumes the ambulance is coming soon



VISIONS OF HEALTH IN SOME COMMUNITIES

Health education is rare

It is often formulaic



VISIONS OF HEALTH IN SOME COMMUNITIES

Some common causes of disease

- Spiritual malaise / attack
- Magic
- Some weird thing that health post workers know about



VISIONS OF HEALTH IN SOME COMMUNITIES

Preventing disease

- Live a spiritually correct life
- Identify and attack magic-makers
- Do what your elders tell you



VISIONS OF HEALTH IN SOME COMMUNITIES

Some common responses to disease

- Blame the victim
- Find a friendly magic-maker to counteract the magical attack
- Go to the local health post
- Go to the hospital in the city



LOCAL RESOURCES

What are your local medical facilities?

- Hospital
- Health post
- Traditional healers



LOCAL RESOURCES

What are the issues you need to address?

- Training of medical personnel?
- Availability of medicines?
- Language for medical communication?



LOCAL RESOURCES

What if you are incapacitated?

- Who will take charge?
- Where will they take you?
- How will they pay for it?



BRAINSTORMING

Groups: what do you know about:

- health risks in your area?
- health beliefs in your area?
- health resources in your area?

Make a list of *knowns* and *unknowns* to report back to the class.



STRATEGIES

Nutshell: Take responsibility for your own health

- Learn about the local diseases
- Learn basic treatments
 - Bring over-the-counter meds from home
 - Buy prescription meds locally



STRATEGIES

Nutshell: Take responsibility for your own health

- Carry reference materials
 - ***Where There Is No Doctor***
 - One in your language
 - One in a local language
 - Other possible resources (more technical)
 - *Oxford Handbook of Tropical Medicine*
 - *Merck Manual*



STRATEGIES

Nutshell: Take responsibility for your own health

- Make an emergency plan
 - Carry emergency medicines
 - Meet your local resources in advance
 - Set up a plan with a trusted individual

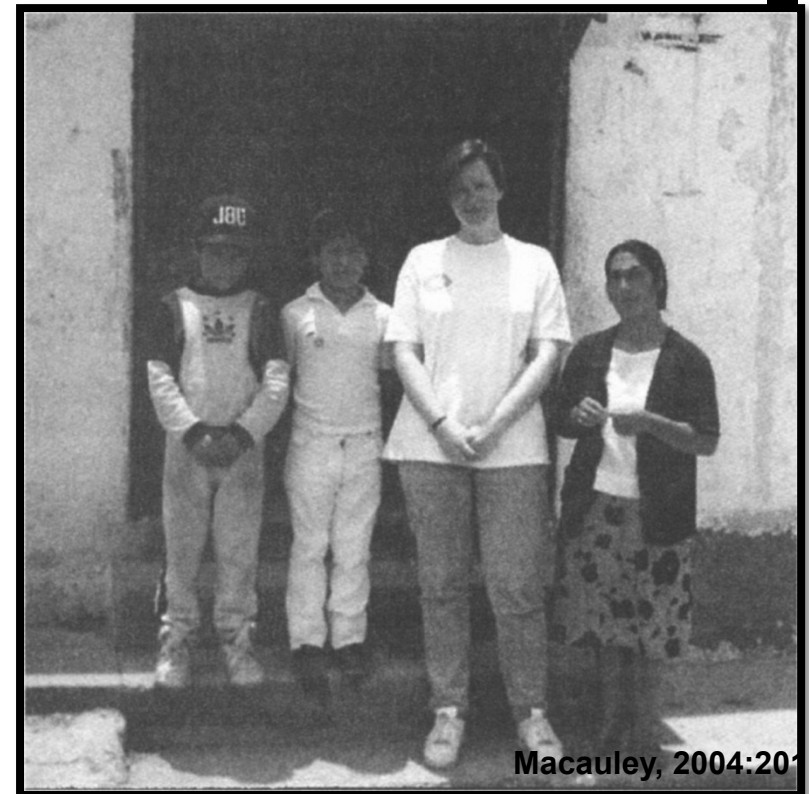


GENDER AND SEXUALITY: WOMEN

“Depending on where they go, women fieldworkers are likely to come up against more difficulties than their male counterparts” (Newman, 2009:117)

Macauley (2004:202) says:

- 1) “It was clear the whole time that I was there that I was regarded as an alien from outer space. I was an unmarried woman by herself, quite a bit taller than most people, with short hair, and wearing jeans.”
- 2) “One [man] in particular was a real problem. He would get drunk and pound on my door, and say strange things to me. At times I felt completely confined to my room –that it simply was not safe to go out. This was especially problematic, since, of course, the bathroom was across the courtyard.”



GENDER AND SEXUALITY: SEX

Newman (2009:117-118) suggests we think about:

- a) A married/engaged/etc. researcher goes to the field for a year without the partner, who can't get away from his/her job or obligations
- b) A person with a “different” sexual preference and/or orientation.
- c) A single woman who never thought of herself as being attractive and now finds herself in a country where she is considered “very desirable”
- d) A shy, sexually inexperienced young man in a country with open prostitution



GENDER AND SEXUALITY: “DIFFERENT” SEXUAL PREFERENCES AND ORIENTATIONS

B, C and G are all men in a committed relationship with another man but they are also all linguistic fieldworkers.

B: “Un detalle importante es que eso ocurrió en una comunidad [name of the group] que ha migrado a la ciudad de [capital city]. Creo que en otro contexto (si yo hubiese estado en alguna de sus comunidades en el [the Amazon region]), tal vez yo hubiera sido más cauto en proporcionar info sobre mi vida. Pero aún así creo que lo procesaron bastante bien aunque si les tomó un minuto o dos reaccionar y entender lo que les estaba diciendo.” (B, pers. comm.)



GENDER AND SEXUALITY: "DIFFERENT" SEXUAL PREFERENCES AND ORIENTATIONS (CONT'D)

C: "Funny, it did come up many times in the sense that some mothers were interested in my meeting their daughters. But it never really got to a point where I had to disclose my sexuality. I think it was only recently that [my main consultant] may have found out when I let him into my Facebook group.

But, I didn't disclose my sexuality. In hindsight, it might have been a good thing due to [name of a religious organization] influence. The [name of the group] are very religious." (C, pers. comm.)



GENDER AND SEXUALITY: "DIFFERENT" SEXUAL PREFERENCES AND ORIENTATIONS (CONT'D)

G: "I really have no idea how many people in the community I do my fieldwork in ([name of the group]) know I'm gay. Maybe everyone knows but say nothing and accept me anyway. Maybe people are discreet and the handful of people I *know* know don't gossip too much. Who knows. It doesn't seem to affect my ability to carry out my work. I think I'm well respected by the community for the work I do and because I've shown commitment to working with them for so long (8+ years now). But I do have experiences of sometimes not fitting in as well as I'd like because of my sexuality, but the level of that feeling is not much different to what I experience in my own culture/society." (G, pers. comm.)



QUESTIONS?



TAKE-AWAY MESSAGE

- The work that we do is important and it is also exciting!
- If we talk openly about the good AND the bad, about what it is like to be a researcher in a different culture, **it will only get better.**

We encourage you to:

- Think about these issues on your own AND
- Find someone to talk to about them: an experienced researcher, friends, family, your doctor



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