International Medical Graduates in Psychiatry in the United States

Challenges and Opportunities

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CHAPTER FOUR

International Medical Graduates and Communication

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More than any other nation, the United States has a "melting pot" culture. Individuals from around the world comprise the American population and contribute to its national culture (I use the term *American* in this chapter to refer to citizens of the United States only). Individuality and divergent views are encouraged (in most settings), and Americans are increasingly comfortable with people they meet who are physically and culturally different from themselves.

Many foreign-born people attempt to mix with their new community, but in the United States may be deterred by limited success in dealing with the English-speaking public. They may want to convey common experiences to their American listeners, but may have difficulty exchanging information.

Another subclass of foreign-born individuals may, for various reasons, place themselves outside the mainstream. These people may have been in the United States for many years, but remain almost exclusively within their native culture, making minimal moves to acculturate. They may feel uncomfortable mixing with the community at large, and may prefer the comfort of limiting themselves to the familiar.

A third subclass of foreign-born people demonstrates an ability to survive in the "marketplace" of personal and professional interactions. Yet, even at this level of functionality a broad spectrum of skills exists, from highly successful movement within the community to more limited efficiency in communicating with the public.

Foreign-born individuals who succeed with community interactions in the United States tend to possess certain qualities in common with their U.S.-born counterparts. These common denominators include interest and involvement in social affairs, motivation to increase their living standard, and proficiency with language skills. The most critical factor in successful acculturation is language proficiency.

International medical graduates (IMGs) may think they are good communicators in American English because they possess adequate vocabulary and grammar in this language. Nevertheless, attempts to communicate may not be completely successful because of the interplay of subtle factors affecting language. Variations in pronunciation, rhythm, and voice inflection may combine to produce a foreign accent that interferes with efficient transmission of the desired message, and this problem may occur despite excellent grammar and vocabulary use.

> It is through your speech that your personality shows. Rightly or wrongly, consciously or subconsciously, people judge you, draw conclusions about your background, your social standing, and your mental stature from the way you talk—in informal conversations, in more formal public speaking. Speech is the key to the outward expression of the inner man. (Gurren 1968, p. 9)

When meeting a person whose primary language is not English, a U.S.-born listener may indeed perceive that person to be less educated or of a lower social level. Although Americans generally accept foreigners, they may not consistently provide the "benefit of the doubt" to the non–native English speaker. The burden, therefore, is on the speaker with the foreign (non-English) accent to make the effort to increase his or her skills in American English.

Communication and the International Medical Graduate

Newcomers to the United States who are IMGs must reconcile the cultural differences and regional variations encountered. They also must adjust to the sense that the status they struggled to achieve in their training appears to be temporarily lost. To IMGs, taking additional time and

effort to improve the subtle features that affect their communication skills may seem to be an enormous burden when faced with requirements to pass licensing examinations and establish themselves as qualified physicians in their new country. Yet, as stated by George Tarjan, a former president of the American Psychiatric Association (APA), in the *Newsletter of the Committee on FMGs,* "Many languages are spoken in this country, but the primary language of success is English."

Lack of proficiency in English is the most common complaint of medical examiners regarding IMGs, and this problem may interfere with an IMG's career advancement in the earliest stages of the acculturation process. Because IMGs usually become a permanent, rather than transient population, it appears that efforts to improve American English communication will result in long-term gains for the individual. With fierce competition from U.S.-born and international physicians, the IMGs entering this country cannot wait for their communication skills to improve. Studies have indicated that accents do not change appreciably without direct work (Compton 1985), and time and effort spent on foreign accent reduction can result in greater success with patients, colleagues, career advancement, and communication within the community.

IMGs in psychiatry face a greater communication challenge than that faced by other medical professionals. All physicians must communicate effectively with patients, but the psychiatrist must be most skilled at detecting linguistic subtleties in expression and in conveying information to clients and staff clearly, directly, and unambiguously. The threat of communication breakdown must be minimized.

U.S.-born and foreign residents both share the communication problem of face-to-face encounters with psychotic patients whose perceptions and reference frames are different from their own, even when language and culture are similar. However, communication problems, especially as related to idiomatic English, are often of paramount concern to IMGs. In psychiatry, communication is an important diagnostic and therapeutic tool for the physician. When communication is impaired, psychiatrists can make diagnostic errors. An IMG's inability to detect social references, subtle nuances, or idioms can be distressing to him or her and can negatively affect a diagnostic assessment.

The general public has a stereotypical image of a psychiatrist as a contemplative, pipe-smoking male with a thick European accent. This stereotypical psychiatrist can communicate his insights into his patients' problems with no difficulty. His accent does not interfere with patient interactions and, in fact, sets him apart and gives him an aura of distinction. In contrast to this mythical individual, IMGs in psychiatry may find that their communication "differences" result in misunderstood messages and undesired barriers among the staff and patients and themselves. Their manner of speaking may be so distracting as to detract from their message. These factors combine to reduce the IMGs' communication accuracy and efficiency. With regard to the comprehension of information, IMGs may experience difficulty deriving underlying meanings from patients, staff, and associates, because of less experience interpreting vocal inflection, idioms, and other language nuances.

In surveying several IMGs who have become prominent psychiatrists in the United States we noted common complaints regarding accent and communication (Hein and Muñoz, unpublished data, June 1988). The severity of these problems varied among the individuals, yet the themes appeared similar throughout their responses:

- Self-consciousness in new speaking situations or when speaking before groups
- Continued difficulty pronouncing certain English sounds
- Occasional feelings of being forced to use shorter answers to questions when longer responses would have been desirable
- Occasional embarrassment at being asked to repeat themselves
- Continued concern over their accents
- Perceived interference of accent with professional advancement

The formation in 1979 of the APA committee studying IMG problems created a supportive network to deal with concerns unique to IMGs. APA's backing of this committee reinforces the existence of communication problems facing IMGs. It has begun to provide a forum for IMGs in psychiatry to work together to define communication problems being encountered and to work to improve the IMGs' efficient use of American English.

What is an Accent?

"A foreign accent is the substitution of the sounds, the stress, the phrasing, and the intonation of one's own language for those of the second language" (Gurren 1968, p. 44). Rather than a random series of errors, a rule-governed system of alterations in sounds, patterns of word emphasis, and sentence rhythm exists. As stated earlier, the feel of one's native language influences foreign accent, often in barely detectable ways, and relates to the way the native language was imprinted as a child.

As children learn language, they first develop intonation patterns and vowels from the people around them (e.g., "uh-oh"). As they add sounds and words to their repertoire, they tend to repeat the sounds that are most emphasized and the ones that are easiest to reproduce. They omit syllables that are unstressed (e.g., "nah-nuh" for "banana"). They often hear parents exaggerate particular sounds and syllables, and pick up other cues from gestures, facial expressions, and repetition.

The person learning a second language rarely has the benefit of these multisensory cues. Second languages frequently are learned visually through reading and writing, with reduced emphasis on the auditory component. Worse yet is the frequent situation in which English is learned from a non-native English instructor who cannot provide the appropriate accent patterns. In addition, English often is taught word-by-word, with each word unnaturally separated from those surrounding it. Therefore, little emphasis is placed on the natural flow of English sentences.

This type of language learning (common to many "English as a Second Language" [ESL] classes) enables the speaker to read and write with greater accuracy and to continue to expand grammatical proficiency and vocabulary. Yet, typical ESL programs cannot adequately approach the subtle factors comprising accent, and therefore an additional aspect of learning American English often is needed.

Components of Speech and Accent

The "textbook" version of English is not the American English that is heard on the radio, television, and in daily life. The "ideal" pronunciation

thought to be spoken by educated persons may not be as crisp and precise on a functional level. Listening to people judged to be excellent speakers, one hears contractions ("I'm leaving at 4:30") and other condensed phrases ("Will y' be there t' meet me?"), vowels that do not sound as they are written on paper ("infermation" instead of "information"), and sentences that seem to blend together as if forming one long word ("Howdoyoudo?"). Although these alterations may theoretically result in sloppy speech, they comprise the normal and efficient flow of American English. Without these language "tricks," the speaker would sound unnatural and would be limited in his or her ability to express feelings and intentions.

How We Speak

The first component of speaking is respiration. Without adequate breath support we will not have the "fuel" with which to project our words. The airflow travels upward to produce voice. All vowels and many consonants require voicing produced by vocal cord vibrations. Certain consonants are identical in the way they are formed in the mouth, and differ only in that one uses voiced air and the other uses unvoiced (almost whispered) air to produce it. In some languages, this voiced/unvoiced distinction is not clearly defined, and therefore this subtle concept presents problems to people trying to understand and reduce their accent. Table 4–1 is a chart of voiced and unvoiced cognates in English. As these pairs of sounds are produced, a similarity in movement is noted in the mouth. The difference among the sounds that is critical is the voicing feature.

Following the voicing action, the airflow is shaped in the mouth to form vowels and consonants. As noted earlier, all vowels are voiced. They also possess the common feature of an unobstructed airflow; that is, the tongue, lips, and teeth may change position, but will not make complete contact with each other to redirect the airflow from the mouth. Most American English consonants do result from contact among varying points of the lips, tongue, teeth, and palate. We distinguish consonants on the basis of the place in the mouth the contact is made (including bilabial,

Table 4–1. Examples of voiced and unvoiced cognates in the English language

Unvoiced	Voiced
T (time)	D (dime)
P (pat)	B (bat)
K/C (came)	G (game)
F (fast)	V (vast)
TH (thing)	TH (this)
S (sue)	Z (zoo)
SH (cash)	ZH (casual)
CH (chain)	J/G (Jane)

Note. Often in English no written rule exists for when to use a voiced or unvoiced sound. For example, the "s" in "plays" actually needs to be voiced like a "z." If not voiced, "plays" will sound like "place." Voicing is closely related to the length of time that a sound is held. To signal the "z" sound in "plays," for example, the "ay" vowel must be held longer, to keep the voice on and produce the effect of the voiced "z." Consequently, the "a" in "place" is a shorter vowel sound because it is followed by the quicker, unvoiced "s" sound at the end of "place."

labio-dental, and so on), the manner or the contact (such as plosive/stop, fricative, nasal, and so on), and voiced/unvoiced differences.

This classification system ensures a common point of reference for discussion of sounds and their subtle variations in American English usage. It allows the language learner to note, for example, how the "b" sound made by accented individuals varies greatly from that produced by foreign speakers. These nuances of sound production are noted across different language backgrounds, but also occur in different contexts in English. In American English, certain "stop" sounds, for example, may explode with a burst of air at the beginning of a word, but may keep the majority of the air inside when used in the middle or end of a different word. We write both of these *allophones,* or variants of the phoneme "b" in the same way, although these slight differences in sounds may indicate a completely different sound in other languages. The awareness of this degree of fine-tuning, and practice with these rules and sounds, can greatly increase the "native" sound of a person's accent.

Another subtle variation on speech production involves *liaison,* the linking of sounds from word to word across an entire phrase or sentence.

During this process of liaison, certain sounds may seem to disappear entirely. Usually, though, certain features of the sound remain in the phrase. For example, in the phrase "I ate some pears," the "t" and "s" seem to be blended together into one smooth movement. When the same sound appears at the end of one word and at the beginning of an adjoining word, the sound actually appears to be said only once; for example, "Robert took the records" produces only one "t" between the first two words. The purpose of liaison is to increase the smooth flow of speech and the economy of production of the sentence. To overemphasize every word is to create a stilted, artificial feeling. Liaison allows for the planning of upcoming sounds and the avoidance of unnecessary, inefficient mouth movements in expressing sentences.

In addition to linking words together, Americans make instantaneous value judgments regarding the sounds and words they speak. Where certain words in a sentence carry little extra meaning (e.g., "the," "for," and "to"), native speakers reduce emphasis on them to cause these "function" words to all but disappear. By reducing the vowel sound they shorten considerably the time spent on the word, allowing important words to be given the most attention in the sentence. This type of reaction also occurs within longer words. A multisyllabic word may have a syllable with primary stress and a syllable with secondary stress. Less-stressed syllables will have the vowels shortened and at times will seem to lose the syllable entirely ("choc-let" for "choc-o-late," and "un-reas'n'able" for "un-rea-son-able"). Again, these subtle variations in pronunciation could be regarded as "sloppy" American English, but actually represent the accepted oral tradition of the language and are used to one degree or another by all good speakers with fluent patterns of articulation.

In the above section I mentioned reducing sounds and syllables by shortening their duration. In attempting to emphasize or stress a sound, syllable, or word (depending on the unit being studied), several techniques are used by native speakers. This stress can be achieved by pausing before or after key sounds, by exaggerating them, by making those sounds louder or softer, or by raising or lowering the pitch (notes in the voice). A good speaker probably will use several of these techniques within a few minutes of speaking. In certain languages, specific stress or intonation patterns are required, and particular parts

of speech consistently take the main emphasis. In English, the content words (nouns, verbs, adjectives, adverbs) are generally stressed, but the overall intonation patterns are more flexible and follow the speaker's meaning rather than a strict prescription of stressing rules. It often is difficult for a foreign-born individual to pick up subtle, underlying intentions in the speech of more experienced English speakers; the reason for this probably lies in the challenge of interpreting the nuances of intonation. Sincere requests and sarcastic questions may present with the same wording, but the pattern of emphasis and the context of the situation contribute critical information to the listener's interpretation of the underlying message. In psychiatry, detection of these subtleties is paramount to accurate patient diagnosis. In this way, concentrated work on intonation patterns can be of great benefit to an IMG psychiatrist in refining his or her language comprehension and expression.

Work on intonation can also improve the relationship between a physician and his or her staff. Often, a person's foreign accent and intonation patterns can convey an attitude that is not intended. If the physician's foreign language background causes him or her to cut words sharply and with somewhat equal emphasis, the staff person or patient communicating with that physician may feel belittled or intimidated. A singsong pattern of intonation may convey other unintended messages to staff or patients. Again, work on fine-tuning these language nuances can result in better cooperation from staff, patients, and families. Increased awareness of options available to the foreign-born speaker increases communication flexibility, an asset on the job and in social interactions.

Most foreign-born speakers of American English are aware of the power of idiomatic expressions. Idioms add color and assist the speaker in putting the listener on common linguistic ground. In addition, psychiatric patients may tend to express themselves metaphorically, and a broader understanding of American idiomatic expression can assist the psychiatrist in diagnosing more adeptly.

The final, crucial aspect of communication to be noted is the pragmatics of language. In general terms, pragmatics refer to practicality. In speech-language pathology, the term *pragmatics* refers to the use of language in social contexts. Communication requires a minimum of two

participants, and the conversation is considered to be the critical unit in studying pragmatic skills. Native-born speakers often have an instinctive ability to shift their speaking styles to suit their audience. A person will speak quite differently to an old friend than to a police officer who has just flagged him or her down for speeding. A physician may address a nurse in a different tone of voice from the way he or she addresses a medical colleague or mentor. As noted earlier, the foreign-born speaker needs to be aware of matching intonation and stress patterns to intent. A further subtlety in this pursuit involves the modification of speech to fit the social situation. In addition to tone of voice and articulation, pragmatic skills include nonverbal communication such as eye contact, use of gestures and facial expressions, body language, and physical proximity to the listener. Foreign-born individuals also need to learn the acceptable methods for entering and interrupting a conversation, how to attend to the listener's comprehension of a message, and how to revise output. These pragmatically oriented skills often require work in the foreign-born individual. Because these skills vary considerably across cultures, study of nonverbal clues used in the United States can further serve to acculturate IMGs. The greater the awareness of these nuances, the more flexible the English of the IMG becomes. This flexibility will result in successful communication in professional and personal matters and give IMGs a greater variety of career options.

Teaching American Accent

The process of reducing a foreign accent and increasing effective English communication is multifaceted. A person who instructs IMGs on reducing their foreign accent must sensitively balance the IMGs' need to identify with their native background and their desire to improve communication by reducing their accent. For this reason, a program in American accent training must involve assessment of each individual's current skill level in English, his or her perception of difficulty in specific areas of communication, the style of communication the IMG most frequently uses (e.g., formal, casual, and so on), and the IMG's professional

and personal communication goals. Some generalizations can be made regarding sound and stress patterns common to a particular language background, but individual analysis allows the instructor to develop a program that will achieve the most effective results in the shortest period of time.

Although the content used with each IMG may vary somewhat, the modalities addressed and feedback provided will be similar across language backgrounds and levels of proficiency. Emphasis placed on auditory retention and discrimination of sounds and stress patterns is one vital aspect of developing a finer sense of American English. Inclusion of visual and tactile/kinesthetic feedback will also be useful. Optimal work on American accent includes learning the International Phonetic Alphabet (IPA), in which each sound possesses its own symbol. The IPA allows for more standardized exposure to the American sound system and its variants and provides a common reference point between instructor and client. Visual feedback through mirror work, mouth diagrams, modeling by the instructor, and electronic devices designed to convert spoken speech into visual representations of stress contours give valuable information to the language learner, reinforcing developing skills. Listening activities may include taped models of accented and native speakers; work on job-related vocabulary, idioms, and situations; role-playing for intonation and pragmatics practice; and ample time for practice during and between treatment sessions. Whenever possible, accented patterns are uncovered to enable the language learner to generalize rules on pronunciation to as many appropriate settings as possible. The following formats are currently available for this type of program:

- Individual instruction
- Small class instruction
- Discussion groups
- Intensive seminars
- Audiotape series.

The audiotape series may be general or specifically tailored to the individual's needs to provide customized and convenient programming.

Speech-Language Pathology and Foreign Accent Reduction

The ESL classroom teaches vocabulary, grammar, and general pronunciation rules. However, when foreigners become proficient in English but continue to sense an excessive degree of "foreignness" in their accents, a more specialized form of training called *speech-language pathology* may be required. Because of his or her expertise in analyzing speech production processes and the subtle aspects of language learning, the speech-language pathologist can provide the "missing link" to improving an American accent in the foreign-born person. Speech-language pathologists are beginning to recognize their unique qualifications for helping people with foreign accents. The American Speech-Language-Hearing Association (ASHA) stated in its 1983 position paper on social dialects, "If the bilingual individual seeks to acquire a more standard pronunciation of English, the speech-language pathologist may provide elective clinical services" (Cole, 1983, pp. 25–26).

Often it is not possible for IMGs to obtain adequate feedback on their speech from the people in their daily life. Hospital staff will make every attempt to accommodate a physician in taking patient orders and in interpreting the dictation of reports, even if the physician's accent is difficult to understand. Friends, family, and colleagues no doubt will understand the IMG as they acclimate to his or her accent pattern and use context cues for "closure." Therefore, the IMG may have an incomplete picture of the challenge faced by his or her audience in interpreting his or her foreign accent. The speech-language pathologist can provide an objective view of the strengths and weaknesses in the foreign-born speaker, which will be valuable in increasing the IMG's communication skills. The medical orientation of many speech-language pathologists may make the process of accent reduction more palatable to IMGs in that the two professionals may already possess some common terminology. They also may share certain perspectives on communicating effectively with patients, peers, and professionals.

Toward the Future

A person's speech is similar to his or her name or signature. Each person communicates in a unique way that, through his or her speech, offers information on that person's experiences. At times, however, the "signature" of accented speech may interfere with clear and efficient communication, thereby hindering the acculturation process for IMGs. Emphasis within the acculturation process on reducing foreign accent need not be viewed as an attempt to Americanize the IMG to the point where he or she "melts" into a neutral American background. Rather, work on refining accent patterns should be undertaken to permit IMGs greater flexibility in communicating their intentions with minimal interference while preserving the assets unique to their heritage. The resulting communication style will be one that balances the IMGs' expression of their native background and the communication skills that allow them to compete in the American marketplace.

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