

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. Some are clustered together, while others are isolated.

MARGINAL SPACES

UNDERSTANDING CULTURAL DIFFERENCES AND USING THIS KNOWLEDGE
WHEN INTERPRETING FOR THE AGING LEP POPULATION IN THE NURSING
HOME ENVIRONMENT: 3-HOUR WORKSHOP



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ABSTRACT

NURSING HOMES, REHABILITATION CENTERS, AND SOME HEALTH CARE FACILITIES EMPLOY MEDICAL PROVIDERS, PHYSICIANS, NURSES, REHABILITATION PROFESSIONALS (PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS), AS WELL AS CNAS (CERTIFIED NURSING AIDES). HOWEVER, THESE FACILITIES HAVE SPECIFIC ENVIRONMENTS THAT DIFFERENTIATE THEM FROM OTHER MEDICAL SETTINGS THAT UTILIZE MEDICAL INTERPRETING. OFTEN, IN MUCH NEEDED LANGUAGE ASSISTANCE, IF PROVIDED AT ALL IN SUCH SETTINGS, IS ORGANIZED AND UTILIZED ON A SPORADIC BASIS AND LESS REGULATED (IF AT ALL) THAN IN HOSPITAL AND DOCTORS' OFFICE SETTINGS. IN SUCH FACILITIES, STAFF MEMBERS HAVE VERY LIMITED UNDERSTANDING OF AND TRAINING ON SERVING LEP PATIENTS AND/OR WORKING WITH INTERPRETERS. A LARGE PERCENTAGE OF NURSING HOMES' PATIENTS SUFFER FROM COGNITIVE IMPAIRMENTS AND MEMORY LOSS, WHICH CREATES ADDITIONAL DIFFICULTIES FOR MEDICAL AND COMMUNITY INTERPRETING. AS A RULE, EXISTING COURSES FOR MEDICAL INTERPRETERS DO NOT INCLUDE IN THEIR CURRICULUM THE SPECIFICS OF INTERPRETING IN NURSING HOME ENVIRONMENT. THE PURPOSE OF THIS PRESENTATION IS TO ADDRESS THE ISSUES SPECIFICALLY RELATED TO INTERPRETING IN A NURSING HOME ENVIRONMENT AND TO HELP INTERPRETERS IN UNDERSTANDING THE SPECIFICS OF SUCH ESTABLISHMENTS AND ITS DYNAMICS. THE PRESENTATION WILL ADDRESS DIFFERENT APPROACHES IN PROVIDING QUALITY OF SERVICES IN A NURSING HOME SETTING.

THIS PRESENTATION AND HANDOUTS RELATED TO THE PRESENTED TOPICS WILL BE USED FOR ILLUSTRATION AND EDUCATIONAL PURPOSES ONLY.


OBJECTIVES

- LEARNING AND UNDERSTANDING THE SPECIFICS OF INTERPRETING IN THE NURSING HOME ENVIRONMENT
- UNDERSTANDING NURSING HOME ENVIRONMENT, PRESENCE OF DIFFERENT CULTURES, ITS DYNAMICS, AND HOW IT AFFECTS INTERPRETING AND COMMUNICATION AT LARGE
- GETTING VALUABLE TIPS ON INTERPRETING FOR PROVIDERS INEXPERIENCED WITH MEDICAL INTERPRETING
- UNDERSTANDING THE SPECIFICS OF INTERPRETING FOR PATIENTS WITH COGNITIVE IMPAIRMENTS AND MEMORY LOSS
- UNDERSTANDING OBSTACLES IN PROVIDING INTERPRETING IN A NURSING HOME ENVIRONMENT
- LEARNING DIFFERENT, NON-DISRUPTIVE STRATEGIES IN PROVIDING INTERPRETING SERVICES IN SUCH SETTINGS



AGENDA FOR THE SESSION

THIS PRESENTATION IS TARGETED AT CONVEYING AWARENESS OF THE SPECIFIC WORKING ENVIRONMENTS IN DIFFERENT MEDICAL SETTINGS: PSYCHIATRIC CLINICS, DOCTORS' OFFICES, PATIENTS' HOMES, AND NURSING HOMES, WITH AN EMPHASIS ON THE LATTER. IT WILL ALSO HELP THE PARTICIPANTS TO BETTER UNDERSTAND THE SPECIFICS OF INTERPRETING FOR THE ELDERLY LEP POPULATION SUFFERING FROM COGNITIVE IMPAIRMENTS AND MEMORY LOSS, AS WELL AS FOR THE PROVIDERS INEXPERIENCED IN WORKING WITH MEDICAL INTERPRETERS.



INTRODUCTION

EACH PERSON, MONOLINGUAL, BILINGUAL, OR MULTILINGUAL, HAS A CERTAIN, UNIQUE WAY OF COMPOSING SPEECH AND TRANSMITTING MESSAGES (AND SYMBOLS) INTO THE WRITTEN AND ORAL FORMATS—IN ORDER TO COMMUNICATE WITH THE APPROPRIATE AUDIENCE.

- POLITICS OF MULTILINGUALISM (NATIONAL TRADITIONS AND CHANGING LANGUAGE REGIMES)
- CONSEQUENCES OF INCLUSION AND/OR OVERLAPPING OF ELEMENTS FROM MORE THAN ONE LANGUAGE
- CULTURAL REFERENTIAL POOL OR *CODESWITCHING*
- TENSIONS, CHALLENGES AND DYNAMICS
- IMPLICATIONS
- INTERPRETER ROLES
- CULTURE OF AGING AND LOSSES ASSOCIATED WITH AGING, AND ITS IMPLICATIONS

LONG TERM CARE (LTC): PUSH / PULL FACTORS IN MULTILINGUAL ENCOUNTERS AND COMMUNICATION

- TENSIONS
- CHALLENGES
- DANGERS
- DESIRE TO COMMUNICATE
- DESIRE TO BE UNDERSTOOD
- UTILITARIAN VIEW AS RELATED TO INTERPRETERS' ROLES
- LTC ENVIRONMENT: HIERARCHICAL STRUCTURE
- UNIDIRECTIONAL COMMUNICATION
(**UNIDIRECTIONAL** APPROACH TO PROBLEM-SOLVING: ONE-WAY, MOVING OR PERMITTING MOVEMENT IN ONE DIRECTION ONLY, ALLOWING **COMMUNICATION** IN ONLY ONE DIRECTION AT A TIME)
- THE INTERPRETER SEEN AS INFORMATION GATEKEEPER
- THE INTERPRETER SEEN AS PROVIDER PROXY
- INTERPRETER'S EMOTIONAL SUPPORT PERCEIVED AS TOOLS.

LONG-TERM CARE ENVIRONMENT

- CULTURAL DYNAMICS
 - INSTITUTIONAL CULTURE
 - HEALTHCARE CULTURE
 - DYNAMICS AND CULTURES ON THE WORKPLACE
 - RACIAL IMPLICATIONS
 - RESIDENTIAL CULTURE
- RUSHED ENVIRONMENT
- CLINICAL PERSONAL: LACK OF FAMILIARITY, SKILLS AND KNOWLEDGE OF MEDICAL INTERPRETING
- OBSTACLES IN COMMUNICATION:
 - RESIDENTS: COGNITIVE CHALLENGES, DEMENTIA, LONG- SHORT-TERM MEMORY PROBLEMS, PROBLEMS WITH HEARING
 - PROVIDERS: LEP PROVIDERS, HEAVY ACCENT, LACK OF ENGLISH SKILLS
- OBSTACLES IN ENCOUNTERS: PATIENT WANTS TO TALK ABOUT SOMETHING ELSE DUE TO LACK OF ATTENTION & GRABBING THE OPPORTUNITY TO COMMUNICATE
- PROBLEMS WITH OPI AND VIDEO INTERPRETING

MEDICAL INTERPRETERS AS TOOLS: IMPLICATIONS

- WHEN INTERPRETERS ARE VIEWED AS PASSIVE INSTRUMENTS, A UTILITARIAN APPROACH MAY COMPROMISE THE QUALITY OF CARE BY SILENCING PATIENTS' AND INTERPRETERS' VOICE, OBJECTIFYING INTERPRETERS' EMOTIONAL WORK, AND EXPLOITING PATIENTS' NEEDS.
- PROVIDERS NEED TO RECOGNIZE THAT A UTILITARIAN APPROACH TO THE INTERPRETER'S ROLE AND FUNCTIONS MAY CREATE INTERPERSONAL AND ETHICAL DILEMMAS THAT COMPROMISE THE QUALITY OF CARE. BY VIEWING INTERPRETERS AS SMART GADGETS (RATHER THAN PASSIVE INSTRUMENTS), BOTH PROVIDERS AND INTERPRETERS CAN LEARN FROM AND CO-EVOLVE WITH EACH OTHER, ALLOWING THEM TO MAINTAIN CONTROL OVER THEIR EXPERTISE AND TO WORK AS COLLABORATORS IN PROVIDING QUALITY CARE.

ELAINE HSIEH, PH.D., ASSOCIATE PROFESSOR, ERIC M. KRAMER, PH.D., PROFESSOR, MEDICAL INTERPRETERS AS TOOLS: DANGERS AND CHALLENGES IN THE UTILITARIAN APPROACH TO INTERPRETERS' ROLES AND FUNCTIONS

CULTURE OF AGING

OLDER PEOPLE FACE TREMENDOUS LIFE CHANGES, OFTEN WITHIN A SHORT PERIOD OF TIME. ONGOING EMOTIONAL SUPPORT IS REQUIRED TO ASSIST THEM TO COPE WITH THE EXPERIENCES OF BEREAVEMENT AND ILLNESS, AND IN ADJUSTING TO BECOMING A CARE RECIPIENT.

ENTERING INTO THE AGED CARE SYSTEM - EITHER AS A RESIDENT IN AN AGED CARE FACILITY OR AS A COMMUNITY CARE RECIPIENT - IS AN ENORMOUS CHANGE, AND PEOPLE MAY UNDERGO FEELINGS OF LOSS, ANXIETY, FRUSTRATION, ANGER OR GRIEF. THIS CHANGE MAY ALSO CAUSE SOME PEOPLE TO RELIVE PAST TRAUMAS.

THE EXPERIENCE CAN BE EVEN MORE EMOTIONALLY OVERWHELMING FOR PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS, WHO MAY FIND MANY ASPECTS OF THEIR NEW LIFE AND CARE SERVICES COMPLETELY UNFAMILIAR - AND WHO MAY BE AT GREATER RISK OF ISOLATION DUE TO LANGUAGE ISSUES.

ENSURING THE CULTURAL, LINGUISTIC AND SPIRITUAL NEEDS OF YOUR CARE RECIPIENTS ARE ADDRESSED ACROSS ALL SERVICES WILL ASSIST IN THE PROVISION OF CULTURALLY APPROPRIATE EMOTIONAL SUPPORT. COMMUNICATION NEEDS IN PARTICULAR MUST BE ADDRESSED. ENCOURAGING AND FACILITATING THE PREFERRED LANGUAGE OF YOUR CARE RECIPIENTS ENABLES PARTICIPATION, REDUCES SOCIAL ISOLATION AND FACILITATES A SENSE OF BELONGING.

CARING FOR FORGOTTEN AUSTRALIANS, FORMER CHILD MIGRANTS AND STOLEN GENERATIONS | FACILITATOR'S GUIDE



AGING LEP POPULATION

OFTEN CONCERNED WITH:

- LOSSES
 - DISPLACEMENT
 - IDENTITY
 - SOCIO-POLITICAL ISSUES
 - CULTURAL ISSUES
- 

KEY CONSIDERATIONS

- CONDUCT ENCOUNTERS IN THE PREFERRED LANGUAGE OF RESIDENTS
- UNDERSTAND THAT A PERSON'S EXPRESSION OF EMOTION – INCLUDING HIS OR HER RESPONSE TO LOSS AND GRIEF – IS INFLUENCED BY CULTURE
- ENSURE THAT CULTURAL DIVERSITY IS ADDRESSED ACROSS ALL SERVICES:
 - UNDERSTANDING OF THE PROVIDER'S REACTIONS AND EMOTIONAL RESPONSES
- ENSURE THE EMOTIONAL, LINGUISTIC, AND CULTURAL INCLUSION OF BOTH PARTIES, PROVIDERS AND RESIDENTS
- FOR INTERPRETERS: CONSIDER PROVIDING CULTURAL TIPS TO BOTH PARTIES
- FOR INTERPRETING AGENCIES:
 - CONSIDER PROVIDING AN IN-SERVICE FOR PROVIDERS ON APPROPRIATE & EFFECTIVE WORK WITH INTERPRETERS IN LTC SETTING
 - CONSIDER PROVIDING AN IN-SERVICE FOR INTERPRETERS ON WORKING IN LTC ENVIRONMENT
 - CONSIDER PROVIDING AN IN-SERVICE FOR INTERPRETERS ON THE ART OF INCLUSION
 - CONSIDER PROVIDING AN IN-SERVICE FOR INTERPRETERS ART OF FACILITATION

CONDUIT MODEL IN LONG-TERM CARE SETTING

THE CONDUIT MODEL LIMITS INTERPRETERS' POWER BY OBJECTIFYING INTERPRETERS AS LANGUAGE-TRANSFERRING MACHINES, A RESTRICTED ROLE THAT SILENCES INTERPRETERS' VOICE. IN CONTRAST, A UTILITARIAN APPROACH IS FAR MORE COMPLICATED AND EXTENSIVE IN SHAPING INTERPRETERS' ROLES AND FUNCTIONS: INTERPRETERS AS A WHOLE, INCLUDING THEIR EMOTIONS AND INTERPERSONAL RELATIONSHIPS, ARE VIEWED AS INSTRUMENTS TO ACCOMPLISH THE PROVIDER'S GOALS.

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UTILITARIAN APPROACH

DESPITE HEALTH CARE COMMUNITIES' EMPHASIS ON A TEAM APPROACH AND OPEN COMMUNICATION, THE UTILITARIAN APPROACH INVOLVES THE PRESUMPTION THAT THE INTERPRETER, WHILE A PART OF THE HEALTH CARE PROCESS AND TEAM, IS ALSO SOMEWHAT PERIPHERAL TO THE PROCESS, PLAYING AN AUXILIARY OR SUPPORTING ROLE. THE INTERPRETERS' VOICE IS SILENCED. MORE IMPORTANTLY, THE PATIENT'S VOICE IS MARGINALIZED AS INTERPRETERS ARE EXPECTED TO REDIRECT PATIENTS AND FILTER INFORMATION WHEN THE DISCUSSION BECOMES IRRELEVANT TO THE PROVIDER'S AGENDA. IN SHORT, THE UTILITARIAN APPROACH CAN LEAD TO DIVERGENT UNDERSTANDING ABOUT THE SUCCESS OF A MEDICAL ENCOUNTER (E.G., A PROVIDER MAY FEEL THAT ALL COMMUNICATIVE GOALS ARE MET WHEN THE PATIENT AND/OR THE INTERPRETER FEEL OTHERWISE).

SECOND, THE UTILITARIAN APPROACH MAY LEAD TO COMPROMISED CARE BY SITUATING INTERPRETERS IN POSITIONS THAT CAN BE ETHICALLY PROBLEMATIC. ONE ISSUE EMERGED WAS THE INTERPRETER'S ROLE IN INFORMATION MANAGEMENT. PROVIDERS' WILLINGNESS TO ALLOW INTERPRETERS TO ACT INDEPENDENTLY ON THEIR BEHALF MAY BLUR THEIR PROFESSIONAL BOUNDARIES. BECAUSE INTERPRETERS MAY NOT HAVE THE SKILLS TO DIFFERENTIATE WHAT IS MEDICALLY MEANINGFUL (TO THE SPECIFIC ILLNESS OR THE SPECIALTY), THEY MAY FEEL UNCOMFORTABLE TO FILTER "IRRELEVANT" INFORMATION. HOWEVER, THE UTILITARIAN APPROACH RENDERS THEM POWERLESS TO RESIST PROVIDERS' EXPECTATIONS. IN ADDITION, AS INTERPRETERS PREEMPTIVELY FILTER OUT INFORMATION, PROVIDERS MISS THE OPPORTUNITY TO EVALUATE THE QUALITY OR THE MEANING OF THE INFORMATION THEY NEVER RECEIVED. ANOTHER ISSUE IS THE OBJECTIFICATION OF INTERPRETERS' EMOTIONAL WORK.

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PATIENT-CENTERED APPROACH

A HUMANISTIC, PATIENT-CENTERED APPROACH REQUIRES PROVIDERS TO BE ATTENTIVE TO PATIENTS' EMOTIONAL NEEDS. HOWEVER, THE UTILITARIAN APPROACH VIEWS INTERPRETERS' EMOTIONAL WORK AND RELATIONSHIPS AS RESOURCES TO BE EXPLOITED. PROVIDERS IN OUR STUDY RECOGNIZED INTERPRETERS' SUBSTANTIAL POWER IN INFLUENCING PATIENTS' ATTITUDES AND TREATMENT DECISIONS. PATIENTS OFTEN PLACE TREMENDOUS TRUST ON THEIR INTERPRETERS MAKING THEM "HONORARY FAMILY MEMBERS" SIMPLY BECAUSE THEIR COMMONALITY IN LANGUAGE, ETHNICITY AND COUNTRY OF ORIGIN. OUR FINDINGS SUGGEST THAT INTERPRETERS' EMOTIONAL WORK CAN BE STRATEGIC IN SERVING PROVIDERS' OBJECTIVES (RATHER THAN PATIENTS' EMOTIONAL NEEDS). FROM THIS PERSPECTIVE, THE UTILITARIAN APPROACH MAY FAIL TO PROVIDE PATIENT-CENTERED CARE BECAUSE PATIENTS' EMOTIONAL NEEDS ARE NOT HONORED BUT MANIPULATED (VIA INTERPRETERS) TO SERVE A PROVIDER'S AGENDA.

FINALLY, WE PROPOSE THAT INTERPRETERS SHOULD BE VIEWED AS A FORM OF SMART TECHNOLOGY RATHER THAN A PASSIVE INSTRUMENT TO BE WIELDED BY THE USERS. WHEREAS A HAMMER DOES NOT HAVE CONTROL OVER ITS USE OR DEVELOP NEW SKILLS OVER TIME, AN INTELLIGENT PROGRAM ACCOMMODATES AND LEARNS FROM ITS USERS' NEEDS BUT ALSO SETS A CLEAR PARAMETER ABOUT ITS FUNCTIONALITY. BECAUSE OF THE CHANGING BOUNDARIES OF MEDICINE, CULTURE, AND LANGUAGE IN BILINGUAL MEDICAL ENCOUNTERS, PROVIDERS AND INTERPRETERS OFTEN NEED TO NEGOTIATE THEIR ROLES, RESPONSIBILITIES, AND EXPERTISE. ALTHOUGH OUR FINDINGS SUGGEST PROVIDERS HAVE USED INTERPRETERS MOSTLY AS PASSIVE INSTRUMENTS, EXPECTING INTERPRETERS TO "DON'T SPEAK UNLESS SPOKEN TO" FAILS TO RECOGNIZE THE COMPLEX UTILITY AN INTERPRETER CAN OFFER IN CULTURALLY SENSITIVE CARE.

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PASSIVE INSTRUMENTS: INTERPRETERS AND RESIDENTS

IN AN INSTITUTIONAL SETTING, BOTH, INTERPRETERS AND PATIENTS (RESIDENTS) ARE OBJECTIFIED. IN SUCH A CASE, BOTH, INTERPRETERS AND RESIDENTS ARE VIEWED AS PASSIVE OBJECTS. RESIDENTS ARE OBJECTS OF CARE, AND INTERPRETERS AS PASSIVE INSTRUMENTS. IN THIS CASE,

“A UTILITARIAN APPROACH MAY COMPROMISE THE QUALITY OF CARE BY SILENCING PATIENTS’ AND INTERPRETERS’ VOICE, OBJECTIFYING INTERPRETERS’ EMOTIONAL WORK, AND EXPLOITING PATIENTS’ NEEDS. HOWEVER, WHEN INTERPRETERS CAN BE VIEWED AS SMART TECHNOLOGY, A UTILITARIAN APPROACH ALLOWS PROVIDERS TO REMAIN IN CONTROL OF MEDICAL ENCOUNTERS WHILE TAKING ADVANTAGE OF INTERPRETERS’ FEEDBACK AND RECOMMENDED PARAMETERS. ALL PARTIES WILL NEED TO LEARN FROM AND CO-EVOLVE WITH EACH OTHER AS COLLABORATORS IN ACHIEVING CULTURALLY SENSITIVE CARE.”

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RECOMMENDATIONS

- INCORPORATING INTERPRETERS' VOICES INTO THE DYNAMIC AND EMERGENT PROVIDER-PATIENT INTERACTION IN A WAY THAT ENHANCES THE QUALITY OF CARE AND HONORS THE VOICES OF PROVIDERS AND PATIENTS. THIS SHOULD BE AN ISSUE TO BE EXPLORED AT MULTIPLE LEVELS (E.G., PRACTICE GUIDELINES, PROVIDER/INTERPRETER TRAININGS, AND RESEARCH PROGRAMS).
- WHILE RECOGNIZING A TEAM APPROACH IS NECESSARY IN DELIVERING QUALITY CARE, IT IS IMPORTANT FOR RESEARCHERS AND PROVIDERS TO BE CRITICAL IN MAKING SURE THAT THE UTILITARIAN APPROACH DOES NOT SILENCE PATIENTS' PERSPECTIVES OR EXPLOIT PATIENTS' NEEDS.
- PROVIDERS SHOULD VIEW INTERPRETERS AS SMART TECHNOLOGY WITH LEARNING CAPACITY RATHER THAN A PASSIVE, STATIC INSTRUMENT. IN OTHER WORDS, INTERPRETERS AND PROVIDERS SHOULD CO-EVOLVE AND CO-DEVELOP THE PARAMETERS AND STRATEGIES TO BEST COLLABORATE WITH EACH OTHER IN ACHIEVING THEIR SHARED GOAL OF OPTIMAL CARE.

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PERCEPTIONS

CULTURAL AND SOCIAL PARADIGMS, PERSONAL STORY, BACKGROUND, AND IMMEDIATE SURROUNDINGS INFLUENCE AND SHAPE PERCEPTIONS. IN ADDITION, PERCEPTIONS DEPEND ON LANGUAGE CONSTRUCTION, LOCAL CULTURAL INFLUENCES, LITERATURE, POP CULTURE, AND CINEMA.

AS BENEDICT ANDERSON ARGUES, “FROM THE START THE NATION WAS CONCEIVED IN LANGUAGE” (*IMAGINED COMMUNITIES: REFLECTIONS ON THE ORIGINS AND SPREAD OF NATIONALISM*. NEW YORK, 1991, QTD. IN RUBIN 63).

CHANGING LANGUAGE AND CULTURE: CODESWITCHING

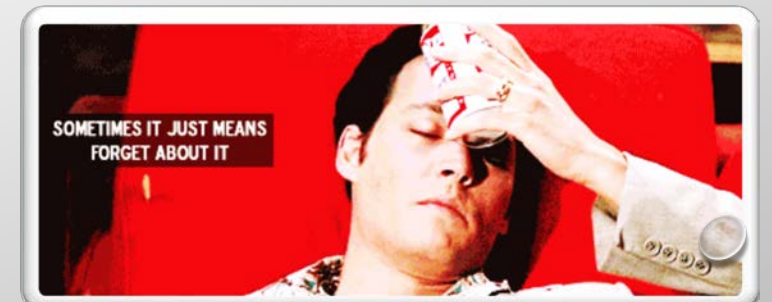
WHILE MULTILINGUAL WRITERS LIMIT THEIR ORIGINAL, NATURALLY OBTAINED LINGUISTIC OPTIONS, THE CODESWITCHING PRESENTS NEW CHANCES TO EXPAND THEIR DRAMATICALLY CHANGING WORLD, ITS UNDERSTANDING AND ANALYSIS.

FBI TECHNICIAN: WHAT'S "FORGET ABOUT IT"?

DONNIE BRASCO: FORGET ABOUT IT" IS, LIKE, IF YOU AGREE WITH SOMEONE, YOU KNOW, LIKE "RAQUEL WELCH IS ONE GREAT PIECE OF ASS. FORGET ABOUT IT!" BUT THEN, IF YOU DISAGREE, LIKE "A LINCOLN IS BETTER THAN A CADILLAC? FORGET ABOUT IT!" YOU KNOW? BUT THEN, IT'S ALSO LIKE IF SOMETHING'S THE GREATEST THING IN THE WORLD, LIKE, "MINGHIA! THOSE PEPPERS! FORGET ABOUT IT!" BUT IT'S ALSO LIKE SAYING "GO TO HELL!" TOO. LIKE, YOU KNOW, LIKE "HEY PAULIE, YOU GOT A ONE-INCH PECKER?" AND PAULIE SAYS "FORGET ABOUT IT!" SOMETIMES IT JUST MEANS "FORGET ABOUT IT."

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=FZ1K9UCPLRO](https://www.youtube.com/watch?v=FZ1K9UCPLRO)

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=PS6ZJ7ISJKM](https://www.youtube.com/watch?v=PS6ZJ7ISJKM)



WORKING WITH THE AGING POPULATION: UNDERSTANDING CULTURAL DIFFERENCES

THE INTENT OF IMMIGRANTS' ALL-TOO-HUMAN DESIRE AND CONTINUES EFFORTS TO BELONG AND TO BE UNDERSTOOD TAKE THE FORM OF ADAPTATION TO A NEW ENVIRONMENT AND LANGUAGE TRANSFORMATION, THUS CREATING A RICH MULTICULTURAL PLATFORM. THOUGH, DIFFERENT IMMIGRANTS USE DIFFERENT STYLES, VOICES, AND EXPRESSIONS, THE PROCESS OF COMMUNICATION IN LANGUAGE ITSELF, OFTEN, IF NOT ALWAYS, DEPENDS ON SPEAKER'S PERCEPTION AS WELL AS THE USE OF LANGUAGE. WHEN INTERPRETATION OCCURES, IT IS DONE IN A MODE OF *CULTURAL TRANSFER*, PROVIDING THAT DURING SUCH "TRANSFER" ALL PARTIES INVOLVED ARE ENGAGED IN EXAMINATION & MEDIATION BETWEEN CULTURES AND LANGUAGES.

CULTURAL TRANSFER

THE TERM OF “CULTURAL TRANSFER” WAS INITIALLY PROPOSED BY TWO HISTORIANS, MICHELE ESPAGNE AND MICHAEL WERNER, IN THE MID-1980S (YAKUSHENKO, OLGA. *WHAT IS CULTURAL TRANSFER? EUSP*, EU.SPB.RU/EN/NEWS/14094-WHAT-IS-CULTURAL-TRANSFER). BY RETHINKING “THE RELATIONSHIP BETWEEN THE CENTER AND THE PERIPHERY, INCOMING AND OUTGOING PARTIES, AND THE RELATIONSHIP BETWEEN INFLUENCE AND POWER,” THE TRANSNATIONAL THEORY DEVELOPED BY ESPAGNE AND WERNER, AIMED TO ANALYZE THE HISTORY OF COLONIALISM AND PROCESS OF CULTURAL INFLUENCE. ACCORDING TO THE RUSSIAN HISTORIAN OLGA YAKUSHENKO, THIS INFLUENCE IS ALWAYS A “TWO-SIDED AND CREATIVE PROCESS.” (*WHAT IS CULTURAL TRANSFER? EUSP*).







LONG-TERM CARE RESIDENTS

OFTEN CONCERNED WITH:

- DISPLACEMENT
- NUMEROUS LOSSES
- IDENTITY
- FINANCIAL ISSUES
- HEALTH
- SOCIO-POLITICAL ISSUES
- CULTURAL ISSUES





TRANSITION INTO A DIFFERENT LANGUAGE AND CULTURAL SPACE

- CHANGES IN PERCEPTIONS AND LANGUAGE USAGE. →
- CULTURE ALLOWS FOR AND DICTATES COMMUNICATION AND ENGAGEMENT →
- DEVELOPMENT OF A NEW IDENTITY → → → →

HUMANS AS THINKING SYSTEMS

ACCORDING TO THE PHILOSOPHER ANDY CLARK, HUMANS ARE JUST THAT, “THINKING AND REASONING SYSTEMS WHOSE MINDS AND SELVES ARE SPREAD ACROSS BIOLOGICAL BRAIN AND NONBIOLOGICAL CIRCUITRY.” (CLARK, ANDREW J. *NATURAL BORN CYBORGS*. OXFORD: OXFORD UNIVERSITY PRESS, 2003, P.3. PRINT). THE WRITING PROCESS, WHICH EMPLOYS SYMBOLISM TO CONVEY DIFFERENT MESSAGES AND TO TRANSFER INFORMATION AND MEANING, IS OFTEN RE-CONCEPTUALIZED AS A SPECIFIC WAY OF THINKING. IN HIS “WRITING AS THINKING” (2007), RICHARD MENARY PROVIDES AN INTERESTING OBSERVATION, STATING THAT THE ACT OF CREATION AND “MANIPULATION OF WRITTEN VEHICLES” IS JUST ANOTHER PART OF OUR COGNITIVE PROCESSING. THUS, CREATIVE WRITING “TRANSFORMS OUR COGNITIVE ABILITIES” (621). ACCORDING TO CLARK, HUMANS HAVE “AN EXTENDED COGNITIVE SYSTEM” (P.8)—NAMELY OUR ENVIRONMENT, WHICH PLAYS AN ENORMOUS ROLE IN HUMAN DEVELOPMENT AND FUNCTIONING BY PROVIDING US WITH TOOLS TO EXTEND OUR CREATIVE ABILITY AND TO EMPLOY SYMBOLIC REASONING.

ROLE OF THE EXTERNAL WORLD

MIND AND ENVIRONMENT: A COUPLED SYSTEM

IN THE FAMOUSLY CONTROVERSIAL PAPER “THE EXTENDED MIND” (1998), ANDY CLARK AND DAVID J. CHALMERS PROPOSED THAT COGNITIVE PROCESSES DEPEND ON AND HAPPEN NOT ONLY IN THE MIND, BUT ALSO IN OUR IMMEDIATE ENVIRONMENT. SUCH *EXTERNALISM* (P. 7) EXPLAINS THE ROLE OF THE ENVIRONMENT AS AN EXTENDED PART OF THE HUMAN MIND. THUS, THE MIND AND ITS TOOLS (SURROUNDINGS) ACT AS A PAIR, A *COUPLED SYSTEM* (P. 8). CLARK AND CHALMERS ARGUE THAT, SINCE OUR COGNITIVE SYSTEM IS NOT CONSTRAINED BY BRAIN ALONE, EXTERNAL WORLD PLAYS AN IMPORTANT ROLE, VIRTUALLY ALLOWING OUR THINKING TO BE EXTENDED INTO THE EXTERNAL WORLD

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