Interdisciplinary Perspectives on Language, Health and Wellbeing in Asia and the Pacific

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For most of the twentieth century, the racist trope “Sick man of Asia” haunted Chinese rulers and people alike; now, with all the healthcare problems in the US that the Covid-19 pandemic has laid bare (such as underlying structural racism contributing to much higher rates of people of color dying from Covid, working-class essential workers forced to choose livelihood over their lives, and no universal health coverage to provide a safety net from financial ruin), the roles have completely reversed. “Sick Uncle Sam” is now the new focus of the world’s concern over a what appears to be a declining superpower. How did this happen? Why is the new moniker “Sick Uncle Sam” a good thing? The power of the “sick man” label resides in accepting a sick role, opening dialogue on diagnoses, and choosing appropriate therapeutic strategies. The pejorative moniker “Sick Uncle Sam” could have the potential to be powerfully motivating for substantive change in the US healthcare system as was the “Sick Man of Asia” for China. But will Uncle Sam open himself up to the wider range of treatments available for controlling Covid-19 from East Asian historical experiences, healthcare models, and even traditional medicines?

This talk will focus on the current debates over the use of traditional Chinese medicine (TCM) for integrated treatments of Covid-19 patients in mainland China and compare them with those debates over 17 years ago about using TCM for treating SARS. This comparison allows one to examine thematic continuities in medical skepticism and highlight what has changed in terms of clinical practice, Chinese government support, and media coverage of the phenomenon.
Mongolian herders commonly have a broad level of knowledge of local plants and animals, particularly species viewed as containing medicinal benefits, that herders use in both the prevention and treatment of illness within their families and the herd animals they live amongst. This oral knowledge is acquired through observation and hands-on experience over a lifetime, but also practiced through an inter-generational form of apprenticeship. This kind of medicinal knowledge will be compared with Mongolian veterinarians, who often live in local townships, but have initially acquired their veterinary knowledge through text-based tertiary systems, formerly based on Soviet educational frameworks. Mongolian veterinarians also apply a pluralistic approach to medical knowledge, including medicinal plants and animals, acquired while working within the local herding community. Veterinarians occupy an intermediary role between science-based, State-imposed vaccination initiatives and modern biomedicine with the differing expectations of the local herding community.

This paper will outline how these different forms of knowledge regarding health and wellbeing are practiced and maintained, as well as delving into how both oral and embodied herding knowledge can be documented through audiovisual means for the purposes of multispecies ethnography, medical anthropology and cultural heritage.
A Mongolian Philosophy of Wellbeing: The Sound of Language and the Power of Words

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Positive thinking has been very popular as a way of managing stress as part of an urban lifestyle and has led to the emergence of positive psychology as a sub-discipline in the promotion of human health and happiness. As a modern form of treatment, both positive thinking and psychology deal with existing or emerging symptoms of depression. In some traditional cultures positive thinking is, however, deeply rooted in daily communication, language and as a way of life. Like many nomadic peoples across Inner Asia, the Mongols developed a worldview whereby human lives and wellbeing are closely connected to the surrounding environment, the universe and all beings, both visible and invisible. Mongols believe in the power of spoken words both negative and positive. Words that are considered to be negative, or are thought to bring bad omens, are avoided like the plague itself. Instead, Mongols use metaphorical language to describe unfortunate events and things and use positive words in their communication to promote their wish for fortune and wellbeing of their family, animals and surroundings. The sound of words is not only a means for human communication (from speaker to listener), but also shared by all beings (bad and good) in the surrounding air and beyond. The sound of language may provoke or please local spirits and brings echoes from the surrounding environment and lead to energy (negative or positive), which affect the health and wellbeing of the speaker or those addressed to. Therefore, it is no accident that Mongols developed a rich custom of rhymes as blessings that are loaded with positive aspirations for the future, which are recited on many different occasions.
Poetry in Japanese Fortune-telling and Temple Counselling Practice

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In our high stress society, exacerbated by the anxieties of mandated social isolation, more attention than ever is being focused on our mental health and well-being, and on our spiritual life. My paper will explore poetic depictions of spirituality by investigating the poetry and language used on Japanese ‘omikuji’ fortune-telling slips and the ritual practice that surrounds their use. Omikuji range from lighter ‘fun’ fortunes to those intended to provide serious life guidance. Both types use Chinese and/or Japanese poetry, some with images, to present fortunes that range from ‘daikichi’ (great fortune) to ‘kyō’ (bad fortune).

I analyse the omikuji of the Mudo Temple and the Ganzan Daishi-do, both part of the Enryaku-ji Temple Complex on the slopes of Mt. Hiei. In both temples, omikuji fortunes have been used since the Edo period as a form of counselling, creating a dialogue between the monks and those seeking guidance. The supplicant draws an omikuji slip and then a resident monk helps them to decipher the meaning, including an interpretation of the poetic verses, and discusses how it can help them better understand their life directions.

By contextualising these two case studies within the history of omikuji practice I aim to reflect on how Japanese poetic traditions provide a window onto the living core of Japanese spirituality and well-being practice. Metaphoric imagery through poetry and illustration helps express something of the liminal space between the human world and the next and serves as a guide to simulate conversations about life pathways and meaning.
Assessing machine translation in use: Trustworthiness and safety of Google Translate translations in obtaining surgical consent

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Google Translate (GT) is a market leader in spoken text to text translation. In March 2020 Google released its real-time voice-to-written text translation tool for Android users for eight languages with plans to expand both the languages and the operating systems for this app. Both these tools are likely to be of relevance for cross-linguistic health care consultations, which are the norm in many health care settings in the Asia Pacific. In order to facilitate such interactions in a time-poor environment, it is likely that clinicians will reach for convenient tools such as GT for assistance, despite evidence that it may mistranslate complex medical concepts (Patil & Davies, 2014). In managing the risks associated with crosslinguistic sociotechnology in health contexts, theories and methods of language assessment, from the field of applied linguistics, are a useful resource for investigating the question the effectiveness and appropriateness of machine-translated, machine-mediated interaction. While prior studies of machine translation have evaluated static written texts or sentences (e.g. Taylor, Crichton, Moult, & Gibson, 2015), the study we report on in this presentation aims to evaluate the trustworthiness of machine translations within the dynamics of ‘highstakes interactions’, here operationalised as surgical consent interactions. Role-plays between obstetricians and simulated patients with limited English proficiency were carried out in the process of obtaining surgical consent for Caesarean section. GT was used to translate between English and two languages, Chinese and Indonesian, and the GT output was back-translated by human translators. Multiple perspectives were gathered on the interactions in the form of qualitative evaluations from role-play participants, health practitioners and bilingual doctors. A grounded theory approach was taken to build a framework for the assessment of machine translation in use. The findings contribute a more comprehensive view on the assessment of machine translation with implications for policy on the use of machine translation in healthcare contexts.

COVID-19, initially spreading from Wuhan in December 2019, was declared a global pandemic in late March 2020 by the World Health Organization (WHO). In this study, we aim to investigate Indonesians’ awareness of COVID-19 in Indonesia through public signs. In this light, we discuss how the Indonesians understand and perceive the disease by investigating their responses to the COVID-19-related public signs in Malang, East Java, Indonesia. We have collected about 100 public signs around the city from March to May 2020, including poster, banners, and announcements. Using a critical discourse analysis, we look at how governmental and non-governmental institutions project their COVID-19 policy and belief through language use in public signs. In July and August 2020, we revisited some of the posters and conducted short interviews with passers-by, either on the spot or through video calls. They were asked to narrate their perception and understanding of a specific COVID-19 public sign. By the same token, we also interviewed a group of university students. The results can be regarded as an indicator of their awareness towards the disease. Only by investigating this awareness, we can get a full understanding of what the major problems could reveal that may need a more rigorous health campaign in the country.
Corona virus disease or known as Covid-19 is a global pandemic that changed people perspective in everyday life, either in personal activities or public activities. Covid-19 had caused an economic crisis all over the world, including in Indonesia. In order to support business and commerce sustainability in this pandemic situation, the Indonesian government through Health Department had issued a recommendation letter No. HK.02.01/MENKES/335/2020 that regulate the standard operation procedure or protocol in daily basis of services provided by public and private companies. Every workers and consumers are asked to practiced social distancing, wear mask, no hand shake and avoid crowd-gathering. These practiced are known as New Normal. Tourism industry is one of the most devastated aspect caused by Covid-19. In order to survive, tourism industry should adapt to this New Normal life by implementing the new standard protocol in running the business. Every hotel and restaurant should define these new normal protocols into certain written regulation as a new standard of services both to employee and customers. This regulation should be visible to all customer as they should aware of the new normal services protocol.

This study is aimed to analyzed the meaning of any signs of new normal protocol in tourism industry in Kuta as part of New Normal life. The data were collected from one of the hotel areas in Kuta. The data was analyzed through multimodal linguistic landscapes approach, in which all signs are analyzed based on their visual grammar. The analysis is not only involving the verbal and visual aspect of the signs but also their contextual conditions and the place where the signs is posted or placed.

The result showed that there are many New Normal signs found in front of the hotel area as well as at the front office and at every public or strategic area of the hotel, to remind all guest to practiced New Normal protocol. The visualization of the signs is highly influence by the placed of the signs, for instance, at front gate of the hotel, there is a sign next to a washbasin with a clear statement that is directing all guest to wash their hand before entering the hotel area. Other sign that is placed at public area, did not signal direct instruction to the guest, instead it showed a neutral standard operational procedure notice of Covid-19 prevention act. In term of composition processes meaning, those signs showed ideal and real value of New Normal practiced. The salience are all about personal and environmental hygiene to stop the spread of Covid-19 with either linear or non-linear framing to extent the desired meaning.
Managing pandemic in the ancient lontar text of Rogha Sanghara Gumi and COVID-19 in contemporary Bali

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This paper discusses health, well-being and pandemic management in the context of COVID-19 and traditional practices in contemporary Bali. Bali, like many areas in Asia and the Pacific regions, offers local wisdom/indigenous knowledge in dealing with catastrophic health events such as COVID-19 pandemic. The ancient lontar (palm-leaf) text of Rogha Sanghara Gumi describes different forms of outbreak, sources and signs of outbreak, the outbreak cycles and their management. An ethnolinguistic analysis reveals rich knowledge with key lexicons in the text pointing that outbreak can affect human [sasab, gering tatumpur], animal and crops [mrana]. It also contains many approaches in managing outbreaks, including community-based isolation or surveillance [haywa inge ring desa pekraman], submission to higher spiritual power through rituals [ngaturang guru piduka, ngawe tawur] – as an expression of community resilience, and reciting mantras (by priests) to balance the cosmic and to protect human well-being. The central tenet is to restore the well-being of the planet [gumi rahayu] by maintaining the balance between human well-being, ecological sustainability, social livelihoods and supreme beings. These lexicons are more relevant for the Balinese in dealing with the unprecedented effects of the pandemic. It is not merely finding a solution to control the pandemic, but more importantly, to manage uncertainties and to promote sustainable livelihoods.

Our ethnolinguistic analysis of the Rogha Sanghara Gumi text supplemented with questionnaire and interview data illuminates the critical value of traditional knowledge and religious rituals in managing health and well-being during the pandemic. While offering a broader framework to overcome health crisis, ancient texts typically have lost their authoritative power in contemporary Bali. Many policies and measures to control the pandemic are designed using the dominant logic of public health driven by biomedical knowledge of modern medicine. Nevertheless, there is evidence that the local government of Bali has incorporated advice from Rogha Sanghara Gumi in COVID-19 management. The unique Hindu-based spirituality of the Balinese, as seen in their religious rituals, social cohesion and other cultural practices, appears to play a significant role in gaining health, well-being, and psychological resilience with balanced life (cf. Sang-Ah Park et al 2017). We argue that a careful ethno-socio-linguistic analysis of Rogha Sanghara Gumi text in broader historical and contemporary contexts would provide different ways of framing the situation and consequently the way we deal with the outbreak to minimise harms for both human and environments. Such an analysis is imperative to revive this local wisdom/indigenous knowledge within the domination of western biomedical/public health knowledge.

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Operating “Rwa Bhineda”: Construction of Meanings in Collaboration of Pluralistic Healing Approaches for Mental Health in Denpasar, Bali

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Background
The discipline of global mental health is continually evolving. From a focus on delivering a biomedicinedominated mental health service to under-resourced areas, to reimagining mental health, mental illness, and consequently mental health care to be based on the local cultural context. Cultural meanings of mental illness, as well as cultural construction of mental illness experience, as all illness experiences, are heavily embedded in the local web of symbols. The operation of these web of symbols can challenge the orthodoxy in the delivery of mental health care. In Bali, this is true from our observation of how the concept of Rwa Bhineda is operated in shaping the cultural discourse on mental illness. Rwa Bhineda, which refers to ‘the unity of two opposites’, is a potent and omnipresent concept that also allows for the building of a collaborative relationship between two traditional healing actors and a psychiatrist in Denpasar, Bali.

Methodology
The visual and interview materials analyzed are part of a larger project, Together for Mental Health, that explores the diverse practices of collaboration between biomedical practitioners and traditional and faith-healing for mental health in Indonesia and Ghana. Between November and December 2019, the study observes a seminar for religious leaders on the topic of possession phenomena, a performance of Calonarang ritual, a group cleansing ritual organized by a psychiatrist with Rumah Berdaya, a community for people living with schizophrenia and their caregivers, a healing ritual, and a ceremony ritual for those who have lost a pregnancy or a child.

Findings
The omnipresence of Rwa Bhineda in perceiving mental illness can be identified in the symbols present in traditional healing sites and rituals as well as in descriptions and debate about the various meaning of possession experience (Kerauhan, Kesurupan). The presence of this concept provided a solid common ground for a collegial relationship between a psychiatrist with a history of cultural displacement and a reluctant traditional healer invested in rejuvenating societal understanding on rituals. This relationship has created new opportunities to meet the needs for the destigmatization of and development for culturally appropriate mental health care in the community. The sustainability of the relationship is attributable to the dynamic nature of the contemporary actors in Denpasar’s Hindu religious leadership.

Conclusion
Collaborative relationship between different ontologies in healing has risen organically in the observed actors in Denpasar, who actively construct the meanings to an existing cultural concept for mental illness and mental health care through their actions. This has created a new landscape to reimagining a new direction of exploration of structure in not only provision of care for people with lived mental illness experience, but also promotion and preventative approach for mental well-being.
Finding the Vietnamese equivalence of "'Feeling good' [at home (during COVID-19)]" with the Natural Semantic Metalanguage (NSM)

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This paper focuses on how the English phrase ‘feeling good’ reflects different understandings, interpretations and meanings in Vietnamese with regard to health and well-being; and as a result, it explores the social and cultural impacts of this seemingly casual but dominating English expression on the local community at this particular time. During the recent social restrictions in Canberra, the author of this paper was involved in a project at the Australian National University (ANU) to translate the document 'Feeling good at home (during COVID-19)' into Vietnamese.

The original, in English, document was created by the ANU’s Research School of Population Health, and is “a brief summary of evidence about things” that we should/could do to stay well at home during the restrictions. The aim of the project was to help get these messages and resources out to our wider community by having them translated in as many languages as possible and to ensure we have a consistent message throughout. However, what if a language does not have the equivalence with certain English intended meanings? Of the five-page document, the phrase ‘feeling good’ has the author stumbled and struggled for its closeness possible in Vietnamese as there are at least three interpretations came to mind, (i) ‘Cảm giác tốt’ (‘A/good feeling/s (about someone/something)’) - an NP (ii) ‘Cảm thấy khỏe’ (‘Feel well’) - a VP/NP, and (iii) ‘Cảm thấy thoái mái’ (‘Feel relaxed’) - a VP/NP.

All three use the same word ‘cảm’ (feel) but none carries a descriptive word, or phrase, which comparatively shares the English meaning in ‘feeling good’. While the English version, especially in this case, implies physical, mental and psychological sense of well-being, none of the Vietnamese versions above does, unless we combine them into (iv) ‘Cảm thấy khỏe và vui’ (‘Feel well and happy’) – a VP/NP.

In order to understand speech practices in terms which make sense to the Vietnamese community concerned, that is, in terms of their “values, beliefs and attitudes, social categories, emotions, and so on ...” (Goddard, 2006: 2), the author adopts Goddard’s (2006) Ethnopragnatic paradigm within the Natural Semantic Metalanguage (NSM) framework and uses Cultural Scripts (Goddard & Wierzbicka, 2005), an effective, reductive paraphrase methodology to “unpack” the culturally shared understandings of the particular Vietnamese ‘feeling good’ from an insider perspective (Goddard, 2006: 11).
The languages of well-being: A view from the Pacific

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Ways of talking about diseases, ailments, convalescence, and well-being vary from language to language. In some, an ailment ‘hits’ or ‘gets’ the person; in others, the sufferer ‘catches’ an ailment, comes to be a ‘container’ for it, or is presented as a ‘fighter’ or a ‘battleground’. In languages with obligatory expression of information source, the onslaught of disease is treated as ‘unseen’, just like any kind of internal feeling or shamanic activity. How can we capture the nature of the traditional attitudes and thoughts about the origins of adverse conditions through the language? How are diseases understood to be inflicted and spread? And what are the patterns involved in describing traditional healing practices and ‘getting better’? Our special focus is on languages from hot-spots of linguistic diversity and diseases of all sorts — especially Papua New Guinea and the Pacific, and the problems of translating COVID19 information brochures into minority languages of the tropics.

Aspects of vocabulary and terminologies for various stages of disease and recovery reflect traditional knowledge and attitudes, as do metaphors involved. The power of metaphorical imagery impacts on the perception of disease and the effects of its treatment. A growing body of literature points towards ‘the trouble with medical metaphors’ (Khullar 2014) compounded by stigma associated with naming diseases and being precise (as shown by Keesing and Fifi’i 1969, for Kwaio, an Oceanic language from the Solomons, along the lines of Allan and Burridge 2006).

In the grammatical structuring of meaning, we see the workings of cultural patterns at a more subtle level. As Enfield (2004: 3) put it, ‘encoded in the semantics of grammar we find cultural values and ideas’ and clues about social structures and peoples’ attitudes.’ We hypothesise that the ways in which disease, ailment, recovery, and well-being are conceptualised, across languages and cultures, correlate with traditional speech practices — that is, how people talk about them. We start with a brief taxonomy of grammatical schemas and means employed across the languages of the world with a focus on the languages of the Pacific (along the lines of Aikhenvald 2018, forthcoming, and references there). Different stages of disease — covering its onset, progression, wearing off, recovery and cure — form ‘the trajectory of well-being’, reflected in different grammatical schemas, and the specifics of the taxonomy of visible and non-visible parts of a human and their conceptualization. Plus the effects of extraneous forces — shamanic attacks or the dreaded sanguma, a malevolent magic infamous throughout the Sepik region of PNG (see also Telban 1998 for Karawari, Smith 1994 for Kairiru, Koczberski and Curry 1999, for Wosera, and Reid 1983, for similar attitudes among the Yolngu of northern Australia). These are illustrated for Manambu and Yalaku, two Ndu languages from the area.

Ways of speaking about disease, its nature, and treatments shift under the influence of mainstream cultures and national languages. For a traditional speaker of Manambu, ‘malaria gets you’. For younger speakers, ‘you get malaria’. Ways of speaking change — but do the concepts?

Selected references
Tibetan approaches to COVID and the climate crisis

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Tibetan approaches to health are multidimensional. They derive in part from biomedicine, in part from traditional Tibetan medicine, in part from Tibetan Buddhist resources and spirit beliefs. All of these have been brought into play in relation to COVID. I look in particular at two Tantric (Vajrayāna) practices. One involves the traditional healing deity Pārṇaśavarī, believed to be effective against epidemics and often identified as a form of the Goddess Tārā. The second is linked to the ma mo deities, fierce female goddesses who are understood to be disturbed by human behaviour and in particular by environmental degradation. Rituals for pacifying the turmoil of the Mamos have been widely prescribed and performed. I discuss some of the implications of this mode of responding to the pandemic, which link it to more general discourses on the climate crisis.
A pragmatic look at hedges in the diagnostic statement - Communication of uncertainty and diagnostic error

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Diagnosis is a complex and challenging clinical and communicative task. The rate of diagnostic errors, including missed delayed, and mis-diagnosis, has remained prevalent at 10-15% over the last few decades (Graber, 2013). The patient-centred definition of diagnostic error encompasses failures to establish an accurate and timely explanation for a patient’s health problem and failure to communicate that explanation to the patient (National Academies, 2015). Clinicians use “diagnostic statements” comprised of utterances to name, describe or explain the health problem to patients.

If uncertain, clinicians are encouraged to share their working diagnosis and give an indication to their level of uncertainty. Research on the communication of diagnostic uncertainty is sparse. Most studies on the communication of diagnostic uncertainty are based on elicited data from surveys or interviews. Strategies for communicating diagnostic uncertainty in interactions with patients have not yet been systematically investigated using interactional data.

In order to assess how clinicians communicate diagnostic uncertainty, we must first establish what exactly clinicians say when providing diagnoses to patients. Which explicit and implicit linguistic and discourse features can we observe in diagnostic statements? More importantly, how are these features distributed in diagnostic statements; are there differences between those which are linked to correct diagnosis vs those linked to diagnostic errors and which might be linked to diagnostic uncertainty?

This study takes an interdisciplinary approach combining insights from medicine and applied linguistics to investigate the language of diagnostic statements. We focus, in particular, on the pragmatic functions of explicit and implicit expressions of epistemic modality – especially hedges (Fraser, 2010) – as linguistic realisations of diagnostic uncertainty within health care context. We aim to make inferences about potential divergent understanding of expression of uncertainty between patients and clinicians and draw connections to diagnostic errors.

We analysed a corpus of 16 transcribed, video-recorded role-plays conducted as part of a practice highstakes exam for international medical graduates (n=16) to gain accreditation to practice in Australia. In the role-play, a mother sought help for her 3yo son who was having trouble settling at night, was irritable and pulling at his right ear. Clinicians took a history, obtained examination finding and explained their management plan to the mother. Ear examination showed a bright blue object, with the correct diagnosis being a foreign object in the child’s ear canal. Fifty percent of doctors communicated the correct diagnosis.

Applying discourse analytical methodology (Harvey & Adolphs, 2012) and informed by literature (Heritage & McArthur 2019), we identified all diagnostic statements in the corpus. We analysed diagnostic statements deductively for type, ranging from plain assertions, to providing indexed or explicit evidence to generalisations (Peräkylä, 1998). Preliminary results showed that in role-play interactions linked to diagnostic error clinicians drew more heavily on evidence in their diagnostic statements than in interactions with correct diagnoses. This suggests that clinicians might seek to support uncertain diagnosis with evidence. Similar links to explicit (e.g. lexical “I don’t know”) vs implicit hedges (e.g.
approximators, shields, modal or epistemic verbs; Fraser, 2010) in the diagnostic statements are currently being analysed inductively.

Retreating from What? The Language of Well-being in Australia

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With an increasing focus on health and well-being, and the rise of industries and practices such as yoga and wellness “retreats” in a heavily digitalised and fast-paced society, this study investigated the language of well-being in Australia. Data were extracted from websites, publications, and social media channels of health and wellness promoters, providers, and consumers across Australia, looking particularly at vocabulary depicting and performing separation of well-being practices from daily life (eg. retreat, escape, unplug, switch off). From a linguistic relativity perspective, this was contrasted with literature on communities such as the women of Okinawa, Japan (Beuttner & Skemp, 2016, Drak & Chevreau, 2016), where, amongst the longest-living people in the world, vocabulary for purpose is part of everyday language, and there is no word akin to the English retirement. As efforts are made in western cultures to adopt and adapt well-being vocabulary and practices to vastly different lifestyles, a distinct contrast is evident in the practices, and therefore in the language. Or is it the other way around?

Much of the language, and many wellness practices in Australia, are disconnected from the everyday life and lifestyle of its users – reflecting and promoting a culture of well-doing, rather than well-being. It has been shown that the most effective and sustainable contributions to health and longevity are naturally integrated into daily life (Beuttner & Skemp, 2016). So, while the reality for many may not be to live a life akin to the Okinawan women, a change in language may contribute to a more sustainable perception and practice of well-being in Australia.
Delivering a health and well-being unit in Kriol for early years students at Ngukurr School: a successful pilot

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Ngukurr in Southern Arnhem Land is a Kriol-speaking community of around 1,000 people with one government school catering for students from preschool to secondary years. Outside of a handful of bilingual schools, remote schools in the Northern Territory like Ngukurr teach largely in English-only and it is atypical for home language to be incorporated into local curricula in a structured way. A community-based program in Ngukurr called Meigim Kriol Strongbala (Make Kriol Strong) has been supporting Ngukurr School since 2019 to incorporate Kriol into students’ formal education. In Term 1 of 2020, Meigim Kriol Strongbala and Ngukurr School collaborated to develop and deliver a Health and Physical Education unit to one Early Years class at Ngukurr School of mostly Year 2 and 3 students.

The classroom teacher (Carter) had identified that Kriol delivery would allow students to interact and understand with the content better. Carter also noted that students were more likely to use Kriol when angry or upset further supporting the utility of delivering Australian Curriculum content such as “Being healthy safe and active” and “Communicating & interacting for health and wellbeing” (ACARA 2020) in Kriol.

The Kriol unit that was developed and delivered was based on the Zones of Regulation curriculum (Kuypers 2011) which promotes self-regulation and emotional control. Keywords used in Zones of Regulation curricula (e.g. ‘just right’, ‘silly’, ‘bad’) were reconceptualised to create a unit that was embedded in the students’ own worldviews. For example, the English-derived word sheim was introduced as a focus word but unlike English ‘shame’ this word is used by Aboriginal students according to its distinctive semantics (as described by Harkins 1990). Non-English derived keywords were featured as keywords in the unit, including jinggarlibala ‘proud’ (used as a contrast to sheim ‘shame’) and wanguluwan (covering meanings like ‘orphan’, ‘alone’ and ‘uncared for’). Delivering the unit in Kriol also implicitly fostered awareness and pride in students’ first language.

The delivery of the unit was evaluated as highly successful with the series of lessons assessed as enjoyable and engaging. Students quickly demonstrated emerging practices of using Kriol/L1 as a language of content learning (which was novel for them) and a number of reticent learners in the classroom came out of their shell not only during the Kriol lesson delivery but with demonstrated increased engagement across all parts of the curriculum. Throughout 2020, students have continued using Kriol terminology as they continue to develop self-regulated behaviour skills using the Zones of Regulation curriculum.


People’s well-being depends in part on freedom to enjoy their human rights. Rights involving language use are part of human rights. But the relation between well-being and language rights is complex, because language is simultaneously an individual and a social phenomenon. Language is used both to communicate ideas (communicative rights) and to express associations (identity rights). The identity right to speak one’s mother-tongue language or heritage language is guaranteed by the International Covenant on Civil and Political Rights Article 27. A related right is the right to connect with one’s heritage community through learning the community’s heritage language. Communication rights include the right to access information in a language one understands, and also the right to learn the dominant language effectively. Freedom to enjoy language rights contributes to well-being in different ways. Communication rights entail giving people access to the best information to make the best decisions for themselves and their family. This means presenting it in a language they understand.

Well-being can also be enhanced by activities associated with the identity right to learn one’s heritage language. The different ways in which language use and recognition contributes to Aboriginal and Torres Strait Islander well-being are laid out in the Well-Being & Indigenous Language Ecologies (WILE) framework (Angelo et al 2019) developed for Australia’s National Indigenous Languages Report (NILR) (DITRC 2020). NILR contains qualitative and quantitative studies (Dinku et al 2019), linking language and well-being. NILR also points to gaps in the data available to governments on the languages people speak and the degree to which they speak them. An important outcome of WILE and NILR is the recognition that effective implementation and evaluation of public policy need to build in language background as a demographic factor on a par with age and sex.