The Biases We Hold Against the Way People Speak
By John McWhorter

HOW YOU SAY IT

Why You Talk the Way You Do — and What It Says About You

Justice Ruth Bader Ginsburg grew up with a solid old-school Brooklyn accent. She displays no trace of it in recordings of her work as a young litigator, but today, one can hear shades of it in her speech on and off the court. Why?

Black English is often reviled as an indication of lower intelligence, and yet ever more, advertisers seek out voice-over artists with an identifiably “Black” sound. Why?

Things like this do not surprise linguists who specialize in the intersection of language and sociology. For example, they have found that people of the lower middle class, in settings where their speech is being evaluated, tend to speak more “correctly” than even upper-middle-class or wealthy people do. Justice Ginsburg’s suppression of Brooklyn vowels was a perfect example, as is the fact that having moved into a different class since, she subconsciously feels she has less to “prove.”

Meanwhile, the Black English issue can best be explained through an experiment carried out in Montreal in the 1960s at a time when English was considered much more prestigious than French. Anglophone and Francophone Canadians were played a passage in English and a passage in French, unaware that the passage was being read by the same person. Both Anglo and French Canadians tended to think the English speaker was smarter, but that the French speaker seemed warmer and more friendly. This is why Black English can be associated with both dimness and approachability, and thus ideal to represent banks, insurance and medicines.

Katherine D. Kinzler’s “How You Say It” addresses how people sound when they talk and its effect on how they are perceived. This area overlaps considerably with the subfield called sociolinguistics, whose worldview is well represented by Kinzler. Sociolinguistics has sometimes been subject to the charge of simply describing rather obvious things with elegant vocabulary. The charge is indiscriminate but has some truth in it, and Kinzler admirably steers clear of stressing tenets such as “People speak differently with intimates than in formal settings,” which hardly seem like hot news to most of us.

Kinzler’s main interest, however, is in linguistic discrimination. Amid our discussions of racism, sexism and even classism, we don’t spend much time thinking about the ways we can be biased when it comes to how people speak. It is, however, one of the last prejudices permissible in polite society. As Kinzler notes, “Linguistic bias is part of our basic cultural fabric. It is so ubiquitous that we don’t even think about it. It’s sanctioned by the law, it’s allowed by culture, and it’s practiced so frequently that people do not even realize when it is happening. Linguistic discrimination is seen as normal and typical, and because of this, it flies beneath the radar.”

The latter point is key: As with so much discrimination, linguistic bias is often subconscious and intertwined with other kinds of prejudice. In “Lethal Weapon 2,” the Danny Glover character describes a South African as having an accent he puts down with an elaborate pejorative, where the humor is in the sheer arbitrariness of the judgment. That kind of judgment, however, can result in things much less amusing.

What makes sociolinguistics a subject worth engaging with are the surprises, and Kinzler’s book is full of them. She reveals the extent to which language imprints our brains and how we are neurologically programmed to be sensitive to it. Even if we lose a language after early childhood and no longer speak it in adulthood, learning it will be easier because of deep-seated neural settings permanently etched by that first language. People are more viscerally aroused by the curses in their first languages than ones learned later. In one of Kinzler’s studies, kindergartners were shown a clip of a white girl speaking English and then clips of two adults, one a Francophone white woman and the other an Anglophone Black one. The children actually supposed that the white girl would grow up to be the Black woman, so deep-seated was their sense of language as marking identity. Fourth graders, on the other hand, had internalized race as the deciding factor.

(continued on page 2)
(continued from page 1)

Black earnings decrease to the extent that one has a perceptible “blaccent.” College students were played a recording of native, idiomatic English being spoken — by an Ohioan, in fact. When the accompanying photo was of an Asian man, the students heard the speaker of the recording as having an accent, but not when the photo was of a white man. The Honolulu D.M.V. denied a job to a Filipino man who had spoken English his whole life, claiming that his accent made him difficult to understand, when an examination revealed that he was not only effortlessly comprehensible but well spoken in general. Kinzler advises that we legislate against linguistic discrimination specifically rather than by national origin, as cases like the one with the Filipino man can be justified if an organization has hired other Filipinos who happen not to have accents.

Ultimately the way we talk is largely out of our control, subject to as many outside forces as the ones that determine how we laugh or walk. We can make adjustments, but if we by chance accomplish so magnificent a self-control that our natural way never emerges, we have erased our very selves. One should only be expected to do such a thing for reasons of civic urgency, such as genuine incomprehensibility.

“How You Say It” makes a crisp but comprehensive case, while dropping us in on what sociolinguistic and psychological research teaches, that although our distaste for ways of speaking that differ from ours is comprehensive, it is not effortless. “Somebody should be justified if an organization has hired other Filipinos who happen not to have accents.”

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8 Tips on Managing Stress for Medical Interpreters

Dealing with stress in one’s job is a real problem for many workers on a daily basis. Medical interpreters are no different.

Remembering complicated medical terminology in two languages, understanding medical concepts and knowing how to explain them to the patient in one language, not missing important words or ideas when explaining patient’s answers to doctors (less vital, health-impacting information is lost), and keeping calm when patients or doctors give distressing news are just some of the daily stressors medical interpreters face.

Then there is the environment — medical interpreters are just as commonly needed in health clinics as they are emergency rooms where stress levels are at their maximum. Needless to say, letting the stress get to you as a medical interpreter can severely impact your job performance plus your physical and mental health - and someone else’s for that matter.

So what can you do to overcome job related stress, and continue performing at your absolute best? We’ve got some tips for interpreters — which can be applied to medical interpreters and those practicing in other settings — to help you keep your stress under control.

8 Tips for Interpreters on Stress Management

As mentioned before, there are a variety of reasons you may feel stress as a medical interpreter. We’ve focused two of the big ones, and given you some ways to keep yourself motivated and healthy when the going gets tough.

Interpreting in first person can sometimes cause you to feel like you are experiencing another’s pain or suffering.

1. Ground yourself, remind yourself of who you are and why you do what you do while remembering the positive experiences you’ve had interpreting.
2. During breaks practice meditation techniques such as mindfulness that focus on clearing your mind and breathing. At home, keep a journal to write down painful experiences or frustrations.
3. Exercise and make sure you eat healthy, focus on your own wellbeing outside of work by spending time with family and friends, or doing something you love.
4. Speak with other medical interpreters, or join a community of those in the same profession who understand the work environment.

Sometimes you forget words, don’t understand concepts, misinterpret, and deal with situations you can’t control.

5. Mistakes happen, and they will happen when you interpret - correct yourself if you realize you’ve made a mistake and move on.
6. Interpret with a notebook in the event that your memory starts to become affected by a situation, or you’re afraid you might forget something important - jot down anything beforehand that you might think helpful in the situation.
7. Regularly attend training sessions and advanced medical interpreting courses to expand your knowledge of terminology and concepts.
8. In the instances where, despite everything you and the medical workers have done, something goes wrong, remember that you did everything you could and there are still others who need your help.

Maintaining a Good Routine, and Preparing for the Future

Managing your stress as a medical interpreter is similar to managing your stress in many other positions when it comes down to it. You need to identify what causes you the most stress, how you experience it, and what has worked in the past to relieve it. Implementing a routine based on what you identify can serve to keep your stress levels under control, and prevent any long-term consequences of high stress.

One of the main tips for interpreters that should be focused on is routinely attending medical related discussions, as well as interpreting workshops and advanced training classes. Continuing your education is important for not only improving your interpreting work in the long-run, but also allowing you to feel more confident going into assignments which can reduce performance anxiety.

Managing your stress now and preparing for your future are essential to maintain a healthy lifestyle as a medical interpreter. There are times when you will feel high levels of stress — but with dedication and practice, it doesn’t have to hinder you.