Refugees: ESL and Literacy
Trying to Reinvent the Self
in a New Language

by Marinda Freire

Migration is as old as humanity. It is essentially a socio-economic-political phenomenon. This assertion is even more valid when the situation involves forced migrants or refugees for whom the element of violence is always present. Violence ranges from mild to extreme, leading to exile and resettlement. The individual may have been the target of repression and torture, or the victim of more generalized forms of persecution and geographic displacement affecting larger groups (as in the case of civil war). The violence to which refugees have been subjected and which has been executed as a physical, psychological and economic level, affects every aspect of what has been most meaningful in people’s lives. They have been forced to abandon their motherland with all the socio-economic-emotional and psychological implications.

Migration, even under the most ideal conditions (not the case in forced migration) has always been recognized essentially as “pathological” and “pathogenic.” Migration will increase and re activate difficulties that the individual had prior to migration. It will also create new ones. “Whenever people were sent to another country, a terrible perturbation always followed.” (Hippocrates. This is not difficult to understand. At the most individual level, the core issue is one of identity.

In dealing with refugees, some issues of primary concern are related to health (mental and physical), work and education (ESL literacy, renewal of professional and academic qualifications, etc.). I will try to explore some of these issues from a psycho-emotional perspective, mainly those related to ESL and literacy. I have drawn most of these insights from three main sources: my ongoing interaction with the refugee population, both in and out of clinical and academic setting; interaction with educators; and, most of all, from the introspection and reflection of personal experiences, having arrived in Canada, some 17 years ago, as a non-English speaking refugee physician with three school-aged children. Many of these insights are applicable to the regular immigrant population but, by definition, the refugee population is more at risk for mental health and academic dysfunction, at least during the initial resettlement period. The limited research available on refugees in this area mostly deals with mental health issues.

Migration always involves cross-cultural elements even if the person comes from just across the border. Most refugees come from Third World countries. The degree of cultural translocation (or mismatch) tends to be rather severe or extreme. Most often the real political refugee is someone who has an above average interest and investment in the socio-political life of his/her country, has a solid educational background and high verbal skills. These people find the inability to communicate in the new language the most punitive aspect of their first encounter with the new society. The refugee suddenly finds him/herself in a prebilingual-illiterate position which is usually perceived as the most striking feature of an overall “regressive” stage.

Many refugees have a degree or literacy that has allowed them basic satisfactory functioning in their own language, but in facing more sophisticated written tasks, they may be classified as functionally illiterate (less than grade 8 education) in their native language. Other refugees are coming from societies where there are no written forms of their languages (dialects). Others have a written language but have not been exposed to the Roman alphabet. There are other possibilities, not only in dealing with oral and written forms of language, but in the way different societies experience language. Every group of refugees and each individual refugee within these groups will face different difficulties in encountering a second language and in attempting to become literate in the language of the receiving society. Acquisition of any language is a multifactorial process. Acquisition of a second language in the refugee population is even extremely more complex. Literacy in a second language is different from literacy in the mother tongue, even under normal circumstances. For refugees, it is not the same experience as the planned learning of a second language for academic, business or travelling endeavours.

When discussing ESL and literacy we are talking about language and people. Language is the most important aspect of culture. Language has been said to be the mirror and map of society. It reflects the values and needs of individuals. It guides them into and through all the other behaviour patterns of society. At a more individual level, language is what allows us to be social human entities.

Personality structure can be defined by three intrapsychic elements: the way we relate to a) ourselves; b) others; and c) our environment. Language is what allows us to process and integrate these three elements. Through language we come to exist: we think, we feel, we
perceive ourselves, others and the world
and all of these processes are translated
through language.

Language comes naturally to most
people. The mechanics involved in
speaking the native language start with
the babbling of the baby. Children with
developmental lags in language acqui-
sition present with both emotional diffi-
culties and personality deficits. In soci-
ties with written language forms, sound-
symbol competency (reading/writing)
also comes rather naturally to most (if
no learning disabilities are present)
and skills start to develop in early
childhood.

All societies have a population with
limited verbal skills who are unable to
read and write, which is almost always
another manifestation of socio-economic
and political oppression of the people.
To quote the title of Paulo Freire’s classic
work: Literacy: Reading the Word and the
World (inner and outer), literacy goes
beyond being a prerequisite for promo-
tions and academic advancement but
seems to be a requisite for the “whole-
ness” of the individual. It is not unusual
for illiterates to be very shy, timid, with
tendencies to isolate themselves and with
very poor self-esteem. Some develop
severe phobias. It is not unusual for
adults who become literate to say how
their “personality” has changed. They
describe themselves as becoming more
friendly, more secure and with a more
positive view of themselves.

What is it about language that seems
to give meaning to life itself? The most
important aspect of language is its
emotional memory. The mechanics of
language are not the most difficult to
acquire. It takes about one-and-a-half
to two years to acquire enough func-
tional L2 (second language) to cope with
basic daily oral tasks. English for acade-
mic proficiency in oral and written
forms seems to take about five to seven
years to consolidate in an adult with
solid L1 (first language). The emotional
memory of language requires time and
life experiences in that language. Its
acquisition is not a process that can be
avoided or sped up. It just has to follow
its own developmental pace. In acquir-
ing a second language, life has to start
being experienced in the second lan-
guage to be able to “emotionally” inter-
ralize this language, a process that will
take anywhere form years to a lifetime.

For years I was surprised that people
understood my verbalizations in Eng-
lish. I was able to put words and com-
pound sentences in place, but the emo-
tional connections had not yard been
made. I only experienced the visual
imagery, the flavour and the smell of it
when I ate a manzana, but not when I ate
an apple. As a psychiatric resident, the
statement “I am going to kill myself”
would mobilize in me a number of prac-
tical responses leading to the proper
management of the suicidal patient. It
took one patient to say to me “me voy a
matar” to trigger the emotional response
(sweating, increased sense of alertness
to impending danger and a total em-
phatic response). I am over that stage.
By now I have a sense of “completeness”
in both languages.

The emotional memory of a lan-
guage may be one additional factor that
may initially complicate the acquisition
of the second language in the refug
Refugees have been deprived abrupt
and often quite violently of what was
most meaningful in their lives start
with their motherland. The refugee
mechanism of emotional survival ne
o to retain whatever can possibly be
bined to keep some sense of contin-
tion of the self (identity). In order to lea
second language, the refugee has to
up more of himself, this time his/sex
language, even if this is only tempo-
Along with the native language, memories, feelings, emotions and
experiences, identity itself may be gi
A few years after arriving in Cana
One night I woke up in a panic state
I had dreamt I was addressing a Span
speaking audience, but I was deliver-
my speech in English. Suddenly, I
heard one person in the front row of
pering to the next person, “Dr. Fr
doesn’t want to speak in Spanish
Long.” I woke up and a tremendous
sense of vulnerability and in
...
If one considers the massive losses, acute separations, possible traumatic encounters with repressive forces, the exhausting process of resettlement (that may have involved more than one country, more than one language) with all the grief accompanying the above experiences ending with the acute encounter with the receiving society, refugees, more frequently than not, are in an acute state of psychological disorganization and negative self-evaluation. Confrontation with the “regressive position” of not being able to communicate in the new language is just a reaffirmation of the regressive state of dependency and increased vulnerability. At this point, refugees are not in the best psycho-emotional state to start learning a second language. All the cognitive and emotional energy is directed towards holding on to some degree of emotional functioning and coping with demands of daily living, activities taken for granted by the native speakers (e.g. going to the supermarket, using the public transit system). Using the phone becomes a terrifying experience as there are no non-verbal clues to go by. There is a constant sense of checking and re-checking of who they were, they knew, what they had and who they are, they know, and what they have. They are always left with a deficit during the initial resettlement period. For some refugees this becomes an unresolved situation for life. The refugee longing for the lost land and the lost self, idealizes everything lost and left behind, again as a survival mechanism. The refugee tries to duplicate in his/her new environment all those elements that could remind him/her of the old life. The refugee initially tends to associate with those who look like him/her, who have similar values, way of life and language. The refugee tends naturally to reject everything that is new that could threaten even further his/her very shaky sense of identity. Refugees have the maturity and motivation to learn the second language, but emotional aspects of the refugee experience, including some survival defences (at conscious or subconscious levels), may initially impede the learning of the second language.

Refugees who are illiterate in their own mother tongue lack the conceptual basis for literacy acquisition. In my opinion it is an impossible task for them to become literate in the second language without first mastering literacy in their own language. At best, I think that it is possible to achieve low levels of proficiency in the second language, oral with others in similar situations. Learning may no take place initially (or may be minimal). But this early experience may be of tremendous value in helping refugees to regain some of “the self,” with learning taking place later on. This may explain the fact that ESL and literacy programs that advocate the “open circle” type of programs have, apparently, better attendance.

Refugees display a number of emotional difficulties that are heightened in the initial resettlement period. We could look at some of their emotional difficulties as attempts at communication on their part. Refugees’ somatizations may be the “language of the body” trying to communicate painful experiences, looking for a place of expression in a hurting body and soul. Depressive states could not communicate more clearly the hopelessness and helplessness of the reality of many of the refugee’s life experiences. The increase in family violence may be the language of the poorly contained anger for so many abusive and humiliating situations that have plagued (and may still be present in) the life of the refugee. The less frequent psychotic breakdown may be the language of the refugee who cannot negotiate with the reality in his situation any longer.

Children seem to adjust and adapt more readily than adults. They also learn the language faster. Quite often children become the voice of their parents, which may be an additional burden in an already emotionally overwhelmed child. In attempting the restructuring of the family situation with its traditional roles, a child that speaks the second language better than his/her parents may be a threat to the dynamics of a familial power system. Some of the parents’ concerns regarding language are: that children are not going to acquire their native language (if very young when arriving in the new country or born in the new country), that young children will forget their native language if competency in the first language is not well established when the second language is introduced), that the children will not learn to read and write in their native language (developing oral language but not becoming literate in

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the first language), that the youth will choose the second language over the first (once some degree of competency in the second language is achieved), that children are not going to learn either language well (becoming bilingual children instead of truly bilingual) and that the introduction of a third language (French) may be too confusing and will hinder the learning of English.

Without intending an alarmist view of the situation, all of the concerns expressed above may become concrete realities. What is important to stress is that, in my opinion, all the possibilities are avoidable. The school system is not well equipped to deal with the complexities of issues involved in teaching refugee children. They are seen as part of the large groups of students that require ESL support. Many if not all of the difficulties that the student experiences academically will be generally attributed to the ESL factor. These youngsters are very much at risk for repeating grades, presenting with academic delays and beingstreamed into special education or basic academic programs. If these children display “acting behaviours” that disturb the well-being of the classroom situation, they may be referred to social workers, psychologists or psychiatrists for evaluation. If these children are compliant, apathetic, withdrawn, passive and probably depressed, most likely they will not be referred for evaluation of their emotional difficulties, even though they may not be learning. Children with the highest risk are those of refugee parents that are highly traumatized, of low educational backgrounds and illiterate. These factors may present themselves in any combination.

Once refugee parents with solid educational backgrounds and literate in their mother tongue have achieved some degree of emotional and overall well-functioning (including some linguistic development in the second language), they start paying much needed attention to their children. They realize that they have a crucial role in helping their children to start learning, to maintain and to further develop their native tongue. Most parents have some insight into the crucial value for their children, in terms of emotional and psychological well-being, of keeping or acquiring the maternal language. They realize that it not only helps to establish and consolidate a bicultural identity, but it will also foster the emotional closeness of the family. Later on, it will make less severe the bicultural-bilingual generational gap. These parents also come to realize that solid linguistic development of the mother tongue (L₁) is not a threat to the

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Germany, where she was born. In Germany Marja was left under the care of a baby-sitter, who taught her German, a language in which she simply could not communicate with her parents. Her father is illiterate but he speaks Spanish and Italian. He works in a factory. Her mother has a high school education, speaks Spanish and, after learning English, is doing clerical work. Spanish is the language spoken at home. Marja started school in Toronto and now is in grade 11. She is an attractive, vivacious, quiet 17 year-old who consulted me following the death of a close relative regarding the grief she was experiencing. Marja’s spoken English and Spanish are both immature and of very limited development. She makes basic errors orally in both languages. She occasionally uses “Spanglish,” but her limited English is her preferred language of communication. She avoids reading and writing tasks. She is illiterate in Spanish and her reading and writing skills in English are very basic. She plans to go to college and become a teacher.

Marja’s OSR indicates that she repeated grade 8 and that in grade 8 she was working at a grade 2-3 level. She was placed in a basic program, where, according to the school personnel, she is doing very well. All Marja’s difficulties were always attributed to the ESL component. School personnel have never felt that a more comprehensive evaluation of her difficulties was or is warranted. A psychoeducational assessment done, on a private basis, at my request, indicates that Marja is of average intelligence and is working at a level ranging from grade 4 to the beginning of grade 6 in all tasks involving reading and writing. This assessment also indicates that the significant discrepancies between ability and achievement stem from a primary “language processing” learning disability with secondary “attentional deficits.” Marja’s difficulties were never identified, therefore never addressed.

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