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## **Gestures and English language teaching in a Medical University: a study**

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**Abstract.** English language teaching at the medical university demonstrates the significance of gestures in oral communication. The aim of the study is to investigate the ability of students of the Medical University –Sofia, Bulgaria, to acquire and accompany the use of English language (L2) phrases with the appropriate G2 gestures, characteristic of C2 culture where L2 communication is considered native. The study demonstrates the very limited ability of medical university students' to accompany the use of L2 with the appropriate gestures. It also demonstrates the significance of gestures in second language teaching.

**Keywords:** English language teaching, gestures, medical university students.

The use of language is integrated with gestures in oral communication. Except to speech, the role of gestures has been connected to thinking and culture. Gesturing helps speakers communicate more efficiently, and if people are prevented from gesturing that would hinder the transfer of meaning. The integral relationship speech – gestures is revealed in different ways in specific social contexts.

Speech and gestures exist in a complex relationship, which was analysed along Kendon's points [1] and according to McNeill's classification of gestures [2]. McNeill's characteristics of gestures and their relation to speech, to linguistic properties, to conventions and to semiosis emphasize the different manners of structuring meaning through gesticulation and speech. Gesticulation expresses meaning synthetically and thus, connects as a whole to the meaning of the speech utterance. As another instrument of human communication, gestures perform a variety of functions in different contexts of social interaction. The present study follows that tradition of thought and focuses on communication in the field of medical practice.

The medical practice requires specific emphasis on the relationship between language and gestures. First, the medical profession is predominantly practiced through verbal and most often face- to- face communication, accompanied by gestures [3,4,5,6](Tamparo et al. 2007, Smith et al. 1986, Snooks 2009, Charles et al. 2000). Second, the patient's rights to information require the medical professional to communicate respectfully with the patient [7](European Charter of Patients' Rights, 2002). Third, patients are psychologically and emotionally vulnerable and a discrepancy between the meanings of verbal expression and gestures would decrease compliance with the doctor's treatment and advice [8,9,10] (Hagstrom 2004, Suchman et al. 1997, Valero-Garcés 2010).

Native speech reveals the complex interactions between gestures and speech. They also manifest themselves in English language (L2) learning and teaching. Teaching L2 employs different approaches to reveal the linguistic interpretation of an utterance in L2 and the information of the message transmitted. However, in general little attention is dedicated to revealing or acquiring the natural gestures of L2 in the classroom. Gesture transfer is especially of interest for the medical profession. Therefore, foreign language teaching at the medical university is to account for gestures' significance in oral communication.

### **Aim of the study**

The aim of the present study is to investigate the ability of students of the Medical University –Sofia, Bulgaria, to acquire and accompany the use of English language (L2) phrases with the appropriate gestures (G2), characteristic of the C2 culture where L2 communication is considered native.

### **Materials and methods**

Students' verbal skills and gestures are compared with those of the original interlocutors in the dialogues, presented in the films, used for teaching purposes. It is based on data, acquired by statistical methods for data processing about the participants and the frequency of occurrence of different combinations between the verbal phrases and gestures.

The study is carried out with 42 medical university students, studying the English language to use it for professional purposes. The majority of the students are at higher intermediate level of English. Forty of the participants are 18 or 19 years old and only two are 20 years old.

The English language is L2 in the study and L1 is Bulgarian, the native language of the participants, students from Medical University- Sofia, Bulgaria. For the purposes of the study we used a high- frequency every day L1 phrase (Bulgarian – ‘Da, suglasen sum.’) and its corresponding L2 phrase (Yes, I agree.). Both of these phrases express consent but in natural speech these phrases are accompanied by well-established but distinctly different gestures. In L1 natural speech of native speakers the L1 phrase is accompanied by G1 gesture, which is linked to native C1 culture. In L2 natural speech of native speakers the L2 phrase is accompanied by G2 gesture, which is linked to native C2 culture.

One and the same meaning of consent M is expressed by both L1 and L2 phrases. However, Bulgarian G1 gesture is a movement of the head in a horizontal direction. English G2 gesture is a movement with the head in vertical direction (a nod). Thus, the L1 and L2 phrases express the same meaning M, but exist in combinations with opposite gestures G1 (horizontal movement) and G2 (vertical one – a nod), respectively.

Consent gestures, accompanying the corresponding phrases, are characterized by several features, based on McNeill's continua. First, the meaning is expressed by the combination of phrase –gesture. Each gesture is used only in parallel with a verbal phrase in the dialogue, used for the experiment. Second, it lacks linguistic properties and is nonmorphemic. Third, the gesture, used in the experiment, is firmly imbedded in the culture of the native speaker and is specific for different cultures, in the case of this study, the gestures in the L1 and L2 are distinctly different and thus, correspond to a socially constituted group standard. Fourth, categorized along the semiotic continuum the gesture is global and synthetic, combined with the verbal phrase in a unified speech–gesture system.

In the study we use dialogues of native speakers of L2, which are part of the doctor-patient communication. The study has followed several steps:

1. Students from Medical University-Sofia watch short films of dialogues in L1 and L2 between doctors and patients. Students are asked to pay attention to the target phrase and the gesture, connected to it.

2. The L2 teacher discusses with the students the target phrase in L1 and the corresponding L2 phrase. The teacher directs the students' attention to the combinations L1 phrase+ G1 and L2 phrase+ G2. The students are made aware of the expectations of L2 native speakers to witness L2 phrase, used with G2, when communication is carried out in the patients' native L2.

3. The students are instructed to participate in a similar dialogue in L2 and try to accompany L2 phrase with G2 gesture.
4. The students make the dialogues and a video-recording is made to analyse the combinations of phrases and gestures.
5. The results are analysed and discussed with the students.

### Results and discussion

All 42 respondents made simulations of the doctor-patient dialogues and used the L2 phrase. Of them 22 students used L2 phrase with G 1 gesture. A high number, 18 students, used L2 phrase without any gesture. They were rather stiff, while doing the dialogue, and were obviously conscious of their body movements and put a check on their gestures for fear they would use G1 instead of G2. Only 2 students used L2 phrase with G2. Both of them were proficient in L2 and one had lived in a country where L2 is the native language.

	Used combination L2+G1	Used combination L2+ no G	Used combination L2+G2
Number/ percentage of students	22 (52.38%)	18 (42.86%)	2 (4.76%)

**Table 1. Number/ percentage of students who used the different combinations L phrase + G gesture in their simulation dialogues**

The study results showed the predominant use of the combination L2 phrase +G1 in the students' simulations. The study showed that in speaking the English (L2) language, L1 phrase was much more easily replaced by L2 phrase. However, G1 was much more difficult to substitute by G2. This is evidence of the strong rigidity of the combination of meaning M + G1 in the use of students with native C1.

The stability of G1 suggests several conclusions. Though in natural communication G1 is used along with L1 phrase and G2 – with L2 phrase, we might switch from L1 to foreign L2 phrase to express meaning M. However, gestures, which express meaning synthetically, reveal a more stable link to meaning, behaviour and culture and are more difficult to substitute.

A switch from L1 to L2 phrase is not accompanied by a change of meaning. Therefore, the habit of doing a certain gesture, connected to that meaning and culture, persists. Obviously, a change in the gesture would require a more radical change in the whole system of behavior and culture.

### Conclusions

The present study provides additional evidence that gestures are an integral part of language and of its use. That integral relationship is crucial for the use of language in specific social contexts. That is especially relevant to the doctor-patient relationships. The study demonstrates the very limited ability of medical university students to accompany the use of the English language with the appropriate G2 gestures, characteristic of the L2 communication in culture 2 (when these gestures are different in C1). It also demonstrates the significance of gestures in second language teaching and acquisition. Teachers of L2 should

aim not only to make students acquire skills in easy switching from L1 to L2 but also train students to accompany it by a switch in gestures and behavior (a switch to G2 and C2). The switch from L1 to L2, connected with the G1-G2 switch, will ensure students are ready for efficient communication with L2 patients. Thus, medical students will acquire the necessary communication skills for practicing their profession with L2 patients.

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