




Diglossic features of the Arabic-speaking community in Australia: The influences of age, education, and prestige

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Abstract

Diglossia is a language situation that does not always take place between two dialects of the same language; speaking two different languages in two different encounters is also considered diglossia. This study examines the use of language among Arabic-speaking Australians in Sydney. After analyzing ten authentic doctor-patient examination sessions in a clinic in Sydney, this study reveals that Arabic-speaking Australians are diglossic as they speak Modern Standard Arabic (MSA), Reginal Arabic Dialects (RADs), and English depending on the technicality of the discussion. This study also reveals that the level of education, the number of years spent in Australia, age, and prestige play a significant role in determining high (H) and low (L) varieties among Arabic-Speaking Australians. This study also reveals that educated Arabic-speaking Australians speak English as their preferred language in technical conversations regardless of their age of arrival to Australia. The uneducated Arabs who arrived in Australia before the age of 20 either speak English or RADs in technical discussions. The uneducated Arabs who arrived in Australia after the age of 20 either speak RADs or MSA in their technical discussions. This study also reveals that code-switching is relatively popular among Arabic-speaking Australians who arrived in Australia after the age of 20. Code-mixing is popular among Arabic-speaking Australians who were either born in Australia or arrived in Australia before the age of 20. In these situations, code-switching is used as an indication of social prestige and code-mixing is used to express group identity.

Keywords: Diglossia; Code-switching; Code-mixing; Language variety; Language use

1. Introduction

Diglossia is a relatively stable language situation in which, in addition to the primary dialect of the language (which may include a standard or regional standard), there is a very divergent, highly codified (often grammatically more complex) superposed variety. The vehicle of a large and a respected body of the written literature, either of an earlier period or in another speech community, which is learned largely by formal education and is used by any sector of the community for ordinary conversation. Those were among the first words in the field of diglossia as Ferguson (1959) described

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the situation in Arabic-speaking countries, Greece, German-speaking Switzerland, and the island of Haiti. In all these places there are two varieties of the same language, one is a high variety used in formal encounters and the other is a low variety that is used in informal encounters.

This definition of diglossia is quite limited and only includes the above-mentioned languages. However, there are other encounters and other situations where people use two unrelated or at least historically distant languages at the same time and in different domains. Starting from this point, Fishman (1967) extended the term of diglossia to include those situations found in several places like Latin in medieval Europe, Spanish and Guarani in Paraguay, and some immigrant communities in countries like Australia, England, the US, and Canada. In those places, people use two different languages for two different purposes. One of them is a low variety that people learn at home and use in informal encounters, and the other is a high variety of people who use informal encounters. The Arabic-speaking community in Australia is one of these diglossic communities in which people use two different languages in their daily lives (English and Arabic). The question that guides this inquiry is which language is considered a high variety and which language is considered a low variety in this community.

The official language in Australia is English. It is the language of government, education, and media. So, anyone who lives in Australia must speak English not only in formal encounters but also in informal encounters as well. Arabic language in Australia is one of the languages that is spoken/used by a community. It is officially considered a low variety. However, some immigrants still use Arabic as a high variety and use the services of interpreters and translators to communicate with official bodies.

This study aims to find out which language is considered as high variety and which one is considered as a low variety for the Arabic-speaking community in Australia. This study hypothesizes that the categorization of high/low language variety for the Arabic-speaking community in Australia depends on factors like age of arrival to Australia, level of education, and prestige. This study also looks into the usage of code-switching and code-mixing by the community based on the factors mentioned above. That is, this study also aims to examine the use of code-mixing and code-switching concerning age, education, and prestige.

2. Literature Review

The term diglossia (Anderson and Toribio, 2007; Rash, 1998; Sayahi, 2014) is quite a new term in the field of linguistics/sociolinguistics. Charles Ferguson was the first scholar to coin this term in 1959 as a translation of the Greek diglossia where ‘di’ means two and ‘glossia’ means language, and the idealistic translation of the term is ‘bilingualism’. Ferguson’s definition of diglossia is as follows:

Ferguson (1959) used the term diglossia to refer to certain languages that have two varieties or more, and he nominated these two varieties as high variety and low variety. The High (H) variety is the variety used in formal situations such as religion (sermon, prayers), writing (novel, non-fiction), newspaper (editorial), broadcasting TV news, and education (written material, lectures). On the other hand, the low (L) variety is the variety used in informal situations such as broadcasting radio, shopping, and gossiping.

According to Ferguson (1959), those two varieties are not only different in the situations they are used in, but also there are several other differences between them such as vocabulary, pronunciation, and grammar. Firstly, in the field of vocabulary, most of the vocabularies of high and low variety are the same. However, because they are used in more formal situations, the high vocabulary includes more formal technical terms, while the low variety has words for everyday objects. Secondly, in the field of pronunciation, the degree of difference in the pronunciation of high and low varieties varies

from place to place. From the first time Ferguson used the term diglossia in 1959, he identified four diglossic languages and Arabic was one of them. In fact, talking about diglossia in Arabic may take us back to the 6th century when the prophet Mohammad asked his companions to write the Qur'an using Maki accent which means that Maki dialect is the standard Arabic or the 'Fus-ha'. After that when Othman Ben Afan wanted to write the Qur'an in eight copies to send it to the Muslim states, he asked nine of the great companions of the prophet Mohammad (four from Madina and five from Macca) to write the Qur'an. He told them that if there is disagreement about the pronunciation of a word, they shall write it in Maki. This means that Maki is high or standard Arabic and Madini is a low or colloquial dialect.

These days the Arabic language is spoken in 22 countries with more than 22 dialects. However, Standard Arabic today is different from the one that was spoken 14 centuries ago, and these kinds of changes are generally in the field of vocabulary. For example, it is quite difficult for an educated person to read articles written in the 9th century like Sufi texts without a special dictionary, but they can read witty entertainment or histories dating from about the 12th century on. As a result of these changes in spoken and written Standard Arabic, scholars call the standard used today Modern Standard Arabic or 'MSA'.

These changes haven't occurred only in the standard but also in the dialects. These dialects have been distinguished according to the regions into four major dialect groups. Firstly, you have Maghrebi which is spoken in Morocco, Algeria, Tunis, and western Libya. Secondly, the Egyptian dialect is spoken in eastern Libya, Egypt, and Sudan. Thirdly, the Levantine dialect is spoken in Jordan, Syria, Palestine, and Lebanon. Finally, the Arabic of the Arabian Peninsula is spoken in Iraq, Saudi Arabia, Yemen, Oman, Qatar, Bahrain, the UAE, and Kuwait.

People generally admire the high variety, which is not the mother tongue of anyone but it is taught in schools and used for very formal interactions and in writing, even when they cannot understand it. Attitudes to it are usually respectful, and it has prestige because of its high status. In fact, these attitudes are reinforced by the fact that the high variety is the one, which is described and fixed or standardized in grammar books and dictionaries. However, attitudes to the low variety are varied and often ambivalent. So, while it is there some people try to deny it, others may regard the low variety as the best way of expressing real feelings (Holmes, 1992).

In 1966, Kloss proposed the terms "in-diglossia" to define situations where the two varieties are closely related and the term "out-diglossia" for situations where the two languages are unrelated or at best distantly related (Kloss, 1966, p. 138). But it is clear to some researchers that there are important differences in the dynamics of society characterized by the two basic kinds of diglossia (Schiffman, 1997).

Fishman (1967) extended the term diglossia to include situations found in many societies where forms of two genetically unrelated (or at least historically distant) languages are used. Societies may have a language used for religion, education, literacy, and other such prestigious domains (i.e., Latin in medieval Europe) and another language/s that is used for less informal settings (in the case of medieval Europe, the vernacular languages of that era). When Ferguson (1959) coined the term diglossia, he wanted to describe the situations found in countries like Greece, the Arabic-speaking world in general, German-speaking Switzerland, and the island of Haiti. In all these countries, there are two varieties of one language, and every variety is used for certain situations. However, the development of the term included other societies, which have two different languages such as Paraguay and Alaska.

In Paraguay, people speak two languages that are Spanish and Guarani. They speak Guarani at home with their families and friends, and they learn Spanish in schools. Consequently, from here,

Fishman (1965, 1967) considered Paraguay as a diglossic community. An interesting phenomenon in the Paraguayan community is that Spanish is considered a prestigious variety but you can also find people who are very proud of Guarani.

Investigating the use of two languages in a community reveals that there are factors that lead to the usage of a variety as a low variety in a community but using it as a high variety in another community. For example, in Alaska, people use two languages that are Alsatian and French. Alsatian is considered as a low variety and French as high. However, in Canada, which is also considered as a diglossic community, English is considered as high variety but French as low variety. It can be argued that French is considered a low variety in Canada for several reasons that include the following. Firstly, the English-speaking community is bigger than the French-speaking community in Canada. Secondly, English speaking community is economically dominant, both in English Canada and French Canada. Thirdly, because English has the greatest prestige in North America and the world as well (Schiffman, 1999). The first two reasons are indeed important, but the third is the most important. As this diglossic practice takes place in Canada, it also takes place in Australia. The primary goal of this study is to find out the diglossic features of the Arabic-speaking community in Australia.

3. Methods

The purpose of conducting this study is to find out which language or variety is considered as high variety and which language or variety is considered low variety for the Arabic-speaking community in Sydney. In order to investigate the practice of the Arabic-speaking community in Sydney, nine doctor-patient interviews were recorded for Arabic patients of different ages and levels of education in an Arab doctor's clinic in Arncliffe, Sydney.

To collect the data, I initially approached the doctor and explained to him the purpose of conducting this study and the nature of the required data. The doctor agreed to participate in the study and gave me his written consent. I provided the doctor a recording device and asked him to seek patients' approval before recording the interviews. To receive the consent of patients, the doctor before the doctor-patient interview informed the patients about the study and the required data. The doctor recorded the interviews with the patients who gave their consent only. He recorded 8 doctor-patient interviews with eight Arabic-speaking patients.

The reason for selecting this doctor-patient interview is that both the doctor and patients speak Arabic and English. As such, it is the choice of patients to speak in any language they want. In addition, medical terms are generally jargons that are considered technical and difficult, which would give me deeper insights into language choice.

The patients belong to three age groups that are 12 to 24, 25 to 45, and 46 to 75 years old. These age groups have been chosen to find out the effects of age and country of birth on language choice. To investigate the influences of the level of education on language use (AlAfnan, 2015, 2016, 2017, 2018, 2021), the level of education of patients was also recorded.

4. Results and Discussion

This section looks into the collected data and analyzes it based on the age of arrival to Australia, age of patients, and their level of education. These results will also be discussed.

4.1. *Effects of Age of Arrival to Australia on Language/Variety Use*

The Arabic community in Sydney uses three dialects which are Modern Standard Arabic (MSA), Regional Arabic Dialects (RAD), and English. The first age group, Arabic-speaking Australians who

were born in Sydney, doesn't speak MSA at all. For example, when the doctor in the third interview asked a patient if he has stomach ache or heartburn using MSA, the patient asked "sorry?" At the same time, their regional Arabic dialect is not good enough to explain their medical condition. For example, in the sixth interview, the doctor asked a patient why his leg is swollen. The patient replied using a Regional Arabic Dialect (RAD) "I was playing in the yard with my friends". After that, the doctor asked him "when was that?" He answered "three days ago". Doctor asked what happened next? The patient answered using a RAD, "I had an itching pain (in English) then in the afternoon it got swollen. This discussion indicated that the Arabic-speaking Australians who were born in Australia can speak Arabic for general purposes. However, they cannot explain or provide technical explanations using Arabic (Neither in RAD nor in MSA).

Table 1. Effects of age of arrival in Australia on language use

Age of arrival	No of respondents	MSA	RAD	English Language	The language used in formal encounters
Born in Australia	3	No	Yes (certain topics)	Yes	English
1- 20 years	3	No	Yes	Yes	English
21- 35 years	2	Yes	Yes	Yes/ no (certain topics)	English/ RAD
36 and over	2	Yes	Yes	No (with exceptions)	RAD
Total	10				

Table 1 illustrates the effects of age of arrival on the varieties used by the Arabic-speaking community in Sydney.

The members of the second group, those who arrived in Sydney when they were 1-20 years old, also cannot speak MSA, but they speak RADs and English fluently. In the doctor-patient interviews, they answered the questions of the doctor in the language of the question. If the question was in a RAD, they answered using a RAD. If the question is in English, they answered in English. This shows fluency in both varieties and the ability to maneuver and switch between the two languages comfortably and smoothly.

The members of the third age group, those who arrived in Sydney when they were 21-35 years old, cannot speak MSA at all and their English is not good enough to explain or talk about their medical condition. They prefer using a RAD all the time in their speech with the doctor. For example, in the fifth interview when the doctor said to a patient "I have received the report from the laboratory (the doctor started reading the report in English)". The patient asked the doctor (in a RAD) "by the sake of God doctor what does that mean?" Besides, in the third interview the doctor explained to a 35 years old woman the side effects of medicine using MSA medical jargons; the doctor noticed that the patient looked puzzled (doesn't understand). The doctors switched to a RAD and said "what I mean is ... (using RAD)". This indicated that the sample that belongs to this group considers RAD as their first variety because their English is not good enough to help them in formal situations.

The members of the fourth age group, those who arrived in Sydney when they were 36 years old and above, have excellent skills in communicating by MSA and RAD, but they face communication difficulties when communicating in English. For example, in the first interview, the doctor started the interview by chatting with the patient in RAD. As they started talking about the medical condition of the patient, they unconsciously switched to MSA and both of them were relaxed. In fact, this interview

gives an excellent view of the diglossic features of this age group. Firstly, they talked about general topics in RAD, then when they talked about the medical condition, they switched to MSA. Neither the doctor nor the patient spoke in English, even when the doctor told the patient about the report he received from the laboratory about the test, he translated it into Arabic. This age group uses MSA informal situations and RAD in informal situations. They do not speak in English except if they have to.

4.2. Effects of Level of Education on Language/Variety Use

Starting with the educated people who were born in Sydney, it is noticed, as expected from any native speaker, that they face no issues in communicating in English. This group prefers using English in all situations. They do speak RAD, but not fluently. They do not speak MSA at all.

Table 2. Effects of education

Level of education	No of patients	MSA	RAD	English
Tertiary				
Born in Australia	2	No	Yes (not all topics)	Yes
Born in Arabic countries	2	Yes	Yes	Yes
Secondary				
Born in Australia	1	No	Yes (not all topics)	Yes
Born in Arabic countries	3	Yes	Yes	Yes (not all topics)
Illiterate				
Born in Arabic countries	2	No	Yes	No
Total	10			

On the other hand, the educated people who were born in Arabic countries have an excellent capacity in switching between MSA, RAD, and English. For example, it is noticed in the interviews that the doctor switches between these three varieties according to patients' preferences. In times, the doctor would start the interview using RAD but as the patient replies in English or MSA, the doctor would switch to the language used by the patient.

The second group is people who have secondary education. For this group, in addition to the level of education, it is noticed that the age of arrival to Australia plays a significant role in their language/variety use. For example, those who were born in Arabic-speaking countries can speak MSA and RAD fluently, but they face some difficulties in using English, especially informal encounters. The ninth interview gives an excellent example about the features of this group as the doctor and the patient switch between RAD and MSA without using any word of English (except for the names of medical tests that need to be conducted). On the other hand, those who were born in Australia still maintain their native fluency in English, but their ability to speak using RAD varies from a topic to another. Besides, like their counterparts, the educated people who were born in Australia, cannot speak MSA at all. A good example of this group is the second interview when the patient started talking about his medical condition using RAD for a few seconds before switching to English. He couldn't maintain the discussion in RAD as he neither had the technical terminology nor the fluency. English is considered the first language for this group.

The last group is the illiterate people who were born in Arabic-speaking countries. Those people neither speak MSA nor English. They can only speak/use RAD for formal and informal encounters.

They did not receive formal education and their language acquisition is based on verbal encounters with the community surrounding them. As they moved to Australia, they received some education in English, but their fluency did not develop much. Those people cannot read or write in any language. Even in their home country, they use the regional dialect as the only mean of communication. In the eighth interview, the person who faced the biggest difficulties is the doctor as he had to simplify his register as much as possible and use the regional Arabic dialect all the time.

4.3. Code-Switching and Code-Mixing

It is noticed that the Arabic-speaking respondents who were born in Australia speak English all the time. They don't switch but mix some words from RADs in their speech. This kind of code-mixing is not clear, because they prefer using their first tongue, which is English all the time.

Table 3. Code-Switching and Code-Mixing in the Speech of the Arabic Speaking Community in Sydney

Age of arrival	Code-switching	Code-mixing	Spoken language
Born in Australia	#	RAD	English
1-20 years old	English & RAD	English & RAD	English & RAD
21- 40 years old	#	English	RAD
41 and over	#	#	RAD

On the other hand, the use of code-switching (Auer, 1998; Rampton, 1995; Zentella, 1997) and code-mixing (Aguirre, 1985; Muysken, 2000; Myers-Scotton, 1993; Sridhar and Sridhar, 1980) is very clear in the speech of the second age group which is those who arrive at Sydney when they were 1- 20 years old. For example, in the seventh interview, the doctor asked a 13 years old school student who arrived in Sydney when he was 10 years old about his condition after he took the tablets (by RAD). The patient's answer was also in RAD. After that, the doctor talked about the X-rays that were taken using RAD. The patient stopped the doctor and started asking the doctor questions in English.

The third age group is that of people who arrived in Sydney when they were 21- 40 years old. Those people spoke with the doctor in RADs and borrowed few English words in their speech. In the fifth interview, the patient said “in my last blood test they told me that (sugar level) is okay and I have no (cholesterol)” (the words in brackets were said in English). The rest of the sentence was in RAD. So those people mix some English words in their speech.

The last group is that of people who arrived in Sydney when they were 41 years old and above. Those people don't use code-switching or code-mixing at all. Their sole way of communicating is the regional Arabic dialects.

5. Conclusion

Arabic-speaking people in Sydney generally speak three varieties: MSA, RAD, and English. The preferable use of these varieties depends on factors like age of arrival to Australia and level of education. Those who were born in Australia, prefer using English in doctor-patient interviews. This does not mean that they do not speak Arabic at all, but they prefer to use English as it is considered their native language. For this group, English is a high variety. The members of the second group, which is the people who arrived in Australia when they were between 1-20 years old, speak English and the regional Arabic dialects fluently. They can explain their medical condition in English and Arabic. For those people, English is still a high variety. However, the members of the third and the fourth groups face communicative difficulties in using English as the high variety informal settings.

They do speak English but there are not competitively able to provide formal descriptions and explanations regarding their medical conditions using technical English that is full of jargon. The members of this group use regional Arabic dialects to express themselves.

On the other hand, educated people whether they were born in Australia or Arabic-speaking countries use English as the high variety. For those who were born in Australia, English is their first language. But for the people who were born in Arabic-speaking countries, English is used as it is the prestigious language in Australia. Patients with secondary education who were born in Australia use English in medical encounters, but those who were born in Arabic-speaking countries use either MSA or regional Arabic dialects. Sometimes they mix few English words in their speech. In fact, those people use MSA in their speech as a way to tell the doctor that it is true that we cannot speak English, but we are educated enough to explain our conditions in Modern Standard Arabic, which is the high variety in Arabic speaking countries. Finally, illiterate people who were born in Arabic-speaking countries use regional Arabic dialects all the time because they can neither speak MSA nor English. Those people are from the fourth age group who arrived in Australia when they were 36 and above.

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